

Patient Preference for Emergency Care: Can and Should It Be Changed?

Derek DeLia, Ph.D.

Joel Cantor, Sc.D.

Susan Brownlee, Ph.D.

Dorothy Gaboda, M.S.W., Ph.D.

Jose Nova, M.S.

Center for State Health Policy

Academy Health Annual Research Meeting

Seattle, WA

Monday June 13, 2011

POLICY ISSUES IN EMERGENCY CARE

Policymakers: Broad interest in diverting patients from ED

Emergency medicine: Growing interest in patient centered care



ED USE FROM THE PATIENT'S PERSPECTIVE

- Solicit information directly from patients/families
- General health/healthcare survey in New Jersey
 - NJ Family Health Survey (NJFHS)
- Focus: People who used ED in past year (2008/2009)
 - Unweighted sample size: 791 ED users
 - Weighted sample size: 985,432 ED users
- Advantages of survey
 - Broad statewide cross section
 - Not limited to waiting room of specific ED

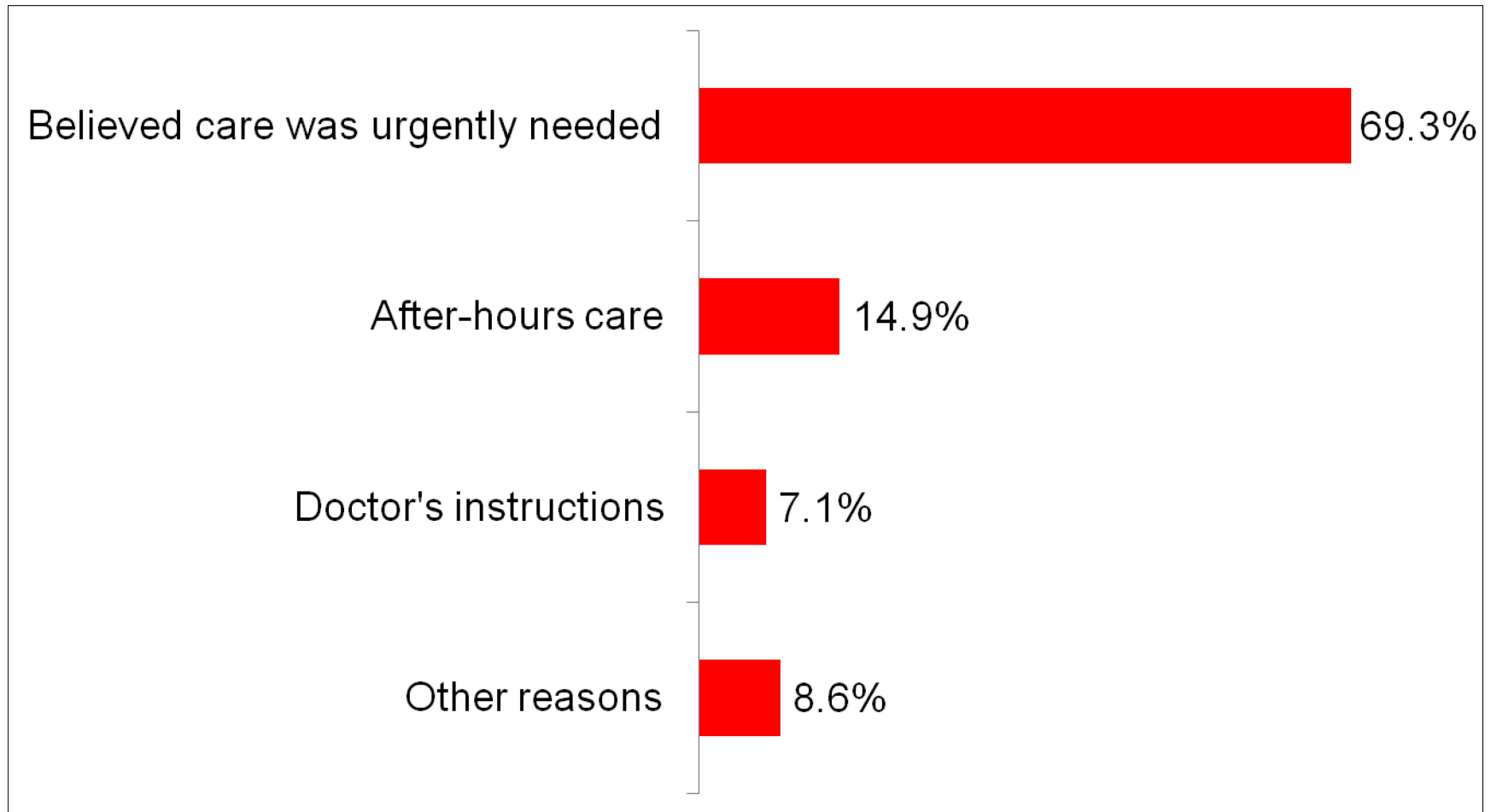


RESEARCH QUESTIONS

1. Why do patients go to the ED instead of other providers?
2. How long do patients wait before pursuing ED care?
3. How do patients, in retrospect, view their decision to seek care in the ED?



Main reason for using the ED



Predictors of “main reason for using ED”

Multinomial logit modeling

After hours care relative to urgent care

- Children 2x as likely as non-elderly adults
- NH blacks 4x as likely as NH whites
- Uninsured 95% less likely than others
- Patients w/injuries or arriving by ambulance less likely

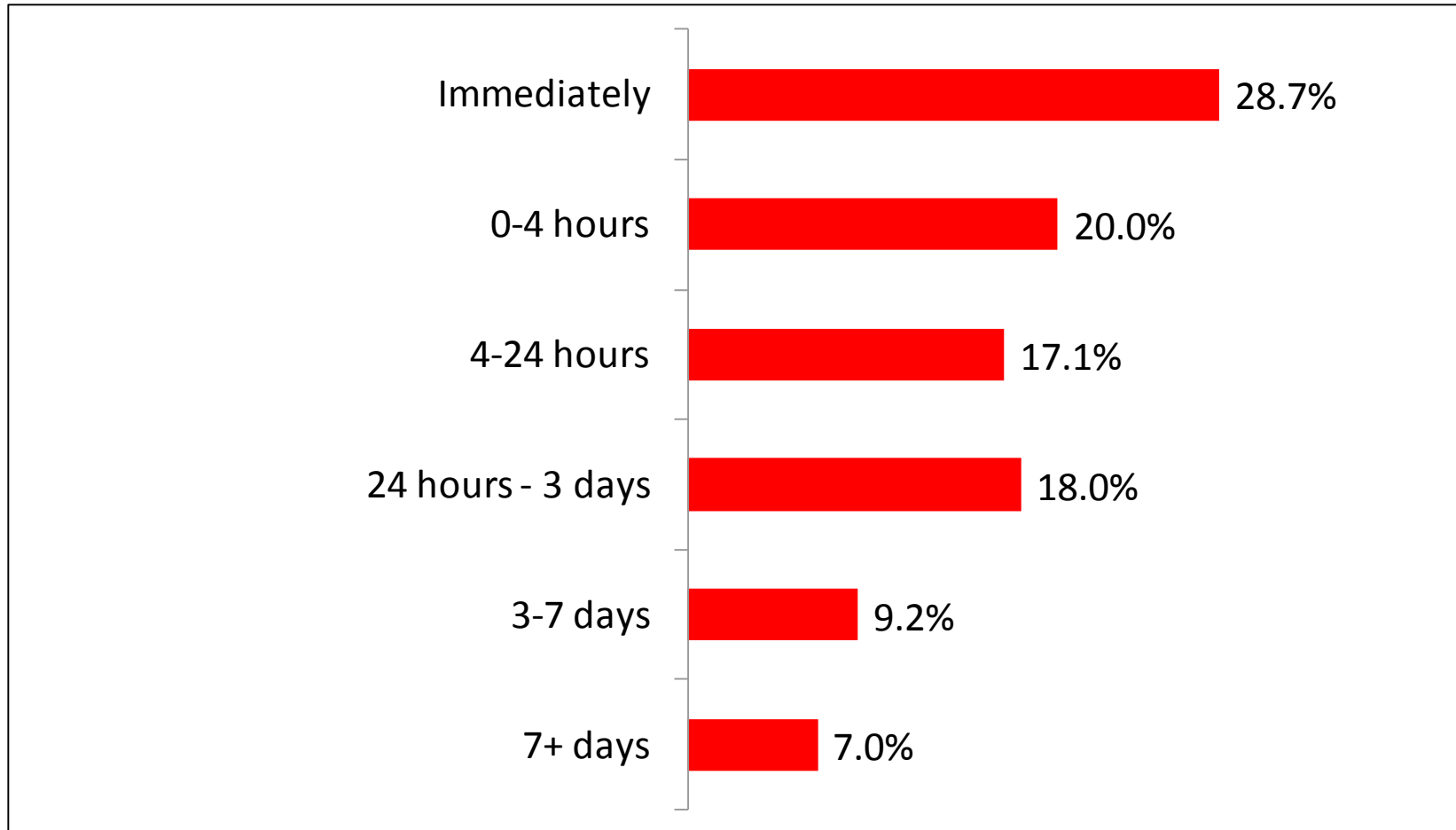
Doctor’s instructions relative to urgent care

