### **Emergency Department Utilization In California**

Survey of Consumer Data and Physician Data

Conducted for: California HealthCare Foundation

CALIFORNIA HEALTHCARE FOUNDATION

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### **Background and Objectives**



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- One of the key challenges facing emergency departments (ED) nationwide is a marked increase in usage over the last several years. Data from the Centers for Disease Control's Division of Health Care Statistics indicate that between 1992 and 2002, the number of ED visits rose from 89.9 to 110.2 million (an increase of 23%, or 2 million per year).
- This increase is driven primarily by more frequent visits among those with insurance (Cunningham & May, 2003). Those with Medicaid and other state-specific sources of public coverage are overrepresented among ED users (Kellermann & Haley, 2003; Zuckerman & Shen, 2004).
- Most of the increase is attributable to cases that fail to meet the criteria for emergent or urgent care (Liu, Sayre, et al., 1999). As for the type of care that is being provided at EDs, more than half (53%) of all visits fail to meet the criteria for emergent (i.e., requiring care within 15 minutes) or urgent (i.e., requiring care within one hour) care, according to a Center for Studying Health System Change study (2003).



- While substantial research has been conducted regarding who uses the ED and for what services, limited research is available that specifically explores the increase in ED utilization and reasons for non-urgent visits.
- This study is intended to identify factors that trigger ED use among insured patients and identify barriers that may prevent consumers from going to their regular doctor for this care or other sources of care outside of the ED.
- The goal of this project is to arrive at actionable conclusions that can be shared with relevant audiences in California.



- Establish a systematic picture of how people address their immediate care needs, during and after office hours, and how the ED is used for these needs
- Explore physician practices/policies around addressing nonurgent care needs both during and after office hours
- Explore consumer knowledge of and experience with the practices and policies of their PCPs regarding such immediate care needs
- Identify attitudes about ED use from the perspective of both consumers and physicians
- Document awareness of alternatives to the ED for nonurgent/emergent care
- Pinpoint the drivers of ED use for non-urgent/emergent care needs
- Explore ways to change behavior, including educational opportunities and provision of alternatives to the ED

### Methodology



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- Interviews were conducted by telephone using CATI (Computer-Assisted Telephone Interviewing) methodology.
- Random-digit dialing (RDD) technique was implemented, ensuring that individuals with unlisted as well as listed numbers were contacted.
- Interviews were conducted between February 23-March 19, 2006. A total of 1,402 interviews were conducted with adults in California.
- The 1,402 adults included both a general cross-section of (N = 502) and an over-sample of individuals who have used an ED in the past 12 months (for a total of 1,000 "recent ED users").
- With 1,400 respondents, the sampling error is +/- 3%.
- The average interview length was 25 minutes.

## Methodology: Consumers, continued

 Final data were weighted by age, education, gender, race/ethnicity, income, insurance status, household size, and number of phone lines based on current population survey data to represent the population of adults (18 or older) in California. Further, a post weight for recent use of the ED was applied to bring over-sampled data in-line with the California population.



- The survey was conducted by mail with 107 emergency medicine (EM) and 400 primary care physicians (PCP), such as Family, General Practice, and Internal Medicine, in March – June 2006.
- The survey was conducted by mail.
- The response rate for primary care physicians was 41% and the response rate for emergency medicine physicians was 54%.
- All samples were drawn from the current AMA master file of all medical doctors practicing in California. We included only physicians who spend at least 20 hours per week on direct patient care.
  - Participants were paid an honorarium of \$75.
- Data were weighted to represent the state-wide population of physicians in the selected specialties in direct patient care.
  - Data were weighted by gender and years in practice



- All significance testing was conducted at p<.05
- Differences that are statistically significant are marked. Yellow shading is used to signify differences when only two groups are being compared. In contrast, when more than two groups are being compared, subscripts are used to indicate the group that is significantly different from *one or more* of the other comparison groups.

### **Executive Summary**



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- "Avoidable" ED visits are common and are initiated by both patients and doctors.
- Key drivers of ED use are:
  - Lack of access to preventive and immediate health care,
  - Lack of advice or information about managing immediate health care needs,
  - Lack of alternatives to the ED for immediate medical needs that occur both during and after business hours, and, to a lesser extent, the
  - Prevalence of attitudes that foster the use of the ED for non-urgent care.
- Medi-Cal recipients are more likely than the privately insured to have "avoidable" ED visits, due to compounding of the above factors.

## Summary of Key Findings, continued

- Adults with chronic conditions are disproportionately represented among recent ED users. While 32% of the California population, adults suffer from hypertension, heart disease, diabetes, and/or chronic lung problems, 44% of recent ED users fit this description.
  - The pattern of ED use among the chronically ill raises concerns about the quality of care these patients receive and underscores the need for better ongoing management of their condition. For patients with chronic conditions, getting care at the ED rather than from their regular source of care may contribute to problems with continuity of care.
- Physicians agree that increased access and alternatives would help reduce avoidable ED use, however, support for alternatives varies.

### **Review of Findings**



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### Emergency Department Use in CA, Overall

- Almost 2 in 3 California residents (65%) have used an emergency department at least once in their lifetime.
- 15% of California residents have used the ED in the past year.
  - 59% of ED visits occur during a weekday; 24% of ED visits occur on a weekend.\*
  - The 2% of Californians who have been to the ED three or more times in the past year are responsible for 35% of all ED visits during this time.
    - Compared to those who visited the ED once or twice in the past year, those who
      visited the ED three or more times in the past year have a lower income, are more
      likely to be African-American, and are more likely to be in poor health or have a
      chronic health condition.

