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Privately Insured People's Use of Emergency Departments: Perception of Urgency is Reality for Patients

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Many privately insured people with an urgent medical problem go to hospital emergency departments (EDs) even though they could be treated safely and at lower cost elsewhere. Understanding why insured patients decide to seek care in EDs rather than other settings can help purchasers and payers safely guide patients to less-costly care. Patients' perception of the severity of their medical problem and who they first contact for help or advice are the factors most associated with whether they seek emergency care, according to a study by the Center for Studying Health System Change (HSC) based on a 2012 survey of 8,836 active and retired nonelderly autoworkers and their spouses. Nearly a quarter of people reported having an urgent medical problem in the three months before the survey, and almost half (44%) of those with an urgent condition ultimately went to an emergency department for treatment. Of people with an urgent problem, nearly half first contacted their regular source of care—typically a primary care clinician—and those patients were less likely to go to emergency departments. And, patients who sought care in the ED directly—without a referral from their primary doctor—were more likely to report problems communicating with their doctor, getting timely appointments and obtaining referrals to high-quality specialists. In addition to encouraging patients to seek care in the most appropriate setting, interventions to reduce avoidable ED use could focus on making access to urgent care through primary care providers a more appealing option for patients.

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Perceived Urgency, Not Convenience, Fuels ED Use

Safely reducing avoidable emergency department use by directing patients to less-costly care settings is a priority for many purchasers and payers. Understanding why insured patients go to emergency departments rather than other care settings when faced with an urgent medical issue is critical to redirecting patients to timely, appropriate care.

Contrary to the idea that convenience prompts many insured people to seek care in emergency departments, those most likely to use EDs believe they urgently need medical attention, according to the 2012 Autoworker Health Care Survey (AHCS) funded by the National Institute for Health Care Reform and conducted by HSC (see Data Source). Overall, 23 percent of current and retired autoworkers and their spouses under age 65 experienced an urgent medical problem in the three months before the survey.[1] That is, they called a doctor's office or went to an emergency department or urgent care center for a health problem that was not a routine or planned visit.

Only rarely did respondents cite convenience as a reason for choosing ED care. Moreover, people who reported that their primary doctor offered rapid access to advice and visits were significantly less likely to use emergency departments and instead relied on their primary clinician for urgent medical needs. However, despite their relatively comprehensive health coverage, the majority

of autoworkers indicated they lacked this level of primary care access.

Patients often perceive the need to get medical care right away—or within a day or two—to address an urgent problem; these needs are frequently concerning or bothersome but rarely life threatening.[2] Shifting patients from emergency departments to other care settings can be a difficult task, and interventions to reduce ED utilization have had varying success.[3] Many interventions have focused on identifying primary care clinicians for ED patients who lack a usual source of care.[4] Less is known about how patients who already have a usual source of care choose where to get care for an urgent medical problem, even though these patients comprise the majority of ED users.[5]

The AHCS provides an opportunity to examine why privately insured patients—many with a usual clinician for routine care needs—decide to go to emergency departments. Many also had cost-sharing incentives through copayments or deductibles to avoid EDs for less-severe needs.[6] Autoworkers also typically benefit from sick-leave policies that allow them to seek care during working hours, removing another barrier to accessing care in settings other than EDs.

This Research Brief examines the characteristics of privately insured people with an urgent medical problem, describes the initial steps they take when addressing urgent medical problems, reviews why patients choose emergency departments for care, and discusses possible clinical and policy interventions that might avert avoidable ED use.

About the Authors

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Data Source

This Research Brief presents findings from the 2012 Autoworker Health Care Survey (AHCS) sponsored by the National Institute for Health Care Reform (NIHCR) and conducted by Mathematica Policy Research under the direction of the Center for Studying Health System Change. The AHCS sample included current and retired nonelderly autoworkers and their spouses who have health insurance through General Motors, Chrysler, Ford or the UAW Retiree Medical Benefits Trust. The sample was stratified by worker type (active vs. early retiree), and active workers were further stratified by auto company and whether the respondent was enrolled in a health maintenance organization or another type of plan. The survey was administered primarily by mail, with telephone follow up in cases where sampled individuals did not complete and return the questionnaire. Surveys were mailed to respondents between July 2012 and February 2013. The sample size was 8,636, and the overall response rate for the survey was 64.2 percent. Population weights were developed to produce estimates representing the entire population of workers, early retirees and their spouses. The weights were adjusted for nonresponse and were calculated separately for four subpopulations: active workers of Chrysler, Ford, and GM, respectively, and all early retirees. This was done because the variables available to adjust for nonresponse varied across the subpopulations and because the determinants of nonresponse also were likely to vary.

