Decreasing Low Acuity Emergency Department Utilization in Providence Community Health Center (PCHC) Patients

Kiran Moorthi, Sc.M.

Introduction

Insured patients who frequently access the emergency department (ED) for “low acuity” reasons pose unique concerns. ED treatment of ambulatory conditions is shown to be more expensive and less effective than similar treatment from primary care providers (PCPs). To reduce patients’ ED utilization and instead promote accessing PCP care, this study examines why patients of Providence Community Health Centers Chafee, an urban federally qualified health center (FQHC), access care at Rhode Island area EDs.

Methods

Adult patients of Chafee clinic were eligible for a phone survey if they had visited the ED 2-10 times within three months and were attributed to a PCP at the clinic. Survey measures included patients' perceptions of severity of illness, reasons for visiting the ED instead of their provider, provider accessibility and overall satisfaction with clinic services. EHR data on time of and reason for ED access were also analyzed.

Results

Twenty-nine surveys were administered. Most respondents (83%) were patients with established PCPs at the FQHC. 79% of visits were for low-acuity concerns and 69% of visits occurred during FQHC hours. Patients were largely satisfied with care at Chafee (86%); however many noted dissatisfaction with appointment scheduling.

Conclusions

Most ED visits were made by insured patients with established PCPs during FQHC business hours for low-acuity reasons. Most patients are satisfied with FQHC care, but express dissatisfaction with appointment scheduling and availability. Interventions should focus on streamlining the scheduling process, and strengthening relationships between patients and PCPs, to encourage regular communication and visits.