Qualitative Study: Cost of Emergency Care from the Providers' Perspective

Stefanie K. Gilbert MD, Leana S. Wen MD MSc, Jesse M. Pines MD MBA MSCE
Department of Emergency Medicine, The George Washington University, Washington, D.C.

Study Objectives

- It is well known that health care spending in the United States, including emergency care, has been increasing at a rapid unsustainable rate[1], and recent legislative reform such as The Affordable Care Act and value-based payment models highlight its importance. It has been estimated that emergency care represents 5% to 10% of all health care expenditures in the United States[2]. Movements such as the "Choosing Wisely Campaign" aim to improve communication between clinicians and patients by encouraging care that is supported by evidence, not duplicative, and truly necessary[3].
- Less clear, however, is how the cost of health care translates into the clinical setting for emergency providers and the quality of care delivered. It has been shown that the overwhelming majority (81%) of ED resident physicians feel it is their job as an emergency provider to administer cost-conscious care[4]; however, little is known about if and how health care spending is incorporated into Emergency Medicine (EM) resident education.
- This study aims to evaluate emergency providers' perceptions surrounding the cost of emergency care as well as its incorporation into resident education through the use of a qualitative survey.

Methods

- The study population was 4 classes of emergency medicine residents at George Washington University. Twenty-four residents completed a written survey during Grands Rounds during a one month period from November through December 2014. Out of 40 total residents in the program, all 24 residents present at Grand Rounds completed the survey – 60% of the residency with 100% participation of the residents who were present. The survey, not a validated tool, was developed by the authors with adaptation from a prior survey administered by Alexander et al[5]. The study was approved by the institutional review board at George Washington University.
- The first author (a senior Emergency Medicine resident) distributed the written survey in-person to residents during a required weekly educational conference.. We employed a 9-item questionnaire with a combination of open- and closed-ended questions, including utilization of a Likert 5-point scale (1 being not important at all; 3 being neutral; 5 being very important). The survey contained questions regarding level of residency training, amount and type of education on medical costs previously received, ways to improve education for emergency providers, out-of-pocket and total medical costs, patient compliance, and communication regarding costs between patients and providers.
- Data was analyzed using grounded theory methodology; tabulations and calculations were made by the first author. The collected data was coded based on repeated concepts and subsequently categorized into themes. This method was checked by the second author and verified.

Results

ED Provider Data	ED Residents	Stand. Dev.
I have never discussed medical costs during an ED visit	33%	
The patient (vs. doctor) prompted the discussion about medical costs during an ED visit	81%	
I feel comfortable discussing medical costs during an ED visit	2.2/5	1.07
It is important for the doctor to discuss cost of tests/procedures when recommending them	3.2/5	0.77
It is important for the doctor to discuss the cost of prescriptions when prescribing them	3.7/5	0.69
I know the out-of-pockets costs before ordering/receiving tests and treatments	1.8/5	0.83
Doctors know how much patients are spending on out-of-pocket costs during an ED visit	1.6/5	0.96
Doctors should consider cost when making medical decisions	3.8/5	0.93
There are times I wanted to discuss medical costs during an ED visit but didn't	3.2/5	1.34
I feel comfortable discussing medical costs with my patients	2.2/5	1.07
It is important for me to talk to my patients about costs when recommending a test	3.2/5	0.77
It is important for me to talk to my patients about costs when writing a prescription	3.7/5	0.69
I know how much my patients spend on out-of-pocket costs	1.6/5	0.96
I know the cost of tests and treatments when ordering them	1.8/5	0.83
I should consider patients' out-of-pocket medical costs when I make medical decisions	3.8/5	0.93
There have been times when I wanted to discuss medical costs with a patient but didn't	3.2/5	1.34
I know a patient did not fill a Rx or attend a follow up appointment due to cost	75% (18/24)	
I found out my patient was non-compliant because of a return visit to the ED	50% (9/18)	
Emergency Medicine providers receive too little education on medical costs	91% (21/23)	

Table 1. Emergency Department providers' attitudes regarding medical costs using a Likert 5-point scale (1 being not important at all; 3 being neutral; 5 being very important).

Results

- ***Table 1*** highlights ED provider attitudes regarding medical costs.
- Residency training level: PGY1 33%, PGY2 21%, PGY3 25%, PGY4 21%
- Residents discuss the costs of tests and treatments with patients during every shift 21% of the time. Residents consider costs of tests and treatments when ordering them during every shift 63% of the time. The most common reasons cited included: financial burden for patients (50%), a personal responsibility for contribution to overall health care costs, and diagnostic utility.
- Most residents (91%) felt they receive too little education on medical costs, 9% felt they receive just the right amount, and none felt they receive too much. 58% of residents received no education on medical costs, 45% of which were upper level PGY3 or PGY4 residents. Of those who have received education, cited methods include formal lectures, self-teaching, discussion with attending physicians during clinical care, and direct patient interactions. Suggested methods to improve resident education included provider price lists (47%) and formal presentations (42%) addressing patient/family expectations, patient compliance, and fear of litigation.

Conclusion

- The majority of EM residents take cost into consideration when ordering tests and treatments for their patients; commonly cited reasons include the financial burden on the patient, patient compliance, and diagnostic utility – all aspects that affect quality of care.
- Despite an expanding focus on the link between cost of medical care and quality of care, overall residents feel they lack knowledge and receive too little education pertaining to costs of care.
- Incorporating targeted educational tools such as lectures, presentations, and price sheets into resident education may help narrow the gap between rising costs of care delivered by providers and the quality of care received by patients.

References

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