CHI SNAC LABS 2016

Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Diagnosis: ED Users Make Rational Choices, Study Says

NOVEMBER 17, 2016

Introduction

Health plans and policymakers have grappled for years with the problem of emergency department (ED) overuse. The solution was thought to be better access to primary care, so that many conditions could be treated in a doctor's office rather than an expensive hospital setting.

When Colorado expanded Medicaid nearly half a million people gained access to primary care . But ED use did not decrease.

A University of Colorado team tried a different approach to understand the problem: ask patients. Through a detailed survey of Medicaid ED users at University of Colorado Hospital, they conclude that the benefits for individual patients outweigh the costs when they choose the ED over the doctor's office.

Primary Themes

- Most health studies approach ED use by asking what's best for the system, rather than investigating what consumers think is best for them.
- The ED is expensive for the health care system, but for many patients it is cost-effective and convenient.
- Patients say it can make sense for them to choose the ED over a primary care office.

Background

Jeff Bontrager of the Colorado Health Institute kicked off the discussion with data about ED use.

Colorado ranks tenth best in the country for low use of the ED, with 356 visits per 1,000 people compared with a U.S. average of 423 per 1,000.

Still, a significant number of people with public insurance use the ED for non-emergencies. Of the people who visited the ED, 43 percent said they went for a non-emergent condition, according to the 2015 Colorado Health Access Survey (CHAS).

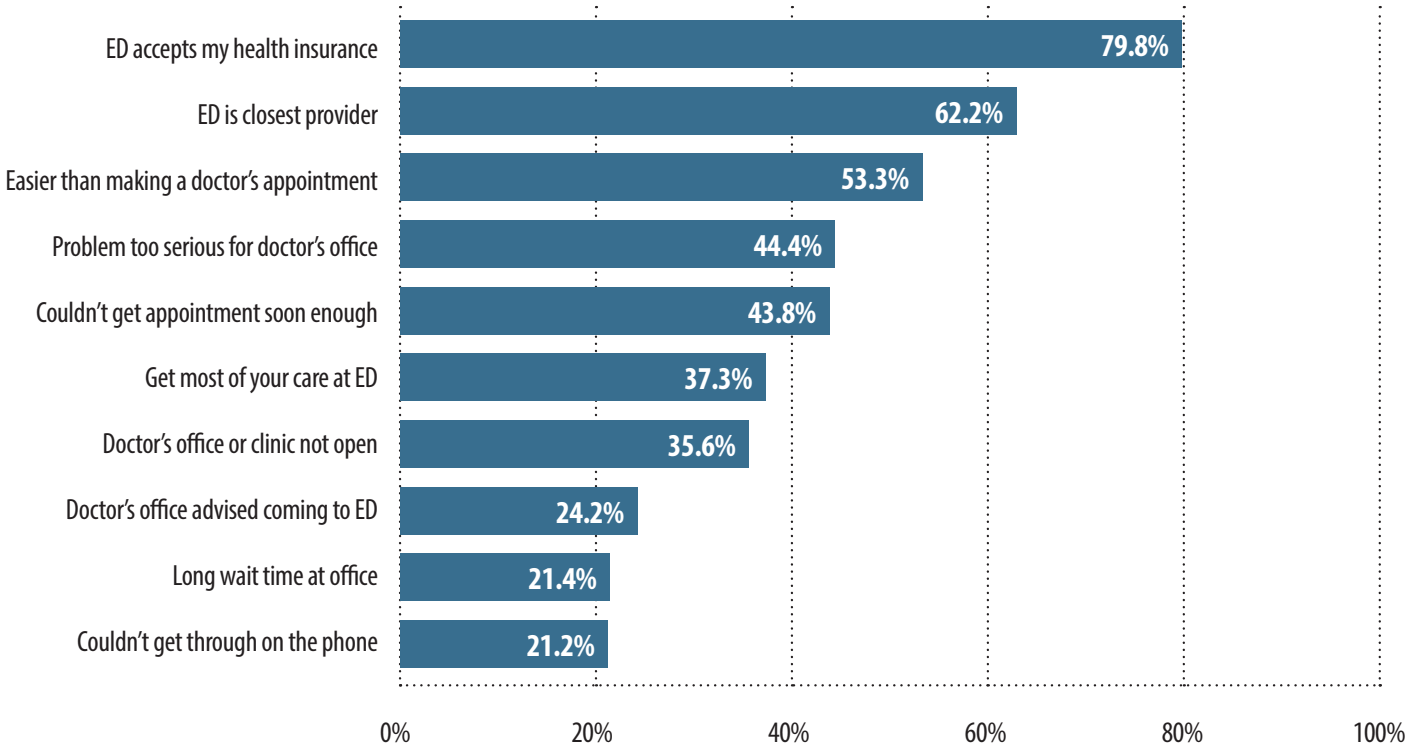
The three most common conditions treated in the ED are upper respiratory infection, chest pain and headache, according to a study by the Washington State Hospital Association.

