

The possible impact on patient attendance and expectation after imposing a fee on semi-urgent and non-urgent cases utilising the Accident and Emergency service

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A survey was conducted in a district hospital's Emergency Department (ED) to estimate the possible impact of levying fees on non-urgent and semi-urgent cases. Three hundred and eighty-three subjects in the non-urgent and semi-urgent categories were successfully recruited for analysis. Among them, 14.4% and 31.3% said they would not come to the ED when the proposed fees were \$100 and \$150 respectively. The mean consultation fee deemed appropriate for non-urgent and semi-urgent cases was \$97.7 (95% C.I. 90.3, 105.2). The effect of a nearby clinic - 'Pilot Medical Centre' - was also examined. Among the respondents, 56.1% said they would go to a nearby clinic for medical treatment if the fees were comparable in the two places; and 50.4% said they would not come to ED for treatment if the ED charged more than the nearby clinic. However, although 84.6% of the subjects rated the present ED service as satisfactory, 62.4% expected better service when they have to pay a fee. This will put the already stretched frontline staff under higher pressure. Without defining the scope of ED service, imposing a fee on a previously free service will put the ED in a difficult position. (*Hong Kong j.emerg. med.* 2001;8:3-8)

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Introduction

The Health Care Reform Report by the Harvard University Consultancy Team on 12th April 1999 has generated interest in the long-term development of our local health care system in the medical community and general public. The Harvard report touched upon many aspects of our present health delivery system, and many suggestions had drawn considerable controversies, as deployment of these measures would fundamentally affect the present health care system's operation. The deadline of

consultation for the health care report ended on 15th August 1999. A year has lapsed since then and yet, we are still waiting for the Health Care White Paper to emerge. In the meantime, information that has been disclosed from the Health and Welfare Bureau indicates that there would be considerable increase in the fees and charges of public hospital services.¹

One of the key changes would be the fee imposed on patients visiting the Accident and Emergency Departments (ED) of public hospitals.¹ The ED service has been free of charge since its establishment. Once the user fees policy is adopted, there may be a significant impact on the service of the ED.² For instance, due to the 'demand and supply' principle, the number of non-urgent and semi-urgent cases are expected to drop. On the other hand, patients' expectation would rise. This survey was to estimate the possible impact of user fees policy on the ED service.

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Objectives

This survey aimed at two objectives:

1. To estimate the reduction of semi-urgent and non-urgent cases when a fee is levied upon them.

This survey aimed at the categories 4 and 5 patients (semi-urgent and non-urgent, based on Hospital Authority triage criteria) who did not have life-threatening conditions. From previous experience,² these two categories made up the majority of patient load in ED when they could be taken care of by family physicians or primary care facilities. For those life-threatening conditions and urgent cases, it was deemed that they needed prompt medical care, and hence were excluded from the study.

2. To estimate the expectation of the public towards ED service after implementation of the user fees scheme.

It is reasonable to postulate that the public would have a higher expectation from the ED after the pay-per-visit policy is implemented. This survey attempts to estimate this effect by some descriptive means.

Method

Subjects

All patients triaged into categories 4 and 5 were invited to enter the study. Adults aged 18 or above who are able to consent to the study were included. Adult informants of infants and children could also be subjects. When two or more adult relatives were present, the closest next-of-kin would be chosen. For administrative reasons, male relative would take precedence over female. In the case of elderly when they could not give consent to the study (e.g. dementia) and without other accompanying adult informant, they would be excluded. Patient with an advanced age but a clear mind could enter the survey.

Time of survey

In order to allow for proper comparison between our group of patients to those attending general

outpatient clinics or private practitioners, we limited our subjects to those patients registered between 9 am to 9 pm. This avoided the inclusion of patients seeking medical treatment at night due to difficulty in finding an alternative venue for medical care. Those attending between 9 am to 9 pm in the categories 4 and 5 actually had the options to choose between attending a clinic or the ED and this could eliminate factors that would confound the attendance such as the availability of service, and put the factor of monetary consideration to test.

