



Forum Session Meeting Announcement

Thursday, July 27, 2006
11:45am–12:15pm — Lunch
12:15–2:00pm — Discussion

Canary in the Coal Mine or Crying Wolf? Examining Crowding in America's Emergency Departments

A Presentation by:

Benjamin Chu, MD

President

Kaiser Foundation Health Plan, Inc. and
Kaiser Foundation Hospitals, Southern California Region

With a Discussion Featuring:

Arthur Kellerman, MD

Professor and Chairman

Department of Emergency Medicine
Emory University School of Medicine

Bruce Siegel, MD

Research Professor

Department of Health Policy
School of Public Health and Health Services
George Washington University Medical Center

Robert Bass, MD

Executive Director

Maryland Institute for Emergency Medical Services Systems

Location

Washington Court Hotel
525 New Jersey Avenue, NW
Atrium Ballroom

Registration Required

Space is limited. Please respond as soon as possible.

Send your contact information by e-mail to: nhpfmeet@gwu.edu

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Canary in the Coal Mine or Crying Wolf? Examining Crowding in America's Emergency Departments

OVERVIEW

This Forum session will explore the crowded state of many emergency departments (EDs) in the United States. Speakers will describe where crowding is happening, how it is measured, its key causes, and its consequences on patients, payers, and staff. The discussion will consider potential ways to mitigate and alleviate crowding, from hospital-specific solutions to broader federal policy fixes. Key findings and recommendations from the Institute of Medicine's June 2006 report "Hospital-Based Emergency Care: At the Breaking Point," part of the Future of Emergency Care series, will be highlighted.

For additional information – See Jessamy Taylor, "Don't Bring Me Your Tired, Your Poor: The Crowded State of America's Emergency Departments," National Health Policy Forum, Issue Brief 811, July 7, 2006, available at www.nhpf.org/pdfs_ib/IB811_EDCrowding_07-07-06.pdf. ■

SESSION

A June 2006 Institute of Medicine (IOM) report characterizes America's hospital-based emergency care system as "at the breaking point." The Government Accountability Office (GAO), in its 2003 study of emergency departments, concluded that many emergency departments (EDs) across the country were crowded but that the crowding varied by community and hospital, with the worst conditions in urban areas and areas with high population growth and higher than average uninsurance rates. Although there is debate about the pervasiveness of ED crowding, it is clear that where ED crowding is occurring, it is a symptom of broader health care system problems in addition to hospital inefficiencies that are manifesting in the ED.

Systemic issues, including constrained inpatient capacity, problems accessing primary and specialty care for the insured and uninsured, increasing disease burden, and concerns regarding specialty on-call coverage to deliver care mandated by the Emergency Medical Treatment and Active Labor Act (EMTALA), affect crowded conditions in EDs. When combined with other stressors, the demand of emergency services outstrips supply in many hospitals: patients with nonurgent conditions wait extended periods to be treated, admitted patients must board in EDs for hours to get an inpatient bed, and ambulances are diverted to other EDs, often overloading those as well.

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Most experts on this issue contend that crowding is getting worse, not better, but available data do not fully illustrate the problem. It would be helpful to determine how much visit volume needs to be removed or redistributed, but understanding how much capacity exists in the current system is very difficult. Many believe that constrained inpatient capacity is a key source of backups in the ED. While some might argue for the expansion of hospital capacity, others believe that hospitals could do more to maximize the efficiency of existing inpatient resources.

There appears to be little enthusiasm for the heavy political lifting that would be required to tackle the broad systemic issues that manifest in the ED, such as covering the uninsured and expanding inpatient capacity. This Forum session will consider some systemic issues, but will also explore what policymakers can do incrementally to mitigate—and perhaps alleviate—crowded EDs.

SPEAKERS

Benjamin Chu, MD, president of the Southern California Region of the Kaiser Foundation Health Plan and Hospitals and chairman of the Subcommittee on Hospital-Based Emergency Care for the Institute of Medicine's Future of Emergency Care study, will set the stage for this discussion. He will provide an overview of the IOM's key findings and recommendations for improving the state of hospital-based emergency care. A facilitated discussion will follow the overview. **Arthur Kellerman, MD**, professor and chairman of the Department of Emergency Medicine at Emory University, board member of the American College of Emergency Physicians, and IOM Emergency Care Committee member, will provide the perspective of an ED physician working in a major urban, safety net hospital trauma center. **Bruce Siegel, MD**, research professor in the Department of Health Policy at the George Washington University Medical Center, School of Public Health and Health Services, and director of the Robert Wood Johnson Foundation-funded *Urgent Matters* program, will discuss his experience working with hospitals across the United States to improve their patient flow as a way to address ED crowding. **Robert Bass, MD**, is the executive director of the Maryland Institute for Emergency Medical Services Systems and also served on the IOM committee. He will discuss the value and limitations of regionalized emergency care systems for addressing ED crowding.

KEY QUESTIONS

- Key national reports differ in their characterization of the magnitude of ED crowding. Just how pervasive is it?
- What are the key causes of ED crowding? Is the more significant cause (i) lack of access to care that brings more patients to EDs or (ii) constrained inpatient capacity that keeps patients in EDs longer?

- What is known about the consequences of crowded EDs and of boarding patients and diverting ambulances?
- What role does EMTALA play in ED crowding? How have the 2003 regulatory changes to EMTALA affected crowding?
- Many argue that crowded EDs are the “canary in the coal mine” of the health care system, signaling significant trouble. Can ED crowding be alleviated without systemic change? Can hospital-specific approaches that reengineer processes move beyond mitigating the problem?
- To what extent can policy changes influence the market dynamics and delivery system characteristics that lead to access constraints and inpatient bottlenecks in some communities? To what extent could changes in the way physicians and hospitals operate affect ED crowding?
- What federal policy changes (for example, to Medicare and Medicaid payment policies, information technology strategies, EMTALA, etc.) might help alleviate crowding?
- What are the expected benefits of regionalized emergency care systems? How could use of these systems reduce crowding?



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