

Individual Characteristics of Patients in the OHSU Emergency Department (ED)

Survey Results Presented by
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Study Background

- Descriptive study designed to complement earlier analysis of OHSU ED administrative data conducted by Dr. Robert Lowe.
- Dr. Lowe's study showed 17% increase in uninsured ED visits from March-May 2003 when compared to same time period in 2002.



Research Questions

- Did patients attempt to obtain care in other primary care settings before visiting the ED?
- What were the barriers to access in other settings?
- What is the insurance history of uninsured patients in the OHSU ED?

Survey Administration

- OHSU ED patients between October 12, 2003 and November 3, 2003.
- Interviewers present in the ED 16 hours a day, 7 days a week.
- Interviewers were volunteer undergraduate research assistants in the Clinical Research Investigative Studies Program (CRISP) at OHSU.

The Sample Frame

- Patients meeting the inclusion criteria randomly selected into the study with a coin toss
- 2,669 ED admissions during the study period: 647 surveys completed.
- Exclusions
 - Transfers from Skilled Nursing Facilities (SNF)/Nursing homes
 - Non-English speakers (except Spanish)
 - Trauma patients
 - Sexual assault victims
 - Patients on psychiatric holds
 - Patients in police custody

The Survey

- 33 questions, administered by face-to-face interviews
- Questions included:
 - Patient experience of care prior to ED visit, if any
 - Prior 12-month ED utilization
 - Prior 12-month health care utilization
 - Usual source of care
 - Unmet need (didn't get needed care, delayed care)
 - Current and previous health insurance status
 - Source of health insurance
 - Reasons for insurance loss
 - Demographics

Demographics: Age

Age

Age Categories	Sample Frame		Respondents	
	n	%	n	%
0 to 18	595	22%	115	18%
19 to 29	596	22%	148	24%
30 to 39	467	17%	114	18%
40 to 49	408	15%	93	15%
50 to 59	299	11%	85	14%
60 to 69	146	5%	47	8%
70 and over	158	6%	24	4%
Total	2669	100%	626	100%

Demographics: Gender

Gender

	Sample Frame		Respondents	
	n	%	n	%
	Male	1317	49%	293
Female	1352	51%	353	55%
Total	2669	100%	646	100%

Demographics: Insurance Status

Insurance Status

Insurance Status	Sample Frame		Respondents	
	n	%	n	%
Uninsured	721	27%	164	25%
OHP	665	25%	226	35%
Medicare	342	13%	71	11%
Commercial	649	24%	153	24%
TRICARE	25	1%	16	2%
Other	78	3%	10	2%
Unknown/Missing	189	7%	7	1%
Total	2669	100%	647	100%

Symptom Onset

- Symptom onset fairly evenly distributed across time.

Time since onset	Percent
0 to 4 hours	14.8%
5 to 8 hours	11.4%
9 to 24 hours	16.1%
1 to 2 days	13.4%
3 to 6 days	15.6%
1 to 4 weeks	15.8%
1 to 6 months	8.5%
More than 6 months	4.2%


Medical Advice-Seeking Behavior

- 45% of the study participants came to the ED on medical advice from a provider
 - Of those, 55% phoned and 45% visited
- 55% came to the ED without seeking medical advice



Of the 45% who sought medical advice, reasons for coming to the ED included:

