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**Title**

*Factors affecting Family Physician follow-up 30 days post-discharge from a Canadian Academic Emergency Department*

**Priority 1 (Research Category)**

Acute and emergency care

**Presenters**

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**Abstract**

Close outpatient follow-up of patients discharged from the emergency department (ED) has been associated with improved antimicrobial stewardship, medication compliance, and decreased mortality. Despite these clear benefits, studies have shown most patients do not receive follow-up from specialists or Family Physicians (FP). While age, race and insurance status may be factors in Australia and the United States, there remains a paucity of Canadian studies investigating potential factors that influence follow-up. This retrospective cohort study aimed to elucidate factors associated with Family Physician follow up within 30 days at two urban, academic Family Medicine clinics. Our study included patients aged 18 or older who have an academic Family Physician and visited a London Health Sciences Centre ED between January 1, 2021 and June 1, 2021. A binary logistic regression was used to determine if a specific patient or provider factor was associated with follow-up. Of the 367 cases that met criteria, 220 (60%) patients received Family Physician follow-up within 30 days. Additionally, 51 patients (23%) received specialist follow-up within 30 days. A higher number of medications (OR 1.12 p=0.003) and a Family Physician appointment within the 90 days preceding the ED visit (OR 2.51, p<0.001) were significantly predictive of Family Physician follow-up. The use of a Family Physician referral form, documented discharge instructions, and increasing comorbidity (as documented by the Charlson Comorbidity Index) were not associated with a higher odds of follow-up. These data suggest that patients on numerous medications may require close follow-up for monitoring, dose adjustments, and reassessment. Additionally, those patients with recent Family Physician visits may have stronger relationships with their provider, increasing their likelihood of follow-up. Based on this study, there is insufficient evidence to suggest that documented discharge instructions nor the use of a FP referral form impact the rate of follow-up. Future work should focus on an optimal mechanism to ensure Family Physician follow-up, when required, in urban centres. The impact of mental health and substance use disorders on the rate of follow-up should also be evaluated.