

Background

The majority of emergency department (ED) visits within the United States do not necessitate hospital admission, and a large volume of visits are even considered non-emergent. Many unnecessary ED visits occur as a result of a rising uninsured population and difficulty with achieving primary care. This leads to an increased burden on the ED system and greater cost of healthcare overall. Being able to coordinate appropriate primary care follow up for ED patients may allow for relief of some of this burden. Smaller community hospitals particularly value primary care follow-up.

Purpose

To identify current primary-care follow up rates in a residency based FQHC after Emergency Department visits.

Methods

- Retrospective chart review of ED visits for non-hospitalized patients referred to follow up with the residency-based FQHC over a 2-month period
- Data noted method of referral, whether a warm hand-off between ED staff and residency office occurred, and patient follow up within 2 weeks

Demographics

- 474 encounters reviewed over 2-month period
- 159 patients already established with FQHC
- 193 patients were self-pay or charity care

Results

- 65 (13.7%) patients followed up within 2 weeks, majority of which were established patients
- ED staff provided warm hand-offs to residents for 54 (11.4%) patients
- Remainder of patients received contact information for FQHC with instructions to call for follow up
- Of patients for which warm hand-off was provided, 42.6% followed up within 2 weeks, compared to 10.0% of patients that did not have a warm hand-off ($\chi^2 (1,474) = 42.9559, p < 0.01$)



DISCUSSION

- Clear concern for gaps in follow up care after ED visits, particularly when patients were left with the responsibility of calling the primary care office to schedule it
- Variations in patient medical insight, health literacy, and social support may be barriers
- Improved follow up rates were seen when the residency program was directly communicated with by ED staff; similar outcomes have been seen in other studies with patient navigators and warm hand-offs
- While direct communication with residents for patient follow up is seen to be effective, it is not the most efficient method; a potential solution may be a referral system for secure communication between ED staff and a dedicated patient navigator within the primary care office to ensure follow up