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Tracing frequent users of regional care services - a networked approach

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Tracing frequent users of regional care services - a networked approach

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Key words: regional care services, hospital care, nursing care, emergency medical services, frequent users

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ABSTRACT

Objectives

The aim of this study is to show how a networked approach relying on ‘real-world’ Emergency Medical Services (EMS) records might contribute to tracing frequent users of care services on a regional scale. Their tracing is considered of importance for policy makers and clinicians, since they represent a considerable workload and use of scarce resources. While existing approaches for data collection on frequent users tend to limit scope to individual or associated care providers, the proposed approach exploits the role of EMS as the network’s “ferryman” overseeing and recording patient calls made to an entire network of care providers.

Design

A retrospective study was performed analysing 2012-2017 EMS calls in the province of Drenthe, The Netherlands. Using EMS data benefits of the networked approach vs. existing approaches are assessed by quantifying the number of frequent users and their associated calls for various categories of care providers. Main categories considered are hospitals, nursing homes and EMS.

Setting

EMS in the province of Drenthe, the Netherlands, serving a population of 491,867.

Participants

Analyses are based on secondary patient data from EMS records, entailing 212,967 transports and 126,758 patients, over 6 years (2012-2017).

Results

Use of the networked approach for analysing calls made to hospitals in Drenthe resulted in a 20% average increase of frequent users traced. Extending the analysis by including hospitals outside Drenthe increased ascertainment by 28%. Extending to all categories of care providers, inside Drenthe, and subsequently, irrespective of their location, resulted in an average increase of 132% and 152% of frequent users identified, respectively.

Conclusions

Many frequent users of care services are network users relying on multiple regional care providers, possibly representing inefficient use of scarce resources. Network users are effectively and efficiently traced by using EMS records offering high coverage of calls made to regional care providers.

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ARTICLE SUMMARY

Strengths and limitations of this study

- The results of this study demonstrate that a networked approach for tracing frequent users relying on EMS records is capable of effectively and efficiently identifying frequent users.
- The proposed approach exploits the role of EMS as the regional ‘ferryman’, implying the use of a single source for data collection, covering many care providers, i.e., hospitals, nursing homes and EMS See & Treat.
- Whereas EMS records for only one province in the Netherlands are considered, it is expected that the success of the proposed approach is not dependent on this.
- As EMS records only include frequent users who are not capable of self-transport, those frequent users who do not, or rarely make use of EMS will not be traced by the proposed approach.

INTRODUCTION

Frequent users, i.e., patients that make repetitive calls for health care services, may be responsible for a relatively large share of regional care consumption. They represent a minority of Emergency Department (ED) patients (4.5-8%), yet, they may account for up to 21-28% of all ED visits ¹. Due to their high impact on care providers' workload and associated costs they are a focal group for regional policy makers and clinicians aiming to make best use of scarce resources.

Notably, many frequent users appear to be network users, relying on multiple care providers. Their choice of care providers is influenced by, for example, their preferences and care providers' specialization. In particular, tracing patients' network use tends to be cumbersome. Hurdles not easily taken in data collection are, for example, rules on patient privacy, competition among care providers, incompatibility of information systems, and efforts to be put in. Moreover, these hurdles likely imply high data collection costs. Not surprisingly, many research designs limit their scope to single or associated care providers, with a main focus on hospitals (see for example ²). Hence, many factual frequent users may remain unnoticed.

Basically, current approaches towards data collection on frequent users stress probing of individual care providers ^{3 4}. Alternatively, acknowledging frequent users being network users, this article suggests a networked approach for their tracing, relying on EMS data. Acting as the "ferryman" in the regional network, EMS oversee and record patient calls made to regional care providers, including hospitals and nursing homes. Importantly, the EMS patient population is likely to include many frequent users ^{5 6}. In addition, their need for mobile nursing services and transport indicates that their requirements of care resources may be high.

The aim of the present study is to show how the use of the proposed networked approach might efficiently contribute to tracing frequent users on a regional scale.