- Patients w/USOC 8x as likely as those w/none
- Patients w/”other” race/ethnicity, arrival by ambulance, or injury less likely

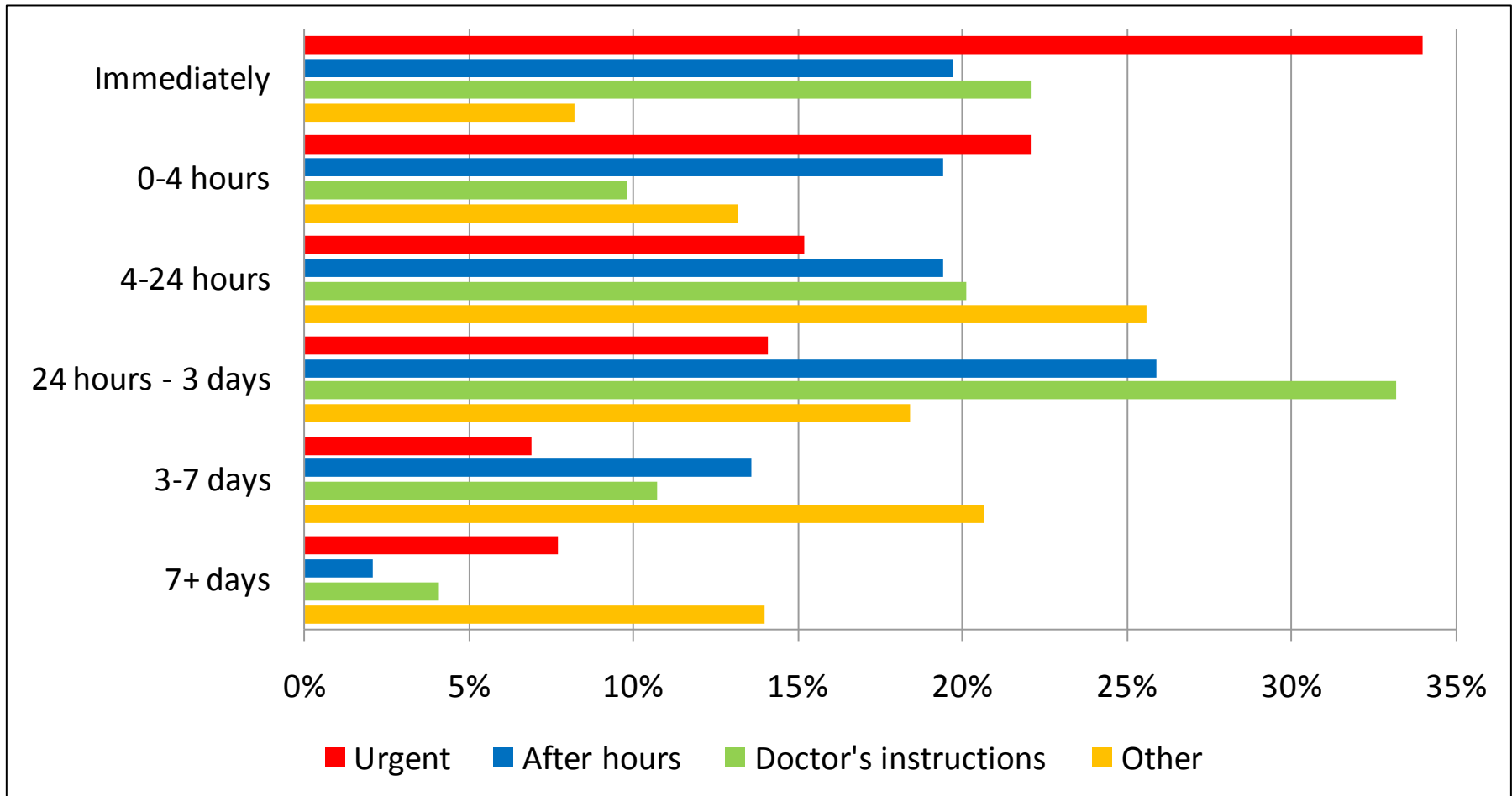
“Other” reasons relative to urgent care

- Uninsured 3.6x more likely than others
- Patients admitted overnight 78% less likely

