By Dr Jeremy Lim, Editorial Board Member

Emergency Departments versus 24-hour Clinics

Over-crowding at public hospital Emergency Departments is the latest healthcare challenge to catch the public imagination. While headlines are screaming "Packed Hospital ERs" (*Straits Times* 8 Sept 2008) and "Need a Hospital Bed, You may need to Wait" (*Straits Times* 19 Jan 2008), the *Straits Times* was quick to focus on the statistic that more than half the attendances "could easily have been treated at a polyclinic or a private doctor's office".

What might the issues be, that lead the public to flock to EDs while "Deserted 24-hour Clinics" languish? How do patients decide where to attend in the middle of the night?

PRICE, CONVENIENCE AND QUALITY

Arguably, consumers would make after-hours healthcare choices based on considerations of price, convenience and quality. How does a 24-hour clinic match up against a hospital ED?

EDs unfortunately charge a fixed fee which will include medicines, laboratory and imaging investigations. Hence, when taken in totality, patients may if considering only their wallets, rightly drift to the ED. The sheer number of General Practitioners (GPs) may make geographical convenience to be a no-brainer but unless one is sure of the opening hours, equally sure that an X-ray is not needed, and finally also sure that one's employer recognises Medical Certificates from the private healthcare institutions, the ED may be a more reassuring option offering certainty of facilities and recognition of medical leave. The ED is also sometimes the fastest way to gain access to the hospital system, and it is not unknown for patients to use the ED to seek specialist care later. Finally, the touchy issue of quality. Patients often have a misconception that hospitals are staffed with only specialists and that the doctors attending to them would be more experienced and expert compared to the GP in their housing estate. Sadly, they are mistaken and it is far more common to find a young, inexperienced doctor in the ED than a senior specialist but given this misperception, it is entirely understandable why patients still prefer the ED.

PATIENTS ARE MAKING THE RIGHT CHOICES... FOR THEMSELVES

In patients' minds, hospital EDs score better on the key parameters of price, convenience and quality. It is not true that patients need to be educated about proper use of the ED – in actual fact, from a personal perspective, they are using the ED in the most appropriate way! Healthcare is often cited as an example of market failure, but in this instance, the market works… but too well. Consumers are making the 'best' choices… for themselves.

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WHAT CAN EMERGENCY DEPARTMENTS DO

If a solution is to be found, consumers' choices have to be aligned to societal benefit. It is unrealistic to expect otherwise. Pricing remains politically delicate, but perhaps tiered pricing based on time of attendance coupled with piecemeal charging would level pricing considerations. It would seem perverse that spending more of society's money results in spending less of one's own.

EDs will remain convenient due to their very nature and it is unlikely that much can be done by the ED management. Quality is another difficult lever to use: while many hospitals would be glad to reduce their emergency workload, they also want to pursue doggedly elective patients and aspersions on quality would impact both.

All things considered, pricing deterrents might be the simplest short-term solution while efforts are made to shore up primary healthcare and encourage community care as a viable alternative for even after-hours healthcare. It would be difficult and perhaps even dangerous to expect patients not to attend if they believe they are ill. The challenge then is finding appropriate healthcare facilities that patients can attend without undue societal burden, be they in primary or tertiary settings.

Finally, hospitals may elect to simply not go against the tide and instead welcome all comers! By ensuring that patients attending with minor ailments pay sufficiently to expand ED resources to cope with the increased numbers, spilling into outpatient clinic space as necessary (and incidentally optimising their fixed infrastructure costs), hospitals may one day find a lucrative financial model in the ED. ■