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Reasons for Frequent Emergency Department (ED) Use: A Qualitative Study

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Background: Medicaid enrolled frequent ED users often use the ED because of difficulty accessing outpatient services in a timely fashion. We aimed to describe additional reasons for frequent ED use among this population via qualitative analysis of patient case reports.

Methods: Qualitative study of case reports describing Medicaid enrolled frequent ED users (4-18 ED visits/year) who agreed to participate in a randomized control trial receiving patient navigation services or standard care. Reports were generated by two Patient Navigators and two research assistants who conducted brief interviews with patients at enrollment from 3/13-10/13. Reports included information about the patient's medical history, reasons for ED visits, health care access issues, and social distresses. Reports were reviewed weekly by a multidisciplinary team to further understand the patient population and their needs, and coded by a diverse team of researchers using a modified grounded theory approach. We reconciled differences in code interpretations and generated themes inductively. Transcripts were coded using Atlas.ti software. We used the integrated behavioral model to build a conceptual framework from the family of themes that emerged.

Results: We evaluated 69 patient reports. A total of six themes emerged. First, patients described factors related to experiential and instrumental attitudes (i.e., lack of trust with health care system/provider, experience a fragmented system, unsatisfied with primary care). Second, they described feeling negatively perceived by the health care system (i.e., not treated well or with respect). Third, they lacked self efficacy when using the primary care system (i.e., missed appointments, wanted help with reminders). Fourth, they faced challenges with the social environment when seeking health care (i.e., insurance instability, social determinants of health). Fifth, they faced personal life distresses (i.e., care giver burden, recent incarceration). Finally, patients described significant personal disease burden (i.e., mental illness, multiple hospitalizations).

Conclusions: Several themes emerged describing reasons for ED use among Medicaid enrolled frequent ED users in addition to previously noted issues of outpatient access and social distresses. Further investigation is required to identify strategies to reduce these barriers, particularly those related to trust and fragmentation in the health care system.