Questionnaire

The questions were divided into 2 parts (Table 1):
Part 1: Those related to the fee and attendance
Part 2: Those related to the expectation after charging a fee

Interviewers

After performing the triage process, the triage nurse would assess if the patient is a suitable candidate to be enrolled into the survey (see Subjects above). When the patient consented to the survey, the nurse would help the subject complete the first part of the questionnaire. The questionnaire would then be given to the subject for he or she to complete the second part. The extra step taken by the nurse to initiate the completion of questionnaire was intended to increase the response rate. Although the nurse completed the first part of the questionnaire for the subject, the subject had the right to change the response before returning the sheet to the collection box.

Result

A total of 470 subjects were interviewed at the ED of the North District Hospital during a one-week survey period from 14th to 20th August 2000. Of the 470 questionnaires received, 391 subjects opted in, making a response rate of 83.2%. Eight out of the 391 subjects were aged below 18, and were excluded from the study (not meeting the age criterion). Eventually 383 subjects were included for analysis.

The mean age of the respondents was 41.9 (range 19 to 86, s.d. 15.0), with almost equal sex distribution (Male 190 or 51%: Female 183 or 49%).

The response in relation to fee and attendance is shown in Table 2. Among the respondents, 14.4% and 31.3% said they would not come to the ED when the proposed fees were \$100 and \$150 respectively. When asked on what would be the appropriate fee for non-urgent and semi-urgent cases, the answers varied from zero to one thousand dollars. The mean fee deemed appropriate by this group of subjects for non-urgent and semi-urgent cases was \$97.7 (s.d. 70.9; 95% C.I. 90.3, 105.2). The median and mode were the same, at \$100. In

addition, 56.1% said they would go to a nearby clinic for medical treatment if the fees were comparable in the two places; and 50.4% said they would not come to ED for treatment if the ED fees were higher than that charged by the nearby clinic.

The results on satisfaction on the present service and the expectation after imposing a fee are shown in Figure 1 and Figure 2 respectively. Despite a high level of patient satisfaction (total 84.6% – 14.1% 'Very satisfied' and 70.5% 'Satisfied') with the

Table 1. Questionnaire on ED fee opinion.

<i>(Please circle your choice)</i>			
I consent/do not consent to this survey.			
Part one			
1. Age			
2. Sex: <i>Male / Female</i>			
3. If this ED visit cost HK\$100, would you come? <i>Yes / No / Don't know</i>			
4. If this ED visit cost HK\$150, would you come? <i>Yes / No / Don't know</i>			
5. What fee is appropriate for non-urgent and semi-urgent cases (HK\$)?			
6. If the ED fee were comparable to a nearby clinic, would you go to the clinic? <i>Yes / No / Don't know</i>			
7. If the ED charged more than the nearby clinic, would you come to the ED? <i>Yes / No / Don't know</i>			
Part two			
8. Are you satisfied with the present ED service? <i>Very satisfied / Satisfied / Dissatisfied / Very dissatisfied / Don't know</i>			
9. When ED implements the charging scheme, would you expect the quality of ED service to be: <i>Better / The same / Worse / Don't know</i>			

Table 2. Response of questions related to fee and attendance.

	Yes	No	DK*
If this ED visit cost HK\$100, would you come?	306 (79.9%)	55 (14.4%)	22 (5.7%)
If this ED visit cost HK\$150, would you come?	239 (62.4%)	120 (31.3%)	24 (6.3%)
If the ED fee were comparable to a nearby clinic, would you go to the clinic?	215 (56.1%)	139 (36.3%)	29 (7.6%)
If the ED charged more than the nearby clinic, would you come to the ED?	154 (40.2%)	193 (50.4%)	36 (9.4%)

* DK = 'Don't Know' or not answered.

