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Issue Brief

Emergency Department Use in New York City: A Survey of Bronx Patients

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In the absence of universal coverage and an effective primary care delivery system for vulnerable populations, hospital emergency departments (EDs) are the ultimate safety net for many patients. This is especially true in New York City, where nearly 75 percent of ED visits in 1998 were for nonemergent care, or for emergent care that could have been treated in a doctor's office.[1] Another 7 percent of visits required care in the ED, but were for potentially preventable conditions such as acute flare-ups of asthma or diabetes. New Yorkers who rely on EDs lack continuity in their health care and end up using costlier services.

Why do so many patients depend on hospital emergency departments for primary care? Do they seek emergency care immediately, or do they have time and opportunity to obtain care at a doctor's office or neighborhood clinic? Do these patients have a usual source of care other than the ED? Do they have any contact with the health care system prior to their ED visit? Does insurance status, race, ethnicity, national origin, or gender have an influence on ED use?

A Survey of Bronx Patients

To answer these questions, the Center for Health and Public Service Research at New York University conducted face-to-face interviews with 669 emergency department patients ages 18 to 55 at four hospitals in the Bronx.[2] A large majority of surveyed patients were female and minority, and slightly more than half were either Puerto Rican or foreign-born. Two of five were uninsured.[3] (See Figure 1 for a complete demographic breakdown of the survey sample.)

Why Did They Come to the Emergency Department? Only 14 percent of survey respondents said they came to the emergency department because they thought they had an emergency condition (Figure 2). One of three reported that their principal motivation was convenience or that the ED was their preferred source of care. One-quarter of patients cited pain as the main reason for their visit, while another 11 percent were worried about their health. Nearly 10

FIGURE 1

Demographic Characteristics of Patients Surveyed

	Number of Survey Patients	Percent of Total Sample
Total Sample	669	100.0 %
Insurance Status		
Medicaid	260	38.9 %
Commercial/Other	140	20.9
Selfpay/Uninsured	269	40.2
Race/Ethnicity		
Hispanic/Latino	405	60.5
Black	194	29.0
White/Other	70	10.5
National Origin		
U.S. Born	323	48.3
Puerto Rican Born	104	15.5
Foreign Born	242	36.2
Gender		
Male	244	36.6
Female	423	63.4

Source: Commonwealth Fund-supported analysis of New York City electronic ED records by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York

percent of patients said they went to the ED because they lacked health insurance, could not afford to go elsewhere, or had no other place to go.

Reasons given did not differ substantially by gender, race or ethnicity, or national origin. The uninsured, however, were more than twice as likely as privately insured patients to mention health care access problems (15% vs. 7%) and three times as likely to mention them as Medicaid beneficiaries (5%).

Although the overwhelming majority of patients did not come to the ED because of a perceived emergency, about half rated their condition as "very serious" and another quarter as "somewhat serious" (Figure 3). One of five patients thought their condition was "a little serious," while one of 10 thought it was "not at all serious." Again, these rates did not differ significantly by insurance status, race/ethnicity, or gender, although patients of Dominican origin were more likely than other groups to say they came for a condition that was not at all or only a little serious.

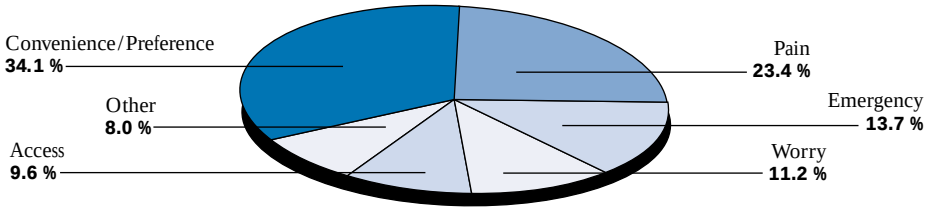
Only 14 percent of survey respondents said they came to the emergency department because they thought they had an emergency condition.

