
AAVBC

American Academy
of Value Based Care

Emergency Room (ER) Utilization Reduction Quick Reference Guide

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1. FINANCIAL IMPACT SNAPSHOT

Cost Crisis: Approximately 1 in 5 U.S. adults use the ER for health care. Up to 37% of ED return visits within 72 hours are potentially avoidable.¹⁻³

Volume: 155 million ED visits in 2022; 47 visits per 100 people; ER visit rate for Black or African-American non-Hispanic people (91) was the highest among the selected racial and ethnic groups; 17.8 million admissions (11.5% of visits); 3.1 million critical care admission.¹

Avoidable Visits: 13-37% of ED visits could be handled in primary care, urgent care, or retail settings, a 2024 study found 24% of adult ED visits were non-urgent.^{2,3}

Cost Differential: ED treatment costs nearly 12x more than physician office and can be 10x more than urgent care.²

Savings Potential: \$1,500+ per diverted non-emergency case translates to \$4.4 billion in nationwide savings annually.²

Per-Visit Cost Comparison^{2,4,5}

Care Setting	Average Cost	Cost differential (vs. ED)	Appropriate For
Emergency Department (low-acuity)	\$1,716	—	Emergencies (MI, stroke, trauma, AMS)
Same-Day Primary Care	\$75-150	Up to \$1,641 (96%)	Urgent primary care treatable (UTI, mild asthma, minor infection)
Urgent Care Center	\$178	\$1,538 (89%)	Minor injuries (sutures, sprains, simple fracture check), X-ray, basic lab work
Telehealth/Virtual Care	\$87	\$1,629 (95%)	Stable follow-ups, minor acute symptoms (e.g., cold, mild rash), medication refills, routine chronic condition checks
Retail Clinic	\$49	\$1,667 (97%)	Minor acute conditions (e.g., vaccination, strep throat test, minor skin irritation)

2. New York University (NYU) ED ALGORITHM CLASSIFICATION SYSTEM

Reducing unnecessary Emergency Department (ED) use depends on knowing which visits are truly emergent versus potentially avoidable. The NYU ED Algorithm classifies ED encounters into four categories (Non-Emergent, Primary Care Treatable, Preventable/Avoidable, and Not Preventable) based on discharge diagnosis.⁶ This evidence-based framework helps organizations quantify avoidable utilization, guide triage and chronic-care interventions, and track performance under NCQA's Emergency Department Utilization (EDU) measure.⁷

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