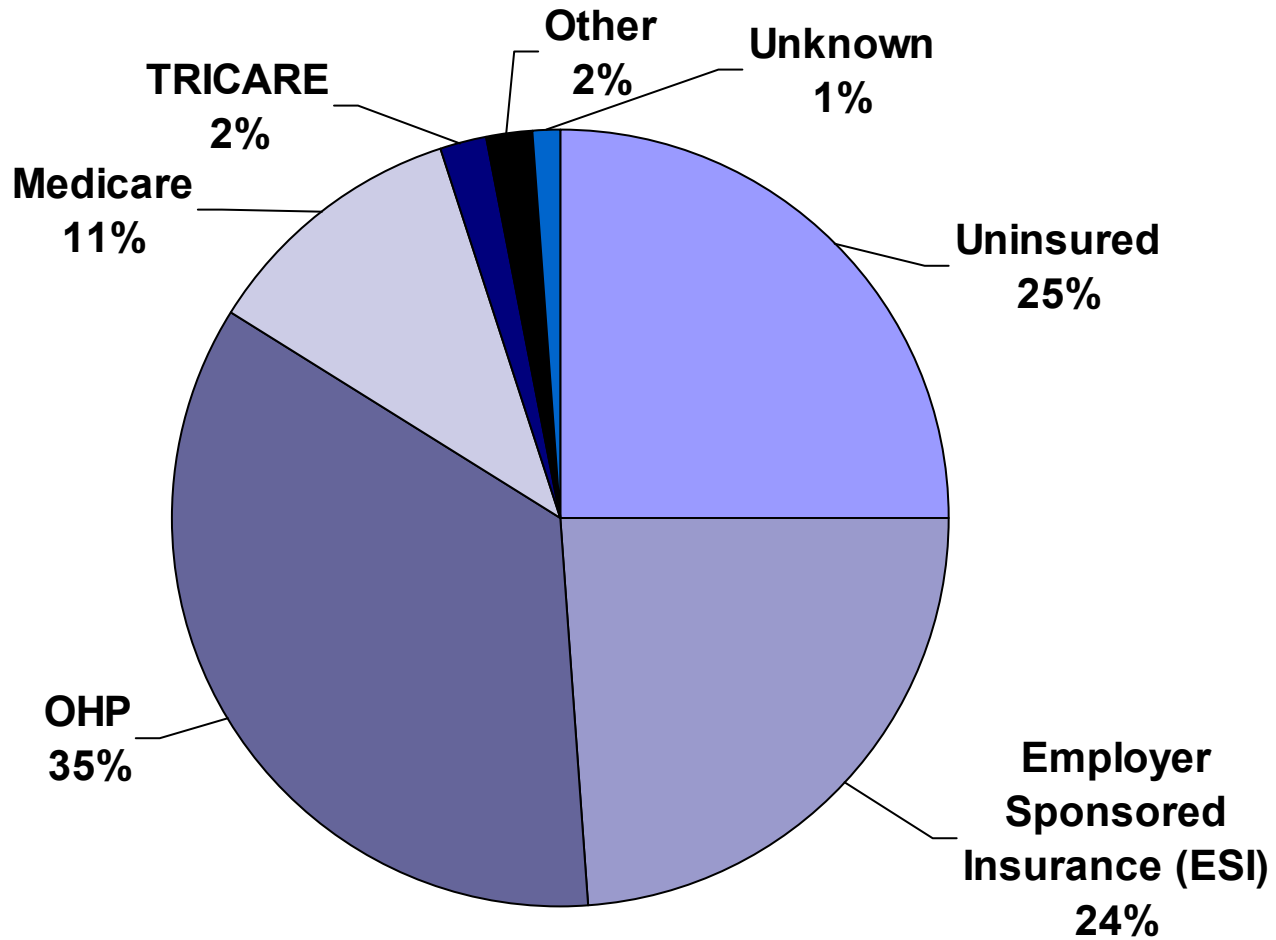
- 93% were referred to the ED by their provider
- 28% reported their regular clinic was not open
- 23% reported that there were no appointments available when