

# GW researcher conducts review of most successful outside interventions in reducing ED use

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In recent years, many groups, including policy makers and health systems, have looked for ways to reduce the number of visits to the emergency department (ED) as a way to lower costs and improve the quality of care. Research conducted by Jesse Pines, M.D., director of the Office of Clinical Practice Innovation and professor of emergency medicine at the George Washington University (GW) School of Medicine and Health Sciences, explored interventions that had been implemented outside of EDs that were designed to reduce ED use. For the most part, published interventions have been successful. However, the degree to which they reduced ED visits varied widely. Pines' systematic review, published in the journal *Academic Emergency Medicine*, found that two-thirds of the published studies on the topic show actual reductions in ED use.

His findings looked at five types of interventions to reduce ED use:

- Patient education,
- creation of additional non-ED capacity,
- managed care,
- pre-hospital diversion,
- and patient financial incentives.

While the greatest magnitude of reductions were found in patient education, interventions in patient financial incentives and managed care

had the greatest number of studies showing reductions in the ED. These findings will have significant implications for insurers and policymakers seeking to reduce ED use.

According to Pines, who is also a professor of [health](#) policy at the GW School of Public Health and Health Services, "Reducing ED use has become a major priority for many organizations, and is an important part of many initiatives included in the Affordable Care Act. We found many interventions can be successful in achieving this goal, but we must also think carefully about how initiatives can impact quality and access to care."

While many of the studies demonstrated large reductions in ED use, "...only a handful of studies really look at patient outcomes. Discouraging people from getting needed care has the potential for unintended consequences when sick people stay home," said Pines. "Furthermore, some of the interventions, especially those that added non-ED capacity, had the effect of reducing ED use, but increasing overall healthcare consumption. As new programs are rolled out to discourage people from going to EDs, we need to study them carefully to ensure they are safe and look at how they impact big picture costs."

**More information:** The paper is titled "Non-Emergency Department (ED) Interventions to Reduce ED Utilization: A Systematic Review" and is available at [smhs.gwu.edu/sites/default/files/acem12219.pdf](https://smhs.gwu.edu/sites/default/files/acem12219.pdf)

Provided by George Washington University

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