More than one of three patients using the ED lacked a usual source of care (Figure 4). This rate was even higher among uninsured patients, more than half of whom did not have a regular doctor or a clinic where they regularly sought care. Blacks and immigrant patients were more likely to lack a usual source of care than Hispanics, whites, and those born in the United States. There was a gender disparity as well. Men were two and a half times as likely as women to go without a usual source of care.

What Happened Before They Visited the Emergency Department? Most of the patients surveyed had been sick or injured for some time prior to visiting the ED. In fact, nearly 60 percent had been ill for at least three days prior to the visit, 16 percent for more than a week, and 9 percent for more than a month (Figure 5). Generally, the length of the illness or condition did not differ significantly among population subgroups, although non-Medicaid insured patients tended to use the ED more often within

FIGURE 2

Reason for Coming to the Emergency Department All Survey Patients



Source: Commonwealth Fund-supported analysis of New York City electronic ED records by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York

the first 24 hours (27%) than either Medicaid beneficiaries (22%) or the uninsured (18%).

Despite patients' relatively lengthy episodes of illness, relatively few sought medical attention before visiting the ED. Only 21 percent reported any prior contact with a physician or other health care provider. Rates of physician contact were lowest among the uninsured (15%), men (14%), and foreign-born patients (13%), and highest among whites (30%), the privately insured (29%), and women (24%).

One of four patients also had no contact with relatives or friends about their condition before going to the ED. Men and patients born in Puerto Rico were the least likely to have consulted anyone about their condition.

Can Emergency Department Use Be Reduced?

New York City residents' high use of emergency departments for non-emergent conditions clearly indicates there is significant room for improvement in access to and delivery of primary care services. Findings from this survey show that most patients know their condition is not an emergency. It is the convenience and level of service offered by EDs that attracts patients. If alternatives to ED care existed that did not involve long waits for appointments, disrespectful service, and inconvenient hours, there is every reason to believe many of these patients could be persuaded to seek care elsewhere.

The survey also found that people have plenty of time to visit alternative

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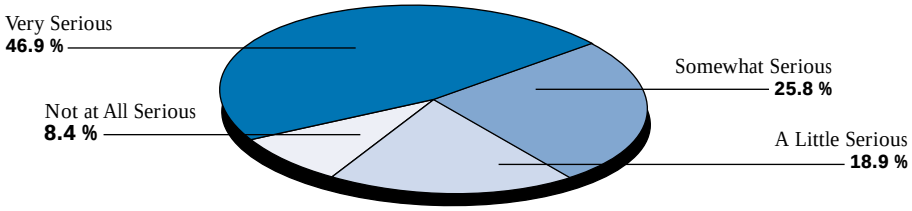
More than half of uninsured patients did not have a regular doctor.

FIGURE 3

Perceived Seriousness of Condition / Illness All Survey Patients



Source: Commonwealth Fund-supported analysis of New York City electronic ED records by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York

FIGURE 4

Usual Source of Care for Survey Patients

	Has Usual Source of Care	No Usual Source of Care
Total Sample	65.5 %	34.5 %
Insurance Status		
Medicaid	76.3 %	23.7 %
Commercial/Other	78.7	21.3
Selfpay/Uninsured	48.1	51.9
Race/Ethnicity		
Hispanic/Latino	66.5	33.5
Black	62.3	37.7
White/Other	69.2	30.8
National Origin		
U.S. Born	67.2	32.8
Puerto Rican Born	73.1	26.9
Foreign Born	60.1	39.9
Gender		
Male	45.6	54.4
Female	77.6	22.4

Source: Commonwealth Fund-supported analysis of New York City electronic ED records by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York

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sites of care. Patients do not rush to the ED at the first sign of illness—most wait at least several days. And most patients have not sought alternative sources of care. They come to the ED not when all else has failed, but as their first option.

It is convenience and level of service offered by EDs that attracts patients. If alternatives existed many could be persuaded to seek care elsewhere.

