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## **Abusers of the health care system**

**We tend to view those people who visit the ER five times within the same week as “abusers” of the health care system. Five visits to the ER and nothing is wrong? Not exactly. They usually have all sorts of problems — mental health conditions, anxiety issues, drug addiction, chronic illnesses, etc.**

We tend to view them as “abusers” of the system. Quite often, however, if we look a little closer, we see that it is life that has mistreated them. Although they have been told that the ER is not the place for them, they do not know where to turn and wind up in the ER. Once, twice, three times... to the point where overworked hospital staff become discouraged and end up saying “Oh, no... Not him again!”

But what do we do with these patients? A solution often considered by the government is patient co-payments; however, this is not the solution. A user-pay system could be introduced to prevent people from going to the ER for so-called “nothing.” This solution is unfair and goes against the main principles of universality and accessibility, which encapsulate the Quebec health care system. Given the outcry it provoked, this solution was abandoned last year.

The good news is that with a little ingenuity, semi-compulsive visits to the ER by some patients can be cleverly reduced. This is what the CSSS des Sommets has successively accomplished with its Défi-Santé program (health challenge program).

Studies have shown that 25% of patients who visit ER departments consume 75% of the hospital’s available services. Rather than blindly sending home people who seem to be subscribed to the ER, Dr. Jean Mireault and France Laframboise, Director of Nursing at the CSSS des Sommets, came up with the marvellous idea of assessing the actual needs of these patients. Who are they? Why do they come back all the time? What could we do to improve their well-being and to relieve ER departments of the chronic pressure these patients cause?

What Dr. Jean Mireault and France Laframboise discovered was not the expected cliché of senior citizens who would develop a new ailment every day and show up at the hospital to calm their fears. Instead, they uncovered a whole range of complex cases as previously described — individuals who typically suffer from chronic illnesses such as lung disease, diabetes and drug addiction. In many cases, these people live precariously or struggle with mental health problems, which exacerbate their condition. They are very often disorganized. The problem is that they are up against a health care system that is also disorganized, where health care providers seldom communicate with each other. The pharmacist does not know what the family doctor said. The family doctor does not know

that his patient is visiting the ER every day. The ER doctor does not know what else to do... and the waiting room is spilling out into the hallway.

As part of the Défi-Santé project, the CSSS des Sommets decided to take each of its “ER subscribers” by the hand and assign a nurse and a social worker to manage the users’ case files. Rather than letting these patients navigate through the system on their own, these patients were given personalized follow-up care. Improved coordination was established and communication between patients, family doctors, pharmacists, family members and community agencies was restored. This initiative resulted in a 72% decrease in ER visits among these patients. The number of days spent in hospital dropped by 90%. ER staff members began to breathe a little easier, and so did the patients.

Is the program expensive? No. At a cost of \$100,000 per year, the program is a godsend for the CSSS des Sommets. It allows the hospital to provide improved prevention services, more effective first-line care and avoid unnecessary and costly hospitalizations. Moreover, this approach is also much more effective than a co-payment system, which would have prevented the CSSS des Sommets from identifying these complex cases and directing them to the proper resources.

“The symptom is in the emergency room. But the solution is in the community,” firmly recalls the Défi-Santé program manager, Alain Paradis.

Any co-payments? No. Just a bit of ingenuity, which we hope will catch on.

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## Les «abuseurs» du système de santé



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