Patients Believe They Have True Emergencies

Despite popular perceptions that many patients deliberately use emergency departments for primary or routine care,[7] autoworkers most commonly reported seeking ED care out of genuine concern for their health. Nearly half (49%) reported going to an emergency department in part because they believed their medical problem was an emergency and required immediate attention (see Table 1). And 30 percent indicated this was their sole reason, by far the most common response (finding not shown). In contrast, relatively few people cited convenience as a factor in deciding to go to an emergency department. About 7 percent indicated using an ED was driven partially by convenience, but less than 2.5 percent cited convenience as the sole reason for choosing an ED. About one in four people reported their doctor's office was closed when they needed help, and close to a quarter indicated their physician instructed them to go to an emergency department.

People's perception of the severity of their condition and how quickly they needed help were the factors most strongly associated with their decision to go to an ED, even after accounting for health status and other personal characteristics. People who believed they needed to see a clinician within a day were more likely to go to an ED than those who believed their problem could wait two or three days (30% vs. 20%, findings not shown). Patients' level of concern predicted their use of emergency department care even when they initially contacted their personal physician. Among those who first contacted their primary physician, patients who believed they needed to be seen the same or next day were more than twice as likely to be referred to the ED as those who believed they could wait longer. People who believed they needed to be seen sooner also were less than half as likely to have their problem managed over the

phone. And, people with a greater sense of urgency were half as likely to contact their doctor, reducing their opportunity to be directed to another care setting.

If Primary Care Is Accessible, People Will Come

Many people with urgent medical needs tried to contact their primary physician. When first deciding to seek medical care for an urgent problem—either a new problem or aggravation of an existing problem—nearly half of all patients first contacted their physician for help or advice (see Table 2). Another 20 percent called 911 or went straight to the ED, and 17 percent first contacted or visited an urgent care center. People with coverage through a health maintenance organization (HMO) were more likely to contact their doctor when seeking urgent care (52% v. 43%) and were less likely to call 911 or go straight to the ED (17% vs. 22%).

Overall, those who first contacted their doctor were much less likely to go to an emergency department than other people. Among the 75 percent of patients with an urgent need who contacted a doctor's office or clinic, nearly 60 percent were treated by a doctor or nurse in an office setting and another 12 percent were able to have their issue managed over the phone (see Table 3). Almost a quarter of patients were referred elsewhere—more than half of these patients were instructed to go to the ED.

Overall, more than four in 10 people with an urgent medical problem ultimately were treated in an emergency department (findings not shown). However, patients who initially contacted their personal physician—or another doctor—were less likely to end up receiving ED care compared with those who contacted an urgent care clinic or some other place, even after accounting for other factors. Specifically, 23 percent of people who contacted their personal doctor ended up in the ED vs. 32 percent of those who contacted an urgent care center and 32 percent who contacted, for example, a walk-in clinic (see Table 4).

Table 1

Privately Insured Nonelderly Adults with an Urgent Medical Need Treated in an Emergency Department (ED), Reasons for Going to an ED by Perceived Urgency

		Perceived Level of Urgency[1]	
	All	Same or Next Day	Two or More Days
It was an emergency and I needed help immediately	49.3%	52.7%	34.1%*
My doctor's office was closed	24.8	25.3	22.8
Doctor told me to go to the ED	24.1	23.3	28.0
Family or friends told me to go to the ED	21.9	21.4	24.8
Unknown or some other reason	3.5	1.7	10.9*
Not able to get help from my own doctor as soon as I needed	11.6	11.0	14.3
It was a convenient way to take care of my problem	7.5	6.7	11.4

[1] Perceived urgency is based on individuals' responses to the following survey question: "On that day, how quickly did you think you needed to be treated for this health problem?"

Note: Categories are not mutually exclusive; respondents could select multiple categories.

* Difference between "same or next day" is statistically significant at p<.01.

Source: National Institute for Health Care Reform 2012 Autoworker Health Care Survey

The Doctor Will See You....