they could get to their regular source of care
- 22% reported no urgent appointments available



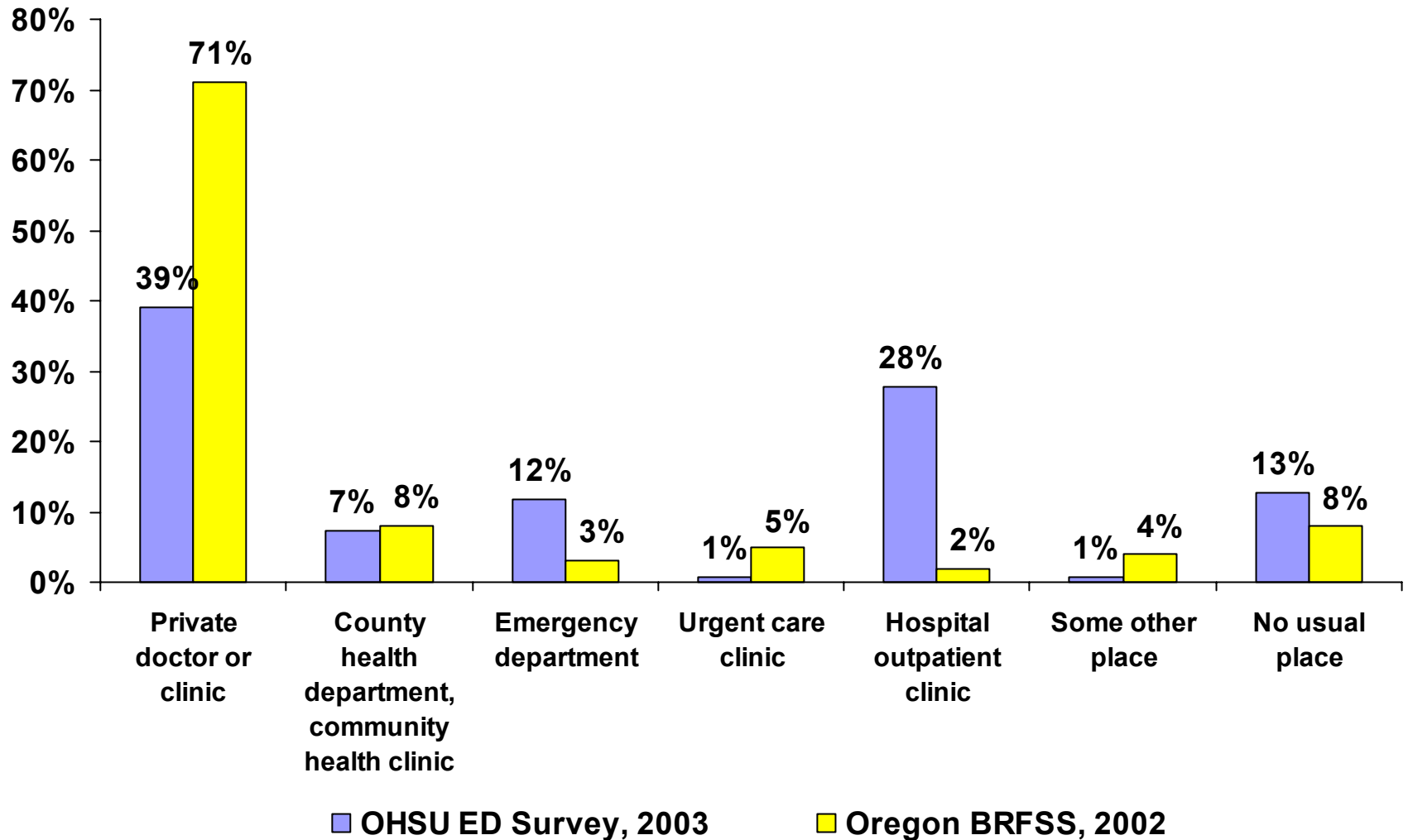
For the 55% not seeking medical advice, reasons cited were:

