

Having primary care physician may not be enough to reduce ED visits by vulnerable groups

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Having a regular family physician may not be enough to reduce emergency department visits among patients with disabilities, according to a new study by Dr. Aisha Lofters, a family physician with the St. Michael's Hospital Academic Family Health Team in Toronto. Credit: St. Michael's Hospital

Having a regular family physician may not be enough to reduce Emergency Department visits among patients with disabilities, a small study published online today in the journal *Canadian Family Physician* suggests.

The study, conducted at a Family Health Team in Kitchener-Waterloo, Ont., compared 40 high-needs patients at the team's mobility clinic for people with disabilities with 80 people from the team's general patient population.

Patients with disabilities were more likely to use emergency departments than patients without disabilities, even when they had access to [primary health care](#), suggesting they still had unmet medical needs, said study author Dr. Aisha Lofters, a family physician with the St. Michael's Hospital Academic Family Health Team in Toronto.

This runs counter to much previous research that attributed higher Emergency Department use among vulnerable populations to lack of access to primary care.

Dr. Lofters said that while the sample size was small, some important findings were detected that merit further investigation.

Dr. Lofters found:

- Half of clinic patients with disabilities had visited the emergency room at least once in the preceding year despite having access to primary care, compared to about 30 per cent of clinic patients without disabilities.
- Patients from the mobility clinic were twice as likely to report an annual household income of less than \$40,000 and were more likely to report their [health](#) status as fair or poor.
- Patients with disabilities were also more than twice as likely to be

on financial benefits or social assistance than patients from the general population.

- Surveyed mobility clinic visitors were mostly senior males, and often experienced additional health issues relating to their physical impairment.

"As our general population ages, it's important to recognize that this large group of people may start experiencing socioeconomic disparities and physical ailments, and it's our responsibility to make sure they don't fall through the cracks of our current health care system," Dr. Lofters said.

Dr. Lofters said the findings suggest people with disabilities face relatively challenging health-care needs that are difficult to address in a primary care setting alone. Increased access to mobility clinics with specialized support staff and equipment may be part of the solution.

"The purpose of the mobility clinic is to try to begin to fill that gap of unmet needs for patients with mobility issues," said Dr. Lofters.

The research team recognizes that the study sample was relatively small, and may not be representative of the population at large. As part of their future work, Dr. Lofters' team plans to investigate if broader mobility clinic access helps to deter patients with disabilities from frequently visiting the [emergency department](#).

Provided by St. Michael's Hospital

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