The Evolving Roles of Emergency Departments in the United States

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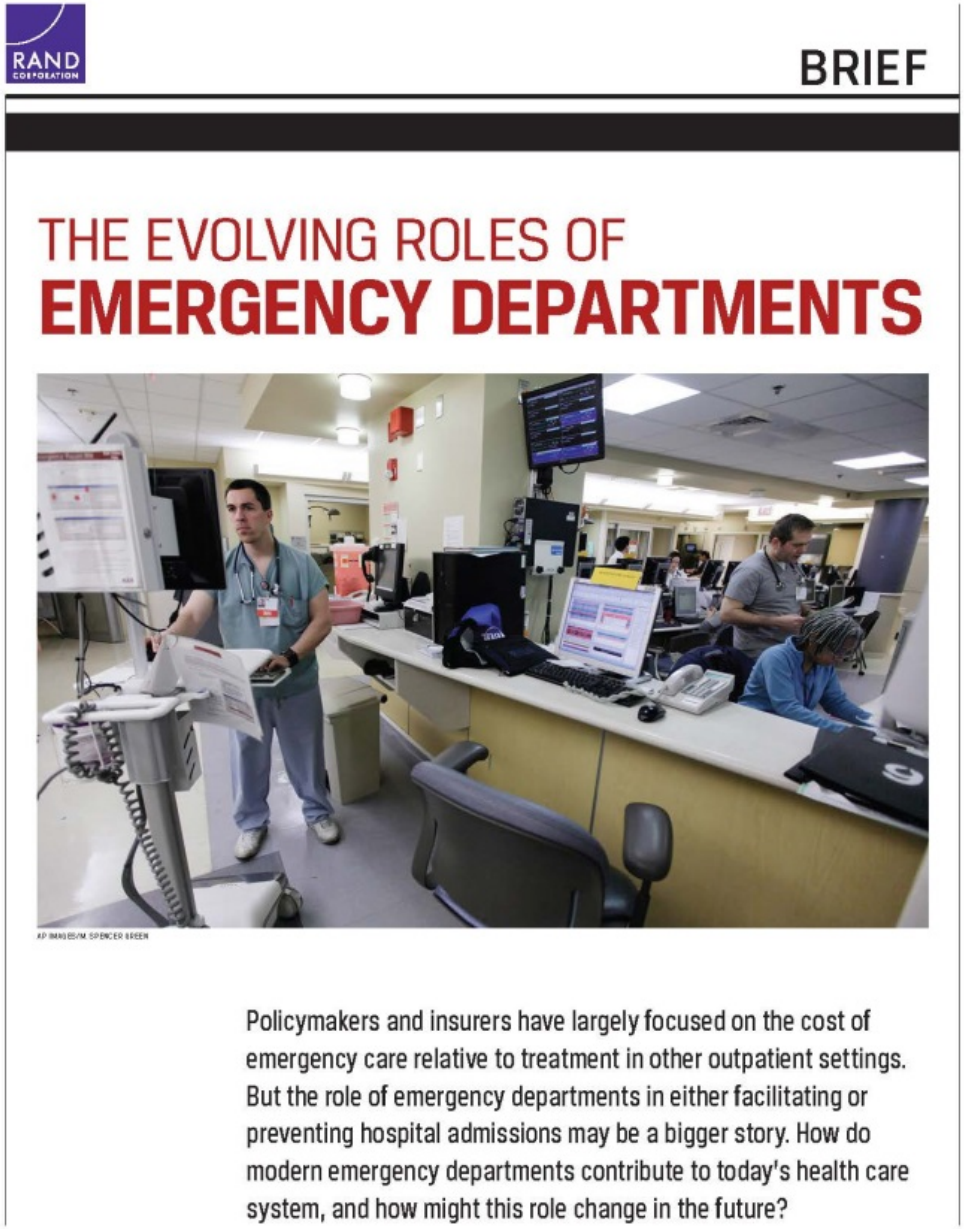
Disclaimer:

- 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



RAND CORPORATION

BRIEF

THE EVOLVING ROLES OF
EMERGENCY DEPARTMENTS

AP IMAGES/M. SPENCER GREEN

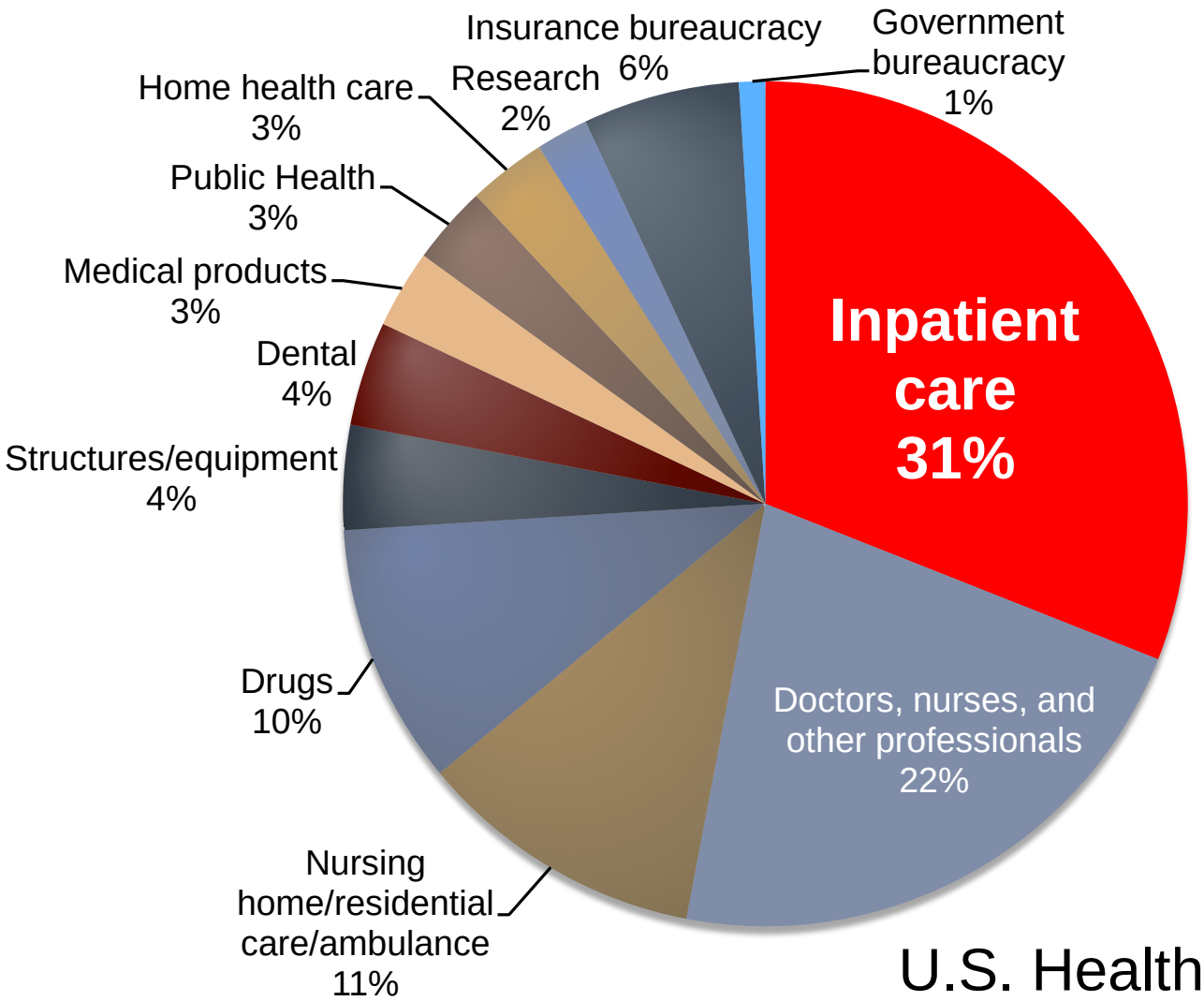
Policymakers and insurers have largely focused on the cost of emergency care relative to treatment in other outpatient settings. But the role of emergency departments in either facilitating or preventing hospital admissions may be a bigger story. How do modern emergency departments contribute to today's 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****