Nearly a third of autoworkers said they usually were unable to get an appointment with their personal physician as soon as needed, and nearly half said they usually could not get timely answers to questions about their care when they called their physician in the past 12 months. While the substantial share of patients referred to EDs by physicians may reflect the severity of their complaints, it also may indicate that their doctor was unable to see them in a timely manner or provide the full range of services they would likely need.[8] Understanding why and how community-based physicians use ED referrals is important in determining whether these patients' needs could be met in a lower-cost setting.

Patients' self-described level of access to their primary clinician played an important role in determining where they sought care for an urgent medical problem. People who rated their physicians' offices highly in terms of getting care as soon as needed, scheduling routine appointments in a timely fashion, and getting answers to medical questions during and outside regular business hours were also less likely to go to EDs, even after accounting for other factors.[9] This finding is particularly notable because patients who have tested these aspects of their clinician's practice likely have done so because of illness, so they would be expected to have more acute medical needs that could not be met outside of an ED.

Health Status Is a Factor in ED Use

People who sought care for an urgent problem were more likely to report being in fair or poor physical or mental health and suffered from more chronic conditions compared with the overall autoworker population (findings not shown). Indeed, nearly 60 percent of people with an urgent medical

Table 2

Privately Insured Nonelderly Adults with an Urgent Medical Need, First Contact by Coverage Type and Perceived Urgency

	Coverage Type		Perceived Level of Urgency[1]	
			Same or Next Day	Two or More Days
My Personal Doctor				
	All	46.1%	40.1%	58.0%**
	Health Maintenance Organization (HMO)	52.1	45.0	67.5**
	Non-HMO	42.7	37.0	53.3**
Called 911 or Went Straight to the Emergency Department				
	All	20.0	25.9	8.5**
	HMO	17.1	22.1	6.0**
	Non-HMO	22.0	28.3	10.4**
Urgent Care Clinic				
	All	17.2	21.2	9.3**
	HMO	17.3	21.1	9.0**
	Non-HMO	17.0	21.3	9.1**
Other Doctor				
	All	12.3	8.3	20.1**
	HMO	9.9	7.8	14.5*
	Non-HMO	13.4	8.3	22.9**
Some Other Place				
	All	4.3	4.5	4.1
	HMO	3.7	4.1	3.0
	Non-HMO	4.8	5.1	4.3

1 Perceived urgency is based on individuals' responses to the following survey question: "On that day, how quickly did you think you needed to be treated for this health problem?"

Note: Column totals may not sum to 100 because of rounding.

* Difference between "same or next day" is statistically significant at p<.05.

** Difference between "same or next day" is statistically significant at p<.01.

Source: National Institute for Health Care Reform 2012 Autoworker Health Care Survey

problem indicated that their problem was related to a chronic health condition—most commonly musculoskeletal problems or high-blood pressure (see Supplementary Table 1). People who sought care for an urgent problem also were higher users of a broad spectrum of medical services: They had more ED visits and hospitalizations and more visits to primary care and specialty physicians, likely reflecting their poorer health status (findings not shown).

Among patients with urgent-care needs, those who self-referred to the ED—in other words, they were not told to go by a doctor or nurse—were less likely to report being able to get a timely appointment for routine care or get help or advice when they called their physician's office after hours (see Table 5). They also were less likely to report that their primary physician spent enough time with them during visits, reviewed their prescriptions with them, or that their other providers had needed information from their primary clinician.

Policy Implications

When privately insured people believe they have an urgent medical problem and cannot access their usual physician as quickly as they believe necessary, they frequently will go to hospital emergency departments. Despite having relatively comprehensive insurance and, in most cases, relationships with a usual physician, many respondents believed their physicians did not provide timely access to care or assistance. Given this, expanding health coverage and linking patients to primary care practices may have less impact for insured individuals than expected on ED utilization without improved access to lower-cost settings that can provide a moderate intensity of care and urgent response time.

Some health care delivery system innovations, such as patient-centered medical homes, have emphasized improving timely access using a variety of approaches, including same-day appointments, and some research indicates the approach can reduce emergency department utilization.[10]

Other programs, such as Kaiser-Permanente's 24/7 nurse-advice line—staffed with nurses who can access the patient's medical record and communicate directly with the practice to schedule an appointment—may be helpful for patients who have trouble securing timely appointments themselves.

This study, along with other research, indicates that relying solely on financial incentives to alter patients' sense of urgency when faced with an unexpected medical problem and influence where they go for help will be challenging.[11] In this study, most respondents already had strong incentives to avoid unneeded ED care because their benefit design included either deductibles or higher copayments for ED visits that did not result in hospital admission and lower copayments for primary care and urgent care center visits.