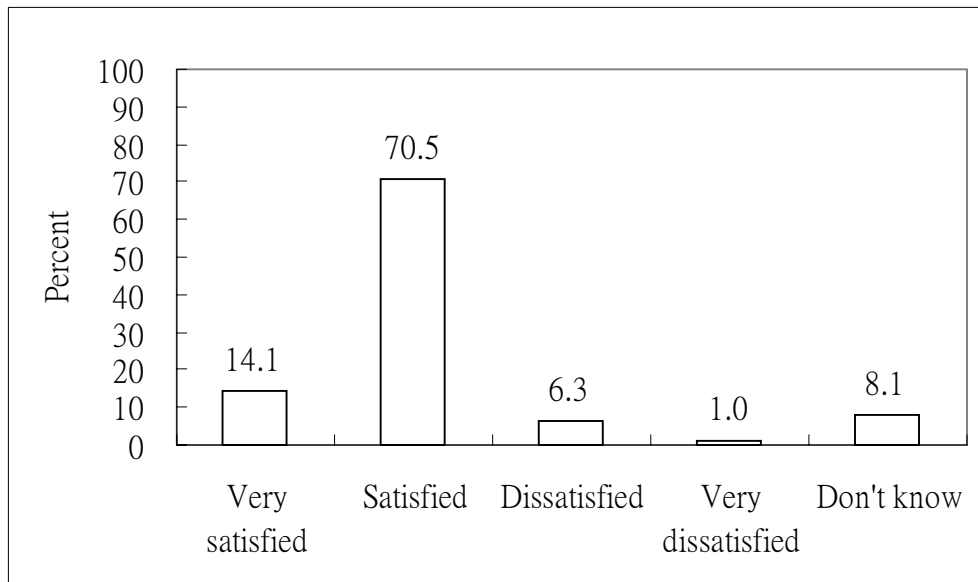


Figure 1. Result of satisfaction regarding present ED service.

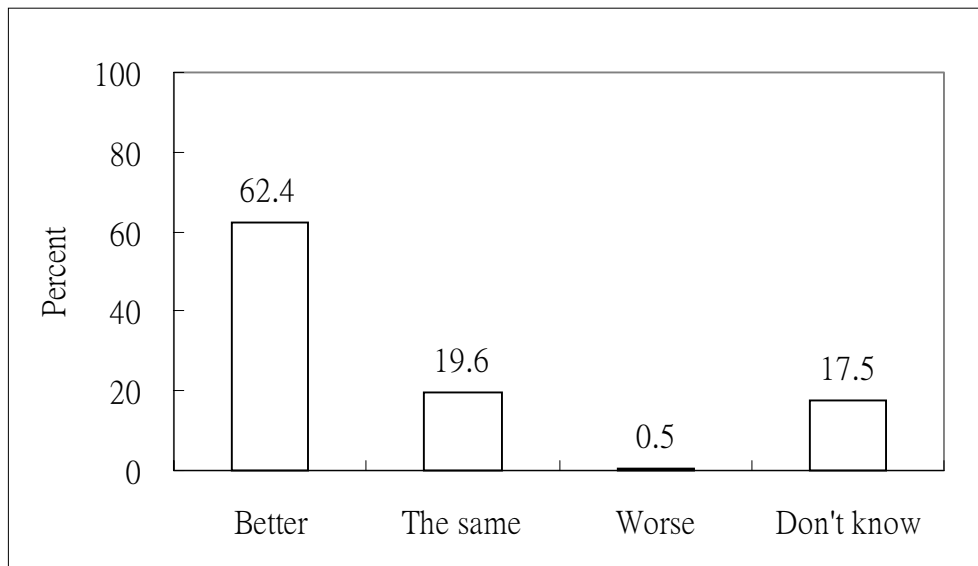


Figure 2. Result of quality expectation after levying a charge.

present free ED service, 62.4% expected better quality service if they were to be charged for the service provided.

Discussion

The result concurred with what we would expect. Only a minority (14.4%) said they would not come

to ED when the visit cost \$100. However, this percentage rose to 31.3% when the fee was \$150. Although cost was said to have minor influence on the help-seeking behaviour for non-urgent cases,³ that survey was conducted at a time when the fee proposed was only a fraction of what the Government is now considering. A high consultation fee will have significant bearing to the help-seeking behaviour,² as evident here. More than

double the number of people (from 14.4% to 31.3%) would turn away from the ED when the fee was raised by fifty dollars.

