



New England Healthcare Institute

Emergency Department Overuse

Providing the Wrong Care at the Wrong Time

PROBLEM: OVERUSE OF EMERGENCY DEPARTMENTS

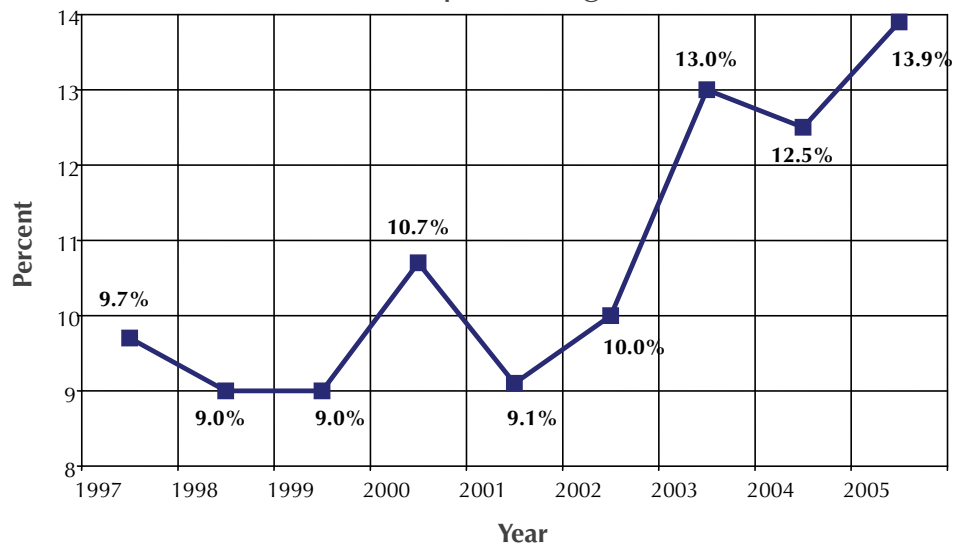
Study in Brief:

Non-urgent emergency department (ED) use, on the rise due to an “open-door” ED policy, a weakened primary care system and a provider shortage, is problematic from both a health care cost and quality standpoint. The New England Healthcare Institute (NEHI) and the Institute for Healthcare Improvement (IHI) are conducting a joint initiative to identify the main drivers of ED overuse, test innovative strategies for reducing non-urgent and avoidable ED visits and provide a national road-map for organizations to address the problem.

Emergency departments (EDs) are the only place in the U.S. health care system where individuals have access to a full range of services at any time regardless of their ability to pay or the severity of their condition. Today, however, the ED is becoming a *primary* source of care for more and more people. In the ten years ending in 2005, the number of emergency department visits in the United States increased nearly 20% from 96.5 million to 115.3 million.

A large portion of ED visits fall into the category of inappropriate use resulting from patients seeking non-urgent care or urgent care for conditions that could have been avoided. Use of the ED for non-urgent (or non-emergency) visits grew from 9.7% of all ED visits in 1997 to 13.9% in 2005. More recent estimates of avoidable ED use (emergencies that could have been prevented by prior primary care) range as high as 50 percent of all visits. Contrary to popular belief, the increase is not limited to the uninsured; people covered by private insurance, Medicaid and Medicare are just as likely to overuse the ER. The cost of treating these non-urgent ED visits is often two to five times greater than the cost of receiving primary care, and is estimated to total \$1 billion in Massachusetts alone and \$20 to \$32 billion nationally each year.

National Non-Urgent ED Visits
1997 - 2005, as a percentage of total ED visits



Source: National Hospital Ambulatory Medical Care Survey, 1997-2005 ED summary

IMPACT: PREVENTABLE CARE, PREVENTABLE COSTS

Non-urgent and avoidable ED use are problematic from both a cost and quality standpoint. The high costs associated with ED overuse impacts both patients and payers and creates a drain on resources. ED overuse diminishes the quality of ED care; crowding, long waits and added stress on staff take away from patients in need of true emergency care. More fundamentally, experts believe that for non-emergency patients the ED simply cannot provide the continuity of care required to manage chronic conditions. Unlike the primary care system, EDs are not designed to promote prevention or monitor patient follow-up and compliance.