METHODS

Care network in the province of Drenthe

The province of Drenthe has a population of 491,867 inhabitants, with a population density of 183 inhabitants per square kilometer⁷. Hospital care for its population is provided by four hospitals within the province, and by several hospitals located in neighbouring provinces. Three of the hospitals in Drenthe offer basic treatment. In one hospital the necessary skills and resources for treating multi-level traumas are present. Referral to around 80 hospitals in other provinces is motivated by reasons such as their proximity to the patient scene, patient preferences, level of care or specialization in specific treatments. Nursing care is provided by a few dozen of large homes, and around three hundred smaller (specialized) homes, mainly located within the province. EMS is provided by a single operator, relying on a network of 14 bases in 13 cities/villages in Drenthe. Its services include both urgent and planned patient transports to hospitals and planned transports to nursing homes. Planned rides are legitimated by patient care needs that prohibit self-transport.

Data

Patient data are collected from EMS records of ambulance rides performed between January 1st 2012 – December 31st 2017. Collected data include the rides' dates and times, and destinations, i.e., care providers. EMS is marked as a formal care provider in case treatment provided by the ambulance nurse on scene suffices to address patient care needs, i.e., EMS See & Treat (EMS S&T), implying no involvement of other care providers. Motivated by EMS scope of services, three categories of care providers are distinguished, i.e., hospitals, nursing homes and EMS S&T.

Privacy and approval. Since the data are routinely collected for administrative purposes, and completely anonymized, i.e., there is no direct contact with identifiable persons, this study does not fall within the scope of the Medical Research Involving Human Subjects Act (WMO)⁸.

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3 **Patient and public involvement.** No patient and public involved.
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8 **Data analysis**
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10 For data analysis, EMS records referring to single rides are anonymized, cleaned by removing
11 empty records, i.e., records not relating to patients, and inspected for correctness of data provided.
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13 Patients qualify as a frequent user if they meet a threshold of four calls in a calendar year. Although
14 definitions differ, usually a threshold of four to five calls or more per year is used to classify a
15 patient as a ‘frequent user’^{9 10}. Frequent users are quantified by presenting their numbers and
16 number of calls, including yearly trend figures.
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26 The potential of the proposed network-based approach for data collection on frequent users is
27 evaluated by assessing its benefits compared to existing approaches. Whereas the proposed
28 approach relies on EMS data, existing approaches build on data obtained from individual care
29 providers. In principle, both approaches may render similar outcomes. However, existing
30 approaches face hurdles not easily overcome, due to the fact that multiple organizations, i.e., care
31 providers, are involved in data collection. Known hurdles are rules on patient privacy, competition
32 among care providers, incompatibility of information systems, efforts to be put in, and costs of
33 overcoming hurdles. They likely restrict the scope of data collection, i.e., the number of care
34 providers being considered. Restriction of scope may affect identifying patients making calls to
35 various care providers as frequent users after combining and quantifying their calls. The proposed
36 approach relies on a single source of data, and does overcome these scoping decisions.
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51 Effects of the choice of scope on the number of frequent users identified and their associated calls
52 are studied by considering alternative subsets of EMS records. Choice of subsets is related to
53 provider categories, i.e., hospitals, nursing homes, and/or EMS S&T, and their location, i.e., inside
54 or outside Drenthe. By either allowing patient records to be combined for chosen subsets of care
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3 providers, or not, beneficial effects of the possibility to identify network users are assessed. This
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5 effect is studied for hospitals, serving most of the patient calls.
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10 11 RESULTS

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14 EMS records for 2012-2017, refer to 212,967 calls for services, involving 126,758 patients. Data
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16 cleaning resulted in 2,494 calls being removed. In addition, 13,156 calls were discarded due to
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18 their lack of information on transport destination, i.e., care provider. The remaining 199,811 calls
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20 are included in the study. Out of these 199,811 calls 147,027 (74%), 10,976 (5%), and 41,808
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22 (21%) refer to services provided by hospitals, nursing homes, and EMS S&T, respectively.
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28 Results of the evaluation of the networked approach for data collection on frequent users are shown
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30 in Tables 1-4. Tables 1 and 2 quantify the number of *frequent users* and their associated *calls* for
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32 alternative choices of categories of care providers located in Drenthe on a yearly basis. Categories
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34 of care providers considered are hospitals, nursing homes, EMS S&T, and all care providers, i.e.,
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36 taking all aforementioned categories together. Except for hospitals, all results assume data sharing
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38 among care providers within categories set, allowing frequent users being network users to be
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40 traced. In addition, hospitals results are shown for settings where such data sharing among single
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42 hospitals is not possible. Hence, network users may be neglected. For respective settings, the
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44 number of unique frequent users is shown, i.e., numbers are corrected for the fact that a single
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46 patient may be classified as a frequent user for multiple hospitals. The final column indicates the
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48 effect of combining data for all care providers vs. a setting where frequent users of hospital services
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50 are identified by studying single hospitals in isolation. It shows how the number of frequent users
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52 traced and their associated calls increase by more than a twofold by combining data for all care
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54 providers. Similar to Tables 1 and 2, Tables 3 and 4 quantify the annual number of *frequent users*
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56 and their associated *calls* for alternative choices of categories of care providers, without setting
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requirements to their location. Final columns in Tables 3 and 4 show which numbers of frequent users and their associated calls are found when using the full EMS data set, including care providers located outside Drenthe. These amount to around 2.5 times the numbers found when studying hospitals in isolation.