And mental health correlates to ED use. Less than one of five people with good mental health visited the ED in the past year compared with 41.6 percent of those with poor mental health, the CHAS found.

Note: Because the results of this study are under review for publication, please contact Professor Anne Libby at Anne.Libby@ucdenver.edu if you wish to cite or disseminate these findings.

Figure 1. Reasons Medicaid Patients Visited the ED

Based on Survey Responses in the CU School of Medicine's Study of ED Users at University Hospital



Source: University of Colorado School of Medicine study. Pre-publication briefing: Please cite with permission.

The University of Colorado Study

University of Colorado professors Anne Libby (Department of Emergency Medicine) and Jennifer Reich (Department of Sociology) visited the SNAC Lab to present results from their study of ED users. The study had two parts — a survey of 1,801 Medicaid-enrolled patients and in-depth interviews with 103 Medicaid-enrolled patients who were discharged from the ED for conditions that could have been managed in primary care settings.

The team hopes to illustrate a paradigm shift in valuing health care by taking the patient perspective and including individual patients' incentives and constraints when choosing the ED. Treating patients as though they have the same incentives as the health system gets the problem wrong, Libby said.

Academic literature consistently refers to ED use as "low-value care." Highly trained doctors and expensive equipment often are used to treat routine conditions. But those studies tend to consider "value" from the perspective of the provider or the payer, Libby said. Those costs are not "counted" from the patient perspective.

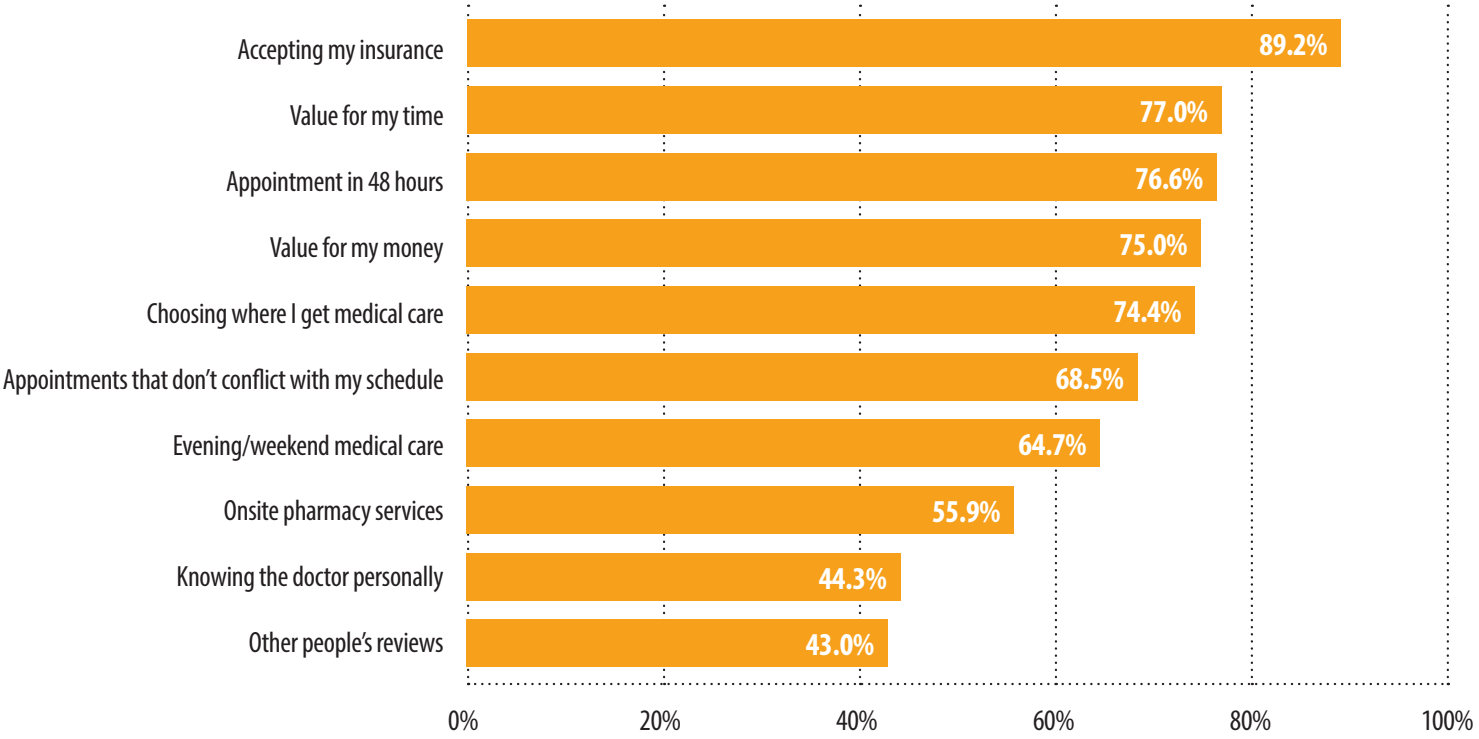
Academics also tend to identify access to primary care as a silver bullet to reduce unneeded ED use. But when Colorado and other states expanded Medicaid, ED use hardly budged. The CU team wanted to know why.