About NEHI

The New England Healthcare Institute (NEHI) is an independent, nonprofit research and health policy organization dedicated to transforming health care for the benefit of patients and their families. Together with its membership of committed health care leaders, NEHI brings an objective, collaborative, and fresh voice to health policy.

Visit www.nehi.net.



About IHI

The Institute for Healthcare Improvement (IHI) is an independent, nonprofit organization helping to lead the improvement of health care throughout the world. Founded in 1991 and based in Cambridge, Massachusetts, IHI works to accelerate improvement by building the will for change, cultivating promising concepts for improving patient care, and helping health care systems put those ideas into action.

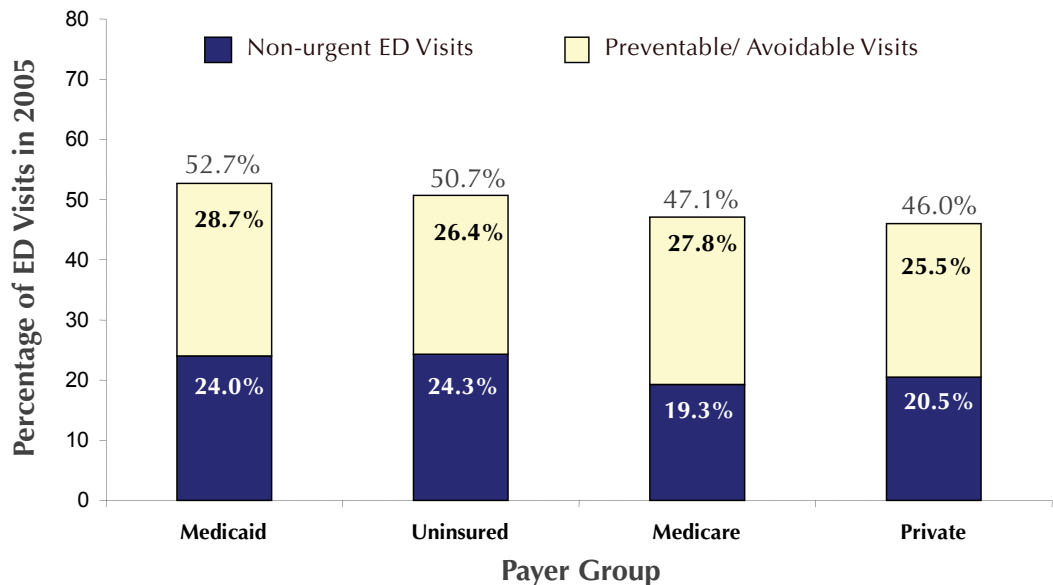
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CAUSE: WHY IT'S HAPPENING

Patients resort to ED use for a variety of reasons: convenience, lack of regular or preventive care for chronic conditions, the inability to book a timely primary care appointment, or referral by their physician. In addition, patients' perception of their medical problem as a medical emergency, regardless of how the condition would be clinically classified, is another main driver of ED overuse.

Non-urgent ED Visits for Each Payer Group in MA



Source: The Massachusetts Division of Health Care Finance and Policy, 2007

THE NEHI-IHI STUDY

The ED overuse initiative is a collaboration between NEHI and IHI. The first phase of the project entails reviewing the literature on ED overuse, its root causes and strategies for combating it, followed by expert interviews to further identify the scope of the problem. This research will present a comprehensive analysis of the drivers of ED overuse, identify barriers to change and generate a list of innovative ideas leading to strategies for change.

In the second phase, IHI and its partners will seek opportunities to engage in prototype testing of the most promising change strategies. Possible areas for further testing include the use of telemedicine for treatment outside of the ED, case management for frequent ED users, and improved care and management of patients who suffer from chronic diseases.

NEHI and IHI aim to distribute successful strategies to private and public policy leaders as well as health care leaders. The ultimate goal is to shape the delivery of health care so that patients can receive the care they need in the most appropriate, patient-centered and cost-effective setting.

“Non-urgent ED visits are consuming our health care dollars at the expense of quality. Addressing this problem will lead to better, more cost-efficient care.” Wendy Everett, ScD, NEHI President