Year	Hospitals - no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data shared (%)
2012	189	222	34	15	398	211
2013	153	181	42	16	340	222
2014	204	245	22	19	495	243
2015	253	309	18	68	635	251
2016	279	321	28	46	611	219
2017	263	332	30	33	649	247

Table 1. Number of frequent *users*, using data on care provider categories, i.e., hospitals, nursing homes, EMS S&T, and all care providers, located in Drenthe.

Year	Hospitals - no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data shared (%)
2012	1161	1296	283	84	2423	209
2013	1158	1279	497	73	2503	216
2014	1386	1557	431	106	3204	231
2015	1477	1711	174	388	3597	244
2016	1772	1955	229	245	3631	205
2017	1536	1821	193	170	3581	233

Table 2. Number of *calls* corresponding to frequent users, using data on care provider categories, i.e., hospitals, nursing homes, EMS S&T, and all care providers, located in Drenthe.

Year	Hospitals – no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data sharing (%)
2012	256	368	35	15	578	226
2013	204	285	44	16	486	238
2014	261	395	25	19	706	270
2015	308	443	21	72	825	268
2016	344	511	30	47	845	246
2017	330	531	32	33	881	267

Table 3. Number of frequent *users*, data on care provider categories, i.e., hospitals, nursing homes, EMS S&T, and all care providers, located in and outside Drenthe.

Year	Hospitals – no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data sharing (%)
2012	1984	2468	287	85	3826	193
2013	1829	2180	506	73	3658	200
2014	2120	2699	444	106	4685	221
2015	2116	2693	194	404	4902	232
2016	2515	3245	239	250	5228	208
2017	2220	3082	210	171	5133	231

Table 4. Number of *calls* corresponding to frequent users, data on care provider categories, i.e., hospitals, nursing homes, EMS S&T, and all care providers, located in and outside Drenthe.

DISCUSSION

Tracing frequent users, i.e., patients displaying a high consumption (instead of appeal here and elsewhere) of health services, is considered highly relevant in regional policymaking. This is due to their high impact on care provider workload and use of scarce resources. The results of this study demonstrate that a networked approach for tracing frequent users relying on EMS data is capable of effectively and efficiently identifying frequent users. Case related results for the province of Drenthe indicate how more than a twofold frequent users may be traced by the proposed approach relative to existing approaches, relying on data collection by questioning individual care providers. Moreover, these results are obtained using a single source of data, whereas existing approaches would have required questioning a few hundred care providers.

Success of the proposed approach builds on its scope. As a straightforward effect of including more care providers, i.e., hospitals, nursing homes and EMS, located in and outside the region, more frequent users are traced and more accurately so. Most gains result from the possibility of combining data from different providers thus tracing those frequent users being network users, i.e., making use of multiple care providers, possibly representing inefficient use of scarce resources. Network users may easily be overlooked in existing approaches due to restrictions on their reach,

