


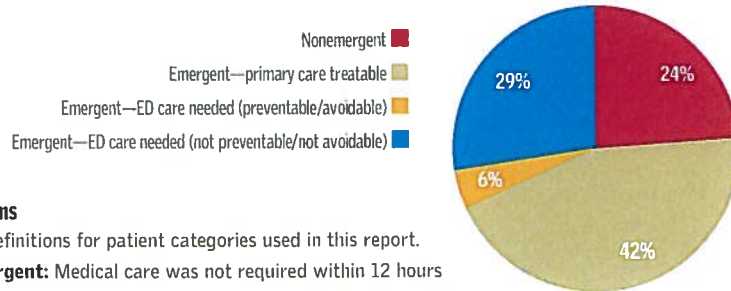
FACTFILE

Avoidable Emergency Department Usage

The inappropriate use of emergency department services is growing, resulting in care that is more costly and lacks continuity. The ability to measure the inappropriate use of these services is key to addressing this issue, but there has been little agreement on how to identify and categorize inappropriate ED visits. When the issue has been studied, the focus has been primarily on the Medicare, Medicaid, and uninsured populations. But people covered by private insurance are just as likely to overuse the ED. 

MOST ED VISITS ARE AVOIDABLE

Only 29% of patients presented with an emergent condition that was not avoidable. Unlike that group, who needed to be there, 24% presented with no emergent medical need at all. And while about half of those who showed up did have an emergent condition, most (42%) could have been treated in a primary care setting and 6% could have avoided the ED trip with timely outpatient care.



Use of Terms

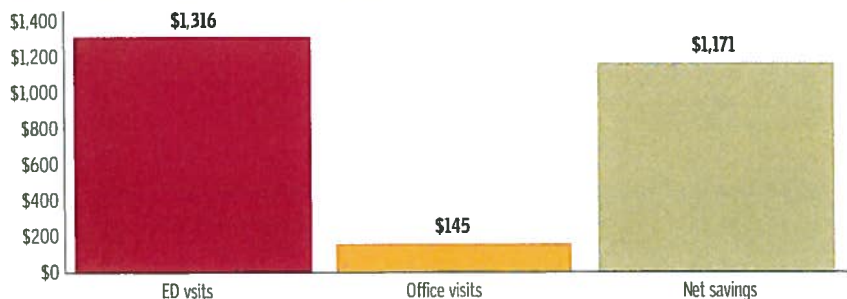
Here are definitions for patient categories used in this report.

- > Nonemergent:** Medical care was not required within 12 hours
- > Emergent—primary care treatable:** Medical care was required within 12 hours, but care could have safely been provided in the primary care setting
- > Emergent—ED care needed (preventable/avoidable):** Medical care was required within 12 hours, but an ED visit was potentially preventable had timely and effective outpatient care been delivered before the visit
- > Emergent—ED care needed (not preventable/not avoidable):** Medical care was required within 12 hours in the ED setting

SOURCE: Truven Health MarketScan®.

POTENTIAL SAVINGS

Based on an average 2010 cost of \$1,316 for an ED visit and \$145 for an office visit, the net savings of substituting an office visit for an ED visit is approximately \$1,171. Using this information, along with the frequency of visits in the categories described in this research, a diversion of just 10% of the patients who did not have an unavoidable emergent medical need could result in a net savings of \$18.68 in total allowed costs per member per year.



SOURCE: Truven Health MarketScan®.

ABOUT THE DATA: To identify best practices and quantify the scope of the problem of inappropriate ED visits in the commercially insured population under the age of 65, Truven Health Analytics™ undertook a review of existing methodologies and performed a study based on 2010 data in the commercial Truven Health MarketScan® Commercial Database for this population. Study results are based on the 6.5 million ED visits contained in the database for this period. This database provides in-depth, cross-sectional, and longitudinal views of healthcare practices and costs for the American working population and their dependents. For more information, email healthplan@truvenhealth.com, call 1-734-913-3000, or visit truvenhealth.com/healthplan.

ED Visits

The reasons people visit the emergency department vary based on age and gender. Here is a look at the leading diagnoses for visits to U.S. hospital EDs.

