ACEP FREESTANDING EMERGENCY CENTERS SECTION

Summer 2026 Newsletter

The Future of Emergency Care: Expanding Access Through Freestanding Emergency Centers

Interview Spotlight with Dr. Lonnie Schwirtlich

As healthcare systems continue to face overcrowding, staffing shortages, and increasing patient demand, freestanding emergency centers (FECs) are emerging as a major part of the future of emergency medicine.

In a recent conversation with Dr. Lonnie Schwirtlich, we discussed how freestanding ERs are helping improve access, reduce hospital burden, and bring emergency care closer to patients — especially in underserved and rural communities.

"Emergency care should be closer to where people actually live."

Dr. Schwirtlich described the original vision behind freestanding emergency centers as a way to decentralize emergency care while preserving hospital-level capabilities.

"We came up with the idea of creating freestanding emergency centers — small, fully contained ERs with the same capabilities as hospitals — placed closer to where people actually live and experience emergencies."

According to Dr. Schwirtlich, the goal is twofold:

- Improve patient access during the "golden hour"
- Reduce overwhelming hospital ER volumes

By evaluating and stabilizing patients in community-based ERs, hospitals can focus resources on the most critical and high-acuity patients.

Freestanding ERs as a "Funnel" to Better Care

One of the most compelling comparisons from the interview described freestanding ERs as a healthcare "funnel."

"We get patients worked up immediately and identify which hospital is best equipped for that patient's specific emergency."

Instead of patients waiting hours in overcrowded emergency departments, freestanding ERs can:

- Rapidly evaluate patients
- Initiate aggressive treatment early
- Coordinate transfers to the most appropriate facility when needed
- Reduce unnecessary admissions through observation protocols

Dr. Schwirtlich emphasized that this model improves efficiency while also lowering healthcare costs.

"The quicker you see a patient, the fewer complications they have, the better the outcome, and the lower the overall cost."

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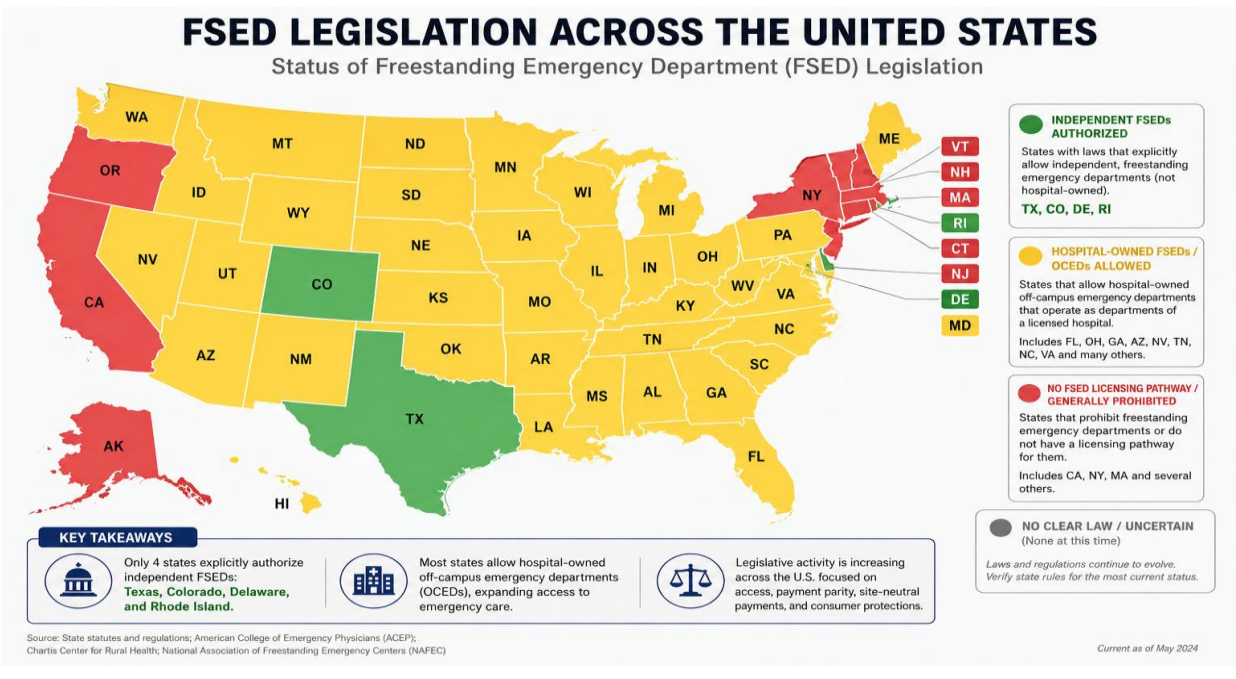

The Next Evolution of Freestanding Emergency Medicine

Key Insights from Dr. Joe Ybarra

- Freestanding Emergency Centers have never been more important—or more challenged.
- As reimbursement pressures rise, consolidation accelerates, and physician burnout continues to impact our specialty, Dr. Joe Ybarra challenges us to look beyond today's obstacles and focus on the future of emergency care.

What Will Define the Next Generation of FECs?

- ✅ **Physician-Led Leadership**
- The future belongs to organizations where physicians remain at the center of clinical and operational decision-making. Strong physician leadership remains essential to preserving quality, autonomy, and patient advocacy.
- ✅ **Smarter Systems, Not More Complexity**
- Healthcare is a complex adaptive system. Small operational decisions can create significant downstream effects on patient experience, staffing, reimbursement, and outcomes. Successful FEC leaders must think beyond the four walls of their facility and understand the larger healthcare ecosystem.
- ✅ **The Strategic Use of AI**
- AI-assisted intake, physician-supervised screening, and smarter patient navigation may help improve access, reduce unnecessary costs, and preserve emergency resources for true emergencies.

