Emergency Medicine

Does the Emergency Medicine Department treat patients whose state of health calls for emergency care?

Summary of audit results

What did we audit?

The National Audit Office assessed in the audit whether:

- the patients attending Emergency Department (ED) need emergency care;
- the patients received timely and necessary medical care prior to their ED visit;
- the patients were given timely and necessary follow-up treatment, if necessary, after their ED visit?

Why is this important to taxpayers?

Health resources must be used efficiently and sustainably to guarantee the best possible accessibility of services for health insurance money. This means that patients must be treated at the correct level of treatment. If the ED treats patients who do not need emergency care, this will result in additional expenses and longer service times. The number of patients who attended the ED in Estonia in 2017 was *ca* 462,000, which is 13% more than in 2010.

629 million euros was spent on specialised medical care in 2017, incl. the cost of the ED's medical invoices in the amount of *ca* 153 million euros. The amount spent on treatment by family doctors in the same year was 114 million euros.

What did we find and conclude on the basis of the audit?

In the opinion of the National Audit Office, the health care system does not guarantee that the ED primarily treats patients requiring emergency care. The majority of patients who go to the ED could get help from their family doctors. This would make it possible to shorten the waiting times at the ED and save money.

Th main obstacle to achieving this is the uneven level of primary health care, the waiting lists for specialised medical care, inadequate IT solutions and the different attitudes and awareness of patients.

- **Most people who attend the ED do not need emergency care.** In 2017, 57% of the patients who attended the ED were assigned green or blue triage category, which does not require the provision of urgent care. The expert analysis prepared by the Estonian Association of Emergency Medicine Specialists indicated that 66% of the patients who attended the ED because of back pain, hypertension and infections of the lower respiratory tract did not need emergency care. A survey carried out at 8 hospitals also indicated that 49% of patients with yellow, green and blue triage categories could have received treatment from their family doctors instead of the ED. The high

number of visits leads to the overburdening of the ED, which means that some patients do not get to see a doctor quickly enough and the service time becomes longer.

- **Emergency treatment of patients is expensive.** Treating patients in the ED is more expensive than treatment by a family doctor. An invoice for outpatient care at the ED is, on average, four times bigger than the average cost of a visit to a family doctor. Appointments with specialists and additional tests and procedures make ED more expensive.

- **Patients without health insurance get to the ED in poorer state of health resulting in more expensive treatment.** The state has guaranteed emergency care for people without health insurance. As access to other medical care is limited for them, people without health insurance often go to the ED after their health problems have worsened. This is why treating people without health insurance is more costly. According to the Health Insurance Fund, average outpatient treatment invoice was *ca* 27% and the average cost of the inpatient treatment invoice hospitalised ED patients was *ca* 33% higher than the costs of insured patients.

- **The Health Board and the Health Insurance Fund have no comprehensive overview of the availability of primary health care.** The methodology used does not allow to assess whether people get appointments with family doctors during the required time and according to their needs. 40% of the people who attended the ED with less serious complaints said they did this because they could not get an appointment with their family doctor at the right time. Also, fewer than 10% of family doctors offered appointments before 8 am and after 6 pm on business days or at weekends. The current health care arrangement means that patients who need to find solutions to health issues outside the working hours have no other choice than to go to the ED.

- **Uneven quality of primary health care increases the load of the ED.** The quality assessment of family doctor practices in 2017 indicated that 43% of them complied with the higher level (A and B). One-third of practices have never been assessed since 2009, which means there is no information about their quality level. This difference in levels also affects visits to the ED: the results of the expert analysis carried out by the Estonian Association of Emergency Medicine Specialists indicated than in *ca* one-fifth of cases, the preceding activities of the family doctors of patients who attended the EMD with back pain, hypertension or infections of the lower respiratory tracts had been inadequate. One of the reasons of the variation in levels is the preparedness of the family doctor practices to cope with the increasing workload. On the other hand, the financing system may also have a role here, as primary health care is financed *per capita* and a family doctor's income does not depend on whether and how fast they admit patients with acute health problems.

- **Unmet need for treatment in specialised medical care causes waiting lists.** The financing of specialised medical care does not meet the need of Estonian people for services – *ca* 245,000 treatment cases, which could be purchased for 52 million euros, will not be

financed in 2018. Unmet need for treatment means waiting lists for patients. In 2017 waiting lists in outpatient care exceeded the permitted duration in nine specialities of 33. In international comparison, the unmet need for medical care due to long waiting lists in Estonia is the largest in Europe. Long waiting lists in specialised medical care may cause more visits to the ED.

- **Visits to the ED are related to the awareness of patients and their attitude towards the health system.** Some patients do not turn to their family doctor when they have problems with their health. The reasons for this are often the patient's attitudes, prior experience or ignorance. Even after visiting the ED, some patients do not visit their family doctors for subsequent treatment and do not follow the treatment scheme. The expert analysis prepared by the Estonian Association of Emergency Medicine Specialists indicated that the health behaviour (incl. visits to the family doctor and medical specialists, taking of medicines, going to tests) of the patients who suffered from back pain, hypertension and infections of the lower respiratory tract before they went to the ED had been inadequate in 49% of cases. Health behaviour after visiting the ED was inadequate in 34% of cases. Patients need more guidance and explanation regarding where to get help with specific health issues. Also, the patient should get the same message about this from all levels of the health system.

- **Inadequate information systems hinder the cooperation of family doctors and the ED in the treatment of patients.** Family doctors do not know when the patients in their lists have visited the ED and what they were diagnosed with. After the visit, patient's medical history from the ED is usually uploaded in the Health Information System, but no notification about this is sent to the family doctor. A family doctor finds out about a visit to the ED only if the patient informs the doctor about it. The lack of necessary information means a family doctor cannot intervene at the right time after a visit to the ED to prescribe the follow-up treatment needed by the patient. Also, the doctor who sees the patient in the ED cannot always obtain an overview of the tests and procedures carried out and the treatment regimens prescribed for the patient earlier, because information is sent to the Health Information System with a delay. However, such information is necessary for diagnosis as well as for prescribing treatment.

What did we recommend as a result of the audit?

The main recommendations made by the National Audit Office are as follows:

- create an incentive via the financing system for family doctors to act in order to get the patients in their list to visit the family doctor first of all in the case of less serious health issues. Introduce a mentorship system to help the family doctors whose quality level was assessed as low;

- find a solution that allows uninsured people to receive disease prevention and primary care services, thereby preventing their health condition from getting so serious that they need emergency care, which leads to higher medical expenses;

- consider offering telephone consultations to patients before they go to the ED in order to guide them to the ED that is the most suitable in terms of location and waiting times, ask them to go to their family doctors or give them instructions for solving the health issue at home. This solution could be connected to the existing Family Physician Advisory Line 1220. The ambulance service would still stay separate from telephone consultations;

- create an information technology solution that would allow family doctors to get daily information on their patients who visited the ED or called an ambulance the day before.

Responses of auditees: The Minister of Health and Labour agreed with the need to develop information technology solutions. The minister pointed out that raising the awareness of patients is very important and the health centres that will be established will also help solve some of the problems.

According to the Chairman of the Board of the Estonian Health Insurance Fund the recommendations made in the audit are valuable and specified that the implementation of a mentorship system for family doctors is planned for 2020. The Chairman of the Board also promised to review the scope of insurance and the rules of coverage in cooperation with the Ministry of Social Affairs.