- 81% believed they had a medical emergency
- 56% reported their condition was worsening or pain increasing
- 43% reported that OHSU was convenient
- 38% reported that they have no regular health provider
- 35% reported that OHSU is their regular source of care
- 30% reported that they have no health insurance

Insurance Status and Source



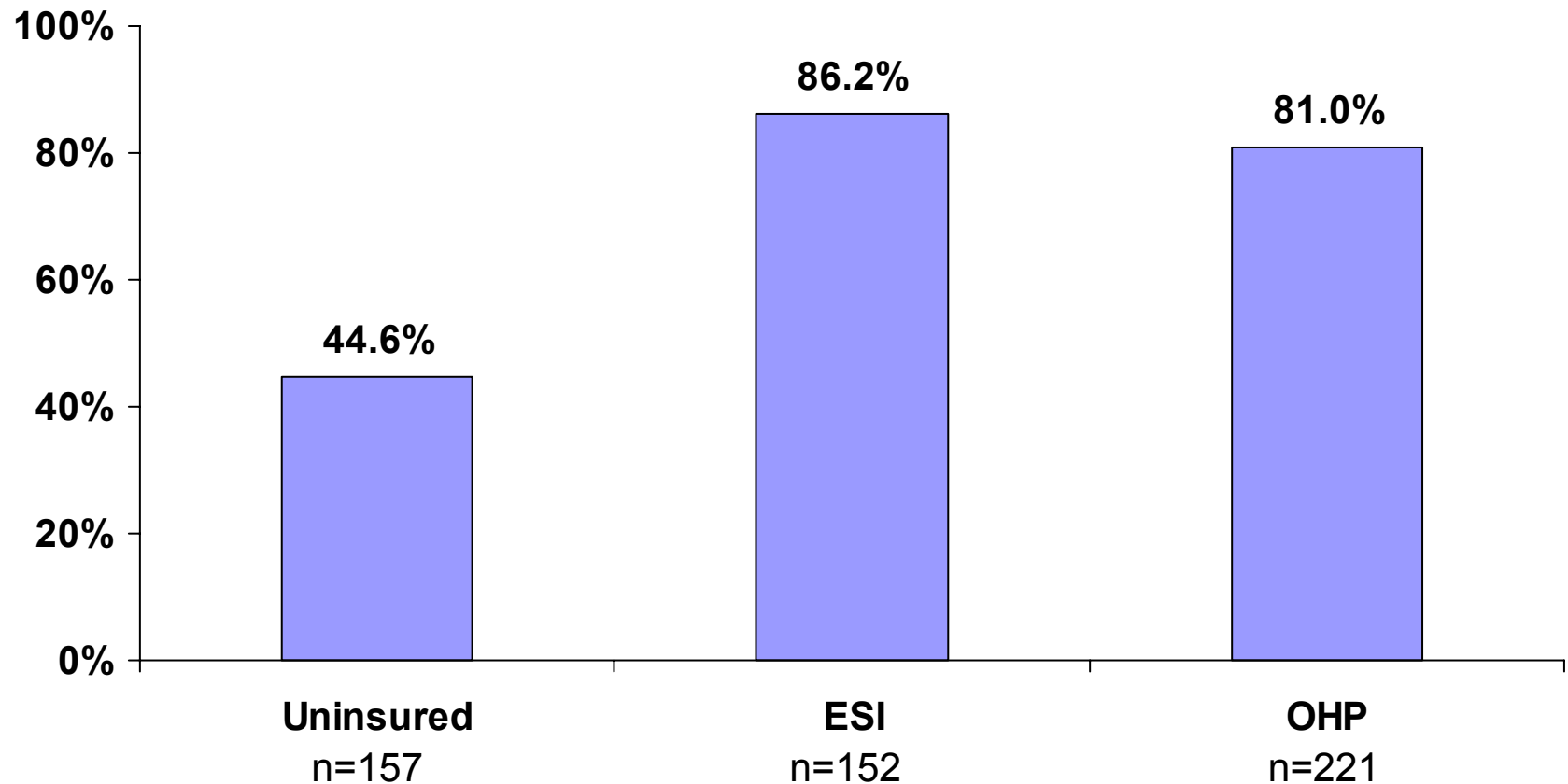
Usual Source of Care



Data age and sex adjusted.

Usual Source of Care

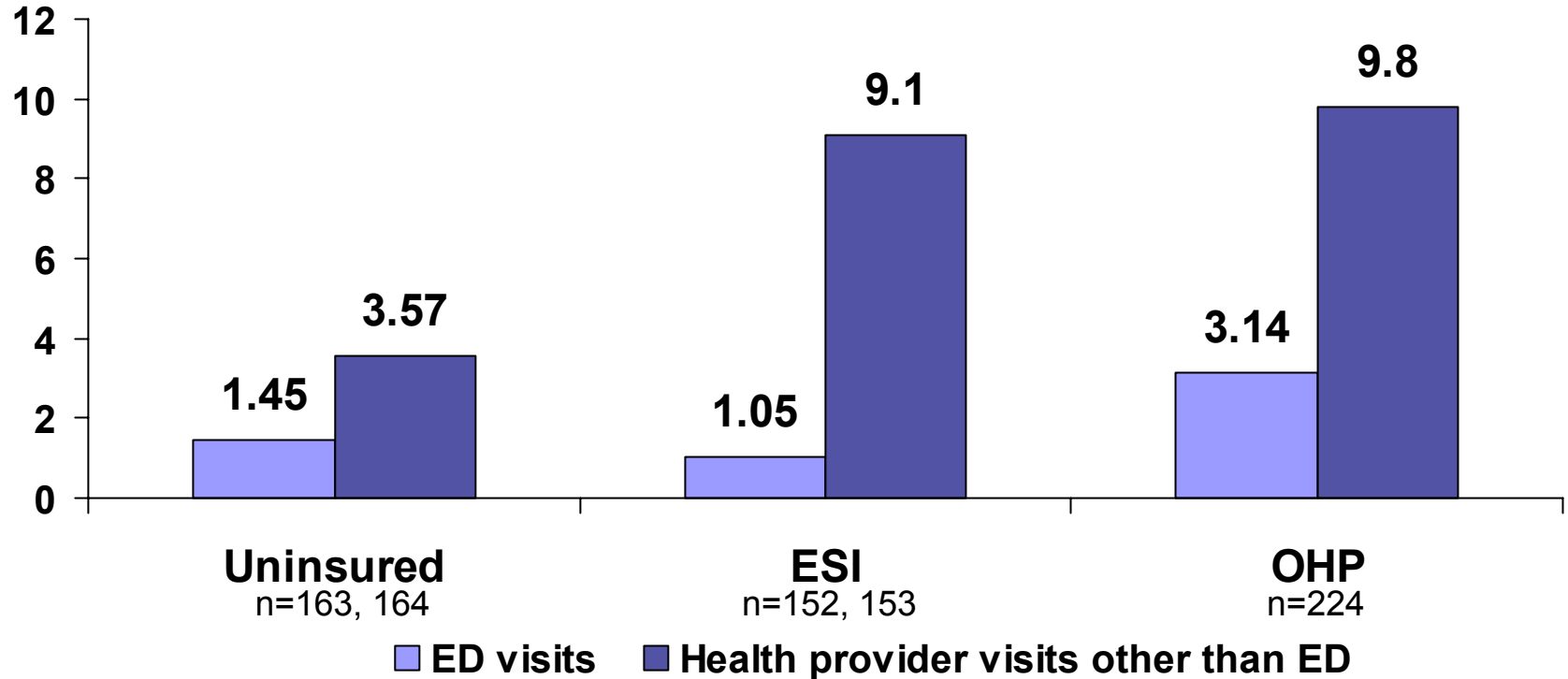
Percent with usual source of care other than ED or urgent care



Sig. .000 (Chi-Square)

