

Accessing Emergency Care

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We all assume Emergency Care will be there when we need it, but is that really so? The emergency system is the safety net for the health-care-system, and it is stretched beyond reason. The National Center for Health Statistics, a division of the Centers for Disease Control and Prevention, released their "National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary" report in June 2007. The findings of this report are not surprising and in fact, reinforce that the emergency health-care system is suffering from an almost infinite supply of patients and a definitely finite supply of resources and ability.

The total number of annual emergency department (ED) visits swelled from 96.5 million in 1995 to 115.3 million in 2005, while, during this same time period, the number of hospital emergency departments decreased from 4,176 to 3,795, thereby increasing the annual number of visits per ED.

While ED patients encompass all ages, genders, races and socioeconomic classes, there are some subgroups with higher ED utilization than others. Infants under 12 months of age made 91.3 visits per 100 infants, persons living in nursing homes made 147.2 ED visits per 100 residents and African-Americans have the highest ED utilization rates at all ages. These utilization patterns should be carefully considered when developing strategies to decrease ED congestion.

It has long been believed that uninsured patients consume a disproportionate share of emergency services and are a drain on the financial resources available to maintain the system. However, the National Center for Health Statistics reported that uninsured patients accounted for only 16.7 percent of visits. While patients with private insurance accounted for 39.9 percent of all ED visits and Medicaid, or State Children's Health Insurance programs, accounted for 24.9 percent of visits. The report does not distinguish the level of acuity or the intensity of care provided to patients based on their payor source. Acuity level is an important consideration in determining the validity of the claim that uninsured patients consume an excessive share of ED services.

The report details the shifts in the conditions/ diagnoses seen in the ED. The most frequent complaints reported in EDs include abdominal pain at 6.8 percent, chest pain at 5.0 percent and fever at 4.4 percent of all ED visits. This information should be considered in the design of advance treatment protocols and patient/staff education initiatives. Several diagnoses showed a statistically significant decrease in the ED: these diagnoses included asthma, cancer, cerebrovascular disease, congestive heart failure, chronic obstructive pulmonary disease and ischemic heart disease. It is unclear why there has been a decrease in these diagnoses presenting to the ED, however, it is worth noting that each of these diagnoses has received significant attention by insurers as they are costly, often resulting in repeat hospitalizations and are preventable or manageable in the primary care setting. Likewise there was a statistically significant increase in the diagnoses of depression and hypertension in the ED during 2005. These are areas on which we should be focusing in the future.

One final area of note is mode of arrival and disposition of patients in the ED. As emergency health-care providers, we know the strain that ambulance providers are experiencing consequent to 15.5 percent of all ED patients arriving by ambulance. This represents 17.9 million ambulance transports, approximately a 25 percent increase from 1997. This is especially significant when you consider the number of hours EDs are on diversion and the amount of downtime ambulances experience in EDs while waiting to unload their patients. In addition, 2.1 million patients were transferred from one ED to another hospital. While it was unclear how many of these patients were transported by ambulance, the report states that 47.1 percent were transferred for a higher level of care and 25.7 percent were transferred for psychiatric related care, which would indicate that the majority of the 2.1 million patients transferred went by ambulance, further taxing the strained ambulance providers.

A Possible Solution

There are many factors contributing to the crisis of the emergency health-care system. The solutions will be many, involving new legislation/regulation, reformed legislation/regulation, the work of individuals and organizations. Some solutions will be planned and others will happen through trial and error.

One potential solution is H.R. 882, new legislation currently under consideration at the federal level. This effort, initiated by the American College of Emergency Physicians, has three primary objectives: 1) establish a commission with specific duties, 2) provide for additional payments for certain physicians' emergency services furnished pursuant to the Emergency Medical Treatment and Active Labor Act (EMTALA), and 3) require hospitals to report ED information.

According to the legislation, the commission would be a temporary entity and it would disband upon completion of two charges:

1. Identify and examine factors in the health-care delivery, financing, and legal systems that affect the effective delivery of screening and stabilization services furnished in hospitals that have emergency departments pursuant to EMTALA provisions.
2. Make specific recommendations to Congress with respect to federal programs, policies and financing needed to assure the availability of such screening and stabilization services and the coordination of state, local and federal programs for responding to disasters and emergencies.

Some factors the commission would consider in relation to their first charge include: crowded conditions in EDs, the practice of boarding patients, barriers that impede access to emergency care within a reasonable period of time (including consultations in the ED) and potential legal and financial liability of health care professionals and providers with respect to services required to be furnished to patients under EMTALA.

The second objective of this legislation, the provision of additional payments for certain physicians' services, would be the first step in moving EMTALA from an unfunded mandate to a partially funded mandate. This is a long-awaited move. The federal EMTALA law requires that EDs see every patient who presents to the department, regardless of their ability to pay, and yet there is no financial incentive from the federal government to comply other than a significant financial penalty for non-compliance. EMTALA serves a great purpose to individuals and society; it is what ensures that each of us will receive life saving medical treatment when needed, but has also, unintentionally contributed to the current emergency health-care system crisis.

The third and final objective of this legislation would mandate that hospitals provide public disclosure on predefined ED-specific indicators. There is a current trend in standardized reporting by hospitals with public disclosure on identified, quality performance indicators, which makes this objective a reasonable expectation. In addition, by standardizing ED reporting indicators, we could begin to accurately compare the performance of EDs across the country.

The Facts

1995 Hospital Visits: 96.5 million

2005 Hospital Visits: 115.3 million

1995 number of hospital ED's: 4,176

2005 number of hospital ED's : 3,795

2005 Ambulance Transports

- 17.9 million ambulance transports
- 15.5 percent of all ED patients arrive by ambulance
- From 1997 to 2005 there was a 25 percent increase in ambulance transports to the ED

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Summary

Is H.R. 882 the answer? It is not the entire answer, but there are many who believe it could be part of the solution. Will it pass through the legislative process and find its way to the President's desk? This legislation was not successful in being passed in its initial submission. Resubmitted with modifications in 2008, the legislation is the only bill that focuses squarely on the emergency care crisis in the United States. It is a step in the process to restructure a fractured health-care system.

Bibliography

Eric W. Nawar, Richard W. Niska and Jianmim Xu, "National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary." Advance data from vital and health statistics, No. 386, National Center for Health Statistics, Hayattsville, MD, June 2007.

U.S., Congress, House, A bill to amend title XVII of the Social Security Act to improve access to emergency medical services and the quality of care furnished in emergency departments of hospitals and critical access hospitals by establishing a bipartisan commission to examine factors that affect the effective delivery of such services, by providing for additional payments for certain physician services furnished in such emergency departments, and by requiring reports on certain emergency department information as a condition of participation in the Medicare program, and for other purposes, H.R. 882, 110th cong., 1st sess., tp. 1-17.



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