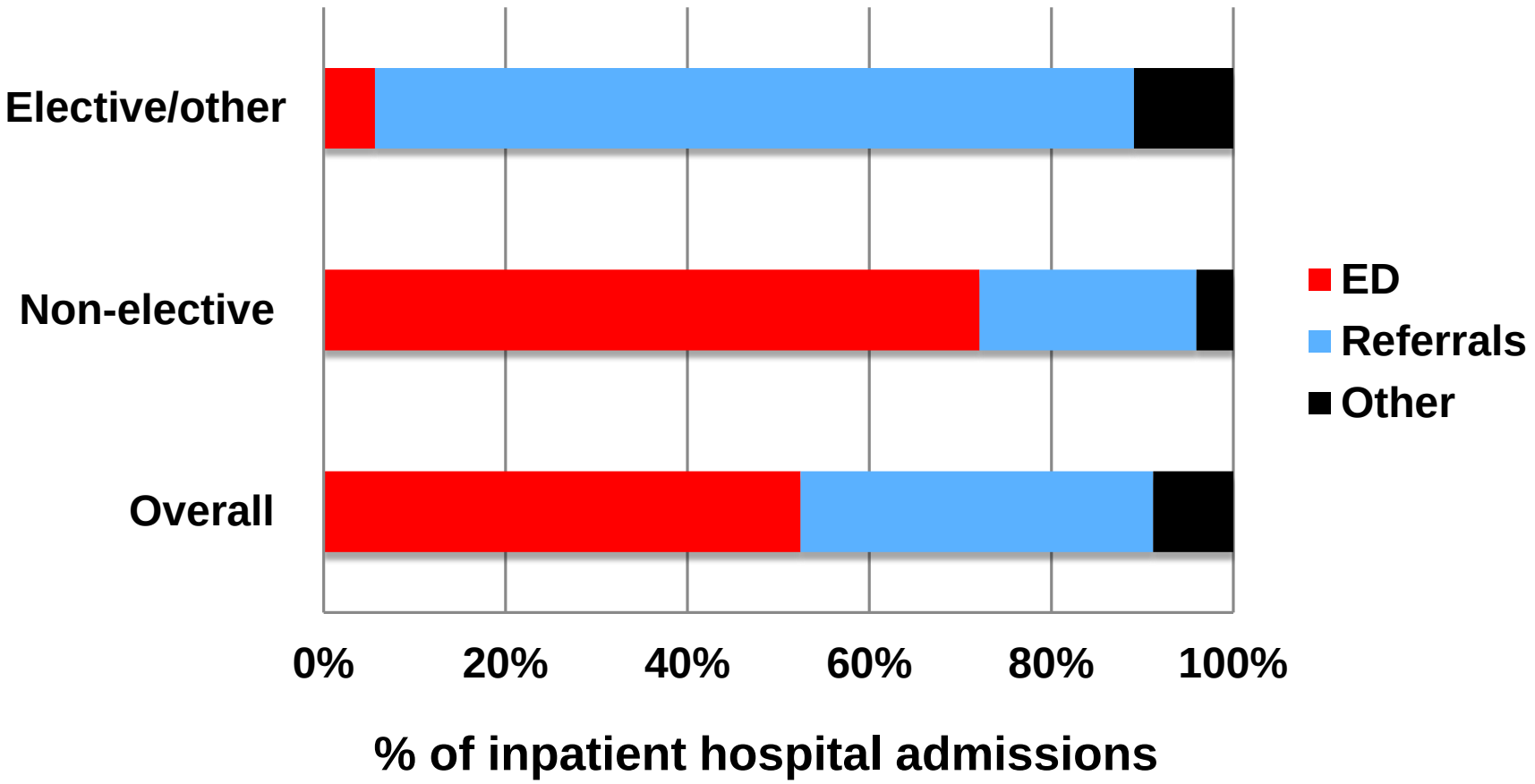
* Emergency Departments, Medicaid Costs and Access to Primary Care—Understanding the Link. *N Engl J Med*. 2012;366:2141-2143.