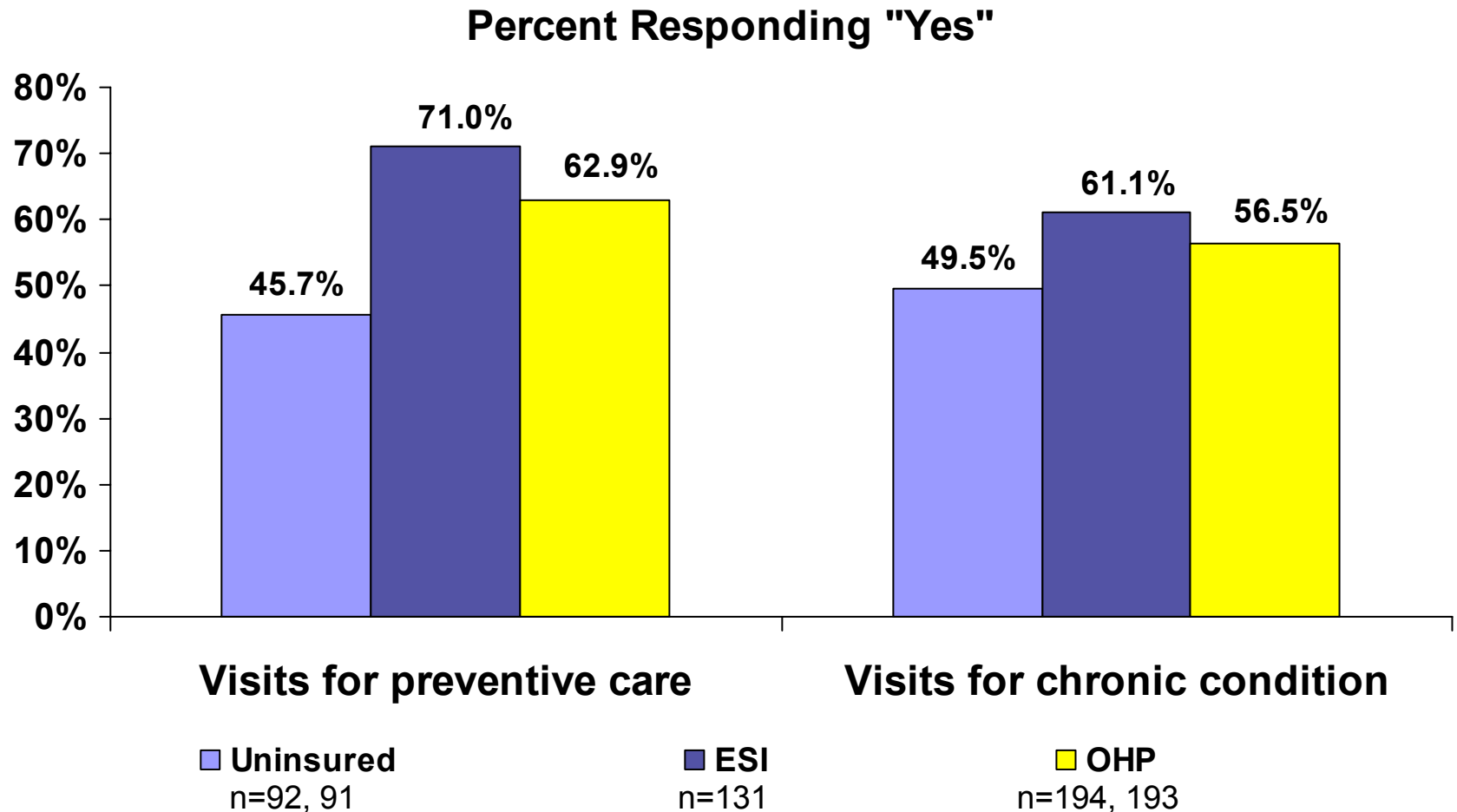
Number of ED and health provider visits in last 12 months

