



*Providing Insights that Contribute  
to Better Health Policy*

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There has been much concern over the past decade about crowded and overloaded hospital emergency departments (EDs). Contributing to the problem of ED crowding is a substantial increase in emergency department utilization among the U.S. population—often attributed to growing use for nonurgent health problems. As a result, many policy makers and health care providers believe it is essential to shift some of this use to community-based primary care providers to relieve crowded EDs, lower the costs of care to both the health system and patients, and improve the quality of care. The following points are key:

- Emergency department use has increased substantially over the past 15 years, but most of this is the result of increased use by people with private insurance and other health insurance coverage. The uninsured account for only a small share of the overall increase in emergency ED volumes. Thus, the problem of ED crowding will not be resolved by reducing utilization among the uninsured.
- Few emergency department visits are truly nonurgent, but a much larger number could potentially be treated in primary care settings depending on the circumstances of the visit, such as the time of day and day of the week when care is needed, the availability of other providers in the community such as freestanding urgent care centers, and the ability to get same-day appointments with primary care physicians.
- Capacity constraints in the ambulatory medical care system have likely contributed to an increase in ED use for nonurgent health problems, and at the same time, these capacity constraints inhibit the ability to shift patients from EDs to primary care settings.
- Some patients prefer going to the ED—even when they have a primary care physician—in large part because of the greater convenience of emergency departments, which are open 24 hours a day, seven days a week. Thus, increasing the availability of after-hours care and same-day appointments is critical to shifting care from EDs to primary care settings.
- Many hospital EDs are expanding capacity to accommodate the increased demand as well as to increase revenues from resulting inpatient admissions and procedures. Most hospitals have little financial incentive to discourage ED use, except for uninsured patients. Gaining cooperation of some hospitals to shift nonurgent ED visits to primary care settings could be a major obstacle to the success of any such program.
- Reducing the use of EDs for nonurgent health problems may generate much lower cost savings to the health care system than is commonly assumed. However, shifting more of this care to community health centers is likely to generate more substantial cost savings for both uninsured patients as well as state Medicaid programs.