



Background

- Vanderbilt Adult Emergency Department (ED) offers 24/7 care to 70K+ patients each year, serving as Nashville's only academic medical center with a Level 1 Trauma Center, Burn Center, Stroke Center, emergency behavioral healthcare, and LifeFlight service.¹
- ED overcrowding** is among the biggest problems ED staff experience,² with nearly half of EDs operating at or above capacity.³
- Studies show that increasing awareness of available primary care providers (PCPs) is necessary.²
- Common barriers to timely primary care are *difficulties reaching the clinic by phone and getting a timely appointment*, which lead to more ED visits.⁴

Aims

- Facilitate *scheduling of primary care appointments* for uninsured ED patients
- Improve *patient awareness* of the advantages of primary care
- Identify and address *barriers* hindering patient access to primary care services

Methods & Intervention

- Step 1:** Identified 78 ED patients without a PCP, who presented with chronic or non-emergency medical issues
- Step 2:** Gathered data from 67 patients via telephone survey
- Step 3:** Provided education on primary care and linked patients with suitable clinics
- Step 4:** Evaluated improved knowledge of outpatient resources

Results

Figure 1: Response Rate

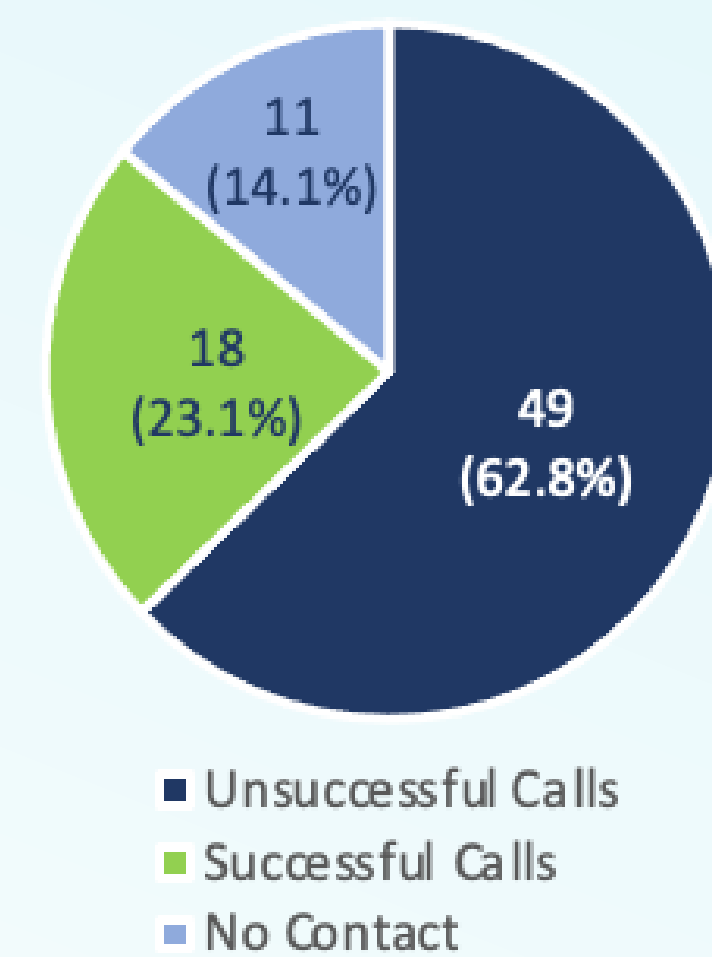
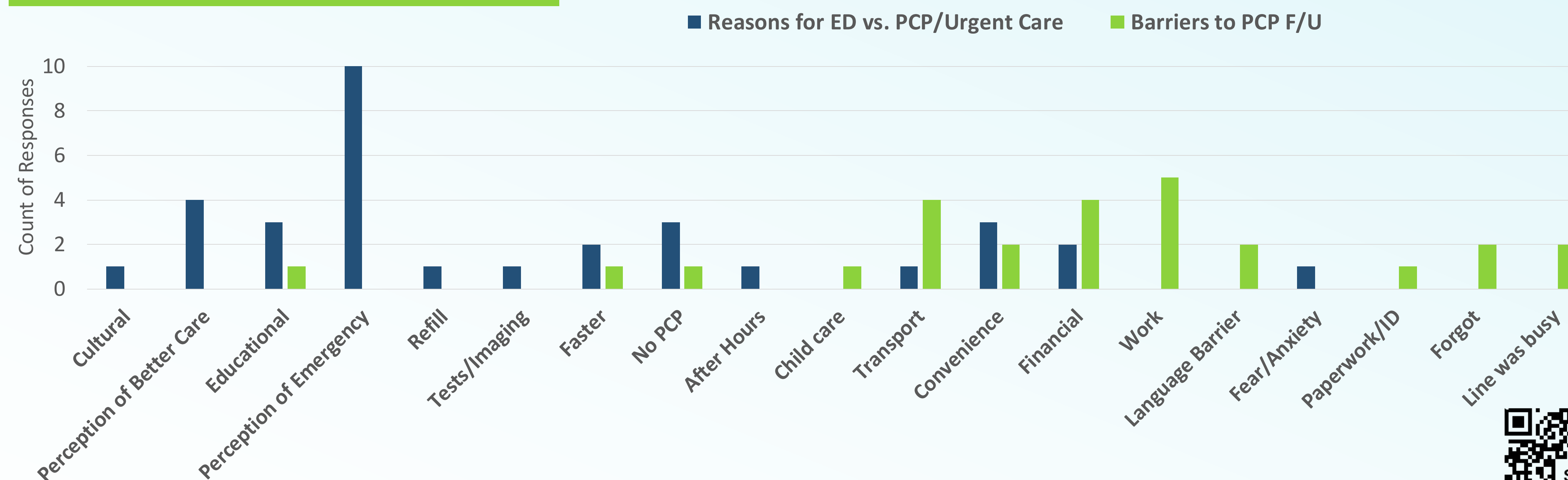


