Crowding of emergency departments (EDs) is a major health policy theme in most industrialized countries. An ever increasing part of the population is using EDs as a convenient source of health care. In Germany utilization of EDs surged by 14% in 2013 after government lifted a co-payment of 10 € for direct access to ambulatory specialty care. The policy issue: Do hospitals need more financial resources or should there be primary care clinics at hospital sites to take care of non-urgent needs?

To identify the potential of primary care clinics we analyzed nationwide claims data sets to estimate the number of hospital admissions through EDs and of those treated as outpatients in EDs in 2015 and 2016. Marked regional variation in ED utilization rates mostly mirror regional provider structures. In some metropolitan areas direct access to ED drives exceedingly high rates of avoidable hospitalizations. Looking at claims data by ED, we find dramatic variation in patient volume per ED. On a 24/7 basis less than 30% of all German EDs treat more than 4 patients per hour. Based on the claims data from 13 regions, the average number of patients per hour in German ERs amounts to 1.7 (outpatients plus admissions). By comparison, data from England and Denmark show an average volume of 10 to 11 patients per hour per ED.

The literature reveals a systematic relationship between volume and outcome in emergency care. Low volume EDs show the highest mortality and complication rates, and more and longer inpatient admissions for most serious emergency indications. In 95% of German communities at least 2 hospitals can be reached within a 30 minute car ride. Most metropolitan areas have more than 4 times as many hospitals as Denmark or England per 100.000 inhabitants. There is a massive potential as well as a need to concentrate access to emergency care for quality reasons and to reach a case load to support primary care clinics at these sites. The downside: all other EDs ought to be closed.

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