The Evolving Roles of Emergency Departments in the United States

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Disclaimer:

- I am not speaking for USUHS or DoD; my views are my own.

- Many of the findings I will present are summarized in a research report I helped produce last year for the RAND Corporation.

Policymakers and insurers have largely focused on the cost of emergency care relative to treatment in other outpatient settings. But the role of emergency departments in either facilitating or preventing hospital admissions may be a bigger story. How do modern emergency departments contribute to today’s health care system, and how might this role change in the future?
Is “Nonurgent ED Use” the Problem?

• ER use consumes 2-6% of health care spending

• Perhaps ¼ of these visits might be managed in less costly ways, *if care were readily available*

• Americans with acute health problems see their personal MD less than half the time

• The main reason pts w/ “primary care treatable” or “primary care preventable” visits end up in the ED is *lack of access to primary care* 

The Big Money is Spent on Hospitalization

U.S. Health Spending, 2012

Inpatient care 31%

Doctors, nurses, and other professionals 22%

Insurance bureaucracy 6%

Government bureaucracy 1%

Research 2%

Home health care 3%

Public Health 3%

Medical products 3%

Dental 4%

Structures/equipment 4%

Drugs 10%

Nursing home/residential care/ambulance 11%

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Half of All Hospital Admissions Enter Through the ED…

- Elective/other
- Non-elective
- Overall

% of inpatient hospital admissions

- ED
- Referrals
- Other
Recent Growth in Inpatient Admissions is Almost Entirely Due to E.D. Admits

- Inpatient admissions grew more slowly than the US population (4% vs. 6%)
- Hospitals admitted 1.6M fewer inpatients from doctors offices (↓10%)
- However, hospitals admitted 2.7M more inpatients through their EDs (↑17%)

Data Source: National Hospital Discharge Survey
Note: Excludes live births. Weighted counts with imputed values
ED Admissions Are Growing Across All Payer Groups

Share of All Inpatients Admitted through the ED, by Primary Payer (1993-2009)

Data Source: Nationwide Inpatient Sample
Note: Excludes live births. Weighted counts
PCPs Use EDs for Complex Workups and to Evaluate Potential Admissions

• PCPs finding it increasingly difficult to accommodate unscheduled patients with acute care problems

• Since EDs have advanced diagnostic technology, PCPs prefer to send acutely ill patients there:
  – “Making sure [patients] are getting the care. So that there is not lapse in treatment.”
  – “More careful observation in those first few hours while you’re getting the ball rolling.”
  – “ER – faster services, faster start time for meds and tests. Another educated set of eyes looking at patient differently.”
# “Potentially Preventable” Admissions

AHRQ’s “Prevention Quality Indicators”

<table>
<thead>
<tr>
<th>PQI #01 Diabetes Short-Term Complications</th>
<th>PQI #11 Bacterial Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQI #03 Diabetes Long-Term Complications</td>
<td>PQI #12 Urinary Tract Infection</td>
</tr>
<tr>
<td>PQI #05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults</td>
<td>PQI #13 Angina without Procedure</td>
</tr>
<tr>
<td>PQI #07 Hypertension</td>
<td>PQI #14 Uncontrolled Diabetes</td>
</tr>
<tr>
<td>PQI #08 Heart Failure</td>
<td>PQI #15 Asthma in Younger Adults</td>
</tr>
<tr>
<td>PQI #10 Dehydration</td>
<td>PQI #16 Lower-Extremity Amputation Among Patients With Diabetes</td>
</tr>
</tbody>
</table>

Source: [www.AHRQ.gov](http://www.AHRQ.gov)
Are EDs Helping to Reduce Preventable Admissions?

• Between 2000 and 2009, non-elective admits grew substantially, but PQI admissions were flat:
  – Non-elective admissions from docs’ offices with PQIs fell by 30%
  – PQIs admissions from EDs grew 13% during the same time period, but this was half the rate of growth in non-elective admits (27%)
Is There Evidence that EDs Are Playing a Useful Role?

• To find out, we compared total ED visits & admissions for 6 PQI-related conditions between 2006-2009

• In 4 of 6 categories, hospital admits grew faster than total ED visits for these complaints

• One notable exception was diseases of the heart. In this case, ED visits grew 5% but hospital admissions fell by nearly 6%
Implications for MACPAC:

Efforts to reduce non-emergent ED use should focus on strengthening access to primary care, rather than turning patients away from EDs.

Policymakers should pay closer attention to the role EDs play in facilitating or reducing inpatient admissions.

Growing use of EDs as diagnostic centers warrants a closer look, as this may be an efficient way to evaluate patients with complex & worrisome conditions.
The Bottom Line

EDs

- A growing portal for hospital admissions
- The gatekeeper for up to half of inpatient care
- Help PCPs by performing complex workups & handling after-hours demand
- May play a useful role in preventing hospitalizations
- Non-urgent use driven by lack of alternatives & referral of patients by their PCPs
THANK YOU
Supplemental Material
Waiting Time to See Doctor When Sick or Need Medical Attention, Among Sicker Adults, 2008

Percent of adults who could get an appointment on the same or next day when sick or needed medical attention

Sicker adults met at least one of the following criteria: health is fair or poor; serious illness in past two years; or was hospitalized or had major surgery in past two years. AUS=Australia; CAN=Canada; FRA=France; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom; US=United States.

Data: 2008 Commonwealth Fund International Health Policy Survey.
Difficulty Getting Care After Hours Without Going to the Emergency Room, Among Sicker Adults, 2008

Percent of adults who sought care reported “very” or “somewhat” difficult to get care on nights, weekends, or holidays without going to the emergency room.

Sicker adults met at least one of the following criteria: health is fair or poor; serious illness in past two years; or was hospitalized or had major surgery in past two years. AUS=Australia; CAN=Canada; FRA=France; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom; US=United States.

Data: 2008 Commonwealth Fund International Health Policy Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.