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3 following from, for example, competition among care providers involved, incompatible
4 information systems, and efforts to be put in data collection involving many providers. Case related
5 results for the province of Drenthe indicate on average a 20% and 13% increase of the number of
6 frequent users identified and their associated calls traced over the observation period, if hospital
7 data were combined. Including hospitals outside Drenthe in this analysis improved the
8 identification by another 28% and 52% on average. Extending scope to all categories of care
9 providers, firstly focusing only on the Drenthe location, and secondly, setting no restrictions on
10 care providers location, results in an increase of around 132% and 152% of frequent users
11 identified. At the same time their associated calls increase by 123% and 114%, respectively. Gains
12 found are relatively constant over the observation period. Relevance of being able to trace this
13 group of network users follows from its expected growth among others resulting from on-going
14 specialization in Dutch health care and outside. Moreover, their existence and upsurge may call
15 for increased regional coordination among care providers to safeguard care continuity and avoid
16 fragmented care and wrong referrals¹¹. Clearly, being aware of frequent users is paramount to
17 undertaking appropriate action.
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41 The proposed networked approach may serve as a stepping stone in analysing consumption
42 patterns of frequent users on a regional scale. Once frequent users have been identified by the
43 approach, techniques such as process and data mining may allow for further group-wise analysis
44 of patients routings along care providers, and their (joint) care needs following from EMS
45 diagnostic data. These techniques have been successfully used to analyse healthcare processes,
46 usually in an intra-hospital context¹²⁻¹⁵. Consumption patterns thus revealed may refine insights
47 among policy makers on frequent users care needs, and their use of care services. In turn, revealing
48 unfamiliar or much traversed patient routings may be helpful in, for example, optimizing these by
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3 concerting activities among care providers or evoking patient treatment plans, thus improving and
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5 safeguarding quality of care.
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11 The present study has limitations. Firstly, only EMS records for the province of Drenthe, The
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13 Netherlands are studied. Clearly, regional characteristics may have an effect on the results of the
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15 proposed approach. However, while this may be true, its success is not expected to be dependent
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17 on location or region, but relies on EMS' role as the regional ferryman and its records that oversee
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19 patient calls for service to a great many care providers. Secondly, EMS records only include
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21 frequent users who are not capable of self-transport. Thus, frequent users who do not, or rarely,
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23 make use of EMS will not be traced by the proposed approach. Thirdly, the success of any
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25 approach depends on the quality of the underlying data. We found how inclusion of ambulance
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27 transports to unknown, i.e., not recorded destinations in data analysis may result in higher numbers
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29 of frequent users and their associated calls being identified. Fourthly, as it is explorative, the paper
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31 signifies the potential of the proposed approach for tracing frequent users and enhancing regional
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33 policymaking. On-going and future research should be directed towards methodological issues
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35 concerning the use of the approach and its trade-off with alternative approaches.
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45 CONCLUSIONS

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48 Many frequent users of care services are network users relying on multiple regional care providers,
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50 possibly representing inefficient use of scarce resources. Network users are effectively and
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52 efficiently traced by using EMS records offering high coverage of calls made to regional care
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Author Contributions

All authors contributed to the conception and design of the study, read and approved the submitted manuscript. LM contributed to data collection and data analysis, interpretation of the data and drafting the manuscript. DZ contributed to data analysis and interpretation of the data and drafting the manuscript. JH and EB contributed to the revision of the paper.

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4 1 **Tracing frequent users of regional care services**
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6 2 **using emergency medical services data –**
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ABSTRACT

Objectives

This study shows how a networked approach relying on ‘real-world’ Emergency Medical Services (EMS) records might contribute to tracing frequent users of care services on a regional scale. Their tracing is considered of importance for policy makers and clinicians, since they represent a considerable workload and use of scarce resources. While existing approaches for data collection on frequent users tend to limit scope to individual or associated care providers, the proposed approach exploits the role of EMS as the network’s “ferryman” overseeing and recording patient calls made to an entire network of care providers.

Design

A retrospective study was performed analysing 2012-2017 EMS calls in the province of Drenthe, -the Netherlands. Using EMS data benefits of the networked approach vs. existing approaches are assessed by quantifying the number of frequent users and their associated calls for various categories of care providers. Main categories considered are hospitals, nursing homes and EMS.

Setting

EMS in the province of Drenthe, the Netherlands, serving a population of 491,867.

Participants

Analyses are based on secondary patient data from EMS records, entailing 212,967 transports and 126,758 patients, over 6 years (2012-2017).

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Use of the networked approach for analysing calls made to hospitals in Drenthe resulted in a 20% average increase of frequent users traced. Extending the analysis by including hospitals outside Drenthe increased ascertainment by 28%. Extending to all categories of care providers, inside Drenthe, and subsequently, irrespective of their location, resulted in an average increase of 132% and 152% of frequent users identified, respectively.

