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EMERGENCY DEPARTMENT BOUNCEBACKS: IS LACK OF PRIMARY CARE ACCESS THE PRIMARY CAUSE?

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☐ **Abstract—Background: National emergency department (ED) bounceback rates within 30 days of previous ED discharge have been found to be as high as 26%. We hypothesize that having a primary care physician (PCP) would prevent bouncebacks to the ED because a patient would have a medical resource for follow-up and continued care. Methods: We performed a prospective, consecutive, anonymous survey study of adult ED patients at a suburban teaching hospital with 88,000 visits annually, from July 5, 2011 through August 8, 2011. Using chi-squared and Fisher's exact tests, we compared patients with an initial visit to those returning within 30 days of a previous visit to our ED. Results: We collected 1084 surveys. Those in the bounceback group were more likely to have no insurance (10.2% vs. 4.4%) or Medicaid (17.7% vs. 10.8%) and less likely to have a PCP (79% vs. 86%). Of those with a PCP, 9% in both groups had seen their PCP that day, 58% (initial visit) and 49% (bouncebacks) could have been seen that day, and 35% & 36%, respectively, within 1 week. Of those with a PCP, 38% of initial visits and 32% of bouncebacks stated they had already seen their physician at least once. Conclusion: Our results suggest that patients who bounce back to the ED might have already contacted their PCP. Although insurance status and the lack thereof predict a higher likelihood to bounce back to the ED, many bouncebacks are insured patients with PCPs able to be seen the same day.** © **2015 Elsevier Inc.**

☐ **Keywords—revisits; bouncebacks; primary care; access to care; emergency medicine; quality**

INTRODUCTION

The rate of emergency department (ED) bouncebacks within 30 days of previous ED discharge in the United States (US) has been found to be as high as 26% (1). Further research demonstrates that the same factors correlated with increased bounceback risk are correlated with increased morbidity and mortality, particularly among the elderly (2,3). In some settings, patients at risk for ED bouncebacks can be identified by a questionnaire and their bounceback and readmission dates can be reduced by telephone follow-up (1,2,4).

Between 1997 and 2007, total annual visits to US EDs increased 23.1% to 116.8 million visits (5). "Bouncebacks" or patients who return to the hospital within 30 days are receiving considerable focus from hospitals and insurers. Hospital bounceback and readmission rates, in addition to contributing to hospital overcrowding, will soon impact Medicare reimbursement to hospitals. In an attempt to curb the rate of health care growth, the Patient

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Protection and Affordable Care Act of 2010 states that hospital reimbursement for Medicare patient readmission are reduced beginning in 2012 by 1% per year (6).

Assessing the reasons for bouncebacks can be an important step in understanding and shaping health care decisions. Policy efforts to reduce bouncebacks have emphasized increased access to primary care as well as penalizing hospitals for readmissions. We hypothesize that having a primary care physician (PCP) would prevent revisits or bouncebacks to the ED because a patient would have a medical resource for follow-up and continued care. Although ED bouncebacks can occur because patients do not have access to primary care, either because their PCP does not have availability, or because they do not have a PCP at all, we hypothesized that the majority of bouncebacks would arise from an inability to deliver a level of care sufficient to address the patient's burden of disease. Specifically, this would represent a mismatch in the primary care infrastructure's ability to deliver care and the needs of the patients being served.

METHODS

We performed a prospective, continuous, cross-sectional, anonymous survey study of ED patients examining the reasons for patient bouncebacks (Appendix). All patients visiting the ED were approached for inclusion in a continuous fashion, 24 h a day, by volunteers in the ED until 1000 surveys were completed. In our suburban, academic, university-affiliated ED with 88,000 visits per year, patients older than 18 years of age with capacity to complete a survey were approached unless deemed unstable or lacking capacity by the attending physician. Patients were excluded if they were under 18 years old, presented for a psychiatric complaint, or were clinically unstable.

Survey responses of subjects who have a documented ED visit ≤30 days prior to the enrollment date were compared to those subjects without a documented bounceback within that 30-day period. The incidence rate of ED bouncebacks was defined as the number of subjects enrolled who have a recorded ED visit at our site ≤30 days prior to the date of enrollment divided by the time length of consecutive sampling. Patients were deemed to have been seen within 30 days if they self-reported the data, or if we noted in the computerized records a visit within the past 30 days. We hypothesized that having access to primary care decreased rates of bouncebacks to the ED and that there was no difference among the type of access to primary care a patient had.

Subjects were classified as either bouncing back to the ED within 30 days or not bouncing back, and assessed for multiple parameters including access to care, insurance status, demographics, and subjective expectations. Subjects were assessed for location and access to their PCPs, as well as their perceived availability, whether or not they reached out to their PCPs, and instructions received from the PCP.

The bounceback and nonbounceback groups were compared using the chi-squared test or Fisher's exact test, as deemed appropriate, for categorical variables. A result was considered statistically significant at $p < 0.05$. All analyses were performed using SAS 9.3 (SAS Inc., Cary, NC).

Institutional review board approval was received from North Shore University Hospital.

RESULTS

Every patient presenting to the ED during the enrollment time was approached to participate in the survey. There were 1084 surveys collected between July 5, 2011 and August 9, 2011. Although we did not track the number of patients that refused or were too ill to approach, in that time period, 7450 patients 18 years of age or older sought care in the ED.

Demographics of the ED visits were as shown in Tables 1 and 2.

Table 1. Demographics of ED Visits

	n	%
Gender (of all comers to the ED)		
Male	3324	44.6%
Female	4126	55.4%
Age (of all comers to the ED)		
Mean	53.8	
1st Quartile	35.2	
Median	52.4	
3rd Quartile	71.7	
18–35 years	1841	24.7%
36–50 years	1582	21.2%
51–64 years	1479	19.9%
65 years and older	2548	34.2%
Marital status (of all comers to the ED)		
Married	3712	50.5%
Single	2447	33.3%
Widowed	783	10.7%
Divorced	360	4.9%
Missing	44	0.6%
Financial (of all comers to the ED)		
Medicaid	847	11.4%
Medicare	2286	30.7%
Private insurance	2014	27.0%
Uninsured	1131	15.2%
Race and ethnicity (based on survey responses)		
African American	142	15.2%
American Indian/Alaskan Native	4	0.4%
Arab American	4	0.4%
Asian, East	51	5.4%
Asian, South	25	2.7%
Hispanic/Latino	100	10.7%
Pacific Islander/Native Hawaiian	2	0.2%
White/Caucasian	584	62.3%
Other	25	2.7%

ED = emergency department.