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Common Myths about Hospital ED Use and Overcrowding

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Hospital emergency departments (EDs) are a vital source of health care in the United States providing over 130 million patient visits annually.¹ They are also a major source of inpatient admissions; 11.9% of ED visits in 2011 resulted in a hospital admission according to the latest statistics available from the Centers for Disease Control and Prevention (CDC).² Today, most hospital EDs are in stress as they struggle to provide prompt and high-



quality treatment for patients with urgent and emergent medical problems while coping, at the same time, with many challenges including overcrowding, long waiting times, and misuse of ED care for non-urgent problems.^{3,4} Many of the stories that we have heard or read in the news media are not consistent with available evidence, however. Here are a few examples of common misconceptions about ED use and overcrowding.

Myth # 1: Hospital EDs are crowded with uninsured patients who are responsible for most of the unnecessary ED visits.

Fact: Contrary to popular belief, the uninsured are not a majority of patients in hospital EDs across the country. Available data suggest that the uninsured, when compared with their proportion in the general population, are not overrepresented in hospital EDs for conditions that can be treated in the primary care settings.^{5,6} They are also no more likely to make a non-urgent ED visit than those with private insurance.^{7,8,9} In fact, according to a recent report by the Center for Studying Health System Change, “... people with insurance account for most ED use, and people with higher incomes and

a private physician as their usual source of care are driving ED visit increases over time.”¹⁰

Myth #2: Uninsured patients are a leading cause of ED overcrowding and long wait times.

Fact: The uninsured have been blamed for being a primary cause of ED overcrowding, presenting themselves at the hospital ED with less acute conditions than insured patients, and seeking ED care primarily for convenience. However, recent research has dispelled these misconceptions that link ED use by the uninsured to crowding and long wait times. Studies have found that most ED crowding actually results from the so-called “ED boarding problem” as emergency patients who need to be admitted to the hospital for inpatient treatment wait for an available bed.^{11,12,13}

Myth #3: People use hospital EDs for non-urgent problems because they lack access to a regular source of care.

Fact: Lack of primary care access is not a major reason for emergency department use.^{14,15} Many patients who use the ED inappropriately have a regular source of care.¹⁶ This observation has been confirmed by a recent CDC survey report which found that the likelihood of ED visit was no different between those with and without a usual source of primary care.¹⁷ A recent Colorado survey of ED users found similar results.¹⁸ In fact, another recent study found that heavy users of ED visits at an academic medical center had better access to care than the average ED user.¹⁹ Many patients who use the ED inappropriately do have a regular source of care, but having a regular source of care does not always translate into an appointment at the time when care is needed, such as during non-office hours and on weekends.²⁰

Myth #4: Most frequent emergency department (ED) patients are mentally ill and substance users.

Fact: Urban legend has often characterized frequent emergency department (ED) patients as mentally ill or substance users who are a burden to the health care system and who

contribute to ED overcrowding because of unnecessary visits for conditions that could be treated more efficiently elsewhere. A recent study of Medicaid ED users in New York City shows that behavioral health conditions were responsible for only a small share of ED visits by frequent users and that ED use accounted for a small portion of these patients' total Medicaid costs.²¹ It is true that frequent ED users have a substantial burden of disease, but they also have high rates of primary and specialty care use and linkages to outpatient care that are comparable to those of other ED patients.

Myth #5: ED services are free if you cannot pay

Fact: It is a myth that ED care is free if you are uninsured or cannot afford the co-payments and deductibles that your insurance company or health plan asks you to pay. ED services are very expensive, averaging about \$1,500 per visit.²² The hospital will try to collect unpaid bills and, when collection fails, the unpaid balances will have to be paid by somebody else, causing health care costs to go up for everyone.

What are the real reasons people use hospital EDs for routine problems?

Researchers have found that many patients use the hospital ED as a substitute for primary care because they believe that the ED will not deny them treatment, their regular source of care is not available, or because of perceived urgency or convenience. For example:

- The 1986 federal Emergency Medical Treatment and Labor Act (EMTALA) requires all licensed hospitals to provide emergency screening and stabilization care regardless of patients' insurance status or willingness or ability to pay. Many patients, including those who lack health insurance and Medicaid patients who are unable to find a regular source of primary care, use hospital EDs for needed health services because they can be assured that they will be seen, screened, and treated.²³
- Many patients with or without health insurance appear to prefer the ED as a source of routine medical care for a variety of other reasons including:
 - Some of them may not have ready access to primary care physicians either because their physician offices are closed and were told to go to the hospital ED or because they do not have a regular source of care.^{24,25,26}

- To many patients, perceived urgency, not convenience, is the main reason for seeking care at the hospital ED.²⁷
- Some may perceive the care available at the hospital ED to be of higher quality.²⁸
- Still others may seek care in an ED because they are unable to determine whether an illness or injury requires prompt medical attention.²⁹

In summary, the hospital ED should be used for real emergencies. Seeking care for non-urgent, routine problems that can be more appropriately treated in a community clinic or a doctor's office wastes scarce health care resources on expensive ED services. Both insured and uninsured patients need to be educated on which symptoms or conditions are appropriate for ED use and which can be treated in an urgent care or primary care setting. Although the ED does represent a way for uninsured patients to receive care without paying up front, these visits are costly to others and to the system as a whole. Better access to other, less costly services is needed, especially in the evenings and on weekends. Health authorities and leaders of the local health community are working together to strengthen the effectiveness of the community primary care system by making care more accessible. At the same time, patients should be educated and incentivized to go to the ED for only real emergencies and regard the hospital ED as a last resort.

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*** End of Issue Brief ***

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