Intervention to Reduce Non-emergent ED Visits in Young Adult Rural Population - A Quality Improvement Project

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Introduction

- Emergency departments are frequently utilized for non-emergent, non-urgent reasons
- Most ED visits are 'treat and release', the most common reasons are
  - Injuries, poisonings, abnormal signs, symptoms, or findings
  - UTI, headache, nausea/vomiting, otitis media, viral infections, fever in kids, and syncope [1]
- A 2010 study found 13-27% of ED visits could be managed in physician offices, clinics, and urgent cares[2]
- This would save over $4 billion a year[2]
- Multifaceted why EDs are utilized over primary care offices[3]
  - Perceived severity of the problem
  - Doctors' office not open/ appointment not available
  - No health insurance
  - Not established with PCP
- According to studies from 2020 and 2024, patients 18-44 years old were the largest group contributing to ED costs in most locations, especially for 'treat and release conditions'[4,5]
- Adults living outside a metropolitan area were more likely to visit the ED than a PCP[6]
- A 2019 Kaiser health tracking poll found that 45% of adults aged 18-29 lacked a PCP[7]
- The transition between pediatric care and adult medical care is rocky and people often fall through the cracks
- 2025 research article found the 1 out of 4 young adults experienced a gap of care[8]
  - More than twice the rate of adolescent

Problem

- ED utilization for non-acute complaints in young adults in Jackson, Ohio rural ED poses increased costs, waiting times, and health disparity.
- Young adults are less likely to be established with a primary care provider.
- Young adults comprise a significant component of low acuity visits.
- Young adults not established with PCP reduces health equity and access.
- Low to moderate acuity visits can lead

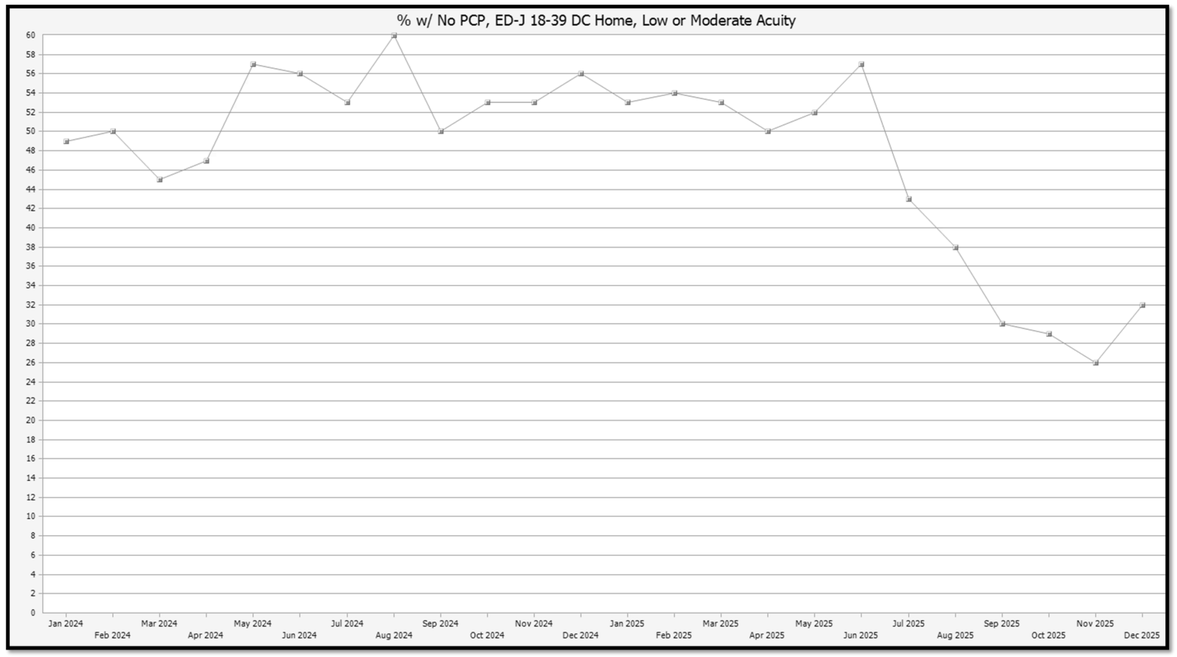

Figure 1. Percentage of young adult patients (Ages 18-39) without a documented PCP that visited Holzer Jackson ED with a low or moderate acuity level assigned at triage. Intervention started on 2/2025 and is currently ongoing.

Selection Criteria & Outcome

- Young adults ages 18-39.
- No documented establishment with PCP.
- ED visit in Holzer Jackson, Ohio starting at 2/2025
- **Primary Outcome Investigated**: Low to moderate acuity ED visits that were discharged home.

Intervention

- EHR records used to identify ED visits from patients ages 18-39 that visited the Holzer Jackson ED with an acuity level of low to moderate that was discharged home that did not have a PCP on file.
- Began contacting by phone call or letter on 2/1/2025; currently ongoing.
- ED visits stratified by age and acuity level.
- Previous year ED visits collected as control.

Goal

- Reduce low to moderate acuity visits in patients aged 18-39 to 20%.

Barriers

- Unable to contact patient with provided information.
- Patient follow through with PCP establishment.
- Low health literacy
- Socioeconomic determinants of health limiting access to PCP

Results

- From 2/2025 to 12/2025, percentage of patients without a PCP decreased from 54% to 32%.

Limitations

- Possible confounding factors include:
  - Changes in local population during observed months.
  - PCP establishment could be attributable to concurrent marketing campaigns.
- Survey data to determine if PCP establishment was prompted by studied intervention or by another variable was not collected.
- PCP data may not be updated in EHR, leading to inaccurate data.

Conclusions

- 22% reduction in non established patient visits after starting phone call or letter follow ups.
- Tracking ED discharges for low to moderate acuity visits can help identify patients that may require close primary care follow up/establishment.
- Follow up call or letter to establish with PCP provides plausible action to help address low to moderate acuity ED visits.
- Project is still ongoing

Future Directions

- Identify other patient demographics that could benefit from PCP establishment.
- Consider applying similar intervention to pediatric population transitioning to adulthood.
- Add additional ED locations.
- Implement training on EMR data collection to continue establishing patients.
- Add referral to social work/case management to address socioeconomic determinants of high ED utilization and/or PCP non-establishment.

References

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