

Identifying Veterans at Risk of Poor Care Transitions: Primary Care Follow Up After Non-VA ED Use

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INTRODUCTION

- Older adults treated in emergency departments (EDs) are at increased risk of adverse outcomes including repeat visits, hospital admissions, and death.
- Use of multiple facilities can exacerbate the problem and negatively impact quality of care through duplication of services, poor care transitions, and lack of accountability of outcomes.
- In addition to VA coverage, most veterans retain public or private insurance giving them a unique flexibility to seek care at both VA and non-VA sites.
- Following up with a primary care following ED discharge has been shown to decrease the risk of serious adverse outcomes.

OBJECTIVE

- To improve care transitions and patient outcomes by:
 - identifying factors that predispose older veterans to seek emergency care outside of the VA; and
 - determining if non-VA visits are associated with decreased primary care follow-up and increased ED visits or hospitalizations.

METHODS

- Retrospective observational study of patients aged 65 or older who had established primary care at the James J Peters VA Medical Center (Bronx, NY) and an ED visit between Oct 2017 and Feb 2020.
- Merged VA and Bronx Regional Health Information Organization data to capture use of non-VA care sites.
- Used generalized linear mixed models for the analyses and controlled for covariates including age, sex, race/ethnicity, marital status, comorbidities, and prior hospitalizations.

RESULTS

- Sample consisted of 3,906 veterans. Of these, 3,173 (81.2%) sought care at VA EDs, 433 (11.1%) sought care at both VA and non-VA EDs, and 300 (7.7%) sought care at non-VA EDs.

Veterans ≥ 85 who seek care after hours, have had at least one emergency department (ED) visit in the prior 60 days, and a hospitalization in the prior 180 days are more likely to use non-VA EDs.

Use of non-VA EDs among older veterans with VA primary care is associated with an 84% decrease in the likelihood of following up with primary care within 7 or 14 days. Therefore, these populations may be at increased risk for poor care transitions compared to veterans who only use VA sites.

RESULTS/CONCLUSION

Table 1. Association between patient-level characteristics and non-VA ED use

Characteristics	OR	95% CI	p-value
Age			
75 – 84 (vs. 65-74)	1.08	0.89 – 1.32	0.43
85+ (vs. 65-74)	1.52	1.23 – 1.89	<0.01
Sex			
Female (vs. Male)	1.39	0.82 – 2.35	0.23
Race/Ethnicity			
Non-Hispanic Black (vs. NH White)	1.02	0.85 – 1.24	0.80
Non-Hispanic Asian, American Indian, or Alaska Native, or Other (vs. NH White)	0.47	0.16 – 1.38	0.17
Hispanic (vs. NH White)	0.75	0.60 – 0.94	0.01
Marital Status			
Never Married (vs. Married)	0.81	0.64 – 1.01	0.07
No Longer Married (vs. Married)	0.77	0.64 – 0.92	<0.01
Comorbidities			
Vision Impairment	0.52	0.26 – 1.03	0.06
Hearing Impairment	1.31	0.56 – 3.08	0.54
Dementia Diagnosis	1.30	0.78 – 2.18	0.32
Depression Diagnosis	1.09	0.77 – 1.54	0.63
Time of Presentation			
After Hours (vs. Working Hours)	2.01	1.70 – 2.36	<0.01
Prior Utilization			
Primary Care Visit Prior 30 Days (vs. No Visit)	1.15	0.87 – 1.53	0.33
Primary Care Visit Prior 60 Days (vs. No Visit)	0.68	0.53 – 0.86	<0.01
ED Visit Prior 30 Days (vs. No ED Visit)	1.45	0.61 – 3.47	0.40
ED Visit Prior 60 Days (vs. No ED Visit)	2.60	1.46 – 4.63	<0.01
Hospitalization Prior 30 Days (vs. None)	0.36	0.13 – 0.97	0.04
Hospitalization Prior 60 Days (vs. None)	0.18	0.53 – 2.61	0.69
Hospitalization Prior 180 Days (vs. None)	1.65	1.09 – 2.48	<0.01

- Non-VA ED users were more likely to be ≥ 85 years, seek care after hours, have had an ED visit in the prior 60 days or hospitalization in the prior 180 days.
- They were less likely to be Hispanic, no longer married, have had a primary care visit in the prior 60 days or hospitalization in the prior 30 days.

Table 2. Association between utilization outcomes and non-VA ED use

Outcome	OR	95% CI	p-value
Primary care follow-up within 7 days	0.16	0.09 – 0.29	<0.01
Primary care follow-up within 14 days	0.16	0.10 – 0.25	<0.01
ED visit within 30 days	0.70	0.48 – 1.02	0.06
Hospital admission within 30 days	1.34	0.85 – 2.11	0.20

- Use of non-VA EDs was associated with an 84% decrease in the likelihood of following up with primary care within 7 or 14 days.
- No statistically significant associations were found between non-VA ED use and repeat ED visits or hospitalizations.