Can Patient-Centered Care Reduce Visits to the Emergency Department?

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“Yes,” say Lister Hill scholar Larry Hearld and his colleague, Jeffrey Alexander. “In this study, we found that patients who perceived their physicians as engaging in more patient-centered care reported fewer problems of care coordination, which in turn were associated with fewer delays in care and reduced emergency department (ED) utilization. These findings support previous research in this area and extend it by suggesting some of the reasons why.”

Converging trends are pushing the U.S. emergency care system to a “breaking point.” While EDs face increased demand, the number of hospitals operating EDs has declined resulting in ED overcrowding and increased waiting times for treatment. As analysts search for ways to reduce ED utilization they have turned their attention to the manner in which health care is delivered, rather than just whether care is available. This focus is important given recent U.S. health reform and the growing popularity of patient-centric care delivery models. In this study, the researchers considered four dimensions of the physician-patient relationship as indicative of patient-centered care—interpersonal exchange, treatment goal setting, out-of-office communication, and fair treatment.

Data for the study were collected with a telephone survey of chronically ill individuals between June 2007 and August 2008 with over 8,000 respondents completing the survey. Analysis of the data revealed that perceived fairness had the strongest relationship with reduced ED visits, followed by out-of-office communication, interpersonal exchange, and mutual goal setting. It is possible that fair and respectful relationships between patients and physicians are a precursor to other patient-centered care activities.

“This study has provided initial evidence to suggest that patient-centered care may influence utilization and care outcomes by reducing coordination problems and reducing delays in care,” say the researchers. “Thus, researchers, practitioners, and policy makers may be well-served by looking beyond the traditional correlates of ED utilization, such as insurance coverage and access.”

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