\*Note: Adjusting for proportion of weekdays in a week (5) and weekend days (2) in a week, if ED visits were evenly distributed we would expect: 71% to happen on a weekday and 29% to happen on the weekend

# Profile of Recurrent ED Users – Defined as those who have visited the ED 3 or more times in the past 12 months.

Demographics	ED Usage in the Past 12 Months			
	1 or 2 ED visits         3 or more ED visits           (N=866)         (N=134)			
Income				
Less than \$15,000	14% 29%			
Race				
African American	6%	13%		
Health Status				
Yes, have a chronic illness	42%	58%		
Describe health as poor/fair	28%	51%		
Yes, had illness/injury/disability that required a lot of medical care in the past 2 years	33%	54%		

# "Avoidable" ED visits are common and are initiated by both patients and doctors.

- A substantial proportion of ED visits appear to be avoidable.
  - Twenty-one percent of recent ED visits in California arguably could be considered "avoidable" in that the visit occurred during business hours for a problem that could have been treated by a primary care physician and/or could have waited longer than 24 hours for care.
  - EM physicians also see that substantial proportions of patients in the ED are there for care that could be treated outside of an ED.
- PCPs refer non-urgent patients to the ED.
  - PCPs report that about 35% of patients that they or their office refer to the ED could have been treated in another community setting. (Caveat: PCP referrals are responsible only for a minority of ED visits.)
- PCPs and EM doctors disagree about an increase in referrals of non-urgent cases to ED.

Almost half of recent ED users believe that their problem could have been handled by a primary care physician, had one been available.



Note: 'Prearranged by doctor' refers to patients who were told by their doctors to go to the ED as a first step in being admitted to the hospital.

Base: Respondents who visited ED (N=1000)

Q725 Could this have been handled by a primary care doctor if one had been available?

## The majority of ED users believed that their condition needed to be treated within an hour; EM physicians disagree.

#### **Perceived Urgency of Treatment (Patient Perspective)**



Base: Respondents who have used the ED in the last 12 months (N=1000)

Q710 Before you went to the ER, how quickly did you think your condition needed to be treated?

# One in five recent ED visits can be defined as "avoidable."

• "Avoidable" ED users defined as those whose last visit to the ED either:

a) occurred during weekday business hours *and* was for a problem could have been treated by a PCP (12% of all recent ED users) or;

b) was for a problem that could have waited longer than 24 hours to treat (10% of all recent ED users).



- Among these avoidable users:
  - 77% could have been treated by a PCP (compared to 46% of all recent ED users)
  - 67% occurred during weekday business hours (compared to 29% of all recent ED users)
  - 52% could have waited more than 24 hours for care (compared to 10% of all recent ED users)
- To identify potential drivers of ED use, this report focuses on the differences between the general population of California adults, recent ED users, and avoidable ED users.



Demographic Characteristics				
		Total CA (n=1402) (a)	Recent ED Users (n=1000) (b)	Avoidable ED Users (n=205) (c)
Education	High School or Less	42%	57% <mark>a</mark>	53% <mark>a</mark>
Income	Less than \$25K	18%	27% <mark>a</mark>	28% <mark>a</mark>
Gender	Female	51%	64% <mark>a</mark>	62% <mark>a</mark>
Marital Status	Single	33%	35%	42% <mark>a</mark>
Ethnicity	Hispanic	30%	42% <mark>a</mark>	44% <mark>a</mark>
	Uninsured	20%	24%	26% <mark>a</mark>
Insurance Status	Kaiser	30%	28%	35%
	Medi-Cal	10%	19% <mark>a</mark>	22% <mark>a</mark>



		Total CA (n=1402) (a)	Recent ED Users (n=1000) (b)	Avoidable ED Users (n=205) (c)
General Health	Described as poor/fair	13%	31% <mark>a</mark>	35% <mark>a</mark>
Chronic Illness/Injury/ Disability (Past 2 Years)	Yes, had illness, injury, or disability that required a lot of medical care in the past 2 years	16%	36% <mark>a</mark>	32% <mark>a</mark>
	One or more chronic illnesses	32%	44% <b>a</b>	48% <b>a</b>
	Hypertension	20%	28% <mark>a</mark>	32% <mark>a</mark>
Chronic Illness	Heart disease	5%	10% <b>a</b>	9% <b>a</b>
	Diabetes	6%	12% <mark>a</mark>	12% <mark>a</mark>
	Chronic Lung Problems	12%	18%a	20% <b>a</b>



Percentage indicating change in likelihood of self/PCPs to advise insured patients to go to the ED who could have waited for care:



Base: All respondents (PCP, N=400)

Q26: Compared to two years ago, do you feel that you are more likely, just as likely, or less likely to advise insured patients to go to the ED who could have waited for care?

Base: All Respondents (EM. N=107)

Q11 Compared to two years ago, do you feel that primary care physicians are more or less likely to advise insured patients who could have waited for care?

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PCPs are slightly more likely than EM physicians to think that the number of insured patients who go to the ED for something that could be treated by their doctor is a major problem.

Percentage indicating extent to which use of the ED for care that could be treated by a PCP is a problem for the health care system:



Base: All respondents (PCP, N=400, EM, N=107)

Q27/Q9 Do you think that the number of insured patients who go to the ED for something that could be treated by their primary care physician is a major problem, minor problem, or not a problem for the health care system in your community?

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# Key drivers of ED use are lack of access, advice, and alternatives. Attitudes are also a factor.

#### Lack of access:

- Recent ED users report more difficulty accessing routine and immediate medical care than does the general population. Some of these access problems are even greater among avoidable ED users. Compared to California adults, recent ED users:
  - Are less likely to have a primary care doctor.
  - Are much more likely to report that the ED is their usual place for medical care.
  - Find it more difficult than all Californians to access regular or preventive care.
  - Are less able to get a same or next day appointment with a doctor when they are sick or need medical attention.
  - Are less likely to report that their doctor offers outside of work or weekend office hours.
  - On many of these measures, avoidable ED users report even greater access problems.
- Of those ED users who indicate that their problem could have been handled by a PCP, 2 in 3 say they would have gone to a PCP instead of the ED, had an appointment been available.



- Both primary care and emergency medicine physicians agree that lack of access to a primary care physician is the primary reason that patients go to the ED, either because the problem occurs outside of business hours or because the patient cannot get a timely appointment with their doctor.
  - EM doctors emphasize that lack of access to same-day appointments is a key reason driving PCP referrals of non-urgent cases. EM physicians believe that waiting times for appointments (limited availability of same-day appointments) and limited access to doctors on weekends and outside of business hours are the top two reasons for non-urgent ED use.
  - However, few PCPs offer office appointments after hours or on weekends.
  - 2 in 5 PCPs do not have a time set aside each day for walk-in appointments.
  - Many PCPs (26%) indicate that they are able to accommodate about half or fewer patients who request a same-day appointment.
- PCPs say that when they refer non-urgent patients to the ED, this is primarily because of easy access to diagnostic testing.
  - Complexity of the case and need to access diagnostic testing are also among the top reasons for ED use for a problem that could have been taken care of by a PCP.



