



Right Care, Right Setting

A Report on Potentially Avoidable Emergency Room Visits in Washington State

Dear community member,

If you are experiencing a sudden and serious medical problem, the emergency room can be a lifesaver—sometimes literally. With its dedicated staff, crucial technology and array of services, the emergency room (ER) can be the place where patients are stabilized and treated so that they can begin to heal.

But too often ERs become the place where patients go with problems that are not emergencies. When simple medical concerns that can be treated easily and more cost effectively in a primary care office or an urgent care clinic end up being treated in the ER, they contribute to waste in the health care system.

This report offers a unique look at the problem of potentially avoidable ER visits in Washington state. Drawing upon its robust claims database, the Alliance was able to look at potentially avoidable visits both by hospital and by medical group. The standard that the Alliance used to identify these visits is very conservative, reducing the chances that true emergencies would be included in the results. These are diagnoses that providers widely accept as appropriate for treatment in a primary care office.

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Results in this report include both commercially insured patients and Medicaid patients. The data are available at the county-level for the entire state, providing a snapshot of the variation that exists across the state. In addition, more detailed results are available for hospitals and medical groups in the five-county Puget Sound region.

In making this report available, the Alliance hopes to highlight the role that all of the stakeholders have to play in addressing the problem of avoidable ER visits. At a time of unprecedented expansion of ERs, hospitals can encourage patients to use ERs only for true emergencies. Medical groups can offer timely appointments that reduce the need for patients to turn to the ER when they have an urgent health issue. Patients can understand the costs and risks that unnecessary care can result in. It is only by working together as a community that we can eliminate the waste that avoidable ER visits represent and ensure that patients are getting the right care in the right setting.

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January 2015

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Background

Emergency rooms (ERs) are an important part of our health care system. For people suffering from a serious, acute problem, ERs help patients get the immediate care that they need. In some cases, that care is lifesaving, thanks to the dedication and skill of the ER staff.

However, not all care that happens in the ER should be happening there. Too many people are using ERs for health problems that can be safely and effectively treated in a primary care provider's office or in an urgent care clinic.

Understanding potentially avoidable ER visits

The reasons people choose to use an ER are understandable. For one, ERs can seem a convenient option for busy people: they are open 24 hours a day, so you don't have to take time off from work. You don't have to worry about making an appointment; once you show up, you are guaranteed to be seen. Moreover, when people are sick or when they have a sick child, they want to be quickly reassured that something really serious isn't going on and ERs can often provide patients with immediate feedback. And finally, a wide range of services are readily available (sometimes too available) in the ER, leading patients to perceive it as a great "one-stop shopping" option.

However, as understandable as these reasons are, they are not necessarily *good* reasons when you take into account all of the important considerations, including both continuity of care and cost.

Patients contribute to the problem of avoidable ER visits. Many patients, including those with health insurance, don't have an established relationship with a primary care provider. So when they need attention for non-urgent issues, they don't have a regular provider who knows them and their medical history to turn to for help. Moreover, if consumers perceive that they are unable to get timely care—same-day or next-day appointments—from a primary care provider for an acute health problem or don't have a nearby urgent care clinic, they may feel they have no alternative but to go to an ER.

Hospitals and primary care groups can compound the problem. Over the past few years, we have witnessed an unprecedented expansion

25-55%

of ER visits, nationally, are potentially avoidable. The Medi-Cal definition used in this report is *very conservative*, meaning it could be *under-reporting* the number of potentially avoidable ER visits. Other definitions used to measure potentially avoidable ER visits result in higher numbers.

of ER services in our market. Some hospitals are heavily marketing their ERs to consumers based on convenience. This is giving consumers a mixed message about the appropriateness of using ERs for non-urgent care. Some primary care providers suggest that their patients “just go to the ER” if they don’t have any open appointment slots or it’s nearing the end of clinic hours—again, a mixed message about the appropriateness of ERs.

There are four main reasons why patients should think twice before visiting the ER for a non-emergency.

