

GOING TO THE ER? THINK TWICE.

9,578 ER visits¹ in one year were for these 6 non-urgent reasons.

When you're sick or in pain, you might think a visit to the ER is your best bet. But many emergency room visits are completely avoidable—and could be better handled somewhere else.

These numbers show how often people in the Puget Sound region with commercial health insurance visited the ER for each of the six reasons.

HEADACHE

3,288 ER visits

EYE INFECTION

323 ER visits

EARACHE

563 ER visits

A COLD

2,355 ER visits

BACK PAIN

1,647 ER visits

URINARY TRACT INFECTION

1,402 ER visits

DID YOU KNOW...?

More people go to the ER for a cold than for a broken leg.



Avoiding unnecessary visits to the ER could result in a savings of at least **\$13 million** per year in the Puget Sound region.³

At least **1 in 12** ER patients doesn't need to be there.



WHAT'S THE BIG DEAL?

HIGHER COST

In general, a visit to the ER costs about **10 times** what it costs to see a primary care doctor—that is a lot of waste for the health care system and means higher out-of-pocket costs for you.



INCREASED RISK

When you go to the ER, you will likely get more tests and procedures than you really need, which is expensive and could **expose you to unnecessary risks**.²



WASTED TIME

You'll probably have to wait at the ER—sometimes a long time—while patients with more urgent concerns are cared for first.



LESS PERSONAL

The doctors at the emergency room don't know you and your medical history, which may affect the care you receive.



WHAT SHOULD YOU DO INSTEAD?

CALL A NURSE LINE

For health advice, 24/7.

CALL YOUR DOCTOR

If you're sick, your primary care doctor knows you best.

GO TO URGENT CARE

If it can't wait, urgent care clinics are usually open evenings and weekends.

**THINK TWICE
BEFORE YOU
GO TO THE ER.**

1. The avoidable visits were calculated based on the California MediCal Diagnosis method. This method uses 162 ICD-9 diagnosis codes that identify those problems that can be appropriately managed at a primary care provider's office or other clinic setting. The Alliance's Quality Improvement Committee, a group of over a dozen physician leaders from local health care organizations, reviewed this approach and approved its use. This standard was chosen because it is a conservative approach that includes diagnoses widely agreed not to require care in an emergency room.

2. Some risks could include false positive results from testing which can lead to unnecessary treatment, radiation from imaging scans or potential complications associated with procedures. Learn more at: <http://oyh.wacommunitycheckup.org/choosingwisely/>.

3. **This cost estimate is conservative** and doesn't take into account that 1) the total rate of potentially avoidable ER visits is likely very low due to the conservative methodology we used and 2) ER visits often result in significant lab, radiology, pharmacy and subsequent specialty referrals that can add considerably to the overall cost of care.