## Avoidable ED users report more difficulty accessing routine care and are less likely to have a primary care provider.

Access-Related Factors	Californians (N=1402) (a)	Recent ED Users (N=1000) (b)	Avoidable ED Users (N=205) (c)
% saying extremely difficult or impossible to access routine care without going to the ER	5%	13% <mark>a</mark>	15% <mark>a</mark>
% saying the hospital ED is the usual place they go for medical care	5%	15% <mark>a</mark>	16% <mark>a</mark>
% saying the doctor's office is the usual place they go for care	64% <b>bc</b>	49%	41%
% who have been seeing the same doctor/going to the same place for their healthcare for 5 years or more	49%	46%	42%



## Access to care for an immediate health need is also a problem for recent ED users, particularly for avoidable ED users.

Access-Related Factors	Californians (N=1402) (a)	Recent ED Users (N=1000) (b)	Avoidable ED Users (N=205) (c)
% saying they could get an appt on the same day the last time they were sick or needed medical attention	44% <b>bc</b>	36% <b>c</b>	28%
% saying they would have gone to a PCP instead of the ED if they could have gotten an appt within 1-3 days		29%	39% <b>b</b>
% saying their MD has office hours on the weekend	28% <b>bc</b>	21%	18%
% saying their MD has office hours before/after hours on weekdays	51% <mark>c</mark>	44%	40%

## PCPs report limited availability for same-day appointments and for weekend and after-hours access.

Access-Related Factors	PCPs (N=400)
% saying they are able to provide about all or almost all patients with a same-day appointment	46%
% indicating they have a time set aside each day to see walk-in (no appt) patients	60%
% saying they offer appointments on Saturday	31%
% saying they offer appointments on Sunday	14%
% saying they offer appointments after 6 pm	21%
% saying they offer appointments before 9 am	59%

# Kaiser PCPs are more likely to offer appointments on the weekends and outside of business hours.

Access-Related Factors	Group Practice (N=187) (a)	Solo Practice (N=139) (b)	Kaiser Practice ** (N=41) (c)
% saying they are able to provide all or almost all patients with a same-day appointment	67%	83% <mark>ac</mark>	63%
% indicating they have a time set aside each day to see walk-in (no appt) patients	67% <b>bc</b>	54%	50%
% saying they offer appointments on Saturday	34% <mark>b</mark>	21%	55% <mark>ab</mark>
% saying they offer appointments on Sunday	12%	6%	51% <mark>ab</mark>
% saying they offer appointments after 6 pm	23% <b>b</b>	11%	55% <mark>ab</mark>
% saying they offer appointments before 9 am	66% <mark>b</mark>	47%	74% <mark>b</mark>

\*\*Small base: Use caution in interpreting findings



Access-Related Factors	Number of physicians in practice		
	1 (N=139) (a)	2-9 (N=120) (b)	10 or more (N=150) (c)
% saying they are able to provide all or almost all patients with a same-day appointment	83% <b>ab</b>	73%	64%
% indicating they have a time set aside each day to see walk-in (no appt) patients	54%	71% <mark>a</mark>	61%
% saying they offer appointments on Saturday	21%	34% <mark>a</mark>	38% <mark>a</mark>
% saying they offer appointments on Sunday	6%	7%	26% <mark>ab</mark>
% saying they offer appointments after 6 pm	11%	20% <mark>a</mark>	32% <mark>ab</mark>
% saying they offer appointments before 9 am	47%	55%	75% <mark>ab</mark>



Compared to all ED users, avoidable ED users are more likely to cite access issues and cost as factors in the decision to go to the ED; one in 5 of all ED users report going the ED because of a chronic condition.

Reasons for Using the ED	All ED Users (N=1000)	Avoidable ED Users (N=205)
% indicating each was a major factor in decision to go to ED		
More convenient than MD's office	62%	61%
Symptoms occurred after office hours/ weekend	50%	29%
Expected easier access to diagnostic testing	50%	46%
Do not have regular doctor to go to	27%	35%
Didn't want to miss a day at work	15%	27%
Thought other places would be more expensive	12%	20%
% indicting they went to the ED due to symptom related to a chronic condition	22%	20%
% indicating they were in severe pain prior to going to the ED	62%	62%

Base: Respondents who made the decision to go to ED (N=590)

Q760/Q761 For each, please tell me if it was a major factor, a minor factor, or not a factor in your decision to go to the ED.

Q757 How much pain were you experiencing prior to going to the ER?

Base: Respondents who visited the ED (N=1000)

Q720 Which of the following describes the reasons that you went to the ER?

EM physicians report that primary care access problems and perceived convenience are the main reasons insured patients go to the ED for care that could have been provided by their PCPs.



Base: EM Physicians (N=107)

Q10 Thinking about the INSURED patients who you see in the ED for care that could have been provided by a primary care doctor, what do you think are the three main reasons that they go to the ED?

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# According to PCPs, the need for diagnostic testing is the major factor in their decision to send a non-urgent patient to the ED.



#### % saying major factor

52%

37%

Note: Based on case study of last nonurgent patient sent to the ED.

Base: PCPs (N=400) -- Q16 Did any of the following factor into your decision to advise this patient to go to the ED?



