GUEST EDITORIAL

EMERGENCY DEPARTMENTS: AN IMPORTANT COMPONENT OF PUBLIC HEALTH

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Emergency departments have always been an important source of medical care in the US health-care system. In 1992, there were approximately 95.8 million emergency department visits.[1] In recent years as the cost of health care has increased, many have tried to find ways to decrease and contain cost. Many people view emergency departments as an expensive part of the health-care system. Because of this view, insurers, health maintenance organizations (HMOs), and other managed care groups try to steer their patients away from emergency departments. In fact, only 2.3% of hospital costs are used by emergency department visits.[2]

Health-care reform proposals by the federal and state governments have excluded emergency medicine as a primary care designated specialty. The main exclusion criteria is that patients seen in the emergency department are not seen on a long-term basis for routine care. This will have tremendous implications not only on reimbursement, but also on graduate medical education in emergency medicine. Since the establishment of emergency medicine residencies and board certification, the quality of care given by emergency medicine physicians has increased significantly compared with 25 years ago. If residency slots are decreased in emergency medicine, the number of board-certified emergency physicians will be slow to increase. Some current proposals call for about a 40% decrease in emergency medicine residency positions.[3] Currently, only about 12 000 practicing emergency physicians are board certified.[4] When this number is compared with the approximately 26 000 emergency medicine physicians needed to staff emergency departments in the United States, a shortage of board-certified physicians exists.[5]

A significant amount of care given in the emergency department is urgent care, not true emergencies. However, this occurs for several reasons. One is that many patients seen do not have regular physicians, either because they are healthy or because they do not have private insurance. Currently, 37.4 million Americans, which is 14.7% of the US population, lack health insurance coverage.[1]

Other reasons for the increased emergency department use over the past 10 years has been secondary to the increase of violence, drug use, and acquired immunodeficiency (AIDS)-related diseases. These societal problems affect a wide variety of people, both those with and without medical insurance. Because our society cannot turn its back on these problems or groups of people, most of their initial access to the health-care system is via emergency departments. If health-care policies and reimbursement strategies are constructed that decrease the quality of emergency care and potentially force emergency departments to close, who will take care of these people when many nonhospital access points in our health-care system do not want to be concerned.

Emergency department visits may cost more than office visits. However, the overhead to keep an emergency department staffed 24-hours per day with physicians, nurses, and ancillary personnel, with radiology and the laboratory available immediately, is more costly. Another reason for increased costs is the higher acuity of problems seen in emergency departments. By federal law, any patient coming into the emergency department must be seen regardless of ability to pay, or

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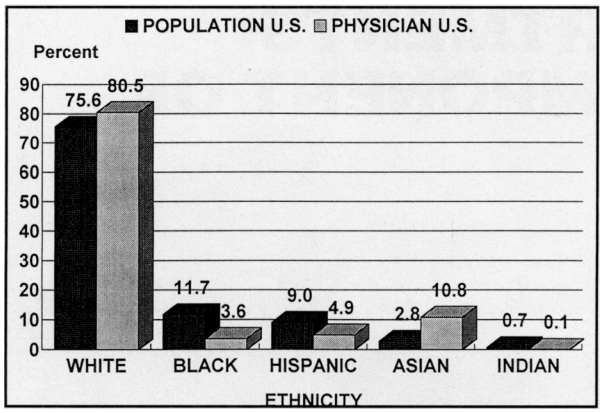

Figure. Percentage of US population versus physician supply by ethnicity. (Source: 1990 US Census and EEO File.)

the facility may face a violation of the 1985 Consolidated Omnibus Budget Reconciliation Act (COBRA) law, which results in serious financial fines for a physician and hospital. However, if these patients go to a private practice office, they can be turned away if they cannot pay. This is especially concerning when many minority groups, who are underrepresented in medicine (Figure) and do not have private insurance, must use emergency departments because there is no where else to go for primary care. Because there are not enough nonminority physicians in private practice in urban minority areas, patients must access emergency departments.

