

Phoning in the Research: The Untested Assumption that Health Help Lines Decrease Non-Urgent Use of Emergency Departments

Kimberley Hill, BA, Dip.B.A., MPP(C)

Johnson-Shoyama School of Public Policy

Presented at: The Canadian Association of Health Service and Policy Research

May 29, 2012

Outline

- Aim
- Background
- Approach
- Results
- What happens next

Aim

- To determine whether health help lines (HHL) decrease utilization of emergency departments (ED) for non-urgent care in Canada.

What are Health Help Lines (HHL)?

- 24 hours phone lines staffed by health professionals,
- usually staffed by RNs,
- provide callers with reliable and consistent health information, advice for self-care when suitable, and direction to appropriate levels of care when deemed necessary.

Where did health help lines (HHL) come from?



Why were HHL adopted in Canada?

- ED are commonly used for non-urgent or PC – resulting in overcrowding
 - Education
 - Patient perceptions of urgency
 - Unaware of alternatives
- Access to PC providers (shortages/long waits to see GP)
- Promote health prevention and promotion

Goals of Canadian HHL

- Improve access to consistent, reliable health information and assessment
- Encourage self-care
- Direct users to appropriate sources of care
- Reduce the pressure on other health services and use of expensive medical services (ED)

Similarities & Differences

- All Canadian HHL
 - 24 hours/7days a week/52 weeks a year
 - Staffed by experienced nurses
 - Computer protocols and decisions trees to triage callers
 - Callers tend to be: ♀, children, 18-65
 - > 50% of calls are for information only
 - < 20% of population use HHL in provinces that report such data
- ON & Atlantic provinces are outsourced
- Majority have translational services
- BC, AB, & SK have expanded services

Approach

- A survey of the Canadian literature was undertaken to:
 - Identify gaps and limitations in the research related to HHL ability to decrease ED use
 - Identify policy implications

Approach

- Studies were included if:
 - Data collection occurred for at least one year
 - The evaluation included:
 - #/% of calls triaged to the ED
 - #/% of callers who intended to use ED prior to the call
 - #/% of callers who used the ED after calling the HHL

Results

Canadian HHL

Province	Program	Date of Implementation
British Columbia	HealthLink BC	2001
Alberta	HealthLink Alberta	2003
Saskatchewan	HealthLine	2002
Manitoba	Health Links	1994
Ontario	Telehealth Ontario	2001
Quebec	Info-Santé	1995
Nova Scotia	HealthLink 811	2009
New Brunswick	Telecare	1997
Newfoundland	Health Line	2006
Yukon	Partnership with BC	
Northwest Territories	The Health Line	2004

Results

- Studies from 3 provincial or pilot programs met criteria:
 - HealthLink BC
 - HealthLink AB
 - Telecare (NB)