Compared to those in solo practice, PCPs in group practice are more likely to refer a non-urgent patient to the ED for diagnostic testing

% saying major factor	Type of practice		
	Group (a)	Solo (b)	Kaiser (c) **
You could not provide a same-day appointment to the patient	21%	14%	18%
Patient did not want to wait to see you in your office	9%	10%	10%
Patient contacted you after or close to the end of business hours or on the weekend	30%	22%	39% <b>b</b>
Patient insisted on going to the ED	11%	8%	7%
You wanted the patient to have easy access to specialists at the ED	20%	23%	12%
You wanted the patient to have easy access to diagnostic testing at the ED	59% <b>b</b>	44%	45%
You felt the patient's case was too complicated to be seen in your office	37%	40%	33%
You wanted to get a second opinion on the patient's case	3%	3%	5%
You did not have access to the patient's medical records to make an informed decision about whether the patient could wait to be seen in your office	1%	2%	3%
It was a better financial option for the patient	1%	1%	
It was a better financial option for you/your practice (e.g., expected low reimbursement or time consuming case)	1%		
You were concerned about malpractice liability implications if you did not send this patient to the ED	6%	8%	5%
You were not certain and wanted to have peace of mind	12%	12%	10%
Best/only way to admit the patient to the hospital	20%	25%	25%

\*\*Small base: Use caution in interpreting findings


- Lack of advice pertains to the general lack of communication between primary care physicians and patients. Specifically:
  - A lack of advice about managing immediate health care needs afterhours is associated with avoidable ED use. In fact, a failure of communication between primary care physicians and ED users is common.
  - Avoidable ED users are less likely to be encouraged by their doctor to call their doctor's office prior to going to the ED (ED users overall are similar on this measure to all CA).
  - ED users, including avoidable ED users, are more likely to report that they will get a recorded message instructing them to go to the ED.
  - ED users, including avoidable ED users, are less likely to report having access to a nurse advice line.



- There are disconnects between patient and doctor perceptions of availability of physician instruction and encouragement and access to immediate care at the PCP office:
  - While 60% of patients say they get instructions from their doctor about what to do if they need emergency care after hours, 72% of PCPs say that they provide all their patients with such instructions.
  - While 35% of patients say that their doctor encourages them to contact them prior to going to the ED, 76% of doctors say that they do this.
  - The majority of PCPs say they are able to accommodate all or almost all patients who request a same-day appointment.
    However, half of Californians were not able to get a same day appointment the last time they were sick or needed medical attention.



Advice-Related Factors	Californians (N=1402) (a)	Recent ED Users (N=1000) (b)	Avoidable ED Users (N=205) (c)
% saying it is difficult or impossible to speak to a MD after hours	51%	54%	57%
% saying their MD encourages them to contact him/her before going to the ED	35%	33%	29%
% who have been told by their regular MD what they should do if they need medical care after hours or on the weekend	60% <mark>c</mark>	61% <mark>c</mark>	48%
% saying somewhat/not likely to call their MD before going to the ED during business hours	24%	28%	30%
% saying somewhat/not likely to call their MD before going to the ED outside of business hours	54%	56%	60%
% of those who expect to hear a recorded message telling them to go to the ED when they call their MD	60%	70% <mark>a</mark>	72% <mark>a</mark>
% who have access to a nurse advice line	53%	48%	43%

There are disconnects between patient and doctor perceptions of availability of physician instruction and encouragement.

Advice-Related Factors	Total PCPs (N=400)	Group Practice (N=187) (a)	Solo Practice (N=139) (b)	Kaiser Practice** (N=41) (c)
% indicating that they or someone else in their office provide all patients with instructions on what they should do if they need medical care after hours/weekends	72%	69%	76%	84%
% indicating they encourage patients to contact them before going to the ED	76%	76%	78%	75%
% indicating they encourage patients to contact them when they are sick after hours/weekends	72%	76% <mark>c</mark>	75% <mark>c</mark>	55%

\*\*Small base: Use caution in interpreting findings



- As most Californians are not encouraged to contact their doctor before going to the ED, it should be no surprise that few do so. Indeed, few even consider other options prior to going to the ED.
- Avoidable ED users are more likely than all ED users to consider alternatives and to try to get through to their doctor. However, most are not successful in reaching their doctor.
- The convenience of the ED is an issue, as the majority of ED users consider this a major factor in their decision to go to the ED. EM doctors agree, as half of these doctors feel that the relative convenience of the ED is among the top three reasons patients use the ED for care that could be handled by their PCP.



#### Percentage indicating that they considered each prior to going to the ED



Recent ED users (n=590) Avoidable ED users (n=139)

Base: Respondents who made the decision to go to the ED (N=590)

Q771 Before going to the ER, did you first consider...?

Note: Data presented are of those who made the decision to go to the ED themselves. In other words, excluding those whose visit was prearranged with their doctor or who were incapacitated.



One in 5 recent ED users, and 1 in 3 avoidable ED users, tried to contact their doctor prior to visiting the ED. The privately insured are much likely to have tried to contact their doctor before visiting the ER than are Medi-Cal recipients.

#### Percent who tried to contact their doctor before visiting the ED



Q735 Did you try to contact your doctor's office prior to going to the ER?





Person spoken to in the doctor's office

Base: Respondents who made the decision to go to ED (n=590)

Q735 Did you try to contact your doctor's office prior to going to the ER?

Q740 Whom did you speak to at your doctor's office- your doctor, another doctor, a nurse, a receptionist, someone else, or did you get through to anyone at your doctor's office? Base: Called Doctor's office (n=137)



Percentage of patients seen in the ED in the past week who would have been more appropriate cases for UCCs

Mean = 37% of cases that would have been more appropriate for UCCs



\*Urgent care centers.

EM Base: All Respondents (N=107)

Q14 Thinking of the insured patients you saw in the ED in the past week, what proportion would have been more appropriate for treatment in an urgent care center, if one had been available



Those with Kaiser Permanente health insurance are more likely to have access to a nurse advice line and more likely to have called a nurse advice line.

	Total CA		Recent ED Users	
	Kaiser Insured (N=253)	Other private insurance (N=627)	Kaiser Insured (N=174)	Other private insurance (N=420)
% who have access to a nurse advice line through their insurance company or doctor's office	92%	51%	79%	51%
% who have called a nurse advice line	67%	28%	63%	33%

Base: All qualified respondents (N=1402)

Q2030 Do you have access to a nurse advice line through your insurance company or doctor's office?

Q2035 Have you ever called a nurse advice line?

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- Attitudes appear to be associated with increased ED use, as recent ED users report more "pro-ED" attitudes overall.
- ED users, including avoidable ED users, rate the overall quality of the ED higher than do all Californians.
- ED users are more likely than all Californians to associate the ED with easy access to diagnostic testing, higher quality of care, and the place they would turn to first for care. Avoidable ED users are more likely than all Californians to associate the ED with the above items and with easier access to specialists, convenience, a place they trust most for the best possible care, and affordability.





