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The Evolution of Emergency Medicine: Value Added

Almost everything changes over time, so no one should be surprised to find that, in the 35 years since emergency medicine became a specialty, its scope of practice and role in care has evolved to encompass important tasks never envisioned by its founders.

In 1979, few EDs had ready access to the first generation of computed tomography scanners or ultrasonography equipment, and magnetic resonance imaging was not yet available for clinical use. In those days, a major challenge for emergency physicians was to rapidly determine whether a patient was well enough to be treated and released, or ill enough to require admission for evaluations we now routinely perform in the ED before a patient is admitted for further treatment.

In 1979, too, primary care providers (PCPs) often hospitalized their patients for “elective” or “semi-elective” “work-ups.” But today, with fewer hospital beds available, and neither the facilities nor the time to perform extensive testing during an outpatient visit, PCPs typically send their patients to EDs for the evaluations and, when indicated, admissions.

The ED as a “destination” is the most striking characteristic of “the evolving role of emergency departments in the United States”—which is the title of a new Rand Corporation research report sponsored by ACEP’s Emergency Medicine Action Fund and published in May. The numbers reported are impressive:

“Between 2003 and 2009...nearly all of the growth in admissions was due to a 17% increase in unscheduled inpatient admissions from EDs...more than offset[ting] a 10% decrease in admissions from doctors’ offices and other outpatient settings,”¹ suggesting that **office-based physicians are now “directing to EDs some of the patients they previously admitted to the hospital.”**

The Rand report also found that, despite a nationwide increase in inpatient admissions, the *rate* of increase was less than the rate of population growth, indicating that **EDs also play an important role in reducing unnecessary admissions**—presumably, by choosing appropriate and safe outpatient alternatives.

Taking all of these findings into account, the authors of the report estimate that **emergency physicians have become decision makers for one half of all admissions in the United States.**

From the foregoing, the practice of emergency medicine today would appear to fit the definition of “value-based medicine.” But there is a downside: The increasing complexity of ED evaluations, the longer lengths of stay, the ever increasing number of ED visits, and the rising percentage of older, sicker, and poorer patients all can adversely affect patient safety and outcomes while driving the cost of ED care higher and higher.

Regrettably, one area that has *not* evolved together with the increasingly vital and complex role of the ED in patient



care is the reimbursement model for services provided in the ED. Standard health-care financial practice credits both revenue from all admissions, and federal subsidies for charity care to inpatient services and hospitals—regardless of how much of that care was provided in the ED. Moreover, although some ED-based fast-track and urgent care centers generate substantial income to offset overall ED expenses, the needs of full-service EDs to comply with government-mandated hospital regulations and to remain open 24/7 make it difficult, if not impossible, to compete with the pricing and convenience of rapidly proliferating free-standing urgent care centers.

Repeatedly criticized for the “high costs of emergency department care,” many hospital EDs may be facing a difficult financial choice: Reduce charges for urgent but non-emergent care to be competitive with outside providers, or risk losing that group of patients. Should the latter occur, EDs will be left mostly with two kinds of patients: those who require complex, labor-intensive evaluations and treatment, and those unable to gain access to other providers of acute, but less intensive, care. **EM**

REFERENCE

1. Morganti KG, Bauhoff S, Blanchar JC, et al. Research report: The evolving role of emergency departments in the United States. Arlington, Va: Rand Corporation, 2013. http://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR280/RAND_RR280.pdf, accessed June 23, 2013.