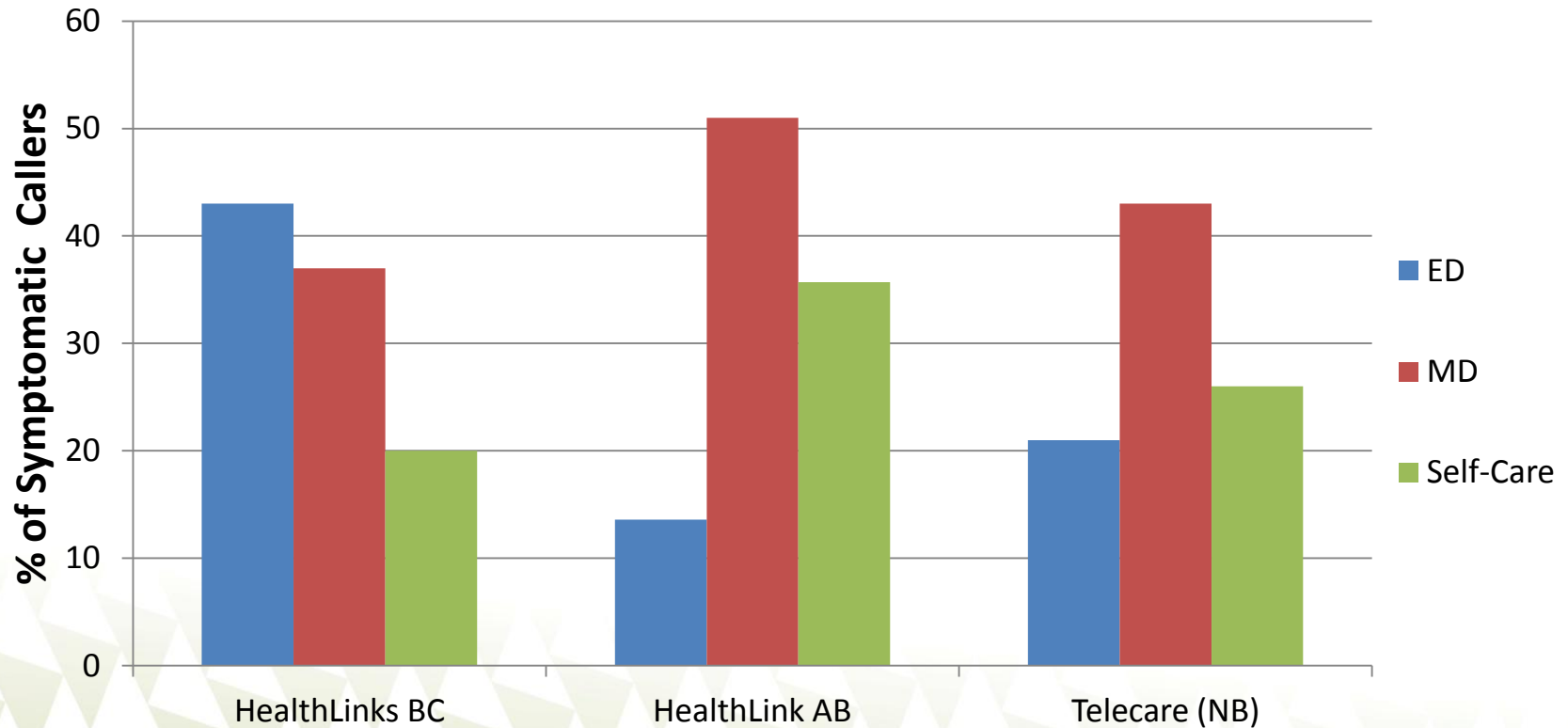
BC Health Guide Program Evaluation, *BC Ministry of Health*

Follow-through after calling a nurse telephone advice line: a population based study, *Fam Pract*, 2010: 271-278

