ED High-Utilizers:

Resident Attitudes, Experiences, and Motivations to Affect Change

Christine Chan, MD
Sarah Hutchison, MD
Philip Call, DO
Parivash Akhavan Sanders, DO
Bethany Bruzzi, DO
Lynne Tomasa, PhD, MSW

INTRODUCTION

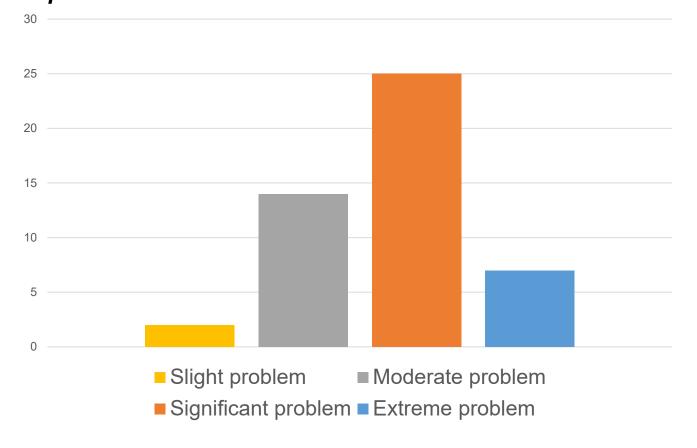
- ED high-utilizers place a strain on providers and resources.
- At BUMC-S, the majority of providers are resident physicians.

METHODS

- N = 48 residents (32 in FM, 16 in EM)
- 10-question electronic survey

RESULTS

"To what degree is high-utilization a problem?"



DISCUSSION

Residents are frustrated by what they see as one example of a broken (healthcare, social) system.

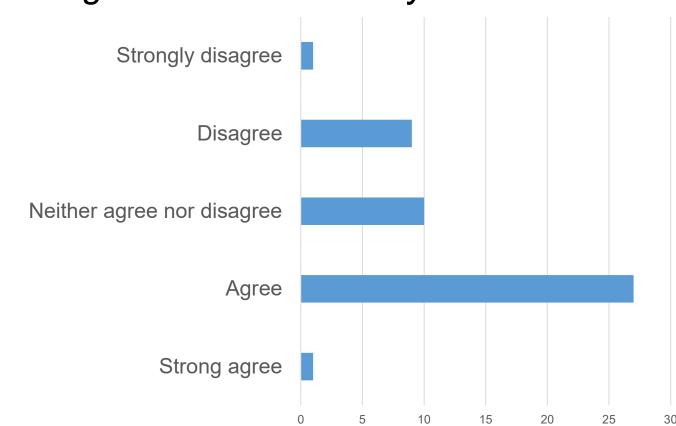


>96% of residents report that ED high-utilization is at least a moderate problem, and 29% are interested in working with leadership to address this issue.



RESULTS

"Encounters with patients who are high-utilizers affect my wellness."



RESULTS

"What is your definition of highutilization?"

- Frequent visits to ED (>2-3x per month or 10-12x per year) without need for admission
- Visit to ED for primary care concerns or "non acute" concerns
- May lack PCP or ability to followup outpatient

NEXT STEPS...

- Encourage those who voiced interest in being change agents.
- Identify and characterize "highutilizers" who have Alvernon or Abrams FMC listed as their PCP.
- Organize focus group of patients to develop needs-based interventions to help decrease the rate of unnecessary utilization.
- Work with leadership to implement care plans guided by this needs assessment.