

# A case-finding tool to identify patients with complex healthcare needs in emergency departments: a validation study



Hudon C<sup>1,2</sup>, Bisson M<sup>1</sup>, Dubois M-F<sup>1</sup>, Chiu Y<sup>1</sup>, Chouinard M-C<sup>3</sup>, Dubuc N<sup>1</sup>, Elazhary N<sup>1</sup>, Sabourin V<sup>4</sup>, Vanasse A<sup>1</sup>.

<sup>1</sup>Département de médecine de famille et de médecine d'urgence, Université de Sherbrooke, Québec, Canada; <sup>2</sup>Centre de Recherche du Centre hospitalier universitaire de Sherbrooke, Québec, Canada; <sup>3</sup>Département des sciences de la santé, Université du Québec à Chicoutimi, Québec, Canada; <sup>4</sup>Centre intégré universitaire de santé et de services sociaux du Saguenay-Lac-Saint-Jean, Québec, Canada.

## BACKGROUND

- Five percent of emergency department (ED) patients are frequent ED users and account for 30 to 50% of all visits.<sup>1</sup>
- Rapidly identify frequent users with complex healthcare needs is mandatory to offer them appropriate<sup>2</sup> interventions, such as case management.
- The INTERMED Self-Assessment (IMSA)<sup>3</sup> questionnaire is the gold standard to evaluate complexity, but its time of completion limits its use as a case-finding tool.

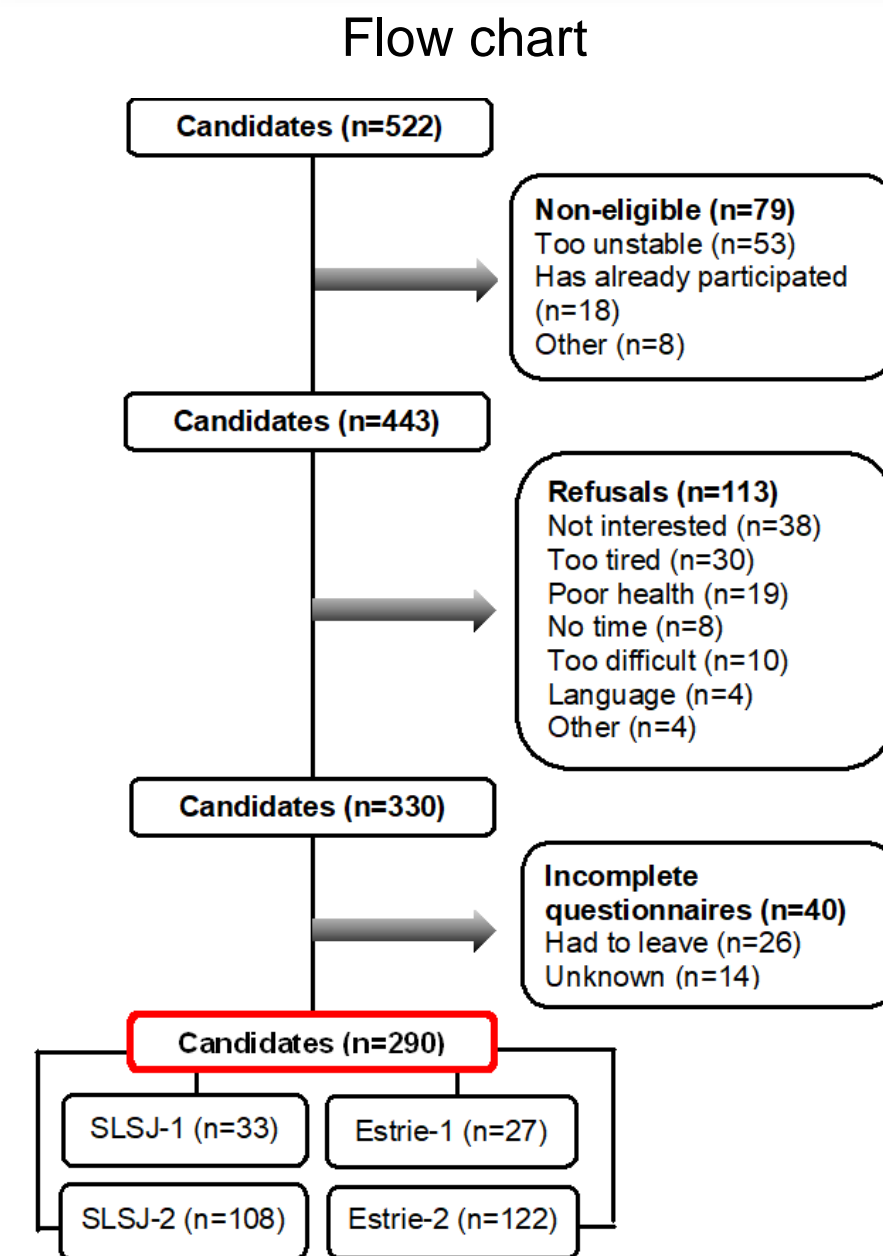
## OBJECTIVE

- To develop and validate a short self-administered questionnaire (case-finding tool) to identify frequent users with complex needs in ED.