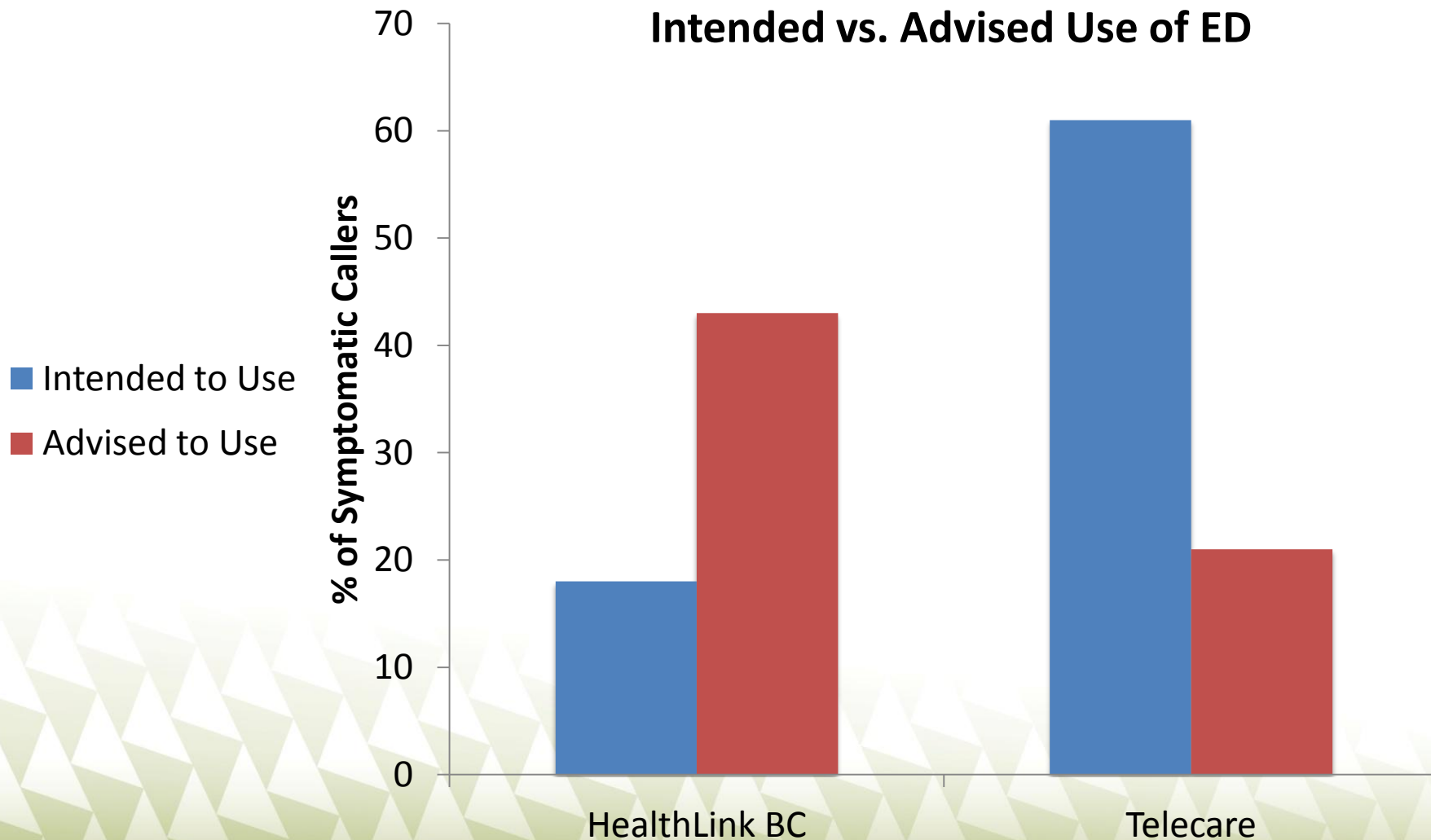
TeleCare/Télévisions: Evaluation of New Brunswick's 1-800 Dial-a-Nurse Service (Region 1 Pilot), New Brunswick Dept. of Health & Community Services