	Number (1,000)	Rate per 1,000 Persons ¹
MALE		
All ages	56,742	388
Under 15 years old²	12,762	409
Acute upper respiratory infections ³	1,129	36
Otitis media and eustachian tube disorders	826	26
Open wound of head	742	24
15–44 years old²	23,246	379
Open wound, excluding head	1,264	21
Contusion with intact skin surfaces	1,186	19
Cellulitis and abscess	921	15
45–64 years old²	12,542	333
Chest pain	786	21
Open wound, excluding head	565	15
Spinal disorders	512	14
65 years old and over²	8,192	511
Chest pain	456	28
Heart disease, excluding ischemic	442	28
Pneumonia	356	22
FEMALE		
All ages	67,020	440
Under 15 years old²	10,395	348
Acute respiratory infections ³	916	31
Otitis media and eustachian tube disorders	696	23
Pyrexia of unknown origin	650	22
15–44 years old²	31,763	516
Abdominal pain	2,103	34
Complications of pregnancy, childbirth, and the puerperium	1,394	23
Contusion with intact skin surface	1,121	18
45–64 years old²	13,793	346
Chest pain	850	21
Abdominal pain	701	18
Spinal disorders	512	13
65 years old and over²	11,069	522
Chest pain	628	30
Contusion with intact skin surface	541	25
Heart disease, excluding ischemic	537	25

NOTES: Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

¹Based on U.S. Census Bureau estimated civilian noninstitutional population as of July 1

²Includes other first-listed diagnosis, not shown separately

³Excluding pharyngitis

SOURCE: The 2012 Statistical Abstract, *The National Data Book, Visits to Hospital Emergency Departments by Diagnosis: 2008*; www.census.gov/compendia/statab/cats/health_nutrition/health_care_utilization.html.

Upcoming Topic:
> Oncology Trends

FACT FILE PARTNER:

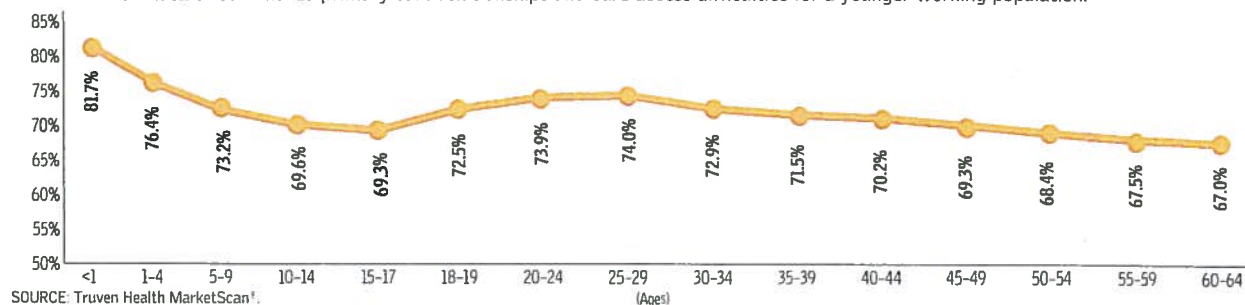
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ED VISITS BY AGE

Percentage of Avoidable ED Visits by Age

The percentage of potentially avoidable ED visits shows striking variation by age group, and is generally higher for younger patients. For the youngest patients, those under age 10, the rate may reflect anxious parental behavior and suggests an educational opportunity. The rate may also reflect an underlying shortage of available after-hours pediatric care. The peak observed in the young adult population is most likely a reflection of the lack of established primary care relationships and care access difficulties for a younger working population.

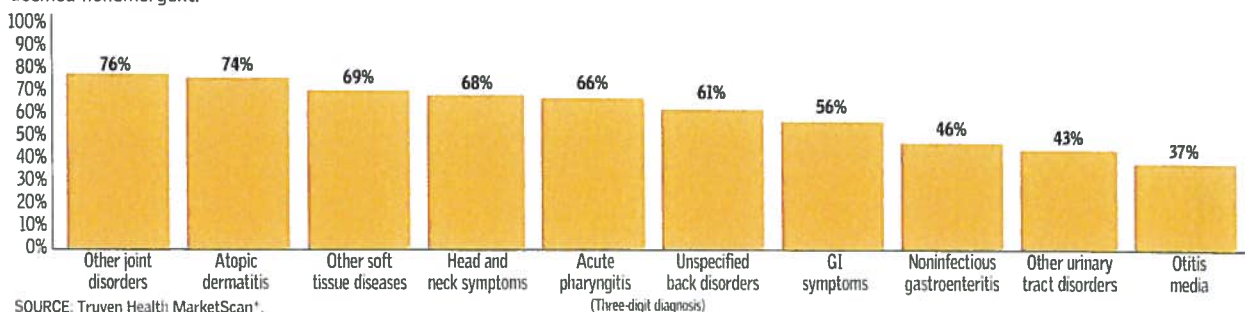


SOURCE: Truven Health MarketScan®.