1. **Higher cost.** Using the ER for non-emergency conditions contributes to the high cost of health care. It’s been estimated that, generally speaking, ER visits can cost about ten times more than the same treatment in an outpatient setting. Patients may not experience increased cost immediately. Depending on the type of health care insurance that they have, they may not even see much difference between what they pay for an ER visit and for a visit to their primary care provider. But ultimately someone pays for this potentially avoidable cost and over the longer term it contributes to higher health care premiums and more out-of-pocket costs.
2. **Increased risk.** When you go to the ER, you are more likely to get tests and procedures that you may not need as the ER-based health care team is less familiar (or not familiar at all) with your medical history and wants to cover all bases before finalizing diagnosis and prescribing treatment. These tests may be duplicative and increase financial risk. They also may expose you to potential harm. Some of these risks include false positive results from testing which can lead to additional unnecessary treatment, radiation from imaging scans or potential complications associated with procedures.
3. **Less personal care.** Your primary care provider is much more likely to know your medical history, your treatment preferences and other issues that may complicate or contribute to the health problem you are having. The ER staff cannot be expected to know you the way your primary care provider does. This may affect the care that you receive for your immediate problem. It can also result in a lack of continuity in your care.
4. **Wasted time, more stress.** If your health problem is not really urgent, you may end up spending a long time in the ER before you are seen. Patients with critical problems have to be seen

THINK TWICE

There are four main reasons patients should think twice before visiting the ER for a non-emergency:

- Higher cost
- Increased risk
- Less personal care
- Wasted time, more stress

first. And no matter how well managed the ER may be, it is likely to be more chaotic than a doctor's office, as staff scramble to help patients with life-threatening trauma or significant behavioral health problems.

About this report

This report provides a unique analysis of potentially avoidable ER visits by not only looking at results by hospitals but also by the primary medical group associated with the patients who visited the ER. Including medical groups is important because patients who can see a primary care provider in a timely manner when they have an urgent health issue are less likely to turn to other alternatives, such as the ER. If we are to be successful in reducing avoidable use of the ER, it will take both medical groups and hospitals working collaboratively toward improvement.

The Alliance relied upon the Medi-Cal definition of potentially avoidable ER visits originally developed by the Medicaid program for the state of California. The Medi-Cal measure includes 165 ICD-9 codes (a highly specific system for classifying diseases and symptoms) that identify problems that can be effectively treated in the primary care setting. The Washington Health Alliance's [Quality Improvement Committee](#), consisting of 19 physician leaders from medical groups, hospitals and health plans, conducted a detailed review of the measure specifications and recommended use of 162 of the 165 codes. The measure details and codes are available at the [California Department of Health Care Services website](#) and the measure specifications for this report are available on the [Washington Health Alliance website](#).

It is important to note that the Medi-Cal definition is *very conservative*. If anything, the Medi-Cal definition *under-reports* the number of potentially avoidable ER visits. Other definitions used to measure potentially avoidable ER visits, for example the NYU ED Algorithm, result in higher—often much higher—numbers.

Nationally, different studies have estimated that anywhere between 25–55 percent of ER visits are potentially avoidable. But while other definitions may capture a larger number of potentially avoidable ER visits, they might also include many more visits that are potentially not avoidable. By contrast, the Medi-Cal definition identifies

diagnoses that are widely accepted by doctors as care that is appropriate for treatment in the primary care setting.

The Medi-Cal definition of avoidable ER visits does not include diagnoses related to mental health, dental care or exacerbation of chronic conditions—again, indicating that *even more* potential exists to reduce inappropriate ER use.

The time period for this report is July 2011 to June 2012 and results are available separately for commercially insured patients and Medicaid patients. It's understood that the data used in this report may not be as current as we would all find helpful and it's important to acknowledge that a number of important efforts are underway that are positively impacting performance, including the [ER is for Emergencies initiative](#), a partnership between the Washington State Hospital Association, Washington State Medical Association, Washington chapter of American College of Emergency Physicians and the Washington State Health Care Authority. A report released earlier this year by the Washington State Health Care Authority confirms a partnership of doctors, hospitals and state Medicaid representatives is making a difference in utilization, quality of care and savings. Nonetheless, the results in this report add to our body of collective knowledge on this topic, particularly in understanding variation in performance across hospitals and medical groups and the reasons for potentially avoidable visits in the ER.

At this time, a robust national benchmark for this measure is not available, so we are unable to compare our performance nationally. It is important to note that the results in this report are based on a subset of insured individuals, including nearly 3.3 million covered lives. Results are intended to be directional rather than precise and complete for all individuals residing in the area. This explains why the total number of visits is lower than what we would expect to see if we were looking at complete data for all patients, including the uninsured.