ED care has obvious limitations for meeting patients' less-emergent needs—it is resource-intensive, contributes to care fragmentation and, by definition, is unsuited to providing ongoing or preventive care. Policy makers and purchasers seeking to limit potentially avoidable ED use and redirect patients to other settings have identified emergency departments' 24/7 availability as an important factor that may drive patients to EDs. Less noted, however, is some evidence suggesting that patients who seek care in emergency departments often report they are satisfied with their experience,[12] and, in some cases, even perceive that EDs offer higher-quality care than their usual clinicians.[13] These perceptions pose an additional challenge to reducing avoidable ED use.

Along with financial incentives to deter avoidable ED use, other approaches may be helpful. For example, educational interventions aimed at high-utilizing patients with chronic conditions that put them at higher risk of urgent medical problems may help guide patients to alternative care settings. Last but not least, ensuring access to lower-cost settings that can provide a moderate intensity of care and urgent response time likely could reduce emergency department use.[14]

Notes

1. Hereafter the sample population is referred to as "autoworkers."
2. Weinick, Robin M., Rachel M. Burns, and Ateev Mehrotra, "Many Emergency Department Visits Could be Managed at Urgent Care Centers and Retail Clinics," *Health Affairs,* Vol. 29, No. 9 (September 2010).
3. McCusker, Jane, and Josée Verdon, "Do Geriatric Interventions Reduce Emergency Department Visits? A Systematic Review," *Journal of Gerontology Series A: Biological Sciences and Medical Sciences,* Vol. 61, Issue 1 (January 2006).
4. Katz, Elyse B., Emily R. Carrier, Craig A. Umscheid, and Jesse M. Pines,

Table 3

Privately Insured Nonelderly Adults With an Urgent Medical Need Who Contacted a Doctor's Office or Clinic for Help or Advice, Result of First Contact by Perceived Urgency

		Perceived Level of Urgency[1]	
	All	Same or Next Day	Two or More Days
Treated by a doctor or nurse	59.2%	60.7%	56.5%
Doctor or nurse told me to go to the emergency department	12.8	16.1	6.8*
Spoke to a doctor or nurse on the phone, who helped me manage the problem	11.6	8.1	17.7*
Referred to a doctor someplace else	10.7	8.1	15.3*
Could not get in to see a doctor soon enough, and I went someplace else	5.2	6.5	2.8*
Doctor could see me, but I decided not to go	0.6	0.5	0.8

1 Perceived urgency is based on individuals' responses to the following survey question: "On that day, how quickly did you think you needed to be treated for this health problem?"

Note: Column totals may not sum to 100 because of rounding.

* Difference between "same or next day" is statistically significant at p<.01.

Source: National Institute for Health Care Reform 2012 Autoworker Health Care Survey

Table 4

Privately Insured Nonelderly Adults with an Urgent Medical Need Treated in the Emergency Department (ED), by Perceived Urgency, Excluding Those who Called 911 or Went Directly to the ED (Regression Adjusted)[1]

		Perceived Level of Urgency[2]	
	All	Same or Next Day	Two or More Days
Who did you first contact for advice?			
Personal Doctor (R)	22.8%	29.4%	12.9%
A Different Doctor	19.6	23.4	11.2
Urgent Care Clinic	32.4*	37.3	28.1*
Some Other Place	32.2	38.3	22.8
Access Score[3]			
Low (R)	33.6	39.5	27.1
Medium	25.7	33.9	14.4
High	20.5**	25.7**	10.3**

1 Estimates are adjusted means derived from a multivariate model that controls for differences in personal characteristics, including age, sex, race/ethnicity, income, chronic conditions, health status and perceptions of the quality of care provided by personal doctors.

2 Perceived urgency is based on individuals' responses to the following survey question: "On that day, how quickly did you think you needed to be treated for this health problem?"

3 Composite score that combined respondents' ratings of their personal doctors' offices in terms of getting care as soon as needed, scheduling routine appointments in a timely fashion, and getting answers to medical questions during and outside regular business hours.

Note: Column totals may not sum to 100 because of rounding.

* Difference from reference group (R) is statistically significant at p<.05.

