



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# POLICY STATEMENT

Approved September  
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## *Addressing Public Reporting of Individual Physician Metrics*

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Performance metrics for individual emergency physicians are often collected across various practice settings. These metrics include, but are not limited to, door-to-doctor time, time to admission, patient experience scores, total RVUs produced, and total CPTs performed. However, unblinded performance metric reports may fail to provide sufficient context regarding clinical performance. It is essential to consider factors such as patient acuity, time of shift, patients received from handoffs, language barriers, case complexity, available clinical personnel, bed capacity, and other influences that may distort the relationship between these metrics and an emergency physician's performance.

While public reporting of individual physician performance by CMS and other organizations aims to improve transparency, interpreting these metrics can be nuanced. Additionally, the imperfection of data collection may lead to inaccuracies. Therefore, to ensure fair and accurate interpretation, publicly reported metrics should include the necessary context or adjustments, taking into such factors as account patient acuity, shift times, patient handoffs, available clinical personnel, bed capacity, and language barriers.