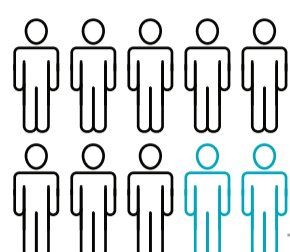


Reducing unnecessary and costly use of emergency departments

People usually go to the Emergency Department (ED) when they are experiencing a medical emergency. But some people choose the ED for non-urgent care, which may lead to needless and costly procedures.



20% of U.S. adults make approximately



141.4 million ED visits every year.¹

The average emergency room visit cost \$1,389 in 2017, up 176% over 10 years.²



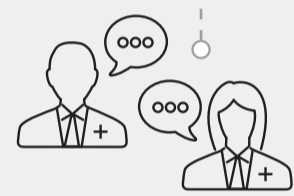
(Cost doesn't include extra charges for blood tests, IVs, drugs or other treatments.)

Visiting the ED for non-urgent conditions however may lead to unnecessary testing and treatments, and missed opportunities to strengthen patient-provider relationships.

Addressing ED Overuse

Evolving value-based payment models incentivize **all** care providers to orchestrate a patient's care more efficiently, raising the potential for coordinated care that keeps people out of the ED.

The first step is to assess your population's health and measure emergent and non-emergent use.



Identifying non-emergent or primary care treatable visits is easier with the Johns Hopkins ACG[®] System ED classification algorithm.

For example, when we applied the algorithm to millions of records representing the general US insured population, patterns of utilization emerged, which can inform effective strategies to prevent unnecessary ED visits.

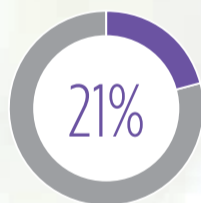
Preventable ED utilization



55% of ED visits are non-emergent or primary care treatable

Potential intervention strategy

Availability of urgent care alternatives



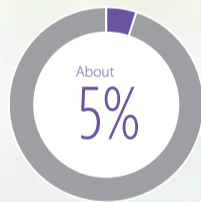
21% of patients with non-emergent or primary care treatable ED visits have multiple visits per year

Refer to utilization management



Approximately 30% of non-emergent ED patients have not seen a PCP in the past year

Adopt primary care model



About 5% have a likely care coordination issue as measured by the number and type of providers interacting with the patient

Engage care coordination resources



30% or more of all emergency department visits are individuals with complex care needs

Enroll in complex case management

Reducing the number of preventable ED visits could result in significant cost savings.

A 5% reduction would eliminate 800 unnecessary ED visits per 100k visits.

At an average cost of \$1,389 per visit, the cost savings would be ~\$1M per 100k



The Johns Hopkins ACG System's newly updated ED Classification algorithm helps you more accurately categorize each ED visit, better assess the reasons for these visits and identify unnecessary use of the ED, so you can improve care and reduce these costs for your organization and patients.

¹ <https://www.beckershospitalreview.com/healthcare-information-technology/emergency-department-overuse-routing-low-acuity-visits-away-from-the-ed-with-virtual-care.html>

² <https://www.usatoday.com/story/news/health/2019/06/04/hospital-billing-code-changes-help-explain-176-surge-er-costs/1336321001/>

^{3,4} Source: IQVIA, formerly Quintiles/IMS, One IMS Drive, Plymouth Meeting, PA 19462; Subset of the Legacy PharMetrics Adjudicated Claims Database containing national cross-section of managed care plans, 4,064,933 Commercial, Medicaid and Medicare beneficiaries, 2015.

