LETTER FROM THE EDITOR-IN-CHIEF

Crisis in the ER: Quantifying the Impact of Urgent Care

Much has been written lately on the growing crisis in emergency services: diversions, overcrowding, uncompensated care, lack of hospital beds, and the high cost of care in emergency department settings.

Much has also been written of late about the growing crisis in primary care: poor reimbursement, declining numbers of primary care physicians and trainees, and declining access to primary care as a result. This has caused increased wait times and limited same-day availability.

All of this, most agree, has led to increased utilization of the emergency department for non-emergencies. Several studies have attempted to identify the extent to which this occurs. All have their flaws, but the data are still worth interpreting in an effort to develop solutions to the growing crisis.

1. The most recent CDC (August 2008) Emergency Department Summary revealed the following:
   - 15% of all visits to U.S. emergency departments were deemed "emergent" (need to be seen within 15 minutes).
   - 36% of visits were deemed "urgent" (need to be seen in 15-60 minutes).
   - 22% of visits were deemed "semi-urgent" (should be seen in 2-24 hours).
   - 12% were deemed non-urgent.
   - 13% had unknown triage.
   - The most common diagnoses were upper respiratory infection, fever, ear infection, sprains and strains, laceration, contusions, abdominal pain, chest pain, and back disorders.
   - Approximately 75% of ED visits occurred 8 a.m.-10 p.m. (typical hours for most urgent care centers).
   - While a significant proportion of those triaged as "urgent" would likely meet criteria for being seen in an urgent care center, a full 34% of all ED visits were deemed semi-urgent or non-urgent.
2. Solucient analyzed acuity of emergency department visits by analyzing CPT codes. All visits coded 99281 through 99283 (a range from minor to moderate complexity) were deemed "non-emergent." An approximate average of 80% of emergency department visits met these criteria.
3. The Agency for Healthcare Research and Quality's most recent expenditure data for ED visits, published in January 2006 and representing 2003 data:
   - Average payment for ED visits was $560
   - Services involving a surgical procedure (including, but not limited to lacerations, I&Ds, chest tubes, LPs, etc.) averaged $904. These accounted for 7% of total services.
   - Other visits requiring special services such as x-ray, lab test, EKG, CT, etc. received an average payment of $637. These accounted for 64% of visits.
   - A full 29% of visits required no special services, and the average payment was $302.
   - Emergency visit payments for the simplest of visits requiring no special services were three times higher than office-based visits.

Using the most conservative estimates, these data support the assumption that somewhere between 30% and 80% of ED visits (35 to 95 million visits) could be managed in the urgent care setting, if that option is available. Seventy-five percent of these visits occur during standard urgent care hours (25 to 75 million visits).

With accessibility, diagnostic capacity, and convenient hours of operation, urgent care centers are uniquely positioned to provide this care, significantly reducing the unnecessary use of our strained emergency services.

Based on the assumptions stated above, and a conservative three times multiple cost of care for similar services in the ED vs. urgent care, the potential cost savings to the healthcare system is a staggering $5 billion to $15 billion per year.

We will continue to make the case for the legitimate role of urgent care in the solution of our nation's emergency services crisis. ■

Lee A. Resnick, MD
Editor-in-Chief
JUCM, The Journal of Urgent Care Medicine
President, UCAOA