### **Quality Rating of ED Care in General**

Base: All qualified respondents (N=1402)

Q600 Now I would like to ask you a few questions about hospital emergency rooms. In general, how would you rate the quality of care that is provided in hospital emergency rooms?



Californians generally prefer their doctor's office for care. ED users, particularly avoidable ED users, are more positive about the ED.

	Total (N=1402)		Used ED (N=1000)		Avoidable ED users (N=205)	
% indicating each item is more associated with the ED or a Doctor's Office:	ED	Doctor's Office	ED	Doctor's Office	ED	Doctor's Office
Provides easier access to diagnostic equipment	45%	50%	54%	41%	58%	39%
Provides easier access to specialists	26%	69%	34%	61%	34%	61%
Provides higher quality care	22%	71%	32%	61%	39%	56%
Is more convenient	21%	76%	28%	69%	28%	67%
Where I would turn first with health problem	19%	78%	30%	68%	32%	66%
Place I trust most to give best possible care	18%	78%	29%	66%	29%	67%
Is more affordable	11%	82%	16%	73%	20%	71%

Indicates significant difference between ED users and Total CA on a related attribute.

Base: All qualified respondents (N=1402)

Q610 For each, please tell me which this generally describes more, the Hospital Emergency Room or your doctor's office.

### Focus on Recent ED Users Covered by Medi-Cal Health Insurance



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# Medi-Cal Recipients are much more likely than the privately insured to have used the ED in the past 12 months; access and attitudes appear to be key factors.

- Compared to privately insured ED users, Medi-Cal recipients:
  - Have more access problems:
    - Are less likely to have a regular doctor and are more likely to use a clinic or ED for their health care.
    - Find it more difficult to access routine/preventive care without going to the ED.
    - Are more likely to go to the ED during the weekday.
    - Are more likely to report that their problem could have been handled by a primary care physician if one had been available and say they would have gone to a PCP instead of the ED if they had gotten an appointment within 2 days.
    - Are less likely to call their doctor prior to going to the ED.
    - Cite cost related factors in their decision to go to the ED (e.g., ED is viewed as a less expensive option).
    - Cite the need for prescription medication in their reasons for going to the ED.
  - Show more positive attitudes toward ED:
    - Are more likely to rate the overall quality of medical care received in the ED as excellent or very good.
    - Are more likely to associate the ED with a higher quality of care, easier access to diagnostic equipment, and other related attributes.

Medi-Cal recipients are more likely than others to have used the ED in the past 12 months.

Demographic Characteristics		% Indicating Recent Use of the ED
All California adults		15%
	Uninsured	18%
Insurance Status	Medicare	14%
insurance Status	Medi-Cal	31%
	Private	12%



Medi-Cal recipients are more likely than the privately insured to go to the ED because of access issues, pressure from family, concerns about cost, and because they need medication/prescription.

	Insurance Status Base includes recent ED users who made t decision to go to the ED	
	Private (N=254)	Medi-Cal (N=109)
% indicating each was a major factor in decision to go to ED		
More Convenient than Dr's Office	63%	71%
Symptoms Occurred After Office Hours/ Weekend	51%	56%
Expected Easier Access to Diagnostic Testing	44%	57%
Could Not Get Timely Appointment	41%	49%
Expected Easier Access to Specialists	38%	59%
Encouraged by Family/Friends	37%	49%
Do Not Have Regular Doctor to go to the ED	19%	32%
Didn't Want to Miss a Day at Work	12%	23%
Thought Other Places Would Be More Expensive	7%	24%
	Base includes all recent ED users	
	Private (N=400)	Medi-Cal (N=198)
% indicating that the need for medication or a prescription was a reason in their going to the ED	44%	57%



## Medi-Cal ED users report more difficulty accessing routine and immediate medical care than do the privately insured.

Access-Related Factors	Recent ED Users		
	Privately Insured (N=400)	Medi-Cal Recipients (N=198)	
% saying it is somewhat/extremely difficult or impossible to access routine care without going to the ED	21%	42%	
% saying they would have gone to a PCP instead of an ED if they could have gotten an appointment within 24 hours	52%	43%	
% saying the hospital ED is the usual place they go for care or they do not have a regular source of care or are not sure	12%	19%	
% saying the doctor's office is the usual place they go for care	69%	37%	
% saying they could get an appointment on the same or next day the last time they were sick or needed medical attention	66%	42%	
% saying it is extremely/somewhat difficult to speak to a MD outside of business hours or they are unable to speak to a MD outside of business hours	49%	66%	
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## Medi-Cal recipients rate the ED more highly on most measures than do the privately insured.

	Recent ED Users:				
	Privately	/ Insured	Medi-Cal Recipients		
Generally describes…	ED	Doctor's Office	ED	Doctor's Office	
Provides easier access to diagnostic equipment	51%	42%	57%	39%	
Provides easier access to specialists	30%	63%	41%	57%	
Provides higher quality care	25%	70%	36%	61%	
Place I trust most to give best possible care	19%	76%	34%	63%	
Is more convenient	19%	79%	34%	65%	
Where I would turn first with health problem	15%	84%	41%	56%	
Is more affordable	8%	84%	21%	70%	

Indicates significant difference between privately insured and Medi-Cal recipients on related attribute.

Base: Privately insured ED users (N=400); Medi-Cal insured ED users (N = 198)

<u>Q610 For each, please tell me which this generally describes more, the Hospital Emergency Room or your doctor's office.</u>

### **Focus on Chronically III ED Users**



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- Chronic illness is defined as having been diagnosed with one or more of the following conditions: hypertension, heart disease, diabetes, chronic lung problems (asthma, emphysema, etc.). One third of Californians fall into this categorization. However, 44% of recent ED users fit this description.
- While the chronically ill show slightly fewer access problems than other patients, the survey underscores big gaps in access to routine and afterhour care among this population.
- About one-third of the chronically ill who visited the ED in the past year indicate that their visit was related to their chronic condition.
- ED visits among chronically ill are disproportionately related to needing a prescription or medication and to experiencing symptoms that they were not familiar with. Their ED visits also are more likely to lead to receiving a prescription and diagnostic testing.
- This pattern of greater ED use among the chronically ill raises concerns about the quality of care these patients receive and underscores the need for better ongoing management of their condition, including monitoring of medications. For patients with chronic conditions, getting care at the ED rather than from their regular source of care may contribute to problems with continuity of care.