TOP 10 NONEMERGENT ED VISITS

Percentage of Nonemergent ED Visits: Top 10 Three-Digit Diagnoses

Among the top 25 diagnoses, the types of visits with the highest percentage of nonemergent visits (where medical care was not required within 12 hours) include other joint disorders, atopic dermatitis, and other soft tissue diseases. On average, 73% of these visits were deemed nonemergent.

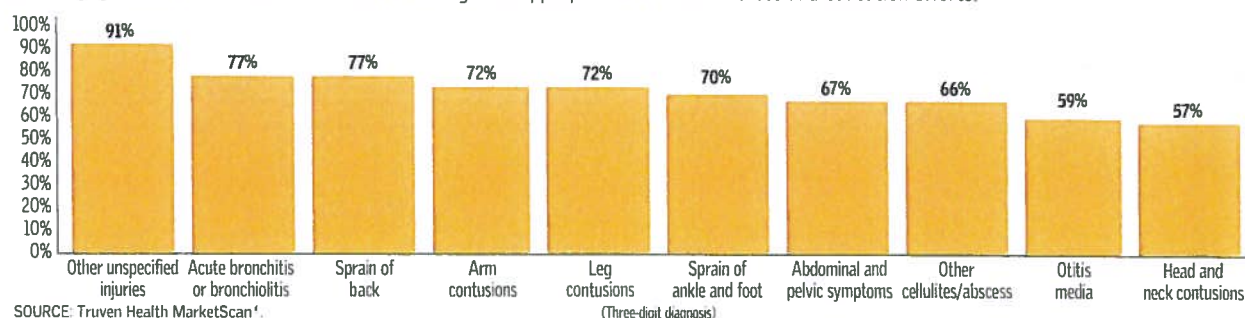


SOURCE: Truven Health MarketScan®.

TOP 10 PRIMARY CARE-TREATABLE ED VISITS

Percent of Emergent—Primary Care Treatable ED Visits: Top 10 Three-Digit Diagnoses

Among these same top 25 diagnoses, those with the highest percentage of emergent—primary care treatable visits are shown below. These are visits that could be diverted from the ED setting with appropriate alternative access and education efforts.

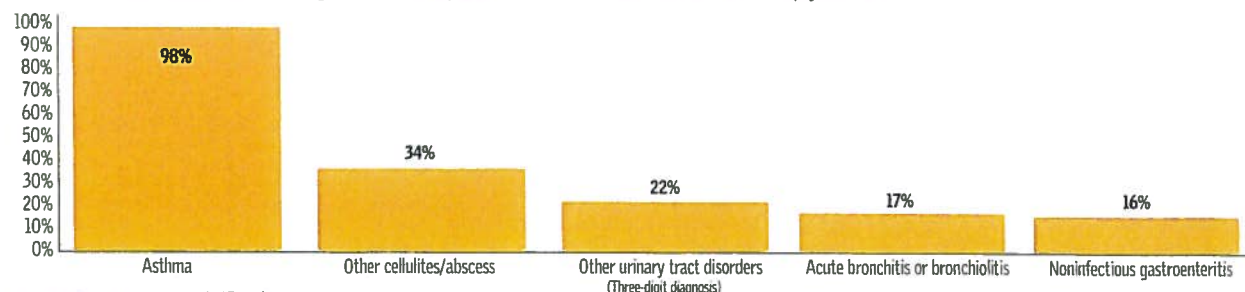


SOURCE: Truven Health MarketScan®.

TOP FIVE PREVENTABLE/AVOIDABLE ED VISITS

Percentage of Emergent—ED Care Needed (Preventable/Avoidable) ED Visits: Top Five Three-Digit Diagnoses

For the top three-digit diagnoses, only asthma had a percentage of emergent—ED care needed (preventable/avoidable) approaching 100%. The percentages for the remaining clinical condition categories decline markedly, not exceeding 35%. This suggests that actions undertaken to improve preventive and care-managed services "upstream" from the ED visits can be sharply focused.



SOURCE: Truven Health MarketScan®.