Table 1: Chronic Conditions	
Diabetes	6
Hypertension	4
Chronic Pain	2
Anxiety	1
Asthma	1
Dyslipidemia	1
Dysmenorrhea	1
Migraines	1
Peptic Ulcer Disease	1
Renal Insufficiency	1

Table 2: Demographics	
Age	36.5 [29.75 – 43.75]
Female	9 (50%)
White (Hispanic)	13 (72.2%)
White (non-Hispanic)	4 (22.2%)
Black (non-Hispanic)	3 (16.7%)
Spanish-speaking	13 (72.2%)
No high school diploma	7 (38.9%)
Unemployed	7 (38.9%)
ED visits in the past 2 years	1.5 [1-3.75]
Chronic condition	13 (72.2%)

Table 3: Survey Responses	
Financial insecurity	13 (72.2%)
Owned car	10 (55.5%)
Did not need medical form assistance	9 (50%)
Went to PCP within last year	9 (50%)
Went to follow-up	9 (44.4%)
ED questions unanswered	4 (22.2%)
Unclear when to return to ED	4 (22.2%)
Discharge paperwork unread	3 (16.7%)

Figure 2: Factors Contributing to ED visits



Before education, only **50%** of participants correctly defined a PCP.
After education, **100%** of participants provided correct definitions.

Conclusions

- Limited understanding of PCPs
- Common factors: perceived emergency, perception of better care, financial insecurity, inability to schedule timely PCP appointments, and conflicting responsibilities
- While there are common themes, recognizing individual complexities is vital.
- The high rate of unreachable patients highlights the need to address barriers before discharge.**
- Note: language barrier and cultural competency

Future Research/Next Steps

- Offer a *variety* of outreach times to aid in participation
- Quicker* follow-up with patients post ED discharge
- Compare the effectiveness of in-person consultation vs. phone call vs. text message
- Analyze ED visits for *particular chronic conditions* like HTN to tailor interventions and evaluate outpatient care accessibility
- Expand social work staffing

References

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