The Big Money is Spent on Hospitalization

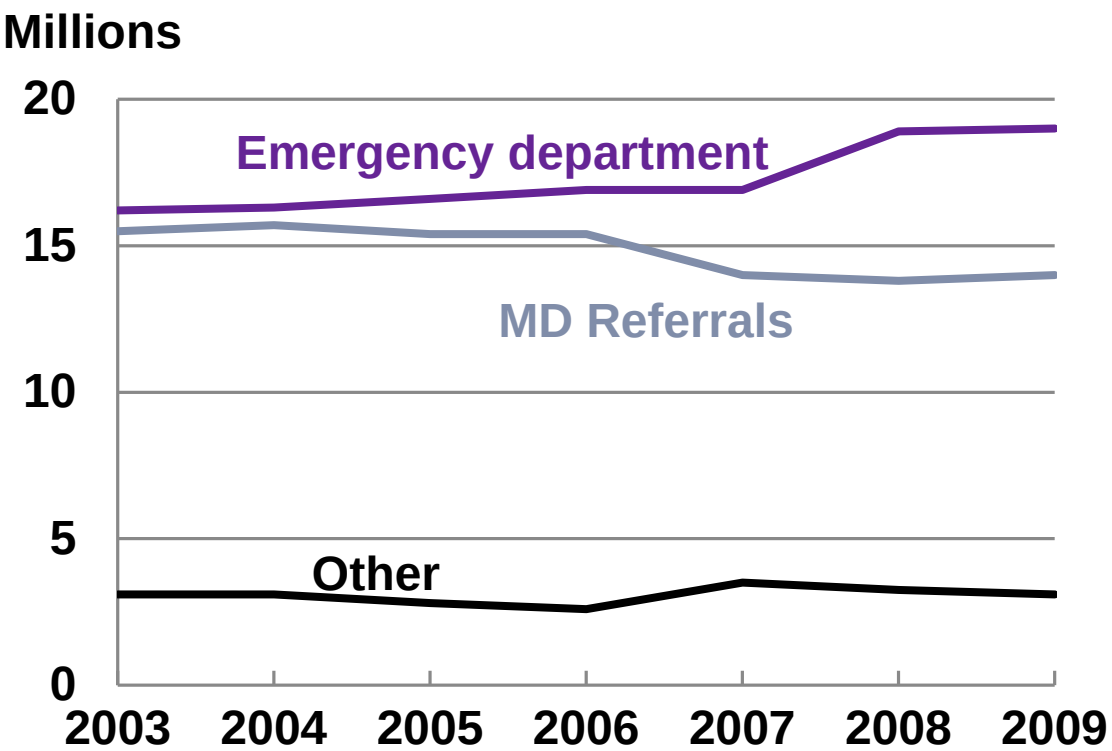


U.S. Health Spending, 2012

Half of All Hospital Admissions Enter Through the ED…



Recent Growth in Inpatient Admissions is Almost Entirely Due to E.D. Admits

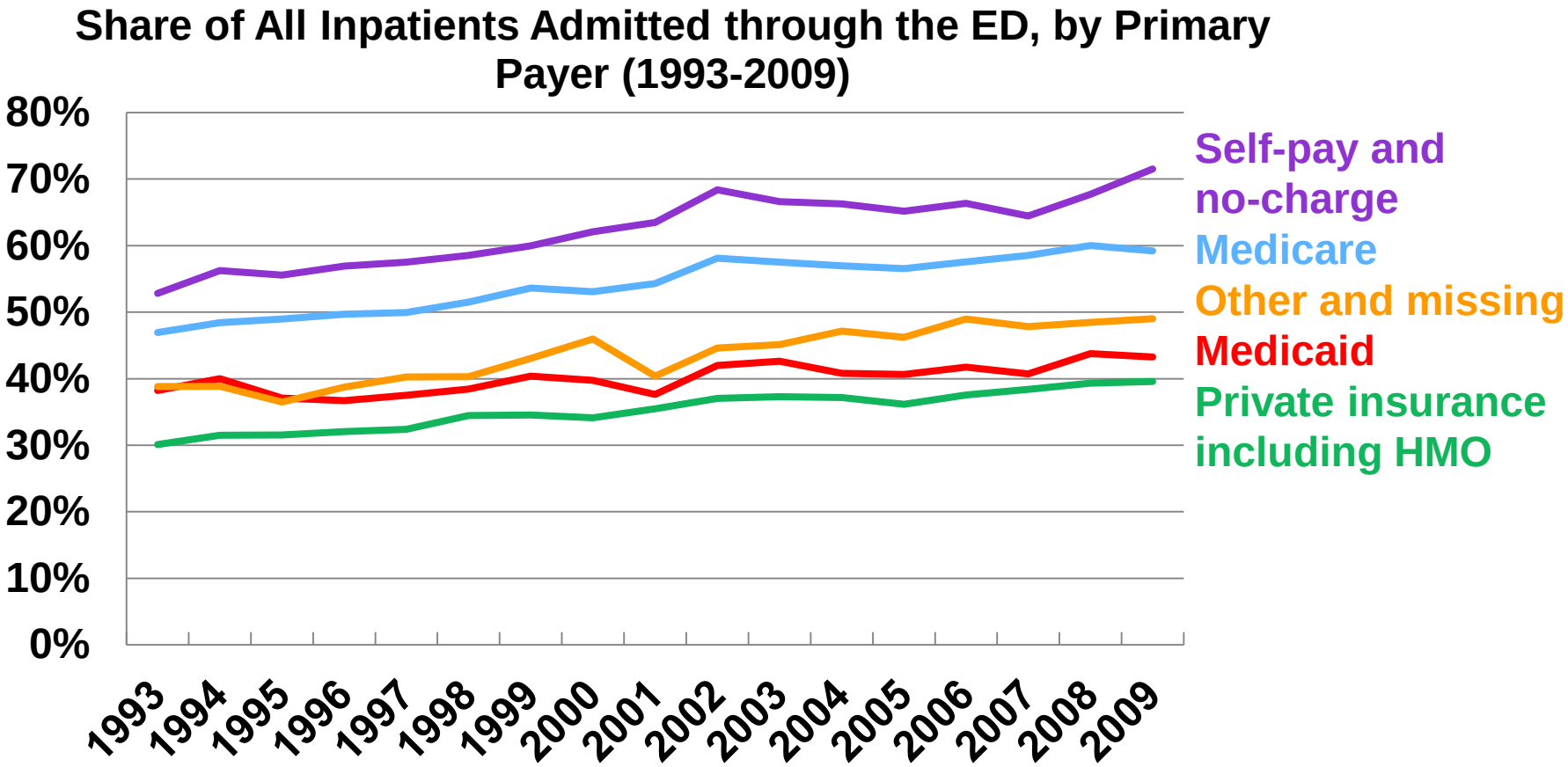


Compared to 2003 in 2009:

- **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



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

