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Bobak M. Ossareh

Wayne State University, ft8702@wayne.edu

James Paxton

Wayne State University School of Medicine

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Nonurgent Use of the Emergency Department for Medication Refills

Bobak Ossareh MSIII, James Paxton MD

Introduction: Emergency department (ED) overcrowding is associated with significant risk to patients, and may be exacerbated by patient use of ED services to achieve non-emergent / non-urgent medication refills. We sought to determine the incidence and factors contributing to non-emergent / non-urgent medication refills among patients presenting to the ED, as treated by a single ED provider.

Methods: Retrospective chart review was performed for all adult (age > 18 yo) ED patients treated by a single ED provider in two EDs within the same urban healthcare system. All patients seen by a single ED provider were reviewed over a 5-year period for the chief complaint, with attention paid to the reason for ED presentation. Patient charts were reviewed by hand, and assessments of the chief complaint and reason for seeking ED care were evaluated by the ED physician. Demographic data and basic statistical analyses were performed for included subjects. Patients seeking medication refill were compared to a control group of patients who presented for a non-medication refill complaint.

Results: A total of 25,218 patient encounters over a five-year period (2011-2016) were reviewed, and data were collected in a REDCap database. During this time period, a total of 201 (0.8%) patient encounters were identified that appeared to be motivated by intent to receive a medication refill. In approximately 24.9% of cases, the rationale provided for the medication refill was acute or chronic pain. We found that 25 (12.4%) subjects were currently incarcerated or in police custody, and 61 (30.3%) subjects received analgesic prescriptions during the ED encounter. The most common class of non-analgesic medications sought was anti-hypertensives, in 51 (25.4%) subjects. In contrast to previous studies on this subject, insurance status did not appear to be a significant predictor of ED visits to obtain a medication refill. There did not appear to be any significant difference in primary care physician status between those seeking medication refills and those presenting for other complaints.

Conclusions: In this single-provider study within a single urban healthcare system, ED visits for medication refills did not appear to depend upon insurance status or having a primary care physician. More than half of subjects reviewed presented for either analgesic medications or anti-hypertensives. Future efforts to reduce the volume of ED visits for medication refill should focus upon measures to address access to the prescription of pain medications and anti-hypertensive medications, as these categories of medication refills appear to represent more than half of all medication-refill related visits to the ED in this data set.