Although the mean, mode and median fees suggested by the respondents was around one hundred dollars, the large standard deviation (70.9) indicated that there was wide variation in the answers given. For the poor, the Government should look into mechanisms by which their consultation fees can be reimbursed or subsidised.

We also studied the effect of a nearby clinic. The Hospital Authority, in cooperation with the Hong Kong Medical Association, has set up Pilot Medical Centres⁴ residing close to EDs in August 2000. The pilot clinics are situated in Queen Mary Hospital and Tuen Mun Hospital. In this survey, when the ED fee was comparable to a nearby clinic, more than half (56.1%) of the patients would go to the clinic instead. When the ED charged more than the nearby clinic, 50.4% of the subjects said they would not come to the ED. This highlights two important points:

1. When the Hospital Authority is considering levying a fee on the non-urgent and semi-urgent cases attending ED, the absolute fee is an importance determinant for patients to decide whether they will come to ED for treatment. This is evident from the more than double 'No' responses when the proposed fee was increased from \$100 to \$150.
2. When a nearby clinic is available for patients to choose from, the fee of the nearby clinic should be regarded as a yardstick, because around 50% would change their mind and not attend the ED when they have the choice as to where they could spend their money.

As the Pilot Medical Centre project has just begun, it is too early to comment on its usefulness. Due to gross discrepancy between the fees levied in these clinics (two hundred dollars for three days' drug) and in the ED (which is free of charge), the utilisation of such clinics is questionable at the moment.

We also looked at the subjects' expectation. Of all respondents, 84.6% said they were satisfied or very

satisfied with the present ED service. That means that although the ED was plagued with long waiting time, most patients were still satisfied with the free ED service. However, this high satisfaction score might drop precipitously once a fee was levied upon them. This was indicated by the 62.4% of the subjects who expected better service for a pay-per-visit policy. As we all know, the degree of satisfaction is inversely related to the expectation. The higher the expectation, the lower would be the satisfaction given the same quality of service. So the Hospital Authority should define clearly what is expected of the Emergency departments before the implementation of this drastic change.

In an article published by Yau in 1996,⁵ he pointed out several drawbacks of such user fees system in public hospitals:

1. Focus of attack - the issue is political, and heavily emotional.
2. Accessibility limited by income if user fees were too high.
3. Supply generates demand if user fees were too low.
4. User fees create demand for quality beyond the level of the charges.
5. The same service previously free but now need to be paid for - complaints and criticism will follow.

Looking at the issue from another perspective, the fee level deemed appropriate for non-urgent and semi-urgent cases was between \$90.3 to \$105.2 (the 95% confidence interval for the mean fee), but at this fee level (\$100) the expected reduction in attendance was only 14.4%. At the same time, 62.4% of the respondents expressed expectation for better service when a fee was charged. The public's expectation on quality of service is out of proportion to the minor reduction in attendance. This will put the frontline staff under even higher pressure - the Hospital Authority should look into the ED charges carefully. So before we have a clear policy on the confines of the ED service, imposing a fee on a previously free service will put Emergency departments in an embarrassing position - the possible cut in attendance will not outweigh the potential hazards embraced.

Conclusion

There is no doubt that the Government is working towards a health care reform in the near future. Some of the changes will fundamentally affect how the hospital system works. When a user fees system is implemented in the ED service, there may be a significant impact on patient attendance and patient satisfaction.

The survey showed that imposing a fee might decrease ED attendance. The level of charges would affect the extent. The availability of nearby primary care facilities and their respective charges would also affect the ED attendance. However, charges would raise patient expectation at the same time. This will undoubtedly put pressure on the already over-stretched frontline staff. Without clearly defining the scope of service the ED is expected to provide,

simply imposing a fee on a previously free service will put the ED in a difficult position.

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