



THE VALUE OF EMERGENCY MEDICINE

Emergency physicians are expertly equipped to handle any emergency for any patient, at any time. More than 136 million patients^I visit the emergency department each year — that's equivalent to a third of all Americans. Two-thirds of emergency visits occur during non-business hours, after doctors' offices are closed.^{II} We are all a heartbeat away from needing emergency care.

Emergency physicians provide an invaluable service for millions of people often at the most vulnerable moments in their lives. There is no other medical specialty that serves so many patients with such a broad range of serious conditions. At the same time, emergency medicine uses less than 4 percent^{III} of total U.S. health spending and represent just 4 percent of all America's doctors. Emergency physicians develop innovative approaches that make medical care more efficient and less expensive. They are also key decision makers in nearly half of all hospital admissions.^{IV}

In addition, emergency physicians provide more uncompensated care than any other physician.^{VI} Hospital emergency departments have a unique federal mandate to medically screen and stabilize every patient, regardless of ability to pay.^{VII}

Emergency departments are the heart of the nation's health care system and are critical to communities. Emergency physicians take charge when the nation's medical care system fails patients. They are at the front lines when needed most — whether it's a car accident, heart attack, mass casualty event or natural disaster. Even other doctors increasingly rely on emergency physicians. For example, four in five people who called their family doctors about a sudden medical issue got the same advice: Go to the ER.^{VII}

Emergency physicians are experts at diagnosing medical conditions that other doctors never see. They can command the full complement of hospital resources — diagnostics, labs, consultants — and because emergency departments are open 24 hours a day, seven days a week, they play a unique and critical role in the health care system, treating patients when other medical professionals cannot.

Emergency physicians manage:^V

- *More than one-fourth (28 percent) of all outpatient medical care in the United States (including clinics and physician offices)*
- *11 percent of all outpatient care in the United States*
- *28 percent of all acute care visits*
- *Half of the acute care visits by Medicaid and CHIP beneficiaries*
- *Two-thirds of all acute care for the uninsured*

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At the same time, there are challenges. Emergency physicians often are the first to see the victims of social problems, including domestic violence, drug abuse, alcoholism and firearms violence. Emergency visits have increased at twice the rate of the U.S. population.^{IX} As more patients come to the ER with more complex and chronic conditions, emergency physicians are working with fewer resources.

Emergency physicians are committed to providing high-quality emergency care as quickly as possible. But, patient crowding and “boarding” — or holding patients until inpatient hospital beds become available — can jeopardize care, because emergency resources are limited. For example, with shrinking mental health resources, many psychiatric patients “board” for days in the emergency department, waiting for inpatient beds.

In addition, health insurance costs more than ever, but covers less, and some health insurance companies are engaging in tactics to devalue the care provided to emergency patients. The American College of Emergency Physicians (ACEP) in 2018 conducted a Fair Coverage Campaign to push back on Anthem Blue Cross Blue Shield, which has been denying coverage to emergency patients in multiple states. ACEP and its Georgia Chapter filed suit in federal court to compel the insurance giant to rescind its policy.

The nation’s opioid crisis is seen every day in emergency departments across the country. More than 46 people die each day from a prescription opioid overdose.

Emergency visits due to overdoses increased by 30 percent between July of 2016 and September of 2017.^X

To reduce opioid deaths, ACEP supports legislation to facilitate a patient’s transition to outpatient care. Medication-Assisted Treatment (MAT) in the emergency department^{XI} is important because many patients do not seek or receive further treatment after an opioid overdose-related emergency visit and are more likely to have another overdose.

Another serious issue is the shortage of drugs in a medical emergency. Nine in 10 emergency physicians responding to a poll^{XII} said that they have experienced shortages or absences of critical medicines. In addition, nearly all (93 percent of 247 doctors) also said their emergency departments are not “fully prepared” for patient surge capacity in the event of a natural or man-made disaster, or mass-casualty incident, with 49 percent saying they are “somewhat” prepared.

Every community needs a fully staffed ER, ready to treat patients around the clock for any emergency. Preserving the value of emergency medicine has never been a more important mission. ACEP will continue working tirelessly on behalf of emergency physicians and their patients — advocating for resources, collaborating to reduce drug shortages, supporting fair insurance coverage and more to make sure that millions of people continue to receive the reliable, high-quality care that millions of people depend on.

- I Centers for Disease Control and Prevention Website. 2018 <https://www.cdc.gov/nchs/fastats/emergency-department.htm>
- II Centers for Disease Control and Prevention. August 6, 2010. National Hospital Ambulatory Medicare Care Summary: 2007 Emergency Department Summary. <https://www.ncbi.nlm.nih.gov/pubmed/20726217>
- III Centers for Disease Control and Prevention. “Health: United States 2012 With Special Feature on Emergency Care.” <https://www.cdc.gov/nchs/data/abus/abus12.pdf>
- IV RAND “Research Report: The Evolving Role of Emergency Departments in the United States 2013.” https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR280/RAND_RR280.pdf
- VI CMS. Federal Register Vo. 67, No 251 Tuesday December 31, 2002 http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/Downloads/cms1204fc_1.pdf, page 8
- VII Emergency Medical Treatment and Labor Act Fact Sheet. ACEP. 2018. <http://newsroom.acep.org/2009-01-04-emptala-fact-sheet>
- VIII RAND “Research Report: The Evolving Role of Emergency Departments in the United States 2013.” https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR280/RAND_RR280.pdf
- IX JAMA “Trends and Characteristics of US Emergency Department Visits, 1997–2007. Tang, et al. <https://www.ncbi.nlm.nih.gov/pubmed/20699458>
- X Centers for Disease Control and Prevention Website 2018 <https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html>
- XI Annals of Emergency Medicine. “Identification, Management, and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department.” June 2018
- XII ACEP poll. 2018. http://newsroom.acep.org/statistics_and_reports