## Chronically ill ED users report slightly fewer access problems, but they still demonstrate big gaps in access to routine or after-hours care.

- Compared to ED users with no chronic illness, chronically ill ED users have fewer access problems on a few dimensions:
  - Are more likely to say they could get an appointment on the same day the last time they were sick or needed medical attention
  - Are less likely to say they would get a recorded message telling them to go to the ED if they called their MD outside of business hours
  - Are more likely to say they have been seeing the same doctor/going to the same place for their health care for 5 years or more
  - No more likely to report trying to contact their doctor prior to going to the ED
- Chronically ill recent ED users report similar problems with accessing their doctors after hours
  - 54% say it is extremely difficult/somewhat difficult/impossible to speak to a doctor outside of business hours
  - 34% say their doctor encourages them to contact him/her before going to the ED

# ED visits among the chronically III are disproportionately related to needing a prescription or medication or experiencing unfamiliar symptoms.

- Chronically ill ED users are more likely than other ED users to make visits to the ED because they
  - Were experiencing symptoms related to a chronic condition (36% vs. 11%),
  - Needed prescription or medication (55% vs. 46%), or
  - Were experiencing unknown symptoms (58% vs. 43%)
- Chronically ill ED users show a similar decision-making pattern when they seek care at the ED as other CA residents.
  - Perceived convenience (62%), after-hours availability (50%), and easy access to diagnostic testing (50%) were reported as major factors involved in the decision to go to the ED.
- Outcomes of ED visits among those with chronic illness are more likely to involve getting a medication and diagnostic testing
  - In terms of outcomes of their visit to the ED, 71% report receiving diagnostic testing and 74% report being prescribed medication as compared to 64% (prescribed medication) and 55% (received diagnostic testing) among those without chronic conditions.

# OThe chronically ill have greater lifetime use of the ED than others.

ED Use	Chronic Illness (N=651)	No Chronic Illness (N=747)
Used the ED, Lifetime	77%	57%
Used the ED, Past 12 Months	21%	13%
Used the ED 3 or more times in past 12 months	4%	1%
Among Recent ED Users:	Chronic Illness (N=512)	No Chronic Illness (N=485)
Avoidable ER Use	23%	19%

## Chronic Illness Among Recent ED Users

		Total CA (n=1402)	Recent ED Users (n=1000)	1-2 recent ED visits (n=866)	3 or more recent ED visits (n=134)
	One or more chronic illnesses	32%	44%	42%	58%
	Hypertension	20%	28%	28%	32%
Chronic Illness	Heart disease	5%	10%	9%	12%
	Diabetes	6%	12%	11%	17%
	Chronic Lung Problems	12%	18%	16%	30%

Indicates significant difference between Total CA and Recent ED Users versus significant difference between consumers with 1 or 2 recent visits to the ED and those with 3 or more visits to the ED.

### Access to Care among Recent ED Users with Chronic Illness

Access to Care		
	Chronic Illness (N=512)	No Chronic Illness (N=485)
% saying extremely difficult/somewhat difficult/unable to access routine or preventive care without going to the ER	34%	31%
% saying they could get an appointment on the same day the last time they were sick or needed medical attention	42%	31%
% saying it is extremely difficult/somewhat difficult/impossible to speak to a doctor outside of business hours	55%	54%
% saying their doctor encourages them to contact him/her before going to the ED	34%	32%
% saying they would get a recorded message telling them to go to the ED if they called their MD outside of business hours	65%	74%
% who have been seeing the same doctor/going to the same place for their healthcare for 5 years or more	54%	39%

### Experience with ED Among Recent ED Users with Chronic Illness

Recent Experience with the ER	Chronic Illness (N=512)	No Chronic Illness (N=485)
% saying they needed to be seen urgently (within 1 hour)	60%	56%
Reasons for going to the ED		
Suffered an accident	23%	36%
Needed prescription or medication	55%	46%
Experiencing symptoms related to a chronic condition	36%	11%
Experiencing symptoms for an unknown condition	58%	43%
% saying problem could have been handled by PCP had one been available	44%	49%
% experiencing severe pain (score of 7-10) prior to going to the ED	64%	61%
Top 3 (major) factors in decision to go to the ED		
ER was more convenient option than doctor's office	62%	62%
Symptoms occurred outside of business hours	50%	49%
Easy access to diagnostic testing	50%	49%
Outcomes of ED visit		
Prescribed medication	74%	64%
Received diagnostic testing	71%	55%
Seen by a specialist	46%	49%
Admitted overnight to the hospital	30%	24%
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## Profile of Recent ED Users with Chronic Illness

Demographics				
		Chronic Illness (N=512)	No Chronic Illness (N=485)	
Income	Less than \$25K	28%	26%	
Gender	Female	63%	64%	
Marital Status	Single	38%	33%	
Chronic Health Condition	Diagnosed with hypertension	65%		
	Diagnosed with heart disease	22%		
	Diagnosed with diabetes	26%		
	Diagnosed with a chronic lung problem (asthma, emphysema)	40%		
Ethnicity	Hispanic	35%	47%	
Insurance Status	Covered by Medi-Cal	23%	17%	



- When asked to evaluate the efficacy of a number of different strategies to reduce non-urgent ED use, PCPs are slightly more optimistic overall than are EM physicians.
- PCPs feel that increased availability and expanded hours of UCCs would be most effective. EM physicians additionally believe "fast track" systems, and greater availability of PCP offices would be most effective.
- Most EM physicians indicate that their hospitals have made some efforts to address non-urgent ED use. However, 2 in 5 find these efforts not very or not at all effective.
- Overall, PCPs are more supportive than EM physicians of efforts to keep patients out of the ED whose health problems could have been treated in another setting.

