

IS THE FINANCIAL CRISIS AFFECTING EMERGENCY CARE? 2009 POLL RESULTS

Emergency departments are where society's problems show up first, from drug abuse and domestic violence to the health problems of the poor and uninsured. The current economic woes are highlighted most painfully in America's emergency departments where patients who have lost jobs health insurance or financial stability turn for help when their illnesses turn critical.

The American College of Emergency Physicians in January 2009 conducted a poll of emergency physicians across the United States to assess whether a growing number of uninsured patients are seeking care in emergency departments and how the financial crisis is affecting the nation's emergency care system. It is disturbing that 82.9 percent already reported seeing patients who had lost jobs and health insurance and had delayed medical care until their medical conditions became medical emergencies, some with severe consequences. It is even more disturbing that nearly three-quarters (72.2 percent) of those who responded said they did not think their emergency department had yet fully experienced the consequences of the financial crisis. The emergency department has always served as a health care safety net for everyone, regardless of insurance status. This essential community role has become even more critical as the nation goes through difficult financial times and thousands of people have lost their jobs.

The poll follows the December 2008 release of a National Report Card on the State of Emergency Medicine (www.emreportcard.org) in which the nation earned a C minus for its lack of support for emergency patients. The Report Card showed a national and state-by-state failure to support emergency patients, with 90 percent of states earning mediocre or near-failing grades. America earned a near-failing D- grade in the "Access to Emergency Care" category.

In addition, the Centers for Disease Control and Prevention (CDC) released a report in August 2008 saying the annual number of emergency visits had increased by 32 percent (from 90.3 million up to 119.2 million) between 1996 and 2006, while the number of emergency departments had decreased by 5 percent, leaving fewer emergency departments left to serve a larger volume of patients. The lack of resources in emergency medicine contributes to overcrowding and threatens access to lifesaving emergency care for everyone – insured and uninsured.

Overcrowded emergency departments compromise patient safety and quality of care. ACEP last year released recommendations with high-impact, low-cost solutions to address the problem of holding, or "boarding" patients in the emergency department, which is a controversial practice that is the primary cause of overcrowding. Boarding patients in the emergency department causes patients to undergo unnecessary suffering and indignity, while putting lives at risk. Two hundred emergency physicians responding to a poll in 2007 said they knew of a person who had died because of the practice of boarding. In addition, most emergency departments have no surge capacity to cope with a pandemic flu or terrorist attack because they are already so overcrowded. The Institute of Medicine in 2006 found that only a tiny fraction of federal funding for emergency preparedness after 9/11 had been spent on medical preparedness.

As the nation turns its attention to health care reform, emergency physicians are asking policymakers not to forget the millions of patients they treat each year.

The worsening economy has generated efforts by some hospitals to minimize the amount of uncompensated care they provide. For example, the University of Chicago Medical Center has been criticized in the news for its policy to prevent uninsured emergency patients and those covered by Medicaid from being admitted to the hospital, which hospital staff acknowledge in part is a response to the worsening economy. This is a dangerous precedent. It is located in a poor neighborhood whose residents have few, if any, other options for emergency care. The argument that they can go elsewhere is simply erroneous when the patients in question are among the most vulnerable in society due to poverty, illness, age or all three. Should other non-profit community hospitals follow this path, consequences could be catastrophic for the growing ranks of the poor, uninsured and underinsured.

METHODOLOGY

ACEP conducted a survey of emergency physicians asking them questions regarding how they view the current financial crisis and whether or not they see direct effects on their emergency departments.

The survey of emergency physicians was conducted by ACEP from January 19, 2009, to January 30, 2009. It was emailed to 16,600 practicing emergency physicians, who are members of ACEP. There were 1,734 responses.

OVERALL RESULTS

- 1,144 emergency physicians (66.1 percent) report seeing an increase in patients seeking care in their emergency departments in the past 6 months.
- 1,210 emergency physicians (69.9 percent) report seeing an increase in the population of uninsured patients in their emergency departments in the past 6 months.
- 1,434 emergency physicians (82.9 percent) report seeing patients who have lost their jobs and health insurance and who delayed medical care until their medical conditions have become emergencies.
- 1,260 emergency physicians (72.7 percent) have personally seen a patient in their emergency department who is newly uninsured (past 6 months) and experiencing serious medical consequences because of delaying medical care.
- 1,249 emergency physicians (72.2 percent) did not think their emergency department has fully experienced the consequences of the financial crisis (in terms of treating additional, sicker patients).
- 1,145 (66.1 percent) of emergency physicians are very concerned, because of recent job losses and health insurance, that patients will forgo medical care until their medical conditions worsen and become medical emergencies.
- 1,554 emergency physicians (89.9 percent) are not confident that the nation's policymakers are addressing the problems facing emergency patients.
- 1,616 emergency physicians (93.3 percent) say policymakers should strengthen emergency departments as part of health care reform (e.g., stop the practice of "boarding," pass the "Access to Emergency Medical Services Act," provide additional resources).
- 1,515 emergency physicians (87.8 percent) say patients have sought care in their emergency department in the past six months because they have been turned away for care elsewhere, either at a doctor's office or a clinic.

SOLUTIONS

The Report Card on the State of Emergency Medicine makes eight key national recommendations to solve the problems facing emergency patients:

1. Create stronger emergency departments through national health care reform.
2. Alleviate boarding in emergency departments and hospital crowding.
3. Pass the “Access to Emergency Medical Services Act.”
4. Enact federal and state medical liability reforms.
5. Infuse a greater level of federal funding and support into disaster preparedness targeted for medical preparedness and response.
6. Increase support for the nation’s health care safety net.
7. Develop greater coordination of emergency services.
8. Increase the use of systems, standards and information technologies to track and enhance the quality and patient safety environment.

In addition, it will not be effective to focus on emergency care as a way to cut health care costs, because emergency care represents less than 2 percent (1.8 percent) of health care expenditures in the United States. The total expenditure on health care are \$2.1 trillion (McKinsey Global Institute 2007 [McKinsey report](#)), with total expenditures on emergency care at \$37.5 billion (Medical Expenditure Panel Survey 2006 [MEPS](#)) The life-saving services provided must be maintained to contend with unforeseeable circumstances.