As an economist, Libby hypothesized that people make rational decisions given their circumstances. She set out to test the idea by surveying patients in University Hospital's busy ED — it sees 300 patients on a typical day, half of whom are Medicaid recipients.

University Hospital uses a new workflow that has greatly reduced the amount of time patients spend in the ED and eliminated the problem of patients who give up and leave before they see a provider. The average time a patient waits to see a doctor is 12 minutes. The doctor at intake assesses whether a patient has a condition serious enough to require more elaborate ED treatment. If it's a condition that is easily treatable, the patient is treated in intake right away and sent home. The CU study focused only on patients who have conditions that were quickly managed and could have been treated by primary care providers.

Figure 2. Very Important Factors to Medicaid Patients When Choosing a Care Setting

Based on Survey Responses in the CU School of Medicine's Study of ED Users at University Hospital



Source: University of Colorado School of Medicine study. Pre-publication briefing: Please cite with permission.

Medicaid clients are assigned to a primary care provider, so on paper everyone in the study should have had primary care access. But the CU study revealed that having a regular doctor doesn't mean patients can get the care they need when they need it. Participants often complained about having to wait too long to get an appointment, or that their provider is far away or isn't open at convenient hours.

The ED is often more accessible for Medicaid patients who participated in the study. Some patients even expressed a preference for the ED in areas where conventional wisdom would suggest primary care would have an edge, such as staff friendliness, being treated with respect and patient understanding of care.

Libby and Reich said their study busts some myths about ED use.

***Myth**: Patients Don't Engage in Primary Care*
In fact, 60 percent of the patients reported a regular source of primary care, and of those 73 percent had seen their doctor in the past year. Two-thirds would have accepted a primary care appointment on the day of their ED visit if one had been availability.

***Myth**: Primary Care Meets Consumer Needs*
The majority (61 percent) of patients surveyed visited the ED on evenings or weekends — outside regular hours for primary care. And four of five had to travel less than 30 minutes to the ED.

***Myth**: The ED Is More Expensive than Primary Care to Patients*
Nearly nine of 10 Medicaid patients in the study paid less than $5 for their ED visit, and a similar number paid less than $5 for prescriptions.

"Is this so expensive to the patient? No. It looks like a great idea: convenience, quality, affordability," Libby said.

Also, patients aren't using the ED out of ignorance. The interview team heard that patients often understood a great deal about the link between public policy and their care. They understood the main features of Medicaid and the Affordable Care Act. (ACA).

"We heard a lot of love for Medicaid and for Obamacare, which we weren't expecting to hear," Reich said.

The interviews led to the conclusion that patients face a

different set of incentives about ED use than providers and payers.

"We see over and over that people are knowledgeable, they are engaged, and they look pretty much like rational consumers," Libby said.

Discussion and Next Steps

The SNAC Lab audience was intrigued by various parts of the study.

The patient-provider relationship is supposed to be a main feature of primary care, but just 44 percent of patients in the study said that knowing a doctor personally was very important. One audience member suggested that many primary care practices shuffle their patients from doctor to doctor within a practice, so patients might not perceive a big difference when they go to the ED.

Another audience member noted survey respondents' complaints about inconvenient primary care and difficulty in getting appointments. This seems to contradict the Department of Health Care Policy and Financing's Access Review Monitoring Plan for Medicaid, which found no major problems with access to care.

Other Medicaid experts groaned when Reich told the story of "T.J.", a 41-year-old participant in the study. T.J. was still paying off a $900 medical bill from an accident before he gained coverage through Medicaid. He signed up for Medicaid after the accident, which should have taken care of the bill from the previous three months. But he was told he still needed to pay the bill. The story illustrates the need to understand the patient perspective in understanding the complexity of the health care system.

Libby and Reich recommend looking into policies that would increase the number of Medicaid primary care providers and make care more convenient.

"Is there some way to incentivize new ways of care that are more convenient that don't have to be found only in an emergency room?" Libby said.

Table 1. Patient Survey: ED vs. Doctor's Office

When choosing where to get medical care, which is better?

	ED is Better	Doctor is Better
Costs less	24%	30%
Convenience	52%	20%
Provider trust	28%	27%
Staff friendliness	28%	16%
Treated with respect	30%	15%
Understand what to do	30%	17%

Approximately 30 percent to 58 percent of survey respondents said there was no difference between the ED and doctor's office on the factors in this table.

Source: University of Colorado School of Medicine study

Organizations Represented at the November 17, 2016 SNAC Lab

- Caring for Colorado
- Children's Hospital Colorado
- ClinicNET
- Colorado Access
- Colorado Association for School-Based Health Care
- Colorado Children's Campaign
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- Denver Health
- Denver Regional Council of Governments
- Jefferson Center for Mental Health
- Kaiser Permanente
- Oral Health Colorado
- Rocky Mountain Health Plans
- Salud Family Health Centers
- University of Colorado College of Nursing
- University of Colorado Denver

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