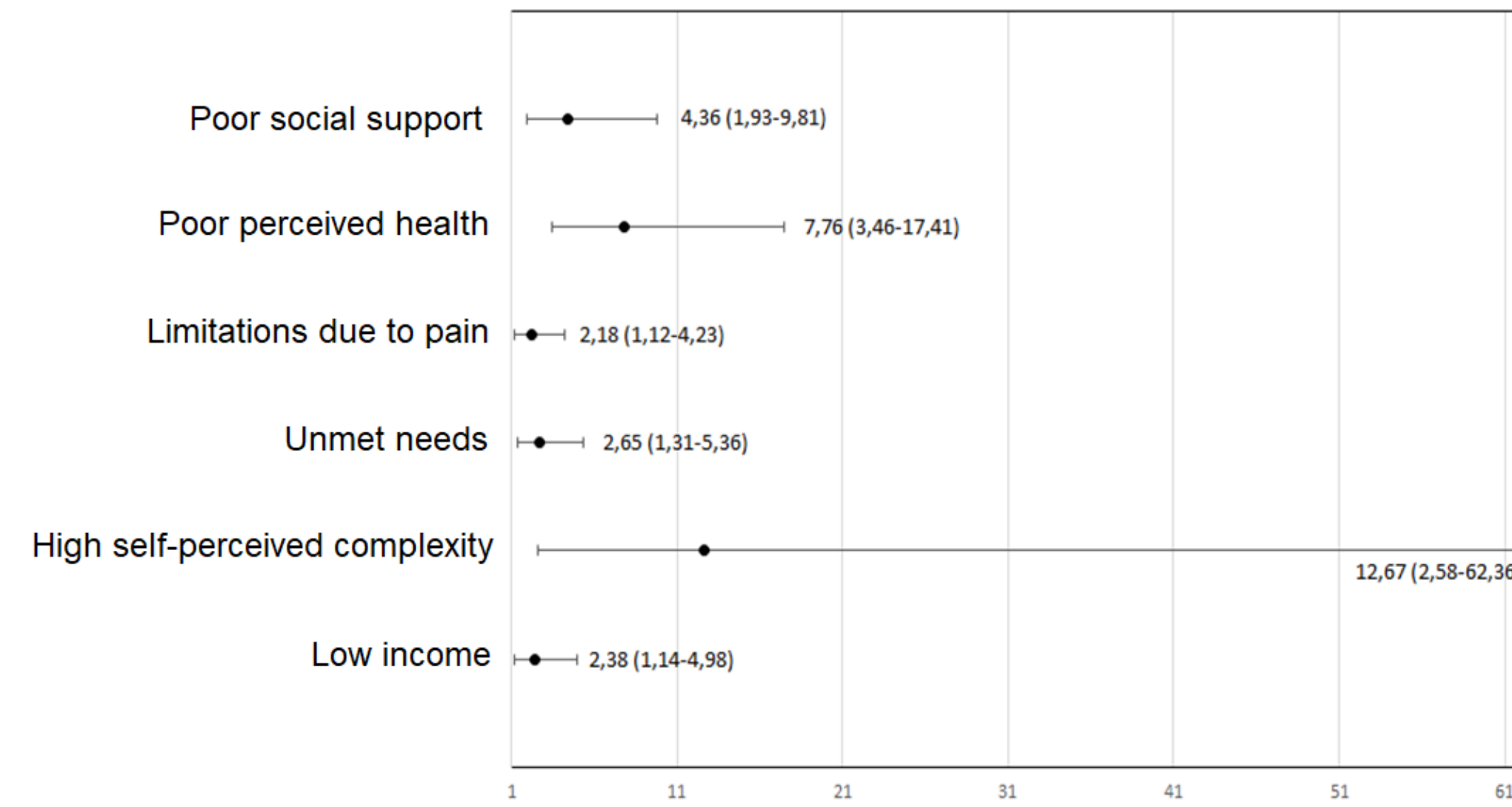
## METHODS

- Design: Multicenter validation study of a self-administered questionnaire
- Setting : 4 EDs in the Estrie and Saguenay-Lac-St-Jean regions (QC, CAN)
- Inclusion criteria: 18 years old and over, at least one ambulatory care sensitive conditions (ACSC) and 3 or more ED visits in the previous year
- Exclusion criteria: have already participate, too unstable
- Independent variables: those theoretically associated with complexity
- Dependent variable : complexity (IMSA score  $\geq 19$  vs  $< 19$ )
- Independent variables were dichotomized and introduced in a multivariable logistic regression analysis
- A ROC curve was constructed and sensitivity/specificity were examined to identify the optimal cut-off scores for case finding
- AUC, sensitivity, specificity and positive and negative predictive values are reported for the optimal of cut-off score