Key Findings

This report looks at the number of potentially avoidable ER visits by hospital and by medical group in a five-county Puget Sound region, showing how each compares to the overall Puget Sound regional average (King, Kitsap, Pierce, Snohomish and Thurston counties). Consistent with the Alliance's other reports, such as the Community Checkup, this report finds variation among delivery systems and medical groups. During the period this report covers (and the population included in the analysis), patients made 404,672 visits to ERs in the five-county Puget Sound region. Of those visits, 41,314 or 10 percent were for health problems that could have been treated effectively in the primary care setting at a much reduced cost. One estimate from the National Priorities Partnership, suggested that the *average* cost of an ER visit in the United States in 2010 was \$580 *more than* the cost of a primary care office visit.¹ That means that the Puget Sound region alone could have saved approximately \$24 million had this care been delivered in a different setting.

10%

of emergency room visits, across all payers, could have been avoided.

\$24 million

could have been saved in Puget Sound alone.

This report also looks at results by county for all of Washington state, showing how each county compares to the overall state average. During the period this report covers (taking into account the population included in this analysis), patients made 704,541 visits to ERs in Washington state. Of those visits, 10.9 percent were potentially avoidable based on the Medi-Cal measure.

Medicaid patients were more likely to visit an ER for problems that don't require the special skills and services of an ER. An estimated 11.9 percent of all ER visits by Medicaid patients could have been potentially avoided. The number for commercially insured patients is lower: 8.5 percent of those patients' visits to an ER were potentially avoidable.

The reasons for potentially avoidable ER visits

A handful of common complaints account for over 90 percent of these visits. Here is a list of the top six main diagnoses for potentially avoidable ER visits from this analysis.

1. **Uncomplicated headache.** While a headache can be the symptom of a more serious problem, the vast majority of cases

¹ Reducing Emergency Department Overuse. National Priorities Partnership. https://www.qualityforum.org/NPP/docs/Reducing_ED_Overuse_CAB.aspx

captured in the Medi-Cal measure are for headaches that are uncomplicated, i.e., they are not a sign of a larger medical issue.

2. **Respiratory infections.** While a cold, bronchitis or sore throat makes patients feel miserable, none of them is a problem that requires the specialized care that patients receive in an ER.
3. **Back pain.** Most back pain goes away within several weeks. Simple at-home treatments, such as applying heat or ice and taking over-the-counter pain medicine, will help alleviate the pain in most cases.
4. **Urinary tract infection.** Urinary tract infections (UTIs) are the second most common infection, after respiratory infections. Uncomplicated UTIs, such as those in this report, are treatable with antibiotics that a primary care provider can prescribe.
5. **Earache.** An earache can be very painful, and it is a common reason parents seek after-hours care for their child. However, the vast majority of earaches are not emergencies and can be effectively handled under the care of a pediatrician or primary care provider.
6. **Eye infection.** Common eye infections, such as pink eye (conjunctivitis), respond to simple at-home treatments, such as warm compresses. A majority of cases go away in a few days without the need for any special treatment.

All of these medical problems are discomforting, often painful and sometimes frightening, particularly when they involve children. However, in only very rare cases are they an emergency. Almost all can be treated effectively by a primary care provider or pediatrician with same day or next day available appointments or at an urgent care clinic. That said, it's understood that, in some places, access to care is an ongoing problem, particularly for Medicaid patients who may have trouble identifying a provider willing to accept Medicaid patients.

Potentially avoidable ER visit results by county

When it comes to avoidable ER visits, there is variation among the counties of the state. Some counties consistently display rates of potentially avoidable ER visits better than (i.e., lower than) the state average. Benton, Clark, Cowlitz, Pierce and Whatcom counties are consistently better than the state average for both Medicaid and commercially insured patients. These counties represent both urban and rural areas, indicating that keeping potentially avoidable ER visits low is an achievable goal no matter where patients live.

MEDICAID ENROLLEES MORE LIKELY TO VISIT ER

11.9% of all ER visits by Medicaid patients could have been potentially avoided.

8.5% of commercially insured patients' visits to an ER were potentially avoidable.

By contrast, some counties are consistently worse than (i.e., higher than) the state average. These counties are not confined to a specific part of the state; while most are rural, several contain significant population centers.

The difference between high-performing counties and low-performing counties can be dramatic. For example, the rate of potentially avoidable ER visits by *commercially insured* patients in Whatcom County is 5 percent, compared to 13 percent in Grays Harbor County, a nearly threefold difference. This variation persists when looking at the *Medicaid* population noting, by way of example, the rate of potentially avoidable ER visits is 8 percent in Whatcom County and 16 percent in Grays Harbor County.

