New York ACEP is a state medical specialty society representing over 2,500 emergency physicians. New York ACEP is committed to advancing emergency care through continuing education, research and public education, and assuring access to high quality emergency care for the people of New York.

Headquartered in Webster, New York, New York ACEP is a chapter of the American College of Emergency Physicians representing over 34,000 emergency physicians nationwide.

New York American College of Emergency Physicians
1130 Crosspointe Lane, Suite 10B
Webster, NY 14580-2986
(585) 872-2417 phone
(585) 872-2419 fax
nyacep@nyacep.org email
www.nyacep.org online

Emergency Physicians are Key to Reducing Health Care Costs
They Save More Than Lives

A May 2013 report from the RAND Corporation shows emergency physicians are key decision makers for nearly half of all hospital admissions, highlighting the critical role they can play in reducing health care costs. Hospital admissions from the emergency department (ED) increased by 17 percent over seven years, accounting for nearly all the growth in hospital admissions between 2003 and 2009. Hospital inpatient care is a key driver of health care costs, accounting for 31 percent of the nation’s health care expenses. The role EDs and emergency physicians play in deciding who to admit to the hospital is critical to hospital cost savings, since the average cost of an inpatient stay ($9,200) is roughly 10 times the average cost of a comprehensive emergency visit ($922).

The report also found that emergency care is important to physicians as well as patients. Four in five people who contacted a primary care physician or other medical provider before seeking emergency care were told to bypass their doctor’s office and go directly to the emergency department. The RAND team found evidence that primary care physicians are increasingly relying on EDs to evaluate and, if necessary, hospitalize their sickest and most complex patients.

The report recommends that hospital administrators, policymakers, payers and federal research agencies recognize the current reality in emergency department operations and the role they play in coordinating care for millions of patients.

The four percent of America’s doctors who staff hospital emergency departments provide:
- 11 percent of all the outpatient visits 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 visits by the uninsured

Efforts to shift care into other facilities, such as retail clinics, have not always been successful because of the limitations of other facilities. For example, retail clinics lack diagnostic testing, are unable to admit patients to the hospital and will not see uninsured patients who cannot pay cash.

The report highlights why policymakers and hospital administrators should pay closer attention to the role that emergency physicians play in evaluating, managing and preventing hospital admissions.
Over 8.5 million people visit New York’s emergency departments every year. Emergency physicians are one of the largest indigent care providers in the State, treating every patient who walks in the door, regardless of their ability to pay.

Emergency medicine is an essential public service that involves unique challenges and circumstances that should be recognized in state medical liability statutes. Emergency medicine provides the safety net of 24/7 medical care for everyone.

Emergency physicians are mandated by federal law called EMTALA to treat anyone who comes to an emergency department, regardless of the nature, severity, or complexity of their condition. The standard is that they must treat “a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual’s health or the health of an unborn child in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.” They care for all patients, regardless of insurance status or ability to pay.

Emergency physicians make immediate, lifesaving decisions regarding diagnosis and treatment without the benefit of a prior relationship to the patient and often without any knowledge of the patient’s medical history.

Emergency physicians treat everyone regardless of their ability to pay and provide a large and ever growing amount of uncompensated and undercompensated care. Emergency providers face the real possibility that they will not be compensated for the care they provide, yet be liable for any mistakes made and subject to millions of dollars of damages.

Everyone will need emergency care at some point, whether they are young or old, rich or poor, insured or uninsured. It is imperative that the emergency care system remain viable and capable of providing high quality lifesaving care to the entire population. The safety net provided by emergency care needs special protection.

The high-risk nature of emergency medicine results in high liability insurance rates. These costs coupled with lost revenue from uncompensated care seriously threaten the future viability of the emergency care system.

Other specialists providing essential on-call services to emergency patients are often in critical short supply, due largely to increased liability exposure, higher liability premiums and reduced reimbursements for providing emergency care. State liability laws should not act to further discourage these specialists from agreeing to provide vital on-call services to emergency patients. Nationwide, there is a shortage reaching crisis proportions of on-call physicians available to treat emergency patients requiring specialty consultation (such as orthopedics and neurosurgery).

Several other states, including Florida, Georgia, North Carolina, South Carolina, Texas, and West Virginia have recognized the unique needs and circumstances of emergency care and have enacted special liability protections for emergency care providers, including requiring a higher standard of negligence that must be proven in emergency care cases.

Legislation is needed in New York to provide appropriately limited liability for these emergency medical providers under EMTALA requirements, to encourage participation in medical care, and to improve access to care and quality of emergency care for patients in the State of New York.