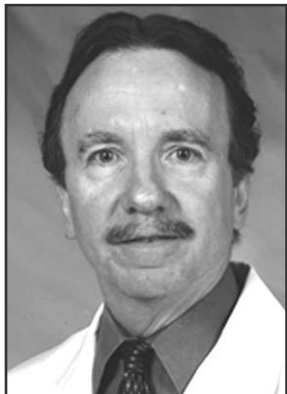


Specialists in the Emergency Room - A Vanishing Breed

All across Florida, and indeed throughout our entire nation, most hospitals lack a sufficient number of on-call specialists providing emergency care. 'Taking call' in the emergency department (ED) of a hospital is a time-honored tradition of physicians which has typically been performed in exchange for hospital privileges. At one time ED call was an important part of building a younger physician's practice. During that era, physicians were more fairly recompensed for their work, and they did not have costs and time constraints that easily outstripped any remuneration from emergency patient care. Fast forward to the reality of 2008. Today, physician practice incomes have plummeted due to price-fixing by the government and managed care entities, costly compliance mandates, and the increasingly large number of patients seeking their primary medical care in the ED. With worsening time constraints from onerous regulations and the increasing complexity of providing health care in general, most physicians are finding little extra time in their daily/nightly schedules to apportion for emergency call outside of their practice.



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Those physicians who elect to participate in ED call are faced with an increasing workload and decreasing morale. Two-thirds of ED medical directors report an inadequacy of on-call specialist coverage.¹ The number of uninsured patients is rising daily and when they need medical care, they head to the nearest hospital's ED. Inherent to this situation is the lack of an established relationship between doctor and patient. Consequently, procedures performed in this setting hold high legal liability², and this naturally leads to higher insurance premiums. Even for those patients with insurance coverage, ever-decreasing reimbursements tip the 'risk/benefit ratio' against the specialist practitioner.

Besides the fiscal ramifications for the physician and the hospital, there are the issues of quality of care and outcomes. Six years ago, a root cause analysis by the Joint Commission on Accreditation of Healthcare Organizations (JCHAO) estimated that 21% of the morbidity and mortality in the ED patient population could be attributed to delays in treatment secondary to the shortage of specialist care.³ And this problem has only worsened in the interim.

There is a very valid move afoot at some hospitals to modify medical staff bylaws, allowing ED call to be voluntary. To encourage participation, specialists are paid a stipend. Done correctly, physicians could contract with hospitals to be fairly compensated for covering emergency call without violating EMTALA (Emergency Medical Treatment and Active Labor Act of November, 2003) and JCHAO regulations. Further negotiations with hospitals and/or local governments could lead to payment or subsidies for malpractice insurance coverage for physicians participating in ED call.

There are those institutions that cannot or do not want to make this part of their budget. Others cannot find the specialists to fill this need even with such financial incentives. ED staffs in hospitals which do not provide such stipends are left to stabilize the patient(s), and then expend inordinate amounts of time trying to arrange patient transfers to a facility where the specialized care can be provided. This also leads to longer waiting times for patients in these emergency facilities. Other elements in the lengthening delays in time to treatment include the longer distances that many patients travel themselves in order to get to an emergency facility with specialized care. Taken as a whole, such incidents not only add to the exorbitant growth of health care costs, but the originating hospital incurs the financial loss of the patient's subsequent care.

One way to ameliorate this predicament has been proposed at the state level: regionalization of specialty call. Because there are not enough hospitals with specialists on call every night, having one specialist essentially cover a 'region' would allow cost-sharing. As noted above, a major deterrent to having adequate specialist coverage in the ED is the higher malpractice insurance rates that many specialists have incurred by the very act of taking emergency call. Some states are being 'encouraged' by organized medicine to form a fund to help compensate for the financial burden incurred by these specialists. In the present fiscal situation, this will be difficult at best. Leaders and concerned members of many state medical organizations are urging legislators to give doctors more protection from malpractice lawsuits when they're treating emergency patients. State legislatures (including Florida) are being petitioned to grant sovereign immunity to all physicians who provide this vital patient care in the emergency rooms. (See *Legislative Re-cap* at dcmsonline.org) Your elected representatives in Tallahassee need to know how you feel about this situation. CALL THEM TODAY!

Sources: 1. American College of Emergency Physicians. On-Call Specialist Coverage in U.S. Emergency Departments; 2006; 2.Center for Studying Health Systems Change. Hospital Emergency On-Call Coverage: Is There a Doctor in the House? <http://www.hschange.org>. Accessed April 1, 2008; and 3. Sentinel Event Alert, No. 26, The Joint Commission. June 17, 2002. http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_26.html. Accessed April 1, 2008.