

AVOIDABLE EMERGENCY DEPARTMENT COSTS

2022



Emergency Department (ED) visits are amongst the most costly components of health care delivery in Georgia. Many ED visits are avoidable, however, either through use of lower acuity care settings or prevention altogether through better primary care. Using Georgia APCD data and a well established ED avoidable costs methodology¹, we estimated that over 40% of ED visits in Georgia may be avoidable.

1.3 million

AVOIDABLE ED VISITS

\$307 million

AVOIDABLE ED COSTS

AVERAGE COSTS PER VISIT

Many conditions seen in the Emergency Department are avoidable for almost all patients. Common conditions such as these offer the greatest potential for cost savings.

Hypertension

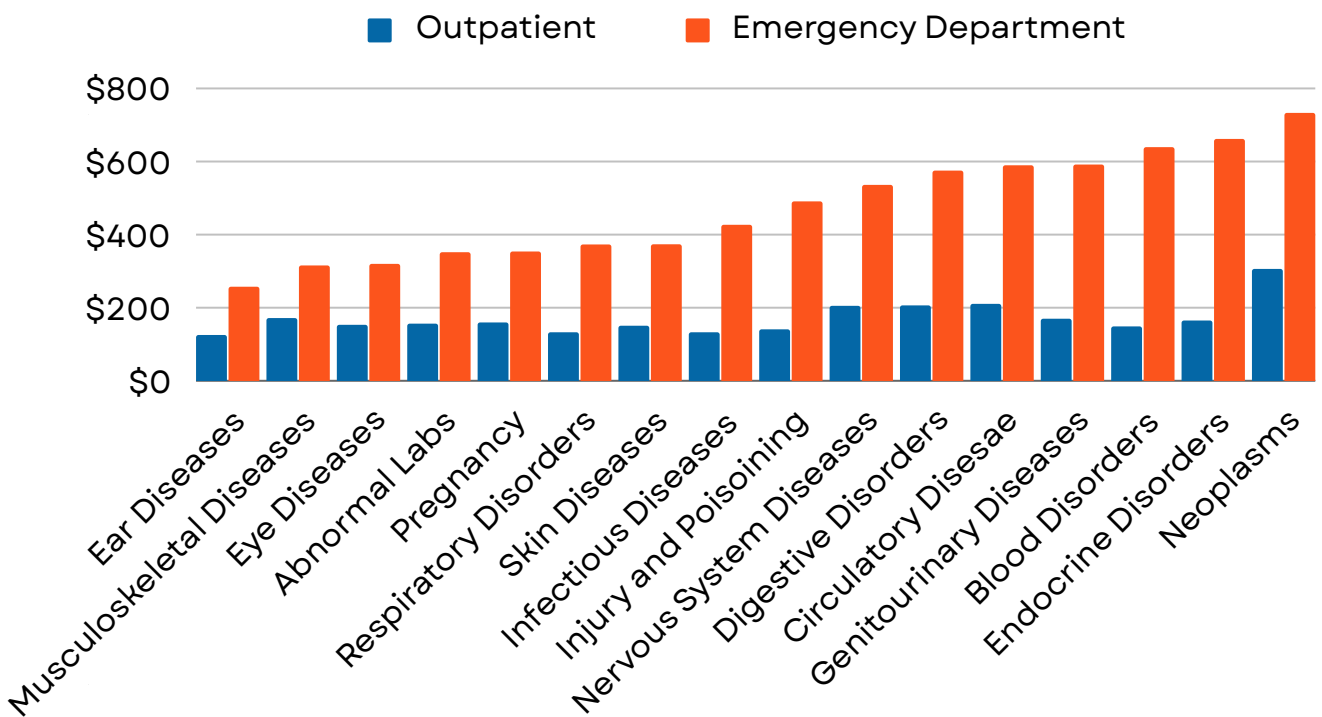
\$128 Outpatient Visit
\$501 Emergency Department

Asthma

\$178 Outpatient Visit
\$556 Emergency Department

Urinary Tract Infection

\$119 Outpatient Visit
\$547 Emergency Department



Even more serious conditions have some proportion of visits that can be avoided through preventive outpatient care.

GI Bleed

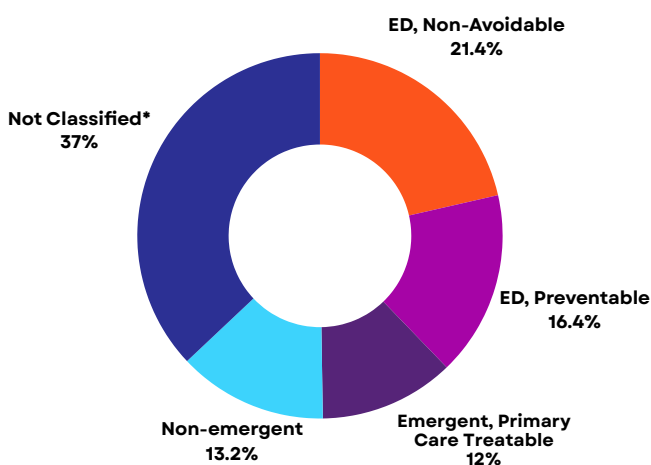
40% Visits Avoidable
\$317 Outpatient Visit
\$662 Emergency Department

Sickle Cell Disease

33% Visits Avoidable
\$186 Outpatient Visit
\$639 Emergency Department

Hematuria

73% Visits Avoidable
\$180 Outpatient Visit
\$499 Emergency Department



IN 2022, AN ESTIMATED **13.2%** OF GEORGIA APCD ED VISITS WERE NOT EMERGENCIES. **28.4%** WERE EMERGENCIES, BUT TREATABLE IN OTHER SETTINGS.

*Visits are considered "Not Classified" when the primary diagnosis code does not have avoidability characteristics in the Billings' classification.

Avoidable ED costs are specifically classified using the Billings' classification system^{1,2}, focusing on ED visits that did not result in inpatient admission and utilizing the relevant ICD codes within this classification, totaling 47,132 codes.

REFERENCES

1. Billings, J., Parikh, N., & Mijanovich, T. (2000, November). Emergency department use: the New York Story. Issue Brief (Commonwealth Fund), (434), 1-12. PMID: 11665699.
2. Johnston KJ, Allen L, Melanson TA, Pitts SR. A "Patch" to the NYU emergency department visit algorithm. Health services research. 2017 Aug;52(4):1264-76.