The use of hospital emergency departments (ED) for non-urgent care and for conditions that could have been treated in a primary care setting is a significant source of wasteful health care spending. The causes of ED overuse are complex and systemic, resulting from the crisis in primary care and the appeal of the emergency department.

Reducing ED overuse requires building on a coordinated set of proven practices in the field coupled with policy actions in both the public and private sectors.

THE PROBLEM

Scope of Emergency Department Overuse
- Nationally, 56 percent, or roughly 67 million ED visits, are potentially avoidable.³

Costs of Emergency Department Overuse
- The average cost of an ED visit is $580 more than the cost of a comparable office visit.⁴

Users of the ED for Non-Urgent Care
- All types of patients use the ED for non-urgent care, including all age groups, insurance types and even insured patients with a usual source of primary care.
- One-third of ED visits are made during regular business hours when primary care offices are open.

Drivers of ED Use
- Patients can receive ED care anytime, regardless of the severity of their condition.
- The ED provides patients with immediate feedback and a sense of reassurance about their condition.
- A wide range of health care services are readily available in the ED.

Primary Care in Crisis
- A lack of timely appointments and available after-hours care drive patients to the ED.
- Chronically ill patients without access to primary care, or those with poorly coordinated care, often end up in the ED.
- Many primary care practices instruct patients to seek care in the ED outside of business hours.

SOLUTIONS

Improve Access to Primary Care Services
- Proven Practice: Increasing access to primary care services can reduce ED overuse by up to 56 percent.⁵
- Proven Practice: Pilots of the patient-centered medical home model have recorded a 37 percent reduction in ED use.⁶
- Proven Practice: Patients receiving care from a primary care practice offering weekend hours use the ED 20 percent less than patients from practices that do not.⁷
- Proven Practice: Access to a physician-staffed 24-hour telephone consultation service reduced avoidable ED use from 41 percent to 8 percent of visits.⁸
- Proven Practice: Nurse-operated telephone triage programs, which provide patients with prompt...
A number of tested measures already exist for reducing ED overuse, including offering alternative approaches to primary care, specialized services for vulnerable populations and effective chronic disease management.

Reducing the overuse of emergency department services requires policy actions that involve providers, payers and patients.

THE PROBLEM

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SOLUTIONS

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