Mean Number, Self-Report



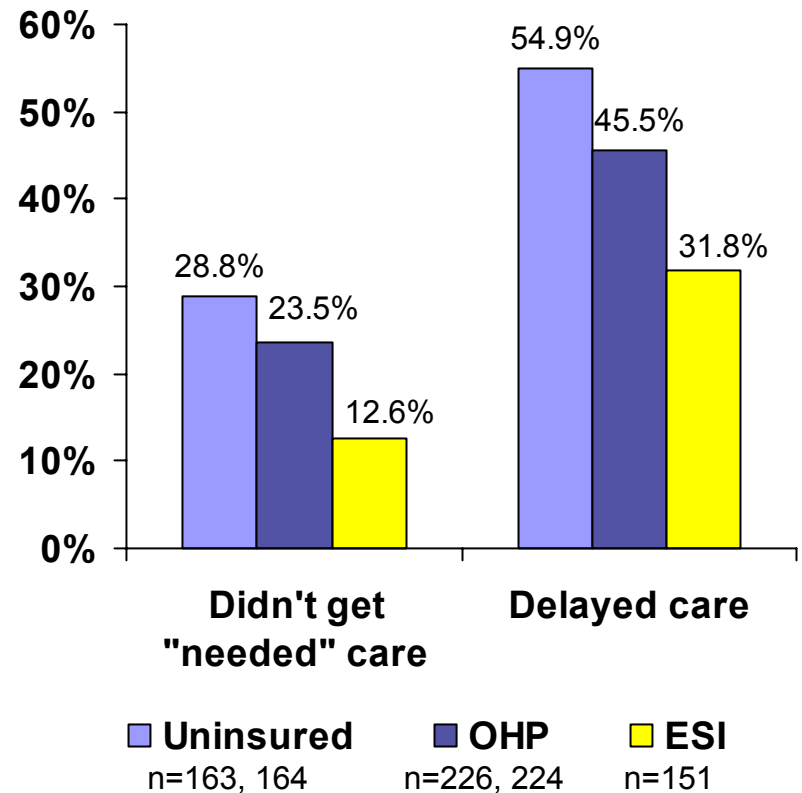
*Asymp. Sig. .000, Kruskal-Wallis Test for both visit types.

For those with visits in prior 12 months, any visits for preventive care or chronic condition?



Unmet Need

- 21.7% of population in Portland PMSA below 200% federal poverty level report not getting “needed” care (NHIS, 1999/2000)
- Higher levels of unmet need associated with higher ED utilization for survey respondents
 - 3.9 vs. 1.5 ED visits in last 12 months for those not getting needed care
 - 2.9 vs. 1.4 ED visits in last 12 months for those reporting delaying care



*Asymp. Sig. .000, Pearson Chi Square for both measures.

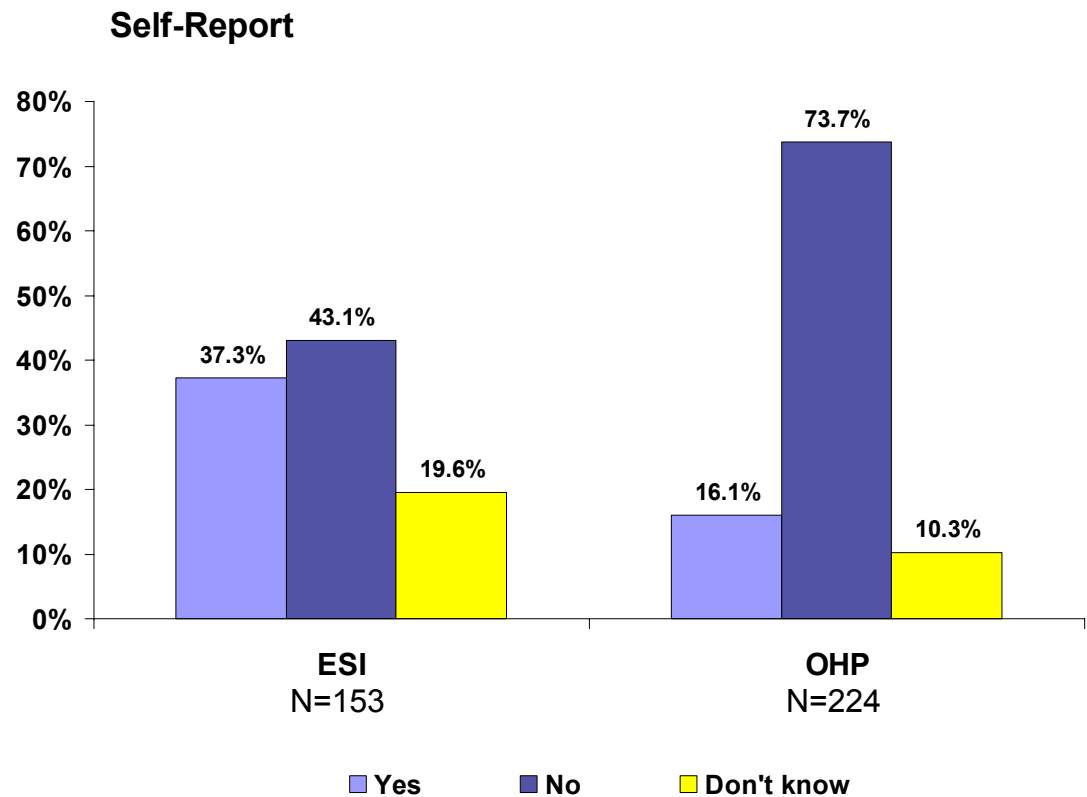
For those not getting needed care or delaying, 5 top reasons cited were* ...