Source: 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

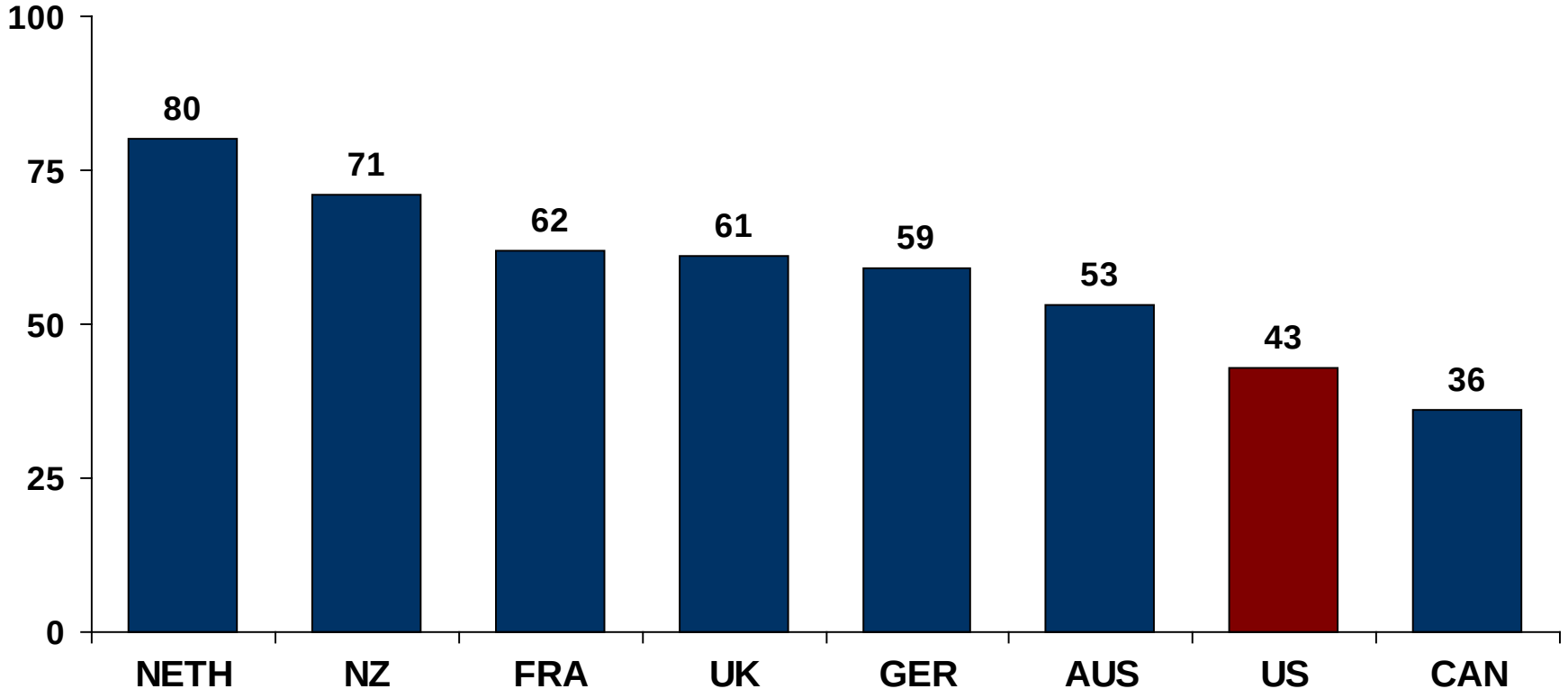
- A growing portal for hospital admissions
- The gatekeeper for up to *half* of inpatient care
- Help PCPs by performing complex workups & handling after-hours demand
- <u>May</u> play a useful role in preventing hospitalizations
- Non-urgent use driven by lack of alternatives & referral of patients by their PCPs