Recommended Utilization of Health Services

Advice Given

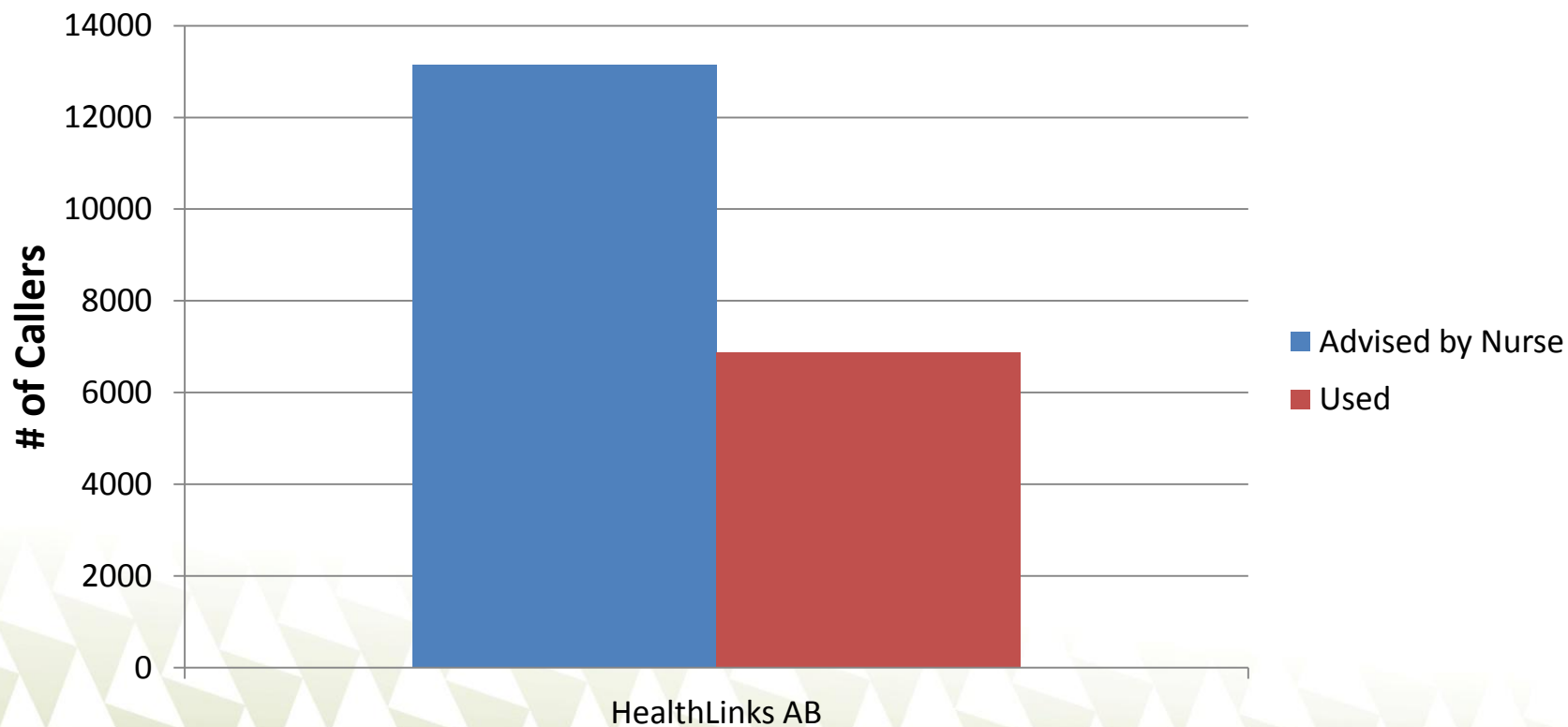


Intended vs. Advised Use of ED

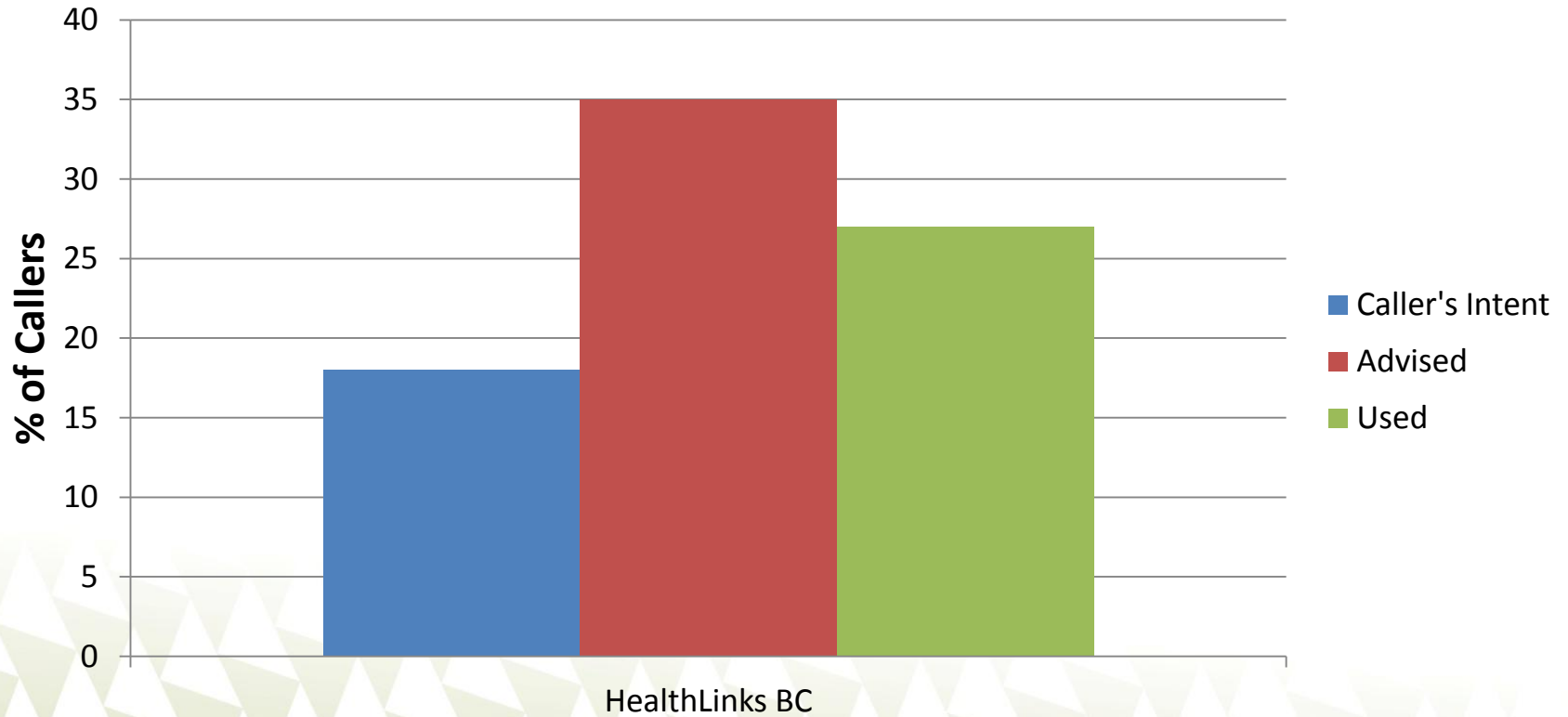


Compliance of Callers Triaged to ED

Compliance of Callers Triaged to the ED



Compliance of Callers Triaged to the ED



- New Brunswick

Non-Urgent ED Visits Pre & Post Telecare				
	1993	1994	1995	1996
Non-urgent ED visits	126,967	113,618	109,505	106,451
Projected Non-Urgent ED visits without Telecare	na	na	106,701	100,202

Source: Telecare/Telesoins: Evaluation of New Brunswick's 1-800 Dial-a-Nurse Service (Region 1 Pilot), 1998

Bottom Line

- Studies to date do not confirm or refute the assumption of most governments that telephone health advice lines decrease ED utilization for non-urgent care

What's Next

- Policies may need to be implemented to increase the use of HHL in order to see a reduction in ED use for non-urgent care
- Even if HHL do not decrease ED use – they may still be of benefit
 - Provide reliable and consistent information, aid in prevention and health promotion
 - New uses: **chronic disease management**

What's Next

- Future studies will need to look at the number of non-urgent ED visits before and after implementation of HHL along with the compliance rates of who use the service.

Limitations

- Possibility of missed reports
- Lack of comparisons between provinces

Acknowledgements

- Special thank you to my supervisor
Dr. Greg Marchchildon
- Western Regional Training Centre (WRTC)

Thank You