A Bold Vision for the Future

- Dr. Ybarra proposes a model where physicians maintain control of clinical operations while leveraging sophisticated management infrastructure for compliance, analytics, billing, accreditation, human resources, and administrative support.
- The result?
- A healthcare model that preserves physician autonomy while creating operational sustainability.

Why This Matters

- The next chapter of freestanding emergency medicine will not be won by organizations that simply work harder. It will be led by those that adapt faster, embrace innovation responsibly, and remain relentlessly focused on patients and communities.
- *"The future of freestanding emergency medicine will belong to those capable of integrating science and systems, autonomy and accountability, innovation and ethics, business discipline and human care."*— Dr. Joe Ybarra

The Takeaway

- The future FEC is not just an emergency department without walls. It is a physician-led, technology-enabled, patient-centered model designed to deliver accessible, sustainable, and high-quality emergency care while preserving the art and mission of emergency medicine.

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EDPMA (Emergency Department Practice Management Association) Solutions Summit 2026 Briefing Summary

HR1 – One Big Beautiful Bill Act (Effective July 4, 2025)

A sweeping healthcare bill projected to remove ~$1 trillion from the healthcare system, with an estimated 10 million people losing coverage. Key provisions:

• $50B in rural health support
• 2.5% increase in CMS conversion factor
• Tightened Medicaid budgets — requiring outreach to hospital partners, focus on retroactive coverage, and care models emphasizing patient follow-up, case management, and reducing return visits
• Key presenters: Jeff Wu (Deputy Director for Policy at Center for Consumer Information and Insurance Oversight (CCIIO)) and Randy Pilgrim (Chair of EDPMA Board for Directors)

No Surprises Act – Independent Dispute Resolution (IDR)

Emergency medicine is a heavy IDR user due to unavoidable out-of-network encounters and low initial payer offers. The process follows a baseball arbitration model where a certified arbitrator selects one side's offer.

What wins cases: CPT-specific market comparisons, case acuity, boarding/critical care factors, local contract rates, and documented payer underpayment patterns.

Strategic priorities for multi-site groups:

• Track payer win rates and batch claims aggressively
• Separate professional vs. facility disputes
• Build payer scorecards and use IDR selectively where ROI exceeds admin cost

NSA (No Surprises Act) Enforcement & QPA(Qualified payment Amount) Concerns

A key concern is the lack of accountability for payers on timeliness and underpayment. The Murphy Bill aims to fix QPA bias (which currently favors insurers), improve IDR speed, increase insurer transparency, and protect emergency/on-call specialists.

• Self-insured plans (DOL-regulated) vs. fully insured plans involve different and complex dispute processes

Legislative & Political

• EDPMA focusing on both legislative and regulatory strategies
• ED Boarding legislation has bipartisan sponsorship

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Rural Healthcare: A Major Opportunity

A major focus of the discussion centered on rural healthcare access.

Dr. Schwirtlich believes freestanding ERs may play a critical role in stabilizing healthcare systems in underserved areas by:

• Bringing emergency care closer to rural communities
• Supporting primary care physicians
• Reducing provider burnout
• Offering hospital-level diagnostics without requiring large hospital infrastructure

“Freestanding emergency centers have a huge opportunity to improve healthcare in rural communities and give people the same access they would have in larger cities.”

He also discussed how the model could help retain primary care physicians in small towns by relieving them of constant on-call emergency responsibilities.

Challenges Facing Freestanding Emergency Centers

Despite the promise of the model, significant operational and legislative hurdles remain.

Among the biggest challenges discussed:

1. Insurance reimbursement delays
2. Independent dispute resolution (IDR) backlogs
3. Lack of CMS recognition for some freestanding ERs
4. Difficulty serving Medicare and Medicaid populations

Dr. Schwirtlich explained that some providers wait 5–7 months for reimbursement due to ongoing insurance disputes.

“You have to be prepared to finance patient care for months before reimbursement arrives.”

He also highlighted ongoing advocacy efforts around:

•No Surprises Act enforcement
• Prompt payment legislation
• Emergency Care Improvement Act initiatives

Observation Medicine & Treating Patients at Home

The conversation also explored the future of observation medicine and home-based recovery.

Dr. Schwirtlich described aggressive observation protocols aimed at:

• Treating patients quickly
• Avoiding unnecessary hospitalizations
• Transitioning patients home safely with remote monitoring and nursing support

“People sleep better, eat better, and recover better at home.”

The approach aligns with a growing national movement toward:

• Lower hospitalization rates
• Reduced hospital-acquired infections
• Increased use of remote monitoring technology

Innovation Ahead

The interview concluded with discussion around emerging healthcare technologies, including stroke detection advancements and future diagnostic tools that may further revolutionize emergency medicine.

Dr. Schwirtlich shared enthusiasm about innovative biomarker testing currently being explored for faster stroke detection and triage.

“This is the kind of innovation that could truly revolutionize emergency care.”

Key Takeaways

Freestanding ERs may help:

✅ Reduce hospital overcrowding
✅ Improve access during the “golden hour”
✅ Expand rural emergency care
✅ Support primary care sustainability
✅ Lower healthcare costs
✅ Improve patient flow and outcomes
✅ Keep more patients safely recovering at home

Final Thought

While challenges remain around reimbursement, legislation, and healthcare policy, leaders in emergency medicine continue to see freestanding emergency centers as an important evolution in delivering faster, more accessible, and more patient-centered emergency care.

“We’re not competing with hospitals — we’re helping make the entire system function better.”