PROJECT INFORMATION

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Testing a Program That Provides Care for Urgent Health Problems at Home Instead of the Emergency Room

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What was the research about?

A trip to the emergency room, or ER, can be stressful. Patients sometimes call 911 for health problems that can be safely treated outside the ER. In other countries, having paramedics safely treat patients at home has reduced ER trips.

In this study, the research team tested a program to help people with urgent health problems avoid unnecessary ER visits called the Acute Community Care Program, or ACCP. In ACCP, specially trained paramedics treated patients with urgent health problems at home rather than taking them to the ER.

Patients who received ACCP care lived in the greater Boston area and called the healthcare system between 6 p.m. and 2 a.m. A nurse determined whether they had an emergency health problem, such as crushing chest pain. If the problem seemed like an emergency, the nurse told patients to go to an ER. If not, the nurse sent paramedics to the patient's home. Doctors spoke with paramedics while they were treating the patient.

What were the results?

The study results were mixed. Compared with patients who went to the ER, patients who received ACCP care were

- No more or less likely to visit the ER 1–15 days after their original health problem
- Less likely to go the ER 16–90 days after their urgent health problem

- More likely to have a hospital stay in the 90 days after their health problem

Who was in the study?

The study included medical records from 4,212 healthcare visits for patients who were part of a large healthcare system in Massachusetts. All patients were eligible for both Medicare and Medicaid. The average patient age was 68, and 70 percent were women.

What did the research team do?

The research team looked at medical records of patients who received ACCP care and patients who went to the ER. For each record of a patient in ACCP, the research team looked at the records of three patients who went to the ER who were similar based on the patients' age, gender, level of disability, and the types of health problems. The team compared how many ER visits and hospital stays patients had in the 90 days after their urgent health problem.

Paramedics and doctors helped design the study and provided feedback throughout the study.

What were the limits of the study?

ACCP served patients in the greater Boston area. Results may differ in other locations. The health records didn't include enough data for the team to see if patients had similar health problems, which may have affected the study's results.

Future studies could test other programs that use paramedics to help people avoid unnecessary ER visits. They could look at these programs using more in-depth data.

How can people use the results?

Health plans and healthcare systems can use these results when considering ways to help people with urgent health problems avoid unnecessary ER visits.

To learn more about this project, visit www.pcori.org/lezzoni299.