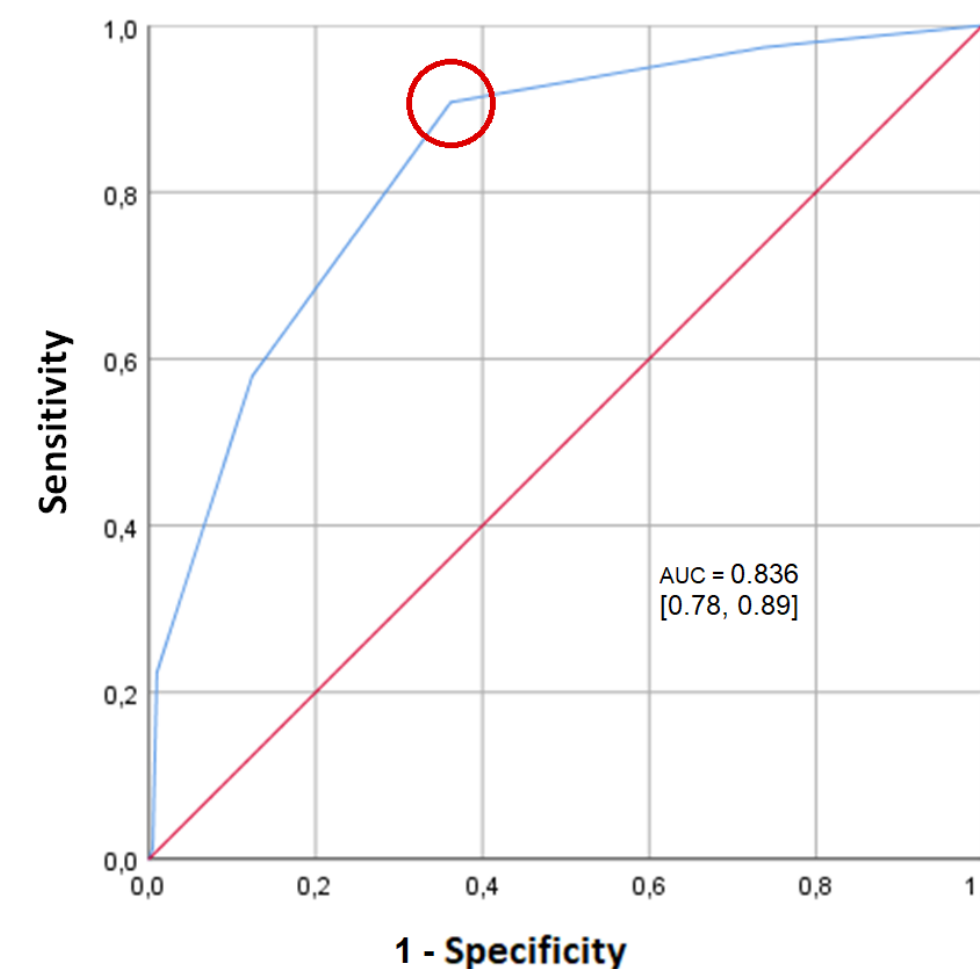
## RESULTS



Odds ratios and 95% confidence intervals for correlates of complexity



Roc curve



For a threshold of 2 or more questions with an answer 'YES'

Sensitivity	91%
Specificity	64%
Positive predictive value	47%
Negative predictive value	95%

## FURTHER STEPS

- The 6-item questionnaire will be designed in a "Yes or No" format.
- It could be used to identify frequent ED users (3 or more visits in the previous year) with complex healthcare needs.

## ACKNOWLEDGMENTS

- Unité de recherche clinique et épidémiologique du CR-CHUS
- Decision-makers : Linda Gagnon, Manon Savard, Linda Renouf, Martin Therrien, Hélène Loiselle, Isabelle Therrien
- Research nurses: Myriam Flipot, Annie-Pier Gobeil-Lavoie, Émilie Hudon, Louise Robert Petit

## REFERENCES

1. Althaus F, Paroz S, Hugli O, Ghali WA, Daepfen JB, Peytremann-Bridevaux I, et al. Effectiveness of interventions targeting frequent users of emergency departments: a systematic review. *Ann Emerg Med.* 2011;58(1):41-52 e42.
2. Hudon, C., Chouinard, M. C., Diadiou, F., Lambert, M. & Bouliane, D. Case Management in Primary Care for Frequent Users of Health Care Services With Chronic Diseases: A Qualitative Study of Patient and Family Experience. *Ann Fam Med* (2015), 13 (6), 523-528.
3. van Reedt Dortland AKB, Peters LL, Boenink AD, Smit JH, Slaets JPJ, Hoogendoorn AW, et al. Assessment of Biopsychosocial Complexity and Health Care Needs: Measurement Properties of the INTERMED Self-Assessment Version. *Psychosom Med.* 2017;79(4):485-492.