INTRODUCTION
- 95% of emergency department (ED) visits from patients living in Jefferson’s (TJUH) community benefit area (CBA) were for conditions with lower priority Emergency Severity Index (ESI) numbers of 3, 4, or 5 in FY 2011 & 2012.
  - Many of these visits were non-emergent.
- The aim of this study was to document how community members chose between going to the ED or their primary care physician (PCP).

METHODS
- In July and August 2013, semi-structured interviews were conducted at the Thomas Jefferson University Hospital ED and Methodist Hospital ED with 100 patients who live in the CBA.
- Our 37-question survey collected information about: age, zip code of residence, employment status, health insurance status, prior use of ED, PCP access, chronic health conditions, chief complaint, reasons why patient chose to come to the ED that day, and general decision-making process when choosing to seek healthcare.

RESULTS
- **Why did patient come to the ED?**
  - 52% PCP Access Issue
  - 20% Convenience of ED
  - 16% Better Care in ED
  - 14% Severity of Problem
  - 13% PCP said to go to ED
  - 12% Ambulance

- **Did the patient have health insurance?**
  - Yes: 86%
  - No: 14%

- **Did the patient have a PCP?**
  - Yes: 99%
  - No: 11%

- **Did the patient have both PCP and health insurance?**
  - Yes: 79%
  - No: 21%

**Common explanations:**
- “I had an appointment with my PCP next week, but the pain was too unbearable ... [and] the PCP couldn’t move up the appointment.”
- “I didn’t want to wait for an appointment ... I really wanted to take care of this sore throat.”
- “I avoid the ED like a plague and go to the PCP for most health issues but it’s late at night.”

- **Did the patient consider going to a PCP?**
  - Yes: 70%
  - No: 30%

- **Did the patient contact a PCP?**
  - Yes: 21%
  - No: 79%

- **How long had the patient been feeling ill?**
  - 38% Zero
  - 28% One
  - 18% Two
  - 10% Three
  - 6% Four+

- **# of Chronic Conditions**
  - Zero: 38%
  - One: 28%
  - Two: 18%
  - Three: 10%
  - Four+: 6%

- 72% of patients (81% of those with a PCP) said they were generally able to get an appointment with their PCP when they wanted one.
- 44% of patients were employed (19% salaried).
- 56% of patients had visited an ED in the previous 12 months.
- 36% of patients came to the ED because they believed they were having a medical emergency.

CONCLUSION
If TJUH seeks to increase PCP usage for non-emergent conditions, it is clear that PCPs should make it easier for patients to obtain prompt sick-visit appointments. In addition, PCPs should educate the TJUH community about what types of ailments need to be seen in the ED and what types can wait for a PCP.

REFERENCES