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Title

It's not lack of access: Non-urgent Emergency Department use by patients with 24/7 access to primary care

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Patients in Ontario have a choice to be seen by their Family Physician or an Emergency Department (ED) when experiencing a medical condition. ED use is increasing in Ontario leading to longer wait times, hospital crowding, and increased health spending. Many patients could have their non-emergent medical conditions assessed by their Family Physician instead of the ED. Since 2005, Ontario has undertaken primary care reform including patient enrollment models, changes in remuneration schemes, and introduction of mandatory after-hour clinics by primary care. Despite this, patients still seek ED care for non-emergent medical conditions.

Objective: To explore patients' experiences and decision-making in utilizing the ED for non-emergent conditions in the context of 24/7 access to their primary care provider.

Study Design/Analysis: A descriptive qualitative approach was utilized. Semi-structured interviews were completed with 19 patients. Interview transcripts were coded independently by research team members, followed by study team meetings to discuss the coding. Techniques of immersion and crystallization were utilized in the analysis.

Setting/Dataset: This study was conducted with patients of the Byron Family Medical Centre (BFMC) in the Province of Ontario, Canada. BFMC is affiliated with the Department of Family Medicine, Schulich School of Medicine and Dentistry at Western University. BFMC has 15,000+ comprehensive primary care visits/yr including after-hours appointments. An on-call system allows direct to physician access via phone outside of clinic hours. Participants were recruited from BFMC patients who visited an ED within 40 km for non-emergent medical conditions .

Results: Multiple inter-related themes were identified regarding patient decisions to attend the ED. They were 1) previous symptom/condition experience, 2) previous experience with, or perception of, health care access, 3) current symptom experience, 4) provider and social influence, and 5) reinforcement of

previous decisions to attend the ED . Patients universally described a positive relationship with BFMC, but this did not affect their decision to choose the ED over primary care.

Conclusions: The patient experience, particularly regarding the experience of pain and the patient-perception of urgency, were predominant themes regarding an individual patient's decision to access the ED for care instead of accessing their primary care provider for non-emergent conditions.