Figure 1: Rate of potentially avoidable ER visits for *commercially insured* population, by county.

Rate of avoidable ER visits for commercially insured in Washington state = 8.5%

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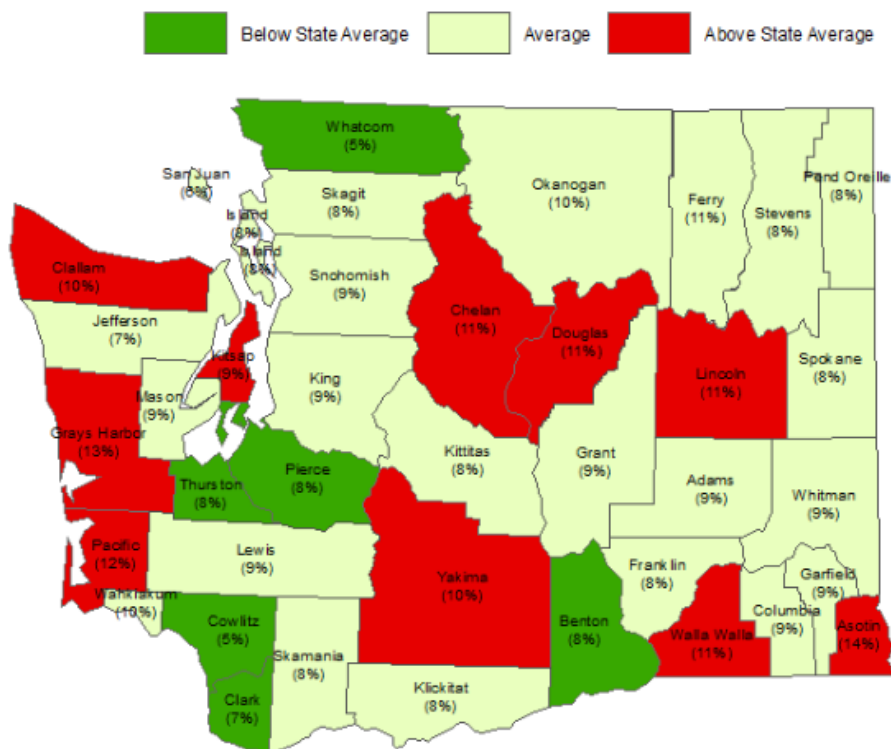
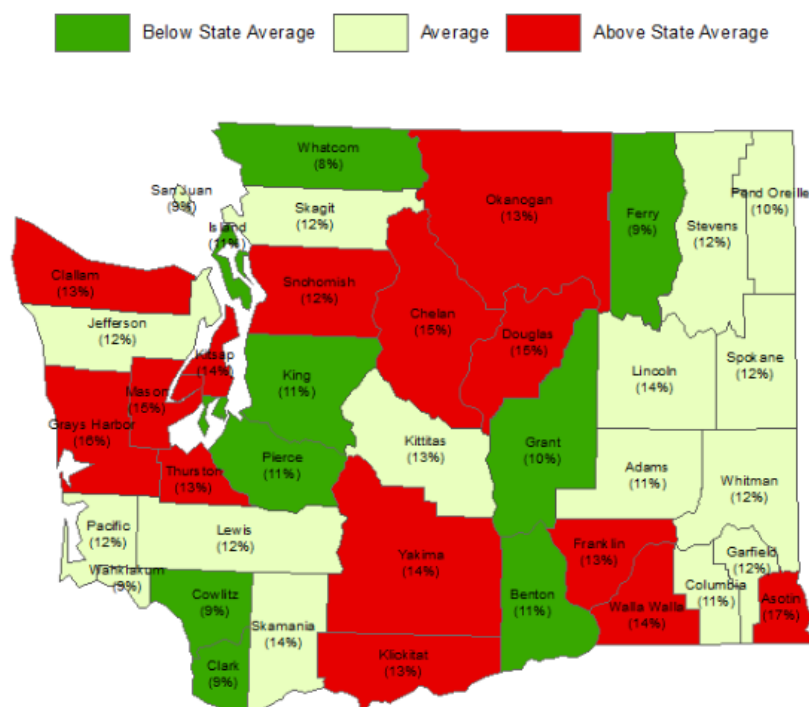


Figure 2: Rate of potentially avoidable ER visits for *Medicaid* population, by county.