Time from onset of problem to seeking ED care

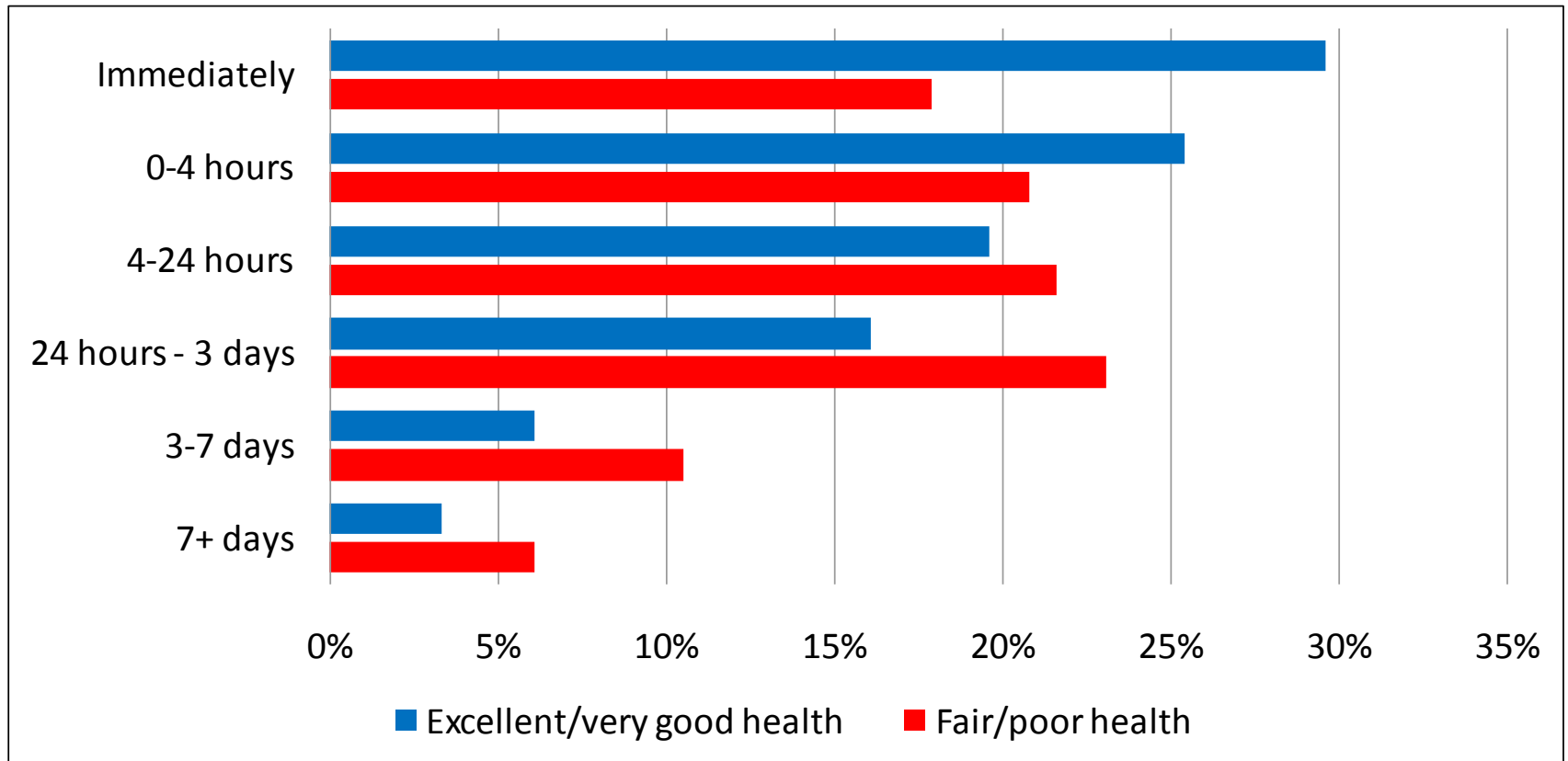


Time to ED care by reason for visit