Emergency departments are required by law to serve all patients seeking care, and they are likely to remain an important source of routine care for patients with few other places to turn. Improved primary care delivery, however, could help patients get better care in a timelier fashion, thereby reducing the number of preventable ED visits.

Improving Primary Care

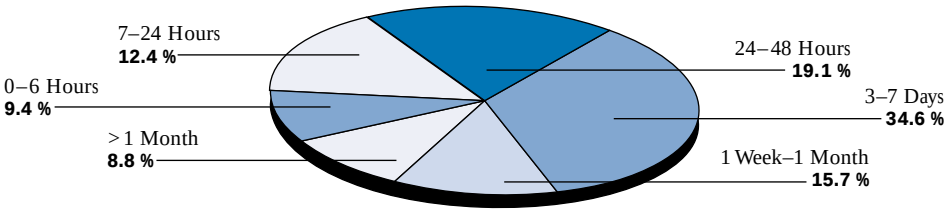
Although some health care providers have made progress in developing primary care systems that treat patients with respect and respond to their needs, more is needed to develop infrastructures, reengineer services, and train staff. Making primary care available at nights and on weekends, for example, could substantially reduce dependence on emergency departments. Increasing the availability of trained medical personnel for telephone consultation could also be effective in diverting many patients from EDs and toward primary care facilities. To ensure that primary care clinics are able to provide these services, financial incentives such as higher payment rates under Medicaid and other subsidies must be improved.

Greater coordination between emergency departments and primary care providers is also needed. Within hospitals and health systems, communication between the ED and the hospital's primary care outpatient department or satellite clinics is often weak. Coordination between hospital EDs and freestanding clinics and private practitioners whose patients use the ED is often nonexistent. Filling this information gap will require programs that identify repeat ED patients and notify physicians of emergency department use by their patients.

At the same time, the designers of such programs must recognize that

FIGURE 5

Duration of Condition / Illness Prior to Emergency Department Visit All Survey Patients



Source: Commonwealth Fund-supported analysis of New York City electronic ED records by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York

one size does not fit all. This survey points out important differences among emergency room users. Some patients live in relative isolation with virtually no personal support system. Newly arriving immigrants experience a different set of challenges from patients whose families already have some experience with the health system. Stronger links between the health care delivery system and various community-based organizations will be critical in building trust and encouraging patients to use health care resources more effectively.

Notes

1 See John Billings, Nina Parikh, and Tod Mijanovich, *Emergency Room Use: The New York Story*, The Commonwealth Fund, October 2000.

2 The four hospitals are: Bronx Lebanon Hospital Center, Jacobi Medical Center, Lincoln Medical Center, and Montefiore Medical Center.

3 Patients were selected systematically based on their insurance status as derived from charts of those waiting to be seen in the ED. Patients who had an overt mental illness, were too ill to participate, or did not speak English or Spanish were excluded.

Improved primary care delivery could help patients get better care in a timelier fashion, thereby reducing the number of preventable emergency department visits.

FIGURE 6

Contact Prior to Emergency Room Use for Survey Patients

	No Contact	Contact with Relative and/or Friend	Contact with MD or Other Health Provider
Total Sample	25.9 %	53.6 %	20.5 %
Insurance Status			
Medicaid	26.0 %	52.0 %	22.0 %
Commercial/Other	25.6	45.2	29.3
Selfpay/Uninsured	25.9	59.4	14.7
Race/Ethnicity			
Hispanic/Latino	27.4	54.3	18.3
Black	22.1	55.7	22.1
White/Other	27.3	43.1	29.5
National Origin			
U.S. Born	22.3	51.4	26.3
Puerto Rican Born	35.1	44.2	20.8
Foreign Born	26.0	61.3	12.7
Gender			
Male	32.1	53.5	14.4
Female	22.2	53.7	24.1

Source: Commonwealth Fund-supported analysis of New York City electronic ED records by the NYU Center for Health and Public Service Research and the United Hospital Fund of New York