## **PCPs are more optimistic overall than are EM physicians about the efficacy of strategies to reduce non-urgent ED use.**

How effective do you think each of the following practices would be in reducing the number of patients in the ED whose medical problems could be treated in a doctor's office or urgent care center?	PCP (% Extremely Effective)	EM (% Extremely Effective)
Increased availability of alternative facilities such as urgent care or walk-in centers	31%	19%
Longer hours and weekend hours offered at urgent care centers	30%	20%
Expanded availability of primary care doctor offices before or after normal business hours or on weekends	24%	21%
Improved financial incentives for PCPs to see patients in their offices rather than the ED	22%	18%
Improved financial incentives for PCPs to see patients after hours or on weekends	21%	22%
"Fast track" arrangements on site at the hospital/connected to the ED	21%	24%
Increased community education about urgent care centers	21%	16%
Protection for physicians against potential malpractice lawsuits	20%	15%
Better triaging of non-urgent cases when patients arrive at the ED	18%	8%
Greater availability of nurse advice lines for patients to call to get immediate health advice	17%	6%
Increased costs to patients for going to the ED (e.g., higher co-pays)	17%	18%
Increased community education about the appropriate use of the ED	12%	4%
Written information given to patients by their primary care providers about what to do if they get sick and need to reach a doctor	12%	5%
Require patients to get pre-authorization for an ED visit from their health plan	6%	6%

Most EM physicians indicate that their hospitals have made some efforts to address non-urgent ED use. However, 2 in 5 find these efforts somewhat or not at all effective.



Base: EM Sample (N=107)

Q19 Has your hospital implemented any practices to reduce non-urgent visits for insured patients or make visits for nonurgent insured patients more efficient?

Base: Yes to Q19 (N=57)

Q21How effective has this been in reducing non-urgent visits or making them more efficient?

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The most common practices for reducing non-urgent visits for insured patients or making visits for non-urgent insured patients more efficient include "fast track" systems in the ED and using urgent care centers.

	% of EM physicians who indicate that their hospital has implemented these practices
Implemented 'fast track' system in the ED (Fast track is generally considered to be a separate area within the ED that is used to triage or treat non-urgent patients.)	38%
Utilize Urgent Care Centers	35%
Utilize nurse hotline/call center	14%
Triage non-urgent patients/provide medical screening exams	11%
Increased patient co-pay	11%
Increased clinic hours	10%
Utilize physician's assistants	7%
Designated separate area in ED for treating urgent vs. non-urgent cases	7%
Provide increased availability of PCPs	7%
Advertise Urgent Care Center as alternative to the ED	5%
Other	6%

EM Base (N=107): Those who answered "Yes" in Q19 (e.g., (Has your hospital implemented any practices to reduce non-urgent visits for insured patients or make visits for non-urgent patients more efficient?) (N=52)
Q20 If Yes, please describe this effort

### PCPs and EMs generally support the expanded use of urgent care centers.

Percentage indicating the extent of their support for UCCs during and outside of business hours



**During business hours** 

Outside of business hours

In general, EM physicians are more likely than PCPs to oppose efforts to keep patients out of the ED whose health care problems could be treated in a doctor's office or UCC.



Base: All (PCP) respondents (N=400)

Q32 Overall, how much do you support or oppose efforts to keep patients out of the ED whose health care problems could be treated in a doctor's office or urgent care center?

Base: All (EM) Respondents (N=107)

Q18 Overall, how much do you support or oppose efforts to divert insured patients from the ED whose health care problems could be treated in a doctor's office or urgent care center?



### **Conclusions/Implications**



- Both patients and PCPs perceive their own use of the ED as appropriate, but a substantial portion of use by each group might be avoidable if there were appropriate alternatives in place.
- To reduce the use of the ED for non-urgent care, policymakers need to consider strategies that impact patients, PCPs, EDs, UCCs, and other system-wide changes, including:
- Improved access to preventive and immediate medical care and diagnostic testing:
  - Multiple factors affect ED use but access is key. Reduction in avoidable ED visits requires increased access to:
    - Routine and preventive care
    - Advice from doctors and nurses during and after business hours
    - Same-day doctor appointments when faced with an immediate health need
    - Alternatives to the ED when PCP options are not available
    - Specialists and diagnostic testing


- Improved access, continued
  - It is clear that EDs serve multiple purposes for PCPs. In addition to offering a valuable adjunct to their office for after hours care, PCPs use the ED for access to diagnostic testing and to admit patients to the hospital. To be successful, strategies to reduce ED use will need to provide alternatives for PCPs to address these important needs and concerns.
  - PCPs need inducements to provide care in their office rather than refer them to the ED. Strategies to consider are:
    - Reimbursement arrangements that reward physicians for handling complex patients in their office rather than sending them to the ED
    - Protection against malpractice when patients are not sent to the ED
    - After-hours coverage arrangements that maintain reasonable work hours and on call schedules
    - Cooperation among small practices to provide shared after-hours coverage
    - Developing accepted standards of care to guide PCP referral practices for an ED visit
    - Use of mid-level staff, such as nurse practitioners or physician assistants, to assist with the caseload

### O Conclusions/Implications, continued

- Improved communication between doctors and patients:
  - PCPs should encourage their patients to contact them, even after hours, before going to the ED.
  - PCPs should post signs in their offices informing patients of policies regarding non-urgent after-hours or weekend care.
  - Where possible, PCPs should have a trained health professional accessible by phone during and after office hours to triage and counsel patients.
    - Importantly, PCP staff, particularly receptionists, should receive training on how to efficiently direct calls from patients with urgent versus non-urgent medical problems.
  - Patients need to be better educated by their doctors about what to do if they have immediate health needs during and after hours. Patients need to be told about their doctor's policies for same day appointments or telephone advice. They need to know when and how to contact their doctor after hours. Improvements in patient/physician communication on this issue could be one potential strategy.

Conclusions/Implications, continued

- Expanded alternatives and greater awareness of existing alternatives to the ED:
  - Alternatives to the ED should include 24/7 access. UCC hours could be expanded.
    Consideration will need to be made to ensure that the market will support this and to allay PCP and EM fears about the impact of this solution on their livelihoods.
  - Patients need to be made more aware of the services available at UCCs for both daytime and after hours/weekend care needs.
  - The availability, awareness, and use of nurse advice lines could be improved. More research is needed to identify whether or not this is associated with decreased nonurgent ED use.
- Improved education of appropriate use of EDs and alternatives along with continued efforts to address non-urgent ED use:
  - EDs should continue to develop and implement humane and effective strategies to reduce visits by non-urgent patients or to make these visits more efficient.
  - Reengineering how urgent problems are handled by both PCPs and emergency departments may be required in order to reduce avoidable ED use.
  - The general lack of integration among the different alternatives to the ED is a problem that must be addressed.
  - Efforts to improve appropriate use of the ED and alternatives will require the involvement of physicians, hospitals, payers, government, and patients.