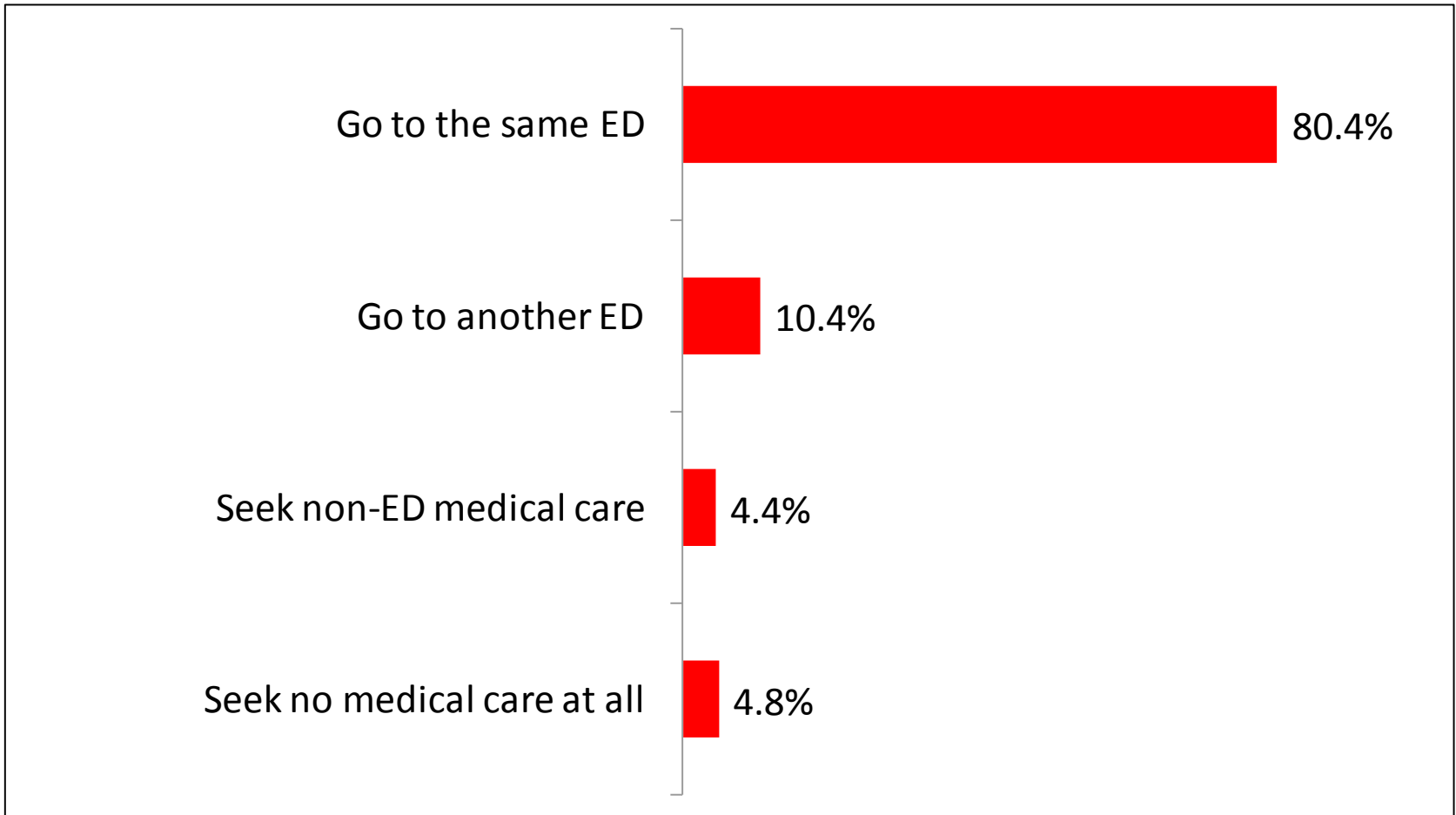
▪ Differences significant @ $p < 0.05$
 ▪ Difference disappears when controlling for other factors in ordered logit model