As managed care has increased in popularity, many changes in emergency department use have been experienced. Patients must get authorization by telephone from their managed care group prior to an emergency department visit. If the visit is not authorized and a patient requests an emergency visit immediately, that patient is 100% financially liable for the visit. Those who practice medicine know it is difficult to triage a patient over the telephone without seeing that patient in person. Furthermore, if an HMO or managed care group does not authorize a visit and the patient experiences an unfortunate outcome, the HMO or managed care group is not liable in any way. The need to contain cost can be understood by everyone, but containing costs at the expense of potentially jeopardizing a patient's health is unacceptable. State or federal legislation is needed that makes an insurance or managed care agency liable and accountable for unsatisfactory outcomes to any of their patients if they deny an emergency department visit. Other legislation should prevent retrospective payment denial of an emergency department visit because of the final diagnosis, when the chief complaint also should be considered.

Patients demand and deserve care 24 hours a day and 7 days a week. Even if the hours of primary care offices and managed care groups are extended, there still is not enough qualified generalist physicians to staff them. It will take 5 to 10 years and a significant change in the number of internal medicine, pediatric, and family medicine resident graduates each year to do so. Primary care physicians cannot be on call all the time, especially when working more than 50 hours a week. Many primary care physicians use emergency medicine physicians who are working nights and weekends in emergency departments to evaluate their patients if a problem occurs. At other times, primary care physicians' offices or Health Department clinics are overcrowded and the emergency department exists to see these patients when they have a perceived emergency or urgent problem.

If a patient exhibits a pattern of emergency department misuse, the patient needs to be educated and counseled, not penalized. Medicaid HMOs have been formed to improve Medicaid patients' health care and to prevent emergency department visit abuse. However, some studies have shown that patient satisfaction has decreased with the establishment of Medicaid HMOs.[6] In some areas, some Medicaid patients prefer not to visit health department clinics or Medicaid HMO clinics because they are treated better at emergency departments. The reason for this is unclear but could be that the physicians at these clinics may be overworked and understaffed.

Another aspect to consider in terms of the cost of emergency department visits is the increased demand. Our country's health-care system is based on a principle of access and convenience. Americans are used to getting things when they want and in an expedient manner. Many managed care and private practice offices are not open weekends or after hours when many people are done working or are out of school. If emergency departments did not exist, patients would have to miss work or school to be seen. This is important when looking at a working family who cannot miss work, either due to lost wages or fear of losing a job. These employee-missed hours also are costly for a business because of lost productive hours.

The humanistic approach to medicine must not be lost. Many times, reassurance by a physician to a mother whose child has a fever late at night or a college student with a bad cough and fever during a weekend

can go a long way when clinics or offices are closed. If we look at the actual cost of medicine today and then compare it with actual cost 10 years from now, we may only see cost shifting to another area without actual savings and with more inconvenience to patients. If every physician or health-care group today had to see or sign up any patient regardless of the patient's ability to pay or past medical history, we would see improvement in our overall health-care system. However, this will not happen voluntarily and probably would not be enacted into law either.

Managed care has an important role in the current health-care system, but only if every person has access without quality or personalized care put at risk. Currently, not every person has access to managed care or a private physician, and emergency departments are a "fail safe" for these patients.

As a physician, I chose emergency medicine not only for the variety of cases seen and challenges but also because I can see all patients regardless of income, insurance, race, or religion. Furthermore, I can make a significant contribution to the local community in an indirect way. I am concerned that with the current direction of health-care reform, groups such as minorities, migrant workers, and people with low incomes will be neglected. We need to focus and concentrate on specialties in health care that do not have a significant public health role and see if savings can be found. Focusing on emergency medicine, which plays a vital public health role to all patients regardless of ability to pay and which uses only a small percentage of the total health-care dollar spent, makes no sense at all.

Current health-care reform proposals have discussed universal coverage and access in our country; however, neither probably will not happen for several reasons. This includes the cost and who will pay the cost. Our society, health-care leaders, physicians, and politicians have many tough questions to ask in the coming years. These questions must have answers and solutions. We can no longer avoid these issues as we have in the past. We must make certain that whatever happens in the end, the patient's best interest is always placed first. This includes providing the best medical technology and specialized emergency physicians 24 hours per day for any patient's perceived emergency or urgent situation.

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