Rate of avoidable ER visits for Medicaid enrollees in Washington state = 11.9%



It is important to note that some of the variation across the state may be partly due to the geographical distance to access services. For example, rural communities often have a single hospital or ER facility that serves a large region requiring long travel distances, with much more limited access to primary care and/or off-hour urgent care than urban areas. In some counties with multiple ER facilities, however, there may be significant variation among hospitals that county-level reporting is unable to reflect.

Potentially avoidable ER visit results by age group

Within the Puget Sound region, we also see variation among age groups for potentially avoidable ER visits. For Medicaid patients, children aged 1 year to 9 years have the highest rate of potentially avoidable ER visits. For commercially insured patients, the highest

rate is among adults aged 20 to 44, which suggests that many have yet to establish a trusted relationship with a primary care provider.

Figure 3: Rate of potentially avoidable emergency ER visits, by age group.

Age range	RATE OF POTENTIALLY AVOIDABLE ER VISITS	
	Commercially-insured	Medicaid
Ages 1 – 9	8.8%	15.7%
Ages 10 - 19	7.4%	11.2%
Ages 20 - 44	9.2%	11.2%
Ages 45+	7.7%	10.6%

The main reasons for potentially avoidable ER visits only differ slightly by payer type and age range, with the top three reasons for each noted below:

Figure 4: Top three reasons for potentially avoidable ER visits.

Age range	TOP THREE REASONS FOR POTENTIALLY AVOIDABLE ER VISITS	
	Commercially-insured	Medicaid
Ages 1 – 9	1. Respiratory infection 2. Earache 3. Urinary tract infection	1. Respiratory infection 2. Earache 3. Urinary tract infection
Ages 10 - 19	1. Respiratory infection 2. Headache 3. Urinary tract infection	1. Respiratory infection 2. Headache 3. Urinary tract infection
Ages 20 - 44	1. Headache 2. Respiratory infection 3. Back pain	1. Headache 2. Respiratory Infection 3. Back pain
Ages 45+	1. Headache 2. Back pain 3. Respiratory infection	1. Back pain 2. Headache 3. Respiratory infection

Potentially avoidable ER visit results by hospital

The hospitals reviewed in this report, which are limited to the five-county Puget Sound region, show the same type of variation that is found among counties. Some high-volume ER departments are higher than (i.e., worse than) the regional average, while others are better. Some hospitals have mixed results: for example a low rate for commercially insured patients and an average rate for Medicaid patients.

Six hospitals are among those with the **best** potentially avoidable ER visits rates (i.e., the lowest) for both commercially insured and Medicaid patients:

- MultiCare Good Samaritan Hospital (Puyallup)
- Overlake Hospital Medical Center (Bellevue)
- St Anthony Hospital (Gig Harbor, CHI Franciscan Health)
- St Elizabeth Hospital (Enumclaw, CHI Franciscan Health)
- St Joseph Medical Center (Tacoma, CHI Franciscan Health)
- Valley Medical Center/UW Medicine (Renton)

Figure 5: Hospitals with lowest rates of potentially avoidable ER visits for commercially insured patients.²

HOSPITALS WITH LOWEST RATES OF POTENTIALLY AVOIDABLE ER VISITS FOR COMMERCIALY INSURED PATIENTS
(SIGNIFICANTLY LOWER THAN PUGET SOUND AVERAGE)

Hospital	Avoidable ER rate (%)
1. St. Anthony Hospital	5.7%
2. Overlake Hospital Medical Center	6.1%
3. St. Elizabeth Hospital	6.8%
4. Providence Regional Medical Center Everett	7.0%
5. Providence St. Peter Hospital	7.1%
6. MultiCare Good Samaritan Hospital	7.2%
7. St. Joseph Medical Center	7.3%
8. Valley Medical Center	7.4%

² Results include hospitals with 30 or more ER visits and exclude hospitals that were statistically the same as the Puget Sound regional average.