### O Conclusions/Implications, continued

- The systematic issues that encourage Medi-Cal patients to seek primary care in the ED should be addressed.
  - Including improving Medi-Cal recipients' access to primary care and immediate care through a PCP and better access to specialty care.
- Similarly, chronically ill patients need improved access to primary care and immediate care for treating symptoms related to their chronic condition so that the ED does not become a source of chronic care management for these consumers.

#### Appendix: Focus on Recent ED Users Covered by Kaiser Permanente Health Insurance



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- Adults insured by Kaiser Permanente show a similar pattern of ED use compared to other insured adults with non-Kaiser coverage. While they have better access to nurse advice lines, Kaiser members experience similar problems with access to routine, urgent (same or next-day), or after-hours care.
  - Kaiser Permanente insured adults show similar rates of ED use compared to those with other types of insurance (12% vs. 13%).
  - Avoidable ED use (defined as an ED visit during business hours for a problem that the respondent felt could have been handled by a PCP if one were available) is about as common among adults covered by Kaiser Permanente (22%) and those with other types of coverage (17%).
  - Kaiser insured adults also show a similar degree of problems with access to routine care and access to a doctor after hours or for an urgent appointment. Many do not feel encouraged by a doctor to contact the office or clinic prior to going to an ED.
  - The only difference on access to care is a greater ability to speak with a nurse (either in their doctor's office or through a nurse advice line).

# Access to a nurse advice line does not appear to make a big difference in ED use – access to a doctor appears to be key.

- Compared to other insured adults, Kaiser-insured adults are more likely to have access to a nurse advise line, to have called such a line, and to have considered calling before their recent ER visit. They are also more likely to say that if they called their doctor's office during business hours with a medical problem, they would be able to speak to a nurse to discuss symptoms and get advice.
- The reasons for ED use appear to be very similar for Kaiser and non-Kaiser insured adults – the only differences are that Kaiser patients are more likely to report that their problem could have been handled by a PCP.
  - Consumers with Kaiser Permanente health insurance are more likely to believe that the problem could have been handled by a PCP had one been available at the time (56% Kaiser vs. 41% non-Kaiser). This may be related to members' experience with the Kaiser HMO model, where PCPs handle a broader scope of problems.

## Californians covered by Kaiser show similar patterns of ER use as those with other private insurance.

ED Use	Kaiser Insured (N=253)	Other type of private insurance (N=627)
Used the ED, Lifetime	66%	64%
Used the ED, Past 12 Months	12%	13%
Used the ED 3 or more times in past 12 months	1%	2%
Among Recent ED Users:	Kaiser Insured (N=174)	Other type of private insurance (N=420)
Avoidable ER Use	22%	17%

#### Access to Care Among Kaiser and Non-Kaiser Insured Recent ED Users

Access to Care	Insurance Status	
	Kaiser Insured (N=174)	Other type of private insurance (N=420)
% saying extremely difficult/somewhat difficult/unable to access routine or preventive care without going to the ER	24%	21%
% saying they could get an appointment on the same day the last time they were sick or needed medical attention	45%	43%
% saying it is extremely difficult/somewhat difficult/impossible to speak to a doctor outside of business hours	47%	51%
% saying their doctor encourages them to contact him/her before going to the ED	25%	35%
% saying they would be able to speak to a nurse to discuss symptoms and get advice if they were to call their doctor's office during normal business hours	84%	68%
% saying they would get a recorded message telling them to go to the ED if they called their MD outside of business hours	79%	68%

\*Note: Analyses involving avoidable users who are covered by Kaiser health insurance are not included due to a very small base.

#### Access to Care Among Kaiser and Non-Kaiser Insured Recent ED Users

Access to Care	Insurance Status	
	Kaiser Insured (N=174)	Other type of private insurance (N=420)
% saying they would be very likely/extremely likely to call their doctor before going to the ED if they felt they needed immediate attention after hours/weekend	24%	31%
% saying they would be very likely/extremely likely to call their doctor before going to the ED if they felt they needed immediate attention during business hours	57%	62%
% saying the hospital ED is the usual place they go for medical care	9%	7%
% saying clinic is the usual place they go for medical care	26%	11%
% saying the doctor's office is the usual place they go for care	51%	75%
% who have been seeing the same doctor/going to the same place for their healthcare for 5 years or more	50%	52%
% who have access to a nurse advice line through their insurance company or doctor's office	79%	51%
% who have actually called a nurse advice line	63%	33%

### ED Experience and Attitudes Among Kaiser and Non-Kaiser Insured Recent ED Users

Perceptions of and Recent Experience in ED	Insurance Status	
	Kaiser Insured (N=174)	Other type of private insurance (N=420)
Mean visits to the ED in the past 12 months	2	2
% saying the hospital ED provides easier access to diagnostic equipment	39%	54%
% saying they needed to be treated urgently (within 1 hour)	53%	60%
% saying problem could have been treated by a PCP if one had been available	56%	41%
% saying they were experiencing severe pain prior to going to the ED	59%	61%
% saying they first considered calling a nurse advice line prior to going to ED	35%	12%
Reasons for going to the ED		
Needed pain relief	59%	65%
Needed tests done	53%	53%
Experiencing symptoms for an unknown condition	54%	47%
Needed medication/prescription	47%	47%
Suffered an accident	28%	32%
MD directed you to ED as a first step in being admitted to the hospital	22%	25%
Suffering from common illness	30%	22%
Suffered symptoms of chronic condition	23%	22%
Psychiatric problem/concern	7%	5%
Some other reason	44%	40%

#### Demographic Profile of Kaiser and Non-Kaiser Insured Recent ED Users

		Insurance Status	
		Kaiser Insured (N=174)	Other type of private insurance (N=420)
Income	Less than \$25K	16%	10%
Education	High School or less	46%	44%
Gender	Female	54%	60%
Marital Status	Single	33%	29%
Health Status	Chronic Illness	44%	44%
Ethnicity	Hispanic	34%	29%