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5 48 **Conclusions**
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8 49 Many frequent users of care services are network users relying on multiple regional care providers,
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10 50 possibly representing inefficient use of scarce resources. Network users are effectively and
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12 51 efficiently traced by using EMS records offering high coverage of calls made to regional care
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14 52 providers.
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ARTICLE SUMMARY**Strengths and limitations of this study**

- Single source comprehensive data such as Emergency Medical Services (EMS)' serving an entire region allows identification and tracing of frequent users of health services.
- EMS data include an extensive collection of patient transport data relating subsequent services provided by hospitals and nursing homes.
- A networked approach for tracing frequent users relying on EMS records, allowed us to effectively and efficiently identify frequent users.
- We piloted EMS records for only one province in the Netherlands, while we expect that this generic approach could be easily transposed to any region.
- As EMS records only include frequent users who are not capable of self-transport, those frequent users who do not, or rarely make use of EMS will not be traced by the proposed approach.

INTRODUCTION

70

71 Frequent users, i.e., patients that make repetitive calls for health care services, may be responsible
72 for a relatively large share of regional care consumption. They represent a minority of Emergency
73 Department (ED) patients (4.5-8%), yet, they may account for up to 21-28% of all ED visits¹⁻³.
74 Different solutions have been devised for frequent users once identified. Subsequently, the
75 appropriate answers to their needs, and consequently reducing the visits to ED and ambulance
76 transports may be achieved. These solutions range from case management⁴⁻⁶, to individual care
77 plans⁷⁻⁹, and facilitated contacts with healthcare providers¹⁰. However, to be able to offer and
78 consider such a form of advance care planning for apparently frail patients they first need to be
79 identified. The latter in reality may escape attention or appear difficult with data scattered over
80 various institutions. Clearly, due to their high impact on care providers' workload and associated
81 costs they are a focal group for regional policy makers and clinicians aiming to make best use of
82 scarce resources. In the Netherlands and possibly other settings the Emergency Medical Services
83 (EMS) are increasingly overburdened, and at times encounter backlogs at the EDs of hospitals¹¹
84 ¹². Indeed, the role of EMS in triage and adequate and timely referral is increasingly recognised
85 in acute care networks. Accordingly, identifying opportunities to relieve an overburdened acute
86 care system from frequent and inappropriate may be considered an impending responsibility of
87 EMS.

88 Notably, many frequent users appear to be network users, relying on multiple care providers¹³.
89 Their choice of care providers is influenced by, for example, their preferences and care providers'
90 specialization. In particular, tracing patients' network use tends to be cumbersome. Hurdles not
91 easily taken in data collection are, for example, rules on patient privacy, competition among care
92 providers, incompatibility of information systems, and efforts to be put in. Moreover, these hurdles
93 likely imply high data collection costs. Not surprisingly, many research designs limit their scope

94 to single or associated care providers, with a main focus on hospitals (see for example ^{2 13-29}).

95 Hence, many factual frequent users may remain unnoticed.

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97 Basically, current approaches towards data collection on frequent users stress probing of individual

98 care providers ^{23 30}. Alternatively, acknowledging frequent users being network users, this article

99 suggests a networked approach for their tracing, relying on EMS data. Acting as the “ferryman”

100 in the regional network, EMS oversee and record patient calls made to regional care providers,

101 including hospitals and nursing homes. Importantly, the EMS patient population is likely to

102 include many frequent users ^{31 32}. In addition, their need for mobile nursing services and transport

103 indicates that their requirements of care resources may be high.

104 The aim of the present study is to show how the use of the proposed networked approach might

105 efficiently contribute to tracing frequent users on a regional scale.

106

107 **METHODS**

108 **Care network in the province of Drenthe**

109 The province of Drenthe, the Netherlands, has a population of 491,867 inhabitants, with a

110 population density of 183 inhabitants per square kilometer³³. Hospital care for its population is

111 provided by four hospitals within the province, and by several hospitals located in neighbouring

112 provinces. Three of the hospitals in Drenthe offer basic treatment. In one hospital the necessary

113 skills and resources for treating multi-level traumas are present. Referral to around 80 hospitals in

114 other provinces is motivated by reasons such as their proximity to the patient scene, patient

115 preferences, level of care or specialization in specific treatments. Nursing care is provided by a

116 few dozen of large homes, and around three hundred smaller (specialized) homes, mainly located

117 within the province. EMS is provided by a single operator, relying on a network of 14 bases in 13

118 cities/villages in Drenthe. Its services include both urgent and planned patient transports to