Figure 6: Hospitals with highest rates of potentially avoidable ER visits for commercially insured patients.²

HOSPITALS WITH HIGHEST RATES OF POTENTIALLY AVOIDABLE ER VISITS FOR COMMERCIALLY-INSURED PATIENTS

(SIGNIFICANTLY HIGHER THAN PUGET SOUND AVERAGE)

Hospital	Avoidable ER rate (%)
1. Snoqualmie Valley Hospital	14.0%
2. Swedish Medical Center – Mill Creek	10.8%
3. MultiCare Allenmore Hospital	10.3%
4. Swedish Medical Center - Issaquah	9.8%
5. Capital Medical Center	9.7%

Figure 7: Hospitals with lowest rates of potentially avoidable ER visits for Medicaid patients.²

HOSPITALS WITH LOWEST RATES OF POTENTIALLY AVOIDABLE ER VISITS FOR MEDICAID PATIENTS

(SIGNIFICANTLY LOWER THAN PUGET SOUND AVERAGE)

Hospital	Avoidable ER rate (%)
St. Elizabeth Hospital	7.5%
Overlake Hospital Medical Center	9.3%
St. Joseph Medical Center	9.5%
Virginia Mason Medical Center	9.9%
St. Anthony Hospital	10.0%
St. Francis Community Hospital	10.1%
Valley Medical Center	10.2%
Swedish Medical Center - Issaquah	10.3%
University of Washington Medical Center	10.5%
St. Clare Hospital	10.8%
MultiCare Good Samaritan Hospital	11.0%

Figure 8: Hospitals with highest rates of potentially avoidable ER visits for Medicaid patients.²

HOSPITALS WITH HIGHEST RATES OF POTENTIALLY AVOIDABLE ER VISITS FOR MEDICAID PATIENTS (SIGNIFICANTLY HIGHER THAN PUGET SOUND AVERAGE)	
Hospital	Avoidable ER rate (%)
MultiCare Allenmore Hospital	16.0%
Harrison Medical Center	15.2%
Swedish Medical Center – Cherry Hill	14.5%
Seattle Children’s Hospital	14.4%
Capital Medical Center	14.2%
Valley General Hospital	13.1%
Swedish Medical Center – First Hill	13.0%
Northwest Hospital & Medical Center	12.8%
Swedish Medical Center - Edmonds	12.8%
MultiCare Mary Bridge Children’s Hospital	12.5%

The range of variation for potentially avoidable ER visits among hospitals is substantial, *based on the population included in this data analysis*. The variation applies even among hospitals within an integrated delivery system.

Potentially avoidable ER visit results by medical group

Medical groups are included in this report because it is important to begin to understand the extent to which patients are turning to ERs for care that can be provided more cost-effectively in a doctor’s office. Hospitals can’t improve avoidable ER rates by themselves. They need primary care providers to partner in this effort with patient education and more convenient service through extended hours and same-day scheduling.

Figure 9: Medical groups with lowest rates of avoidable ER visits for commercially insured patients.³

MEDICAL GROUPS WITH LOWEST RATES OF POTENTIALLY AVOIDABLE ER VISITS FOR COMMERCIALY INSURED PATIENTS (SIGNIFICANTLY LOWER THAN PUGET SOUND AVERAGE)	
Medical Group	Avoidable ER rate (%)
Ida Karlin Healing Center for Youth	0.0%
Children's University Medical Group (Hospital Physicians)	3.6%
Woodcreek Pediatrics	4.1%
Pediatric Associates	6.0%

Figure 10: Medical groups with highest rates of avoidable ER visits for commercially insured patients.³

MEDICAL GROUPS WITH HIGHEST POSSIBLE COMMERCIALY INSURED AVOIDABLE ER VISIT RATES PATIENTS (SIGNIFICANTLY HIGHER THAN PUGET SOUND AVERAGE)	
Medical Groups	Avoidable ER rate (%)
Community Health Center of Snohomish County	17.4%
LG Steck Memorial Clinic	15.4%
Hall Health Primary Care Center	12.9%
Birth and Family Clinic	12.5%
St. Peter Family Practice	12.2%
University of Washington Medical Center	10.6%
Swedish Medical Group	10.5%
The Doctors Clinic	10.1%

³ Results include medical groups with 30 or more ER visits and exclude medical groups that were statistically the same as the Puget Sound regional average.

