EMERGENCY CARE IN THE UNITED STATES

WHERE WILL YOU BE WHEN YOU NEED EMERGENCY CARE NEXT?

The fact is EMERGENCY DEPARTMENTS HAVE BEEN STEADILY CLOSING over the past decade due to financial constraints, liability concerns and workforce shortages. With the implementation of the Affordable Care Act (ACA) EMERGENCY VISITS REMAIN STEADY AT 131 million in 2012 (CDC 2016).

Emergency departments continue to focus on the traditional mission of providing acute and lifesaving care, but their role has evolved over the last several decades to encompass safety-net care for uninsured patients, public health surveillance, disaster preparedness and providing care to patients who are unable to get timely appointments with other physicians.

The "EMERGENCY MEDICAL TREATMENT & LABOR ACT" (EMTALA), enacted by Congress in 1986, requires emergency departments to care for patients regardless of their insurance status or ability to pay. Emergency physicians and other on-call specialists bear the brunt of this unfunded mandate, as well as reductions in reimbursement from Medicare, Medicaid and other payers. These financial strains, as well as payment denials from insurance plans, all reduce hospital capacity. America no longer has the surge capacity to deal with sudden increases in patients needing care, such as during natural disasters, terrorist attacks or infectious disease outbreaks.

Despite the critical role of emergency medicine, 90 percent of states earned mediocre or near-failing grades in the 2014 National Report Card on the State of Emergency Medicine, which measured state policy support for emergency patients, not the quality of care provided (ACEP 2014).

www.emreportcard.org

EMERGENCY DEPARTMENT FACTS

- More than 131 million people visited emergency departments in 2012. (CDC 2016)
- Two-thirds of emergency visits occur after hours, when doctors’ offices are closed.
- The amount of people seeking emergency care with non-urgent medical conditions dropped to 4 percent in 2011. (CDC 2014) Ninety-six percent of emergency patients needed medical care in 2 hours or less.
- Primary care physicians are increasingly dependent on emergency departments to see their patients after hours, perform complex diagnostic workups and facilitate admissions of acutely ill patients. (Rand 2013)
Less than 2% of what America spends for health care goes toward emergency care.

Eighty-four percent of emergency physicians responding to a poll reported that psychiatric patients were being held—“boarded”—in their emergency department. Nine in 10 (91 percent) said that this practice has led to violent behavior by distressed psychiatric patients, distracted staff and/or bed shortages.

Emergency physicians are key decision makers for nearly half of all hospital admissions.

Nearly two-thirds of emergency departments are classified as safety-net hospitals (provides a disproportionate share of services to Medicaid and uninsured patients), which is nearly double the number classified as such in 1997.

-66% of emergency physicians are not directly employed by the hospital, rather they are self-employed, independent contractors or members of a group practice that contract with the hospital to provide emergency medical care.

**DID YOU KNOW?**

**ACEP'S LEGISLATIVE PRIORITIES**

- Ensure appropriate federal resources are provided for preventing and treating opioid misuse, addiction and overdose;
- Maintain protocols that allow EMS personnel to administer necessary controlled substances via standing orders;
- Improve access to inpatient and outpatient mental health services for individuals with serious mental illness or substance use disorders;
- Fight for fair insurance coverage and adequate networks for emergency medical patients; and
- Promote research in emergency medicine and foster injury prevention activities.

**WHO IS ACEP?**

ACEP is the leading national medical specialty society representing emergency medicine. The mission of the organization is to support quality emergency care and promote the interests of emergency physicians and emergency patients. ACEP is committed to advancing emergency care through continuing education, research and public education.

Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.