

2 studies: Social factors, 'super users' and urban emergency departments

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Difficulties with shelter, transportation, insurance, and health care costs are linked with heavier emergency department usage by so-called "super-user" patients in urban areas, according to research at Henry Ford Hospital.

The conclusions were drawn in the first of two studies on frequent users in inner-city emergency departments.

"A 'super user' is defined as a person who has visited the [emergency department](#) nine or more times in 18 months," explains Emily Brauer, M.D., co-author of the study on [social factors](#). "Our team looked at what types of factors affected patients' frequent use of the emergency department."

Dr. Brauer will present the findings of the study on social factors June 5 at the Annual Meeting of the Society for Academic Emergency Medicine (SAEM) in Phoenix.

Another Henry Ford study followed frequent users over a 10-year period, looking for changes in their patterns of usage.

"The number of frequent users, and the number of visits by this group to the Emergency Department at Henry Ford Hospital, has increased significantly over the past decade," says Gerard B. Martin, M.D., lead author of the 10-year study. "The increases occurred despite stable [insurance coverage](#) for most of these [patients](#)."

Dr. Martin will present the findings of the 10-year study June 4 at SAEM.

The social factors study consisted of questionnaires conducted in an urban emergency department that sees 95,000 patients a year. A total of 80 adult patients, with an average number of 19 emergency department visits in the past year, were enrolled over a five-month period. Patients who suffered from [intoxication](#) or [mental health](#) issues were not included in the study.

- 78 percent of patients specified the ED as the primary place that they seek health care.
- 14 percent had no access to a primary care physician in the past 12 months.
- 22 percent reported that cost was a barrier to seeing a doctor.
- 50 percent had difficulty with transportation to a clinic.
- 47 percent reported difficulty with scheduling appointments with their doctors.

These factors were associated with a higher number of visits to the emergency department. Additional factors included an inability to afford doctor visits or prescriptions, homelessness, and lack of health insurance.

Forty-two percent of patients indicated they had also visited emergency departments at other hospitals more than five times in the last 12 months.

Factors that were not associated with a higher number of emergency department visits included: dissatisfaction with their doctors, alcohol and illicit drug use, educational level, or annual income (more than 70 percent reported annual incomes of less than \$10,000).

In addition to Dr. Brauer, the team studying social impact included Joseph Miller, M.D., and Stephanie Stokes-Buzzelli, M.D.

Although the demographics of frequent users and interventions to decrease emergency department use has been described, Dr. Martin's 10-year study is the first to document changes in frequent users over an extended period.

Variables analyzed in the 10-year study included number of visits, age, disposition and insurance status.

Researchers found an 83-percent increase in visits by frequent users over the decade of the study. This increase was dramatically greater than the 9 percent increase of overall Emergency Department visits during this time.

Provided by Henry Ford Health System

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