



# The ER impact: 3 strategies to help employers manage ER utilization



Many people visit the emergency room when health crises strike, but recognizing when to choose a different site of care may help reduce costs for employees and their employers.

Each year, the health care system bears a \$47B burden from individuals who seek care in ERs for conditions that could be treated elsewhere.<sup>1</sup> This misuse is often a result of misunderstanding benefits or confusion over which care setting is best for specific situations.<sup>1</sup>

When used appropriately, ER visits serve a critical function within the health care system. However, ERs are pricier than other care options, so it's important for members to know when it's the right place to go – and when it's not.

According to UnitedHealthcare data,<sup>2</sup> the average combined costs for employers and employees by **site of care** are:



ER visit:

**\$2,722**



Urgent care visit:

**\$184**



Virtual visit:

**\$54**

ER visits are the costliest site of care by far, with an average visit running employers \$1,800 and employees \$922 in out-of-pocket costs. Employers looking to **reduce those costs** may want to adopt strategies that can help, such as:

- 1 Providing employee education
- 2 Addressing social drivers of health (SDOH)
- 3 Choosing a carrier that prioritizes advocacy

**“From our standpoint, educating members about using the appropriate site of care is a continual effort. Our member advocates help by pointing out different use case scenarios for the different sites of care, but often those ER visit decisions are made in the moment — that’s why the ‘employer as educator’ role is so important.”**

**Craig Kurtzweil**

Chief Data & Analytics Officer  
UnitedHealthcare Employer & Individual

# 1 Providing employee education

There are many reasons why employees may end up choosing to visit the ER. Employees may end up going to the ER as a default, assuming they can receive prompt treatment in times of need. Or they might turn to ERs if they have a limited understanding of their benefits coverage, if they think they'll receive quicker treatment compared to a **primary care provider** (PCP) appointment or if they have insufficient access to alternative health care options nearby.

ER use may also be more common for employees who have low health care literacy – lacking understanding about how to access and use their health care benefits.<sup>1</sup> In fact, generally healthy people with low health care literacy are 3 times more likely to visit the ER than those with high health care literacy.<sup>1</sup> That's why boosting health care literacy may be critical to helping employees maximize their benefits and manage costs.

While open enrollment provides employers with an opportunity to **communicate health care information** when they are making plan decisions, it's also important to offer benefits education throughout the plan year and as health events arise.

Employers can do that by dedicating time to benefits education in all-employee meetings or email communications that cover topics such as the differences between network and out-of-network providers, how prior authorizations can give insight into upcoming costs and where to go for care based on different health needs.

Other best practices for engaging employees with their benefits include:

- Varying communications based on employee preferences
- Listening to employee feedback about their experiences
- Reviewing claims data to tailor messaging to certain segments
- Aligning communications to current events or timely topics
- Diversifying education tactics to keep things interesting

**3x**  
increase in ER visits  
among those with low  
health care literacy<sup>1</sup>



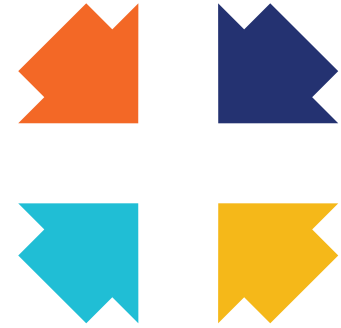
## 2 Addressing social drivers of health

Employers may start to see reduced ER utilization when they address SDOH within their workforces. SDOH are community-level factors that shape a person's life and can be identified by the health care system and addressed in collaboration with community resources. They are nonmedical factors, such as economic stability, education and neighborhoods, which influence health and health-seeking decisions.

In geographic areas where care options are limited, employers can adopt a **network strategy** that includes a robust virtual network or access to on-demand care options. Employers also can encourage employees to establish an in-person or virtual relationship with a **PCP** through wellness incentive programs that provide low- to no-cost preventive screenings. PCPs can also serve as a touchpoint for where to go for care.