- 47.2% reported they were worried about cost
- 43.8% didn't have health insurance at the time
- 35.2% didn't have a regular healthcare provider
- 33.8% couldn't get an appointment as soon as they wanted
- 20.7% owed money to a doctor, clinic or hospital

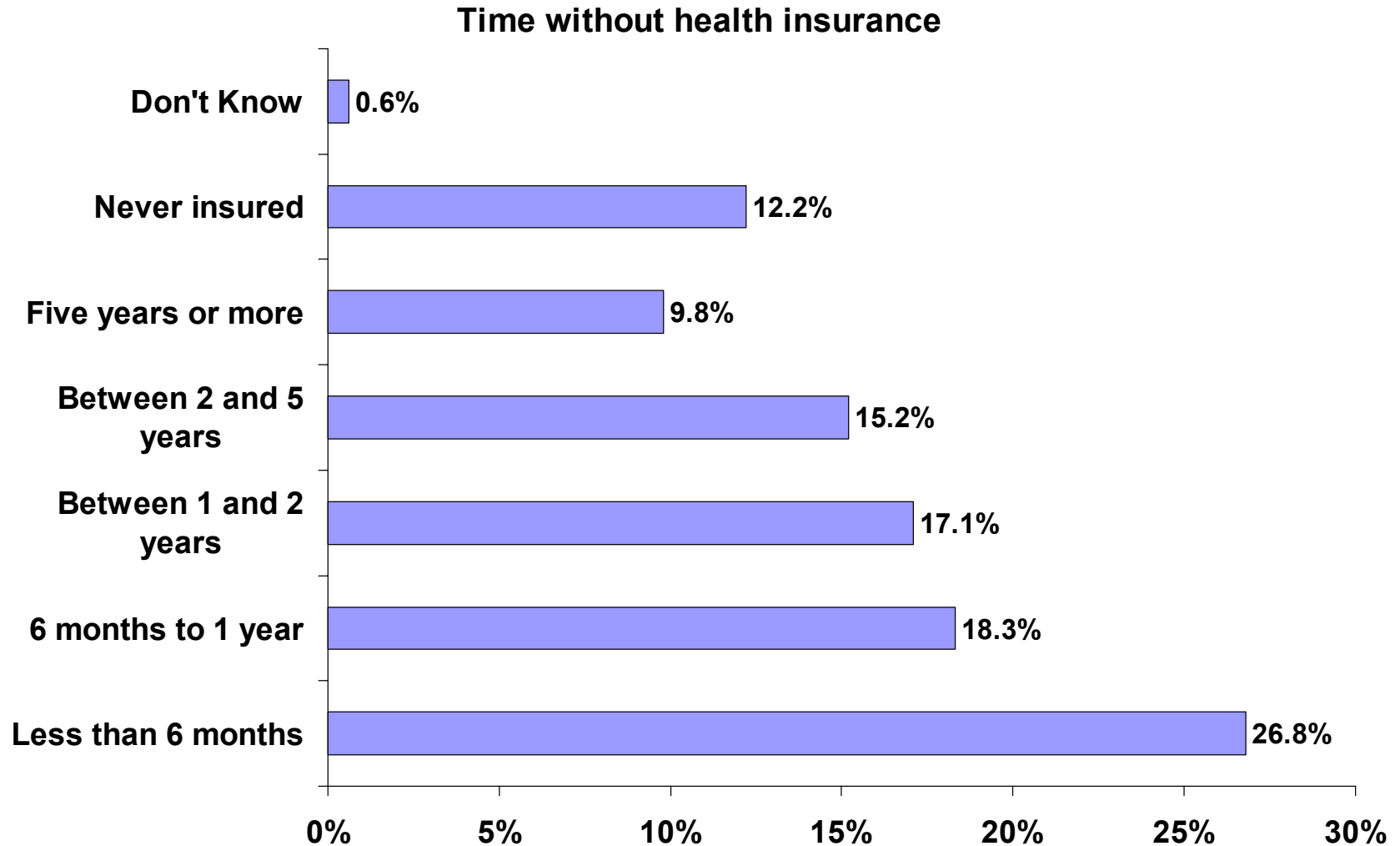
*n=269. Multiple responses allowed. Will not sum to 100%.

