

Accessing Care: Right Time – Right Place

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Background

- Local project prompted action
 - 98% insured, 47% accessing Emergency Department (ED) for primary care
 - Parents report not using Medical Home
- High % non-urgent Pediatric ED visits
- 9,800 CHKD ED visits in 2004 for Fevers, Colds, Ear Infections, & Gastroenteritis



Problem with Non-Urgent ED Use

- ED designed for rapid, high intensity responses to acute injuries/illnesses
- Detracts from ED primary mission of providing emergency, life-saving care
- Less cost-effective
- Highest use among Medicaid recipients, compounding health disparities
- Conditions could be treated at primary care level, BEFORE they become urgent/emergent



Project Goals

1. Confirm local problem & impact
2. Identify barriers to appropriate care seeking behavior
3. Develop intervention aimed at improving appropriate use of emergency services & medical home



Methods

- Parent Focus Groups
- ED Caregivers Survey
- Needs assessment on primary care availability



Focus Groups

- Two 90-minute focus groups
- Participants from one MCO w/ children (6 mos. ~ 8 yrs.) who used ED for fever, ear infection, or upper respiratory infection in last 6 months
- 20 participants confirmed attendance
 - Participants were primary caregivers & decision-makers
 - Only 6 participated despite incentive
- All participants reported children having PCP
- All FAMIS Plus (Medicaid) insured



Focus Group Results

- Parents defined emergencies as high temperatures, ear problems, paleness, passing out, breathing difficulties, & seizures
- Children typically ill 1~3 days before ED visit
- Barriers to Appropriate Access to Care
 - Lack of sick child appointments at PCP during times convenient for parent
 - Children become sick too quickly to plan PCP visit
- Fear/Helplessness
- Quality of Care/Experience ED vs. PCP
- Usefulness of Nurse Call Lines



ED Caregiver Survey

- 37-item questionnaire based on focus group results
- Interview conducted w/ parents of qualifying children from August ~ November 2006 in CHKD Fast Track ED
- 41 participants with children (6 mos. ~ 7 yrs.) with no chronic disease & symptoms such as ear pain, cold, flu, or fever



ED Caregiver Survey Results

- Most children sick < 5 days; 34% reporting one day of illness
- 58% of parents sought advice before going to ED, of these
 - 29% were told NOT to go to ED but went anyway
 - 83% of parents already decided to use ED before seeking advice
- 45% of children made 2-5 previous ED visits that year



ED Caregiver Survey Results (continued)

- 92% of parents identified the ED as closest place for emergency or after hours pediatric care
- 25% of parents reported a PCP barrier as reason for visiting ED
- Over 50% of parents stated their PCP had NO evening or weekend hours
 - Of these, 67% said they would have accessed care at PCP office if open



Primary Care Availability Assessment

- Community needs assessment focusing on pediatric care
- Data collected included hours of operation, availability of sick & well visits, location, & Medicaid acceptance
- Collected data on 62 practice locations, of these
 - 53 provided pediatric primary care, w/ 81% specializing in pediatrics only



Pediatric Care Availability Survey Results

- All 53 pediatric primary care practices offered “same day sick” appointments during regular hours
- 74% offered no evening sick appointments
- 62% offered no weekend sick appointments
- 68% offered NO evening care & 55% offer NO weekend care for any reason (well or sick)
 - of these, 11% noted evening care available at affiliated locations



Project Implications

- Once parents make decisions to seek care, they seek care regardless of advice
- Parents report 100% comfort in treating childhood illnesses at home, but still seek care at ED
- Availability of more evening & weekend care might provide reasonable alternatives for parents
- Systems approach needed to eliminate access & system barriers
- Parent education needed on decision making skills



Lessons Learned

- ED Staff does not have time for survey work
 - Must have dedicated staff
 - Volunteers & students helpful
- Focus groups should use captive audience or natural groupings, when feasible
- Practice surveys must be “manned”, email isn’t sufficient to elicit response



Unintended Outcomes & Next Steps

- Local Community Health Centers changed hours of operation
- CHKD ED interest in ongoing projects
- Access to comprehensive data from CHKD ED
- Planning for Pediatric Urgent Care
- Networking with providers, practices, & nurse triage systems to improve use of medical home



Questions?

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