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3 119 hospitals and planned transports to nursing homes. Planned rides are legitimated by patient care
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5 120 needs that prohibit self-transport.
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10 122 **Data**

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12 123 Patient data are collected from EMS records of ambulance rides performed between January 1st
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14 124 2012 – December 31st 2017. Collected data include the rides' dates and times, and destinations,
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17 125 i.e., care providers. EMS is marked as a formal care provider in case treatment provided by the
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19 126 ambulance nurse on scene suffices to address patient care needs, i.e., EMS See & Treat (EMS
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21 127 S&T), implying no involvement of other care providers. Motivated by EMS scope of services,
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23 128 three categories of care providers are distinguished, i.e., hospitals, nursing homes and EMS S&T.
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28 130 **Privacy and approval.** Since the data are routinely collected for administrative purposes, and
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30 131 completely anonymized, i.e., there is no direct contact with identifiable persons, this study does
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32 132 not fall within the scope of the Medical Research Involving Human Subjects Act (WMO)³⁴. We
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34 133 obtained a full waiver for using anonymized data from the EMS services from our institutional
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36 134 ethical review board.
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42 136 **Patient and public involvement.** No patient and public involved.
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47 138 **Data analysis**

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49 139 For data analysis, EMS records referring to single rides are anonymized, cleaned by removing
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51 140 empty records, i.e., records not relating to patients, and inspected for correctness of data provided.
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53 141 Patients qualify as a frequent user if they meet a threshold of four calls in a calendar year. Although
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55 142 definitions differ, usually a threshold of four to five calls or more per year is used to classify a
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3 143 patient as a 'frequent user'^{35 36}. Frequent users are quantified by presenting their numbers and
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5 144 number of calls, including yearly trend figures.
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10 146 The potential of the proposed network-based approach for data collection on frequent users is
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12 147 evaluated by assessing its benefits compared to existing approaches. Whereas the proposed
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14 148 approach relies on EMS data, existing approaches build on data obtained from individual care
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16 149 providers. In principle, both approaches may render similar outcomes. However, existing
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18 150 approaches face hurdles not easily overcome, due to the fact that multiple organizations, i.e., care
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20 151 providers, are involved in data collection. Known hurdles are rules on patient privacy, competition
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22 152 among care providers, incompatibility of information systems, efforts to be put in, and costs of
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24 153 overcoming hurdles. They likely restrict the scope of data collection, i.e., the number of care
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26 154 providers being considered. Restriction of scope may affect identifying patients making calls to
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28 155 various care providers as frequent users after combining and quantifying their calls. The proposed
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30 156 approach relies on a single source of data, and does overcome these scoping decisions.
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36 157 Effects of the choice of scope on the number of frequent users identified and their associated calls
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38 158 are studied by considering alternative subsets of EMS records. Choice of subsets is related to
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40 159 provider categories, i.e., hospitals, nursing homes, and/or EMS S&T, and their location, i.e., inside
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42 160 or outside Drenthe. By either allowing patient records to be combined for chosen subsets of care
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44 161 providers, or not, beneficial effects of the possibility to identify network users are assessed. This
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46 162 effect is studied for hospitals, serving most of the patient calls.
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51 52 53 164 **RESULTS**