Figure 11: Medical groups with lowest rates of avoidable ER visits for Medicaid patients.³

MEDICAL GROUPS WITH LOWEST RATES OF AVOIDABLE ER VISITS FOR MEDICAID PATIENTS (SIGNIFICANTLY LOWER THAN PUGET SOUND AVERAGE)	
Medical Group	Avoidable ER rate (%)
Women's & Family Health Specialists	5.3%
Southlake Clinic	6.9%
Tumwater Family Practice Medical Clinic	7.1%
Valley Children's Clinic	8.0%
Children's University Medical Group	9.7%
Cascade Valley Hospital	9.9%
Woodcreek Pediatrics	10.3%
Northwest Physicians Network	10.4%
MultiCare	11.0%
Franciscan Medical Group	11.1%

Figure 12: Medical groups with highest rates of avoidable ER visits for Medicaid patients.³

MEDICAL GROUPS WITH HIGHEST RATES OF AVOIDABLE ER VISITS FOR MEDICAID PATIENTS (SIGNIFICANTLY HIGHER THAN PUGET SOUND AVERAGE)	
Medical Groups	Avoidable ER rate (%)
Olympia Pediatrics, LLC	17.1%
Seattle Children's	14.8%
Pediatric Associates	14.0%
St. Peter Family Practice	14.0%
The Doctors Clinic	13.9%
Public Health – Seattle King County	13.5%
Sea Mar Community Health Center	13.4%
Peninsula Community Health Services	13.2%
Pacific Medical Centers	13.1%

What are some strategies for reducing avoidable use of the ER?

As noted earlier, effective strategies for reducing avoidable ER visits will likely require the collaboration of hospitals and primary care

providers. A number of strategies promoted by The National Quality Forum and other organizations are being deployed both here in Washington and across the country.

Consumer education and financial incentives are important strategies as well to re-shape behavior that has become commonplace. We know that consumers of all types (insured, non-insured, males and females and all ages) use the ER for non-urgent care. Many of these visits occur during regular business hours when primary care offices are open.

What can you do?

FOR CONSUMERS

- ☐ Turn to your primary care provider first. See if your provider can see you in a timely manner.
- ☐ Go to urgent care. For common problems, urgent care is efficient and far less costly than an ER.
- ☐ Turn to a nurse line. Health plans offer telephone advice from nurses to help you determine if you really need to go to the ER.
- ☐ Look at the Washington State Hospital Association's *ER is for Emergencies* to help you determine the right place for your care.

FOR PROVIDERS

- ☐ Increase access to primary care through same-day appointments and extension of weekend and evening hours.
- ☐ Facilitate group visits for patients with chronic diseases.
- ☐ Offer electronic access to primary care providers through telephone or email consultations.
- ☐ Providing patients access to "virtual visits" with clinicians via the internet (particularly in less populated areas) help to diagnosis and treat routine symptoms.
- ☐ Educate patients about when it's appropriate for them to visit the ER—and when it's not.

FOR EMPLOYERS

- ☐ Provide employees with objective information about the appropriate place for care. Encourage patients to ask questions.
- ☐ Make sure employees are aware of alternative options to the ER, such as retail and urgent care clinics and nurse lines.
- ☐ Align benefit designs to encourage employees to seek care outside of the ER for non-emergency problems.

Appendix

Appendix 1: Top six reasons for potentially avoidable ER visits in the Puget Sound for commercially insured patients

	REASON	% OF AVOIDABLE ER VISITS
1.	Headache	32.7%
2.	Respiratory infection	23.4%
3.	Back pain	16.4%
4.	Urinary tract infection	14.0%
5.	Earache	5.6%
6.	Eye infection	3.2%

Appendix 2: Top six reasons for potentially avoidable ER visits in the Puget Sound for Medicaid patients

	REASON	% OF AVOIDABLE ER VISITS
1.	Respiratory infection	29.9%
2.	Headache	20.3%
3.	Back pain	16.4%
4.	Urinary tract infection	11.7%
5.	Earache	9.6%
6.	Eye infection	3.3%



PUBLISHED: January, 2015

ABOUT THE ALLIANCE

The Washington Health Alliance brings together those who give, get and pay for health care to create a high-quality, affordable system for the people of Washington state. The Alliance is a nonprofit, nonpartisan organization that shares the most reliable data on health care quality and value in the state to help providers, patients, employers and union trusts make better decisions about health care. Through innovative strategies and initiatives, we help the entire health care system—from exam room to board room—focus on improving quality and value. We are committed to being the catalyst for change for the health care system in Washington. The Alliance is one of 16 organizations that are part of the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative.

For more about the Alliance:
www.WashingtonHealthAlliance.org

For the Community Checkup report:
www.WACommunityCheckup.org