Time to ED care by health status



- Differences significant @ $p < 0.05$
- Pattern persists when controlling for other factors in ordered logit model

What would you do if you could repeat the same medical episode?



Predictors of “how medical episode would be repeated”

Binary & ordered logit modeling

Loyalty to the ED is similar across most health and socioeconomic variables

- ED waiting time is the strongest predictor of loyalty to the same ED and ED care in general
- Loyalty to the same ED and ED care in general diminishes rapidly if waiting time > 30 minutes

- Patients with doctor’s office as USOC are more loyal to the same ED
- Patients 65+ are more loyal to ED care in general (but not a specific ED)

SUMMARY OF PATIENTS' ED EXPERIENCE

- Patients come to the ED for a wide variety of reasons
- Patients are generally satisfied with the experience
- Speed of services received is critical to satisfaction



Diversion of patients from the ED to other settings

- Survey reveals subgroups where diversion may be appropriate (e.g., children, NH blacks)
- Easier to divert patients who allow time to pass before going to the ED



Delay of ED use

- Related to perceived urgency
 - But not when controlling for other variables
- Healthier patients clearly go to ED more rapidly
- Maybe due to ...
 - Sick patients having chronic episodes w/vague indications of urgency
 - Healthy patients having less experience dealing w/illness
 - Healthy patients having no strong connection to regular provider
 - Healthy patient prefer rapid service over continuity



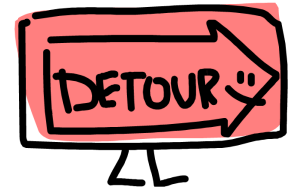
Broader issue: Speed/continuity tradeoff

- Prior research shows continuity of care not highly valued by all patients
 - Especially among healthier, younger populations
- Even when highly valued, continuity might be foregone for more rapid service
 - Evidence from research on scheduling office visits
 - Patients w/acute problems not willing to wait for regular doctor
- ED provides similar speed/continuity tradeoff



Prospects for ED diversion

- Patients may not be receptive to diversion
 - ED is always available w/no appointment
 - ED provides satisfactory experience
- ED's may not be receptive to diversion
 - ED's want volume & revenue
 - Non-urgent cases are triaged/seen later
 - ED marketing, service time guarantees
 - www.inquicker.com (ED appointment times)



FINAL THOUGHTS

- Emphasis on ED diversion may be misplaced
- Neutral policy stance may be better
 - Let providers compete for patients
 - Let patients sort themselves
 - Ensure patients have purchasing power
 - Hold all providers accountable for quality



Acknowledgement

This research was supported by the Robert Wood Johnson Foundation (Grant no. 051602)

