

Seniors with more continuity of care use the ER less

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Seniors with regular doctor visits have lower chances of visiting the ER, according to a recently published study in *Annals of Emergency Medicine*. Credit: American College of Emergency Physicians

Seniors with traditional Medicare coverage who have more continuity of care - defined as consistently seeing the same physician in an outpatient setting - have lower chances of visiting an emergency department, according to the results of a study published online earlier this month in *Annals of Emergency Medicine*.

"Higher continuity of care was associated with lower risk of having any emergency department visit," said lead study author David Nyweide, Ph.D, of the Centers for Medicare & Medicaid Services in Baltimore, Md. "However, when one occurred, the patient was more likely to be hospitalized. One possible explanation is that when a patient with a usual care physician comes to the ER, the physician may provide clearer guidance on which situations are serious enough to warrant a hospital admission."

Researchers studied the administrative data of more than 3 million Medicare beneficiaries

between 2011 and 2013 and found that the relative risk of an emergency department visit, observation stay or admission through the emergency department decreased up to 20 percent for patients with the highest, compared with the lowest, continuity of care.

"Visits with the same physician or a small number of physicians fosters long-term relationships for Medicare patients, which is ultimately good for their health," said Mr. Nyweide. "The critical factor seems to be consistent visits with one physician or few physicians, not lots of them. Seniors would be well-advised to maintain an ongoing relationship with the same [physician](#) for many reasons, including avoiding [emergency department](#) visits."

More information: David J. Nyweide et al, Relationship Between Continuity of Ambulatory Care and Risk of Emergency Department Episodes Among Older Adults, *Annals of Emergency Medicine* (2016). [DOI: 10.1016/j.annemergmed.2016.06.027](#)

Provided by American College of Emergency Physicians

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