Co-Pay Required for ED Visit

- 3 respondents reported a percentage (10% to 15%) as their co-pay requirement
- Most commonly reported amount was \$50 (34%)

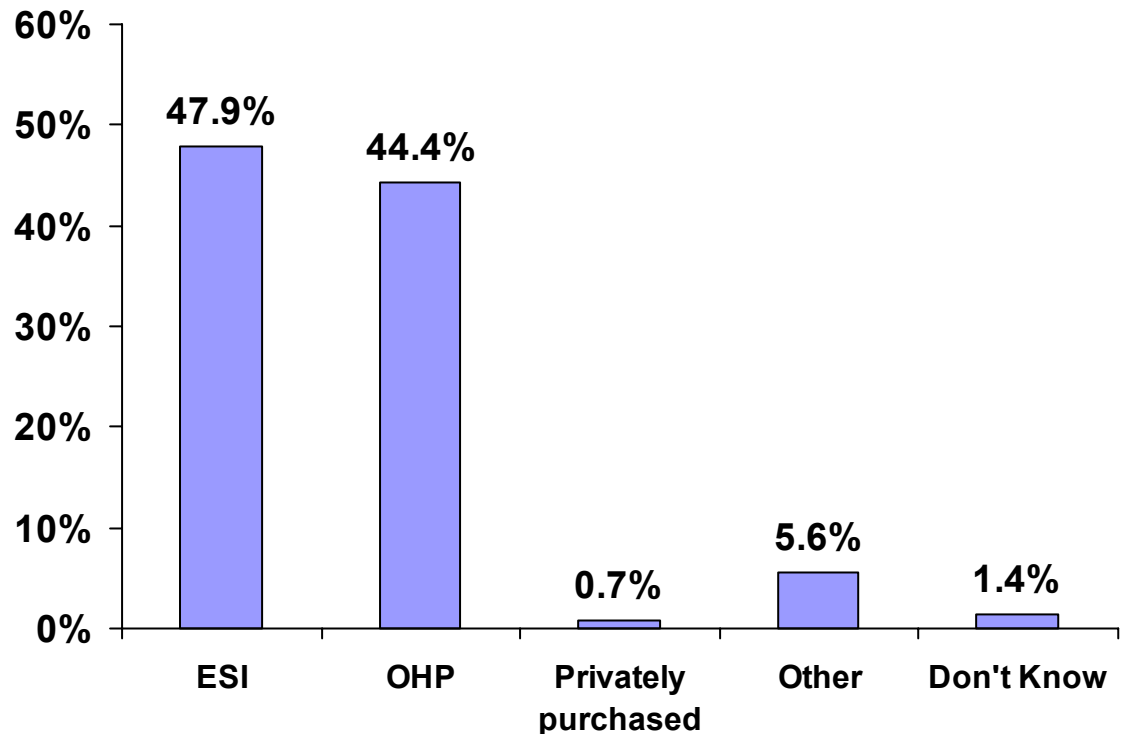


Uninsureds' Insurance History



Uninsured: Most Recent Health Insurance

- Shorter span of uninsurance (6 months or less) more likely to have come from OHP 63.6% vs. 31.8% from ESI
- Uninsurance spans of greater than 1 year, 65% came from ESI and 33% from OHP



Reasons cited for losing ESI* ...

- 62% lost job
- 13% aged out of parents' ESI or quit school
- 7% changed jobs and do not yet qualify for new ESI
- 6% reported ESI premiums became too expensive
- 4% reported employer quit offering dependent insurance
- 6% reported that they retired or moved

*Multiple responses allowed. Will not sum to 100%.

Reasons cited for leaving/losing OHP* ...

- 49% reported premiums not affordable or locked out due to premiums
- 29% reported income too high to qualify
- 13% forgot or didn't reapply in time
- 11% reported they couldn't afford the co-pays
- 5% reported that it was too much paperwork
- 2% reported that their assets were too high

*Multiple responses allowed. Will not sum to 100%.

Key Findings

- Coverage and usual source of care did not translate into fewer ED visits for OHP
 - OHP similar to commercially-insured in terms of having a usual source of care (81%), but still have significantly higher rates of ED visits than any other group.
 - OHP reported higher overall utilization than any other group.
 - And even with the high self-reported utilization numbers, OHP also reports higher unmet need than a commercially-insured population



Key Findings

- Lack of access not completely explanatory. For those not consulting a physician before the ED visit,
 - Less than one-third of the respondents reported that their clinics were closed when they came to the ED.
 - Less than 25% cited lack of available or timely appointments at their usual source of care as the reason for coming to the ED.

Key Findings

- On a self-report basis, OHP clients in OHSU ED much higher utilizers than OHP clients overall.
 - Not directly comparable because of different time frames in the questions, but previous surveys of the OHP population indicate much lower rates of ED and primary care utilization than this population reports.
- Seem to have much higher absolute need.

Key Findings

- Uninsured visiting OHSU largely short-term uninsured: 45% uninsured less than 1 year; 27% less than 6 months; and 12% never insured.
- OHP disenrollment (44%) and loss of employer-sponsored insurance (48%) -- largely due to job loss -- contributed equally to uninsured visits to the OHSU ED during the study period.

Data Limitations

- Pilot study
- No generalizability beyond the OHSU ED.
 - OHP patients at OHSU ED different than overall OHP patients
 - Patients visiting OHSU ED different than other EDs as well as population overall
- No severity adjustments in the data
- Next Steps: If funding is available, broader survey of statewide EDs. Add administrative data.



Special thanks...

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