THANK YOU

Supplemental Material

Waiting Time to See Doctor When Sick or Need Medical Attention, Among Sicker Adults, 2008

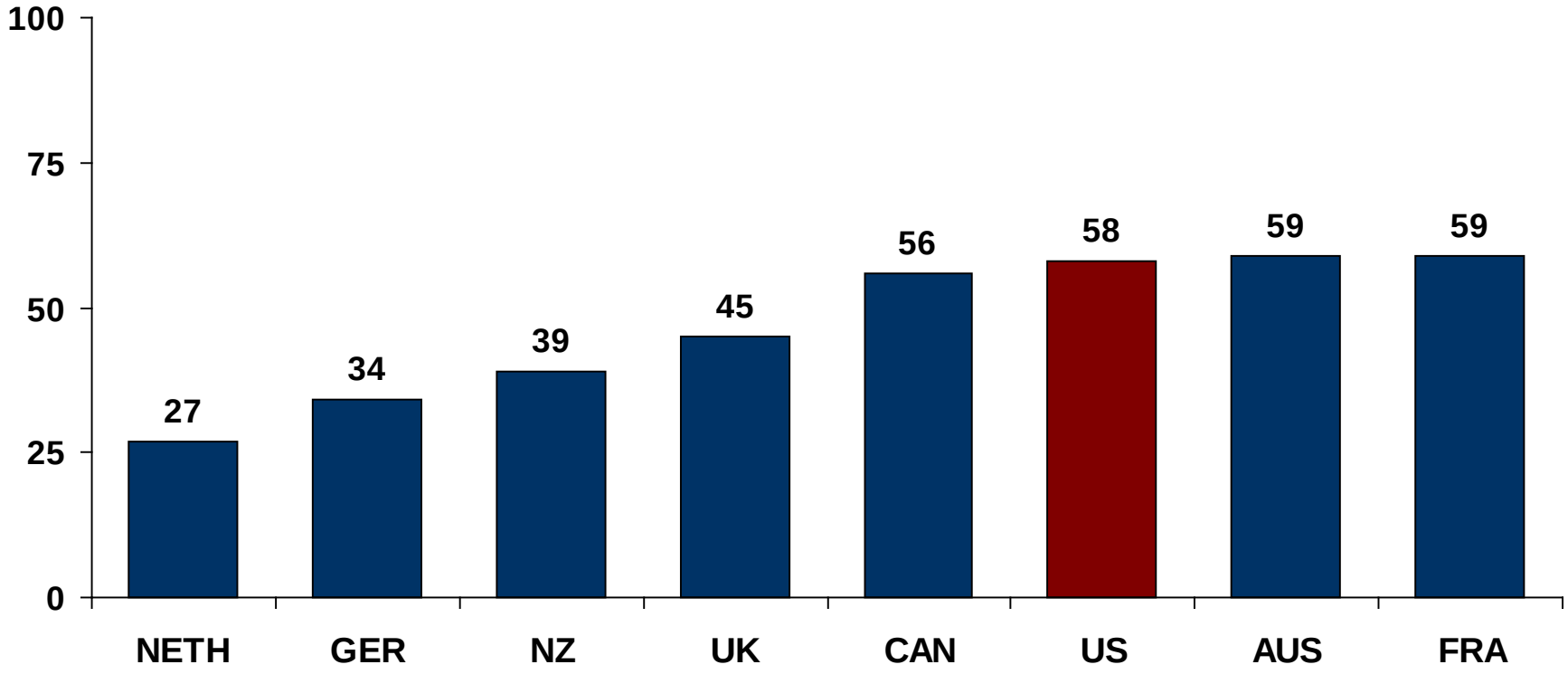
Percent of adults who could get an appointment on the same or next day when sick or needed medical attention



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



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