** Difference from reference group (R) is statistically significant at p<.01.

Source: National Institute for Health Care Reform 2012 Autoworker Health Care Survey

Table 5

Privately Insured Nonelderly Adults with an Urgent Medical Need, Satisfaction with Personal Doctors by Treatment Setting

	Treatment Setting for Urgent Medical Need	
	Emergency Department[1]	Somewhere Else
Always got appointment for routine care as soon as needed	48.9%	53.0%
Always got help or advice as soon as needed when calling after hours	25.7	34.2
Personal doctor always spent enough time	51.6	59.4
Personal doctor talked about prescriptions you are taking	77.7	82.5
Other doctor and nurses always had all needed information	36.4	42.0
Personal doctor gave excellent help in choosing a specialist	32.2	43.2

[1] Excludes individuals who were referred to the emergency department by a doctor or nurse.

Source: National Institute for Health Care Reform 2012 Autoworker Health Care Survey

"Comparative Effectiveness of Care Coordination Interventions in the Emergency Department: A Systematic Review." *Annals of Emergency Medicine,* Vol. 60, No. 1 (July 2012).

5. Cunningham, Peter J., and May, Jessica, *Insured Americans Drive Surge in Emergency Department Visits*, Issue Brief No. 70, Center for Studying Health System Change, Washington, D.C. (October 2003); Cunningham, Peter J., et al., "The Use of Hospital Emergency Departments for Nonurgent Health Problems: A National Perspective," *Medical Care Research and Review,* Vol. 52, No. 4 (December 1995).

6. At the time of the study, employees hired prior to 2007 had copays of $25 for (an unlimited number of) doctor's visits and had $100 copays for ED visits if there was no admission. Employees hired after 2007 had deductibles ranging from $300 to $600. Prior to 2012, patients could obtain up to five primary care visits with a $25 in-network copay (and were responsibility for 100% of the cost sharing beyond 5 visits); they also had coinsurance for ED care of either 0 or 10 percent, depending on worker type (entry-level/new hire or part-time vs. longer-term worker).

7. Pines, Jesse M., and Zachary F. Meisel, "Why the *Grey's Anatomy* Myth Clouds the Real Value of Emergency Care," *Time Magazine* (April 11, 2011).

8. Pitts, Stephen R., Emily Carrier, Eugene C. Rich, and Arthur L. Kellermann, "Where Americans Get Acute Care: Increasingly, It's Not at Their Doctor's Office," *Health Affairs,* Vol. 29, No. 9 (September 2010).

9. These four distinct variables were combined into a single composite score measuring patients' access to providers.

10. Peikes, Deborah, et al., *Early Evidence on the Patient Centered Medical Home*, Agency for Healthcare Research and Quality, Publication 12-0020-EF, Rockville, Md. (February 2012).

11. Mortensen, Karoline, "Copayments Did Not Reduce Medicaid Enrollees' Non-Emergent Use of Emergency Departments," *Health Affairs* Vol. 29, No. 9 (September 2010).

12. DeLia, Derek, et al., "Patient Preference for Emergency Care: Can and Should It be Changed?" *Medical Care Research and Review,* Vol. 69, No. 3 (June 2012).

13. California HealthCare Foundation, *Overuse of Emergency Departments Among Insured Californians*, Oakland, Calif. (October 2006).

14. O'Malley, Ann S., "After-Hours Access to Primary Care Practices Linked with Lower Emergency Department Use and Less Unmet Medical Need," *Health Affairs*, Vol. 32, No. 1 (January 2013).

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PRIVATELY INSURED PEOPLE'S USE OF EMERGENCY DEPARTMENTS: PERCEPTION OF URGENCY IS REALITY FOR PATIENTS

SUPPLEMENTARY TABLE

Supplementary Table 1

Privately Insured Nonelderly Adults with an Urgent Medical Need Related to a Chronic Health Condition, Prevalence of Select Chronic Conditions

Chronic back or neck problem	25.8%
Arthritis	23.8
Chronic knee, hip or major joint problem	20.0
Hypertension	19.2
Depression or anxiety	17.7
COPD	14.5
Chronic digestive problem	13.1
Diabetes	12.8
Heart disease	8.6
Chronic kidney, liver or bladder problem	6.8
Cancer (other than skin)	4.5
Other chronic condition	33.5

Note: Categories are not mutually exclusive; respondents could select multiple categories.

Source: National Institute for Health Care Reform 2012 Autoworker Health Care Survey