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56 165 EMS records for 2012-2017, refer to 212,967 calls for services, involving 126,758 patients. Data
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58 166 cleaning resulted in 2,494 calls being removed. In addition, 13,156 calls (6%) were discarded due
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3 167 to unknown, not recorded destinations (i.e. care providers). The remaining 199,811 calls are
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5 168 included in the study. Out of these 199,811 calls 147,027 (74%), 10,976 (5%), and 41,808 (21%)
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7 169 refer to services provided by hospitals, nursing homes, and EMS S&T, respectively. Results of the
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9 170 evaluation of the networked approach for data collection on frequent users are shown in Tables
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11 171 1-4. Tables 1 and 2 quantify the number of *frequent users* and their associated *calls* for alternative
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13 172 choices of categories of care providers located in Drenthe on a yearly basis. Categories of care
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15 173 providers considered are hospitals, nursing homes, EMS S&T, and all care providers, i.e., taking
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17 174 all aforementioned categories together. Except for hospitals, all results assume data sharing among
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19 175 care providers within categories set, allowing frequent users being network users to be traced. In
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21 176 addition, hospitals results are shown for settings where such data sharing among single hospitals
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23 177 is not possible. Hence, network users may be neglected. For respective settings, the number of
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25 178 unique frequent users is shown, i.e., numbers are corrected for the fact that a single patient may be
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27 179 classified as a frequent user for multiple hospitals. The final column indicates the effect of
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29 180 combining data for all care providers vs. a setting where frequent users of hospital services are
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31 181 identified by studying single hospitals in isolation. It shows how the number of frequent users
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33 182 traced and their associated calls increase by more than a twofold by combining data for all care
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35 183 providers. Similar to Tables 1 and 2, Tables 3 and 4 quantify the annual number of *frequent users*
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37 184 and their associated *calls* for alternative choices of categories of care providers, without setting
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39 185 requirements to their location. Final columns in Tables 3 and 4 show which numbers of frequent
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41 186 users and their associated calls are found when using the full EMS data set, including care
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43 187 providers located outside Drenthe. These amount to around 2.5 times the numbers found when
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45 188 studying hospitals in isolation.
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Year	Hospitals - no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data shared (%)
2012	189	222	34	15	398	211
2013	153	181	42	16	340	222
2014	204	245	22	19	495	243
2015	253	309	18	68	635	251
2016	279	321	28	46	611	219
2017	263	332	30	33	649	247

192
193 *Table 1. Number of frequent users, using data on care provider categories, i.e., hospitals, nursing homes,*
194 *EMS S&T, and all care providers, located in Drenthe.*

Year	Hospitals - no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data shared (%)
2012	1161	1296	283	84	2423	209
2013	1158	1279	497	73	2503	216
2014	1386	1557	431	106	3204	231
2015	1477	1711	174	388	3597	244
2016	1772	1955	229	245	3631	205
2017	1536	1821	193	170	3581	233

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197 *Table 2. Number of calls corresponding to frequent users, using data on care provider categories, i.e.,*
198 *hospitals, nursing homes, EMS S&T, and all care providers, located in Drenthe.*

Year	Hospitals – no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data sharing (%)
2012	256	368	35	15	578	226
2013	204	285	44	16	486	238
2014	261	395	25	19	706	270
2015	308	443	21	72	825	268
2016	344	511	30	47	845	246
2017	330	531	32	33	881	267

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201 *Table 3. Number of frequent users, data on care provider categories, i.e., hospitals, nursing homes, EMS*
202 *S&T, and all care providers, located in and outside Drenthe.*

Year	Hospitals – no data sharing	Hospitals	Nursing homes	EMS S&T	All care providers	All care providers / Hospitals – no data sharing (%)
2012	1984	2468	287	85	3826	193
2013	1829	2180	506	73	3658	200
2014	2120	2699	444	106	4685	221
2015	2116	2693	194	404	4902	232
2016	2515	3245	239	250	5228	208

2017	2220	3082	210	171	5133	231
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205 *Table 4. Number of calls corresponding to frequent users, data on care provider categories, i.e., hospitals,*
206 *nursing homes, EMS S&T, and all care providers, located in and outside Drenthe.*

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DISCUSSION

209 Tracing frequent users, i.e., patients displaying a high consumption (instead of appeal here and
210 elsewhere) of health services, is considered highly relevant in regional policymaking. This is due
211 to their high impact on care provider workload and use of scarce resources. The results of this
212 study demonstrate that a networked approach for tracing frequent users relying on EMS data is
213 capable of effectively and efficiently identifying frequent users. Case related results for the
214 province of Drenthe indicate how more than a twofold frequent users may be traced by the
215 proposed approach relative to existing approaches, relying on data collection by questioning
216 individual care providers. Moreover, these results are obtained using a single source of data,
217 whereas existing approaches would have required questioning a few hundred care providers.