For example, the **UHC Hub™** at UnitedHealthcare is a network of vendors that complement existing health care solutions. The Hub consolidates third-party vendors – like Brightside, which provides members with financial help, and Kaia Health, which offers digital physical therapy that members can access wherever they are – to make it easier for employers to evaluate, choose and engage with health care solutions that fit the unique needs of their workforces.

And for employees who may be struggling financially, learning more about the economic value of their health benefits may help alleviate some of the stress that comes from worrying about health care costs. For instance, UnitedHealthcare offers several vital medications at no cost to members and many preventive screenings with no copay.



## 3 Choosing a carrier that prioritizes advocacy

With one of the world's largest databases of health care information, second only to the Centers for Medicare and Medicaid Services, UnitedHealthcare is uniquely positioned to identify opportunities to drive engagement and more effective health care utilization within an employer's population. For instance, by analyzing member claim data, **Advocates** can proactively identify at-risk members with complex conditions who may seek emergency care.

As part of the UnitedHealthcare Complex Care Concierge program, these members may be matched to a dedicated Care Advisor who provides 1-on-1, on-demand support to help them understand and better utilize their benefits. That support helps drive more than just a better member experience: Members enrolled in Complex Care Concierge reduced ER visits by 10% and claims by 15%.<sup>3</sup>

UnitedHealthcare also has a post-ER-visit strategy that includes Advocates who reach out after a member seeks care in the ER. Real-time Admit Discharge Transfer (ADT) alerts facilitate the outreach of a registered nurse within a short time of discharge, who can help answer questions about post-visit care, connect the member to a PCP or specialist for follow up and help them understand other site-of-care options for future health needs.

UnitedHealthcare, often in collaboration with its employer clients, also conducts email campaigns that target members who have recently visited the ER, highlighting the best sites of care for different conditions, including when it's best to go to the ER, an urgent care center or to have a virtual visit. These ER redirection campaigns have saved a combined \$4.9M in health care costs.<sup>4</sup>



## Knowing where to go for care may lower the total cost of care

A third-party study reveals the UnitedHealthcare multi-pronged approach to lowering the cost of health care for members exceeds the industry average by around 10%.<sup>5</sup>

Read the study to see how site-of-care redirection, inpatient management and preventive care utilization can make a big difference to employees and their employers.

[Download this study summary →](#)



## Learn more

Contact your broker, consultant or UnitedHealthcare representative or visit [uhc.com/broker-consultant](https://uhc.com/broker-consultant) or [uhc.com/employer](https://uhc.com/employer)

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<sup>1</sup> The rising cost of healthcare system complexity. Accenture, 2021. Available: <https://www.accenture.com/content/dam/accenture/final/a-com-migration/r3-3/pdf/pdf-162/accenture-us-health-cost-pov.pdf>. Accessed: Sept. 5, 2024.

<sup>2</sup> UnitedHealthcare Employer & Individual book-of-business internal analysis of claims incurred Jan. 2022–Dec. 2022 and paid through Feb. 2023.

<sup>3</sup> 2019–2020 UnitedHealthcare employer study including 387 clients, 4.8M members and \$19.2B in medical spend. Analysis completed on a continuous medical enrollment basis. Medical costs risk adjusted for age and gender. Value impact based on comparing clients by the adoption platform features vs. not (e.g., enhanced vs. core advocacy). Actual client results may vary based on specific clinical programs the client has or maturity of implementation.

<sup>4</sup> 2022: Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$2,500 difference between the average emergency room visit, \$2,700 and the average urgent care visit \$185.) The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room. It takes more than network discounts to lower costs.

<sup>5</sup> UnitedHealthcare and Wakely, Nov. 2023. Available: <https://www.uhc.com/content/dam/uhcdotcom/en/e-i-articles/pdfs/wakely-total-cost-of-care-study-two-pager.pdf>. Accessed: Oct. 10, 2024.

Advocate4Me services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

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