

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Primary care follow-up after Emergency Department discharge for patients with chest pain in Ontario: a scoping review

Priority 1 (Research Category)

Cardiovascular disease

Presenters

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Abstract

CONTEXT: Chest pain is one of the most common Emergency Department (ED) complaints, with ~500,000 ED visits annually in Canada. Most patients are safely discharged after ED work-up rules out life-threatening causes. According to clinical guidelines, patients discharged with chest pain should follow-up with a medical doctor (MD) within 72 hours. In Ontario, MD follow-up after ED discharge for chest pain is mostly provided by primary care physicians (PCPs) and sometimes cardiologists. OBJECTIVE: We explored factors associated with PCP follow-up for patients discharged from Ontario EDs with non-life-threatening chest pain. STUDY DESIGN: The Joanna Briggs Institute methodology for scoping reviews was used. We searched MEDLINE, EMBASE, CINAHL, and APA PsycINFO in April 2024. Search concepts used were ED, patient discharge, primary care, follow up, Canada, and Ontario. We included primary research articles that studied adult patients (≥ 18 years) discharged from Ontario EDs with chest pain, who subsequently follow-up with their PCP. SETTING: Ontario, Canada. POPULATION STUDIED: Adults ≥ 18 years discharged from Ontario EDs with chest pain. INTERVENTION: None. OUTCOME MEASURES: Factors associated with PCP follow-up. RESULTS: Among 128 search results, three studies met inclusion criteria. To date, there are no published reviews on this topic. Three observational studies of 273,294 adults discharged with chest pain from Ontario EDs between 2004-10 showed that 58-60% followed up with their PCP within 30 days, which was associated with reduced risk of death or myocardial infarction after one year. 12-17% followed up with a cardiologist, while 25-29% did not see any MD post-discharge. Key predictors for follow-up with any MD included prior PCP visit (OR 6.44, 95% CI 5.91-7.01), cardiologist visit (OR 1.36, 95% CI 1.29-1.42), or hospital admission in the past year (OR 1.27, 95% CI 1.22-1.32). Conversely, patients with multiple co-morbidities or living in rural areas were less likely to follow-up. CONCLUSIONS: Most Ontario patients who receive follow-up post-ED discharge for chest pain are seen by PCPs. The strongest predictor for follow-up was established access to an MD, which was associated with better health outcomes. Prioritizing follow-up for at-risk patients is crucial. Strategies

include proactive PCP follow-up and improved access to primary care, especially in rural areas. Future research should update these findings within Ontario's current healthcare context.

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