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219 Success of the proposed approach builds on its scope. As a straightforward effect of including
220 more care providers, i.e., hospitals, nursing homes and EMS, located in and outside the region,
221 more frequent users are traced and more accurately so. Most gains result from the possibility of
222 combining data from different providers thus tracing those frequent users being network users, i.e.,
223 making use of multiple care providers, possibly representing inefficient use of scarce resources.
224 Network users may easily be overlooked in existing approaches due to restrictions on their reach,
225 following from, for example, competition among care providers involved, incompatible
226 information systems, and efforts to be put in data collection involving many providers. Case related
227 results for the province of Drenthe indicate on average a 20% and 13% increase of the number of
228 frequent users identified and their associated calls traced over the observation period, if hospital

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3 229 data were combined. Including hospitals outside Drenthe in this analysis improved the
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5 230 identification by another 28% and 52% on average. Extending scope to all categories of care
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7 231 providers, firstly focusing only on the Drenthe location, and secondly, setting no restrictions on
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9 232 care providers location, results in an increase of around 132% and 152% of frequent users
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11 233 identified. At the same time their associated calls increase by 123% and 114%, respectively. Gains
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13 234 found are relatively constant over the observation period. Relevance of being able to trace this
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15 235 group of network users follows from its expected growth among others resulting from on-going
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17 236 specialization in Dutch health care and outside. Moreover, their existence and upsurge may call
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19 237 for increased regional coordination among care providers to safeguard care continuity and avoid
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21 238 fragmented care and wrong referrals³⁷. Clearly, being aware of frequent users is paramount to
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23 239 undertaking appropriate action. The opportunity we identified and seized might seem trivial in
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25 240 settings where individuals are easily traced, i.e., single payer or service provider systems. In these
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27 241 systems the necessity to take appropriate action is no less urgent, yet the effort to obtain a listing
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29 242 and pattern of use might be simpler. Nevertheless, we provide a worked out exemplary approach
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31 243 that may be applied in many settings like the Netherlands.
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41 245 The proposed networked approach may serve as a stepping stone in analysing consumption
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43 246 patterns of frequent users on a regional scale. Once frequent users have been identified by the
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45 247 approach, techniques such as process and data mining may allow for further group-wise analysis
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47 248 of patients routings along care providers, and their (joint) care needs following from EMS
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49 249 diagnostic data. These techniques have been successfully used to analyse healthcare processes,
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51 250 usually in an intra-hospital context³⁸⁻⁴¹. Whereas process mining may be helpful in capturing
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53 251 patients' routing along care providers, data mining may assist in analysing patients' care needs
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55 252 further using text analysis of diagnostic data, thereby unravelling their reasons for calls.
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57 253 Consumption patterns thus revealed may refine insights among policy makers on frequent users
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3 254 care needs, and their use of care services. In turn, revealing unfamiliar or much traversed patient
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5 255 routings may be helpful in, for example, optimizing these by concerting activities among care
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7 256 providers or evoking patient treatment plans, thus improving and safeguarding quality of care.
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13 258 The present study has limitations. Firstly, only EMS records for the province of Drenthe, the
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15 259 Netherlands are studied. Clearly, regional characteristics may have an effect on the results of the
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17 260 proposed approach. However, while this may be true, its success is not expected to be dependent
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19 261 on location or region, but relies on EMS' role as the regional ferryman and its records that oversee
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21 262 patient calls for service to a great many care providers. Secondly, EMS records only include
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23 263 frequent users who are not capable of self-transport. Thus, frequent users who do not, or rarely,
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25 264 make use of EMS will not be traced by the proposed approach. Thirdly, the success of any
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27 265 approach depends on the quality of the underlying data. We found how inclusion of ambulance
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29 266 transports to unknown, i.e., not recorded destinations in data analysis may result in higher numbers
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31 267 of frequent users and their associated calls being identified. Fourthly, as it is explorative, the paper
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33 268 signifies the potential of the proposed approach for tracing frequent users and enhancing regional
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35 269 policymaking. On-going and future research should be directed towards methodological issues
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37 270 concerning the use of the approach and its trade-off with alternative approaches.
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47 272 **CONCLUSIONS**

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50 273 Many frequent users of care services are network users relying on multiple regional care providers,
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52 274 possibly representing inefficient use of scarce resources. Network users are effectively and
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54 275 efficiently traced by using EMS records offering high coverage of calls made to regional care
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9
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13 282
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16
17 284 All authors contributed to the conception and design of the study, read and approved the submitted
18
19 285 manuscript. LM contributed to data collection and data analysis, interpretation of the data and
20
21 286 drafting the manuscript. DZ contributed to data analysis, interpretation of the data and drafting the
22
23 287 manuscript. JH and EB contributed to data analysis and interpretation of the data and to the revision
24
25 288 of the paper.
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50 296 **Data sharing**
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53 297 No additional data are available.
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59 299 **REFERENCES**
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