

Subspecialists Handle 20% of Acute Care Visits

BY ALICIA AULT

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WASHINGTON – More than a quarter (28%) of all acute care visits in the United States are made to the emergency department, while slightly less than half (42%) take place in primary care physicians' offices.

Another 20% of acute care visits are made to subspecialist offices, lead study author Dr. Stephen R. Pitts said.

It appears that the more severe a complaint, the more likely a patient will seek

care in the ED, said Dr. Pitts of the department of medicine at Emory University, Atlanta. However, the ED is frequently the only option for care, he said, noting that, "too often, patients can't get the care they need, when they need it, from their family doctor."

Two-thirds of ED acute care occurred on weekends or on weekdays after office hours. Uninsured patients received more than half their acute care in EDs, Dr. Pitts and his colleagues said (Health Aff. 2010;29:1620-9).

The authors used data from three federal surveys of ambulatory medical care

in the outpatient, ED, and physician office setting. Presenting complaints including stomach and abdominal pain, chest pain, and fever dominated the list of what brought patients to the ED. Conversely, patients who presented to their primary care physician's office for acute care most frequently complained of cough, throat symptoms, rash, and earache.

Overall, emergency physicians took care of 11% of all ambulatory care visits, yet they make up only 4% of the physician workforce, the authors said.

Studies have shown that emergency care accounts for only 3% of all health

spending, Dr. Arthur L. Kellermann, a study coauthor, said at the briefing.

"The fact that 3% of our dollars and 4% of our doctors are delivering that percentage of care is not such a bad deal," said Dr. Kellermann, an emergency physician and the Paul O'Neill Alcoa Chair in Policy Analysis at the Rand Corp. But, he said, it might not be the best possible care for patients or the optimum use of dollars for the health system.

One of Dr. Pitts' coauthors disclosed that she received a training grant from the Centers for Disease Control and Prevention; others reported no conflicts. ■

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