



Effective Health Care

Interventions to Reduce Non-emergent Emergency Department Utilization Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Interventions to Reduce Non-emergent Emergency Department Utilization*, was found to be addressed by three systematic reviews. Given that the existing systematic reviews cover this nomination, no further activity will be undertaken on this topic.
 - Khangura JK, Flodgren G, Perera R, et al. Primary care professionals providing non-urgent care in hospital emergency departments. *Cochrane Database Syst Rev*. 2012 Nov 14. PMID: 23152213
 - Flores-Mateo G, Violan-Fors C, Carrillo-Santistevé P, et al. Effectiveness of organizational interventions to reduce emergency department utilization: a systematic review. *PLoS One*. 2012;7(5):e35903. doi: 10.1371/journal.pone.0035903. Epub 2012 May 2. PMID: 22567118
 - Katz EB, Carrier ER, Umscheid CA, et al. Comparative effectiveness of care coordination interventions in the emergency department: a systematic review. *Ann Emerg Med*. 2012 Jul;60(1):12-23.e1. doi: 10.1016/j.annemergmed.2012.02.025. Epub 2012 Apr 27. PMID: 22542309

Topic Description

Nominator(s): Organization

Nomination Summary: The nominator is interested in understanding the comparative effectiveness of interventions to reduce non-emergent emergency department (ED) utilization. The nominator is specifically interested in examining health system-level interventions such as the availability and utilization of community health centers, free clinics, public clinics, patient-centered medical homes, hospital-based programs, changes in Medicaid payments and/or administrative policy, and educational interventions. The nominator states that there is uncertainty on how to implement or promote effective strategies to reduce emergency room utilization for non-emergent health care needs.

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Population(s): Individuals with non-emergent conditions presenting to the ED.

Intervention(s): Health system-level interventions to reduce non-emergent ED visits.

Comparator(s): Health system-level interventions such as increasing the availability of primary care (community health centers, free clinics, and patient-centered medical homes), educational interventions, barrier and administrative interventions (gatekeeping or cost), hospital-based interventions, case management, and care coordination.

Outcome(s): Reduction in ED utilization for non-emergent conditions.

Key Question from Nominator: What is the comparative effectiveness of interventions to reduce non-emergent emergency department (ED) utilization?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Americans are increasingly using hospital EDs for non-emergent and routine health care problems and up to one-third of all ED visits may be avoidable
- There are three recent systematic reviews focused on interventions to reduce non-emergent ED visits. The majority of the studies do not compare across other interventions.
 - A 2012 Cochrane systematic review, examined the utilization of primary care professionals to provide non-urgent care in hospital EDs and found that there was no effect on waiting times, length of hospital stay or adverse outcomes such as 72-hour re-presentations, admissions within 1-week of discharge, or mortality. However, the quality of evidence was low, primarily due to the non-randomized design of included studies.
 - A 2012 review published in PLoS, examined the effectiveness of organizational interventions to reduce ED utilization and concluded that interventions aimed at increasing primary care accessibility and ED cost-sharing were effective in reducing ED use.
 - A 2012 systematic review published in the Annals of Emergency Medicine, examined care coordination interventions to reduce ED utilization. Approximately two thirds of interventions, and specifically interventions that focused on interfacing with outpatient providers were effective in reducing repeated ED utilization.