

**New Jersey Chapter of the American College of Emergency Physicians
January 18, 2011**

Summary of Dr. Alaigh's powerpoint presentation

U.S. Health Care Costs: The Facts

The U.S. has the highest per capita spending on health care of any industrialized nation; yet we don't have the highest outcomes on some indicators like infant mortality and life expectancy. Nation health care expenditures grew 4% to \$2.5 trillion in 2009, or \$8,086 per person, and accounted for 17.6% of Gross Domestic Product (GDP). Costs are projected to increase to \$13,100 per person in 2018. GNP is projected to rise 25% by 2050. Public payers are expected to pay for more than half of all national health spending in 2018.

Changing Population Needs

Longer life spans and greater prevalence of chronic illnesses place tremendous demands on the system. Obesity affects 33% of U.S. adults and 16% of US children. If we do not take steps to reduce chronic illness, cancer and diabetes will increase by 50% and heart disease by 40%. By 2050, more than half of the U.S. population will be comprised of people of color. Today, NJ is the third most diverse state in the nation with minority and multicultural groups making up 39 percent of our population. Twenty-eight percent of residents speak a language other than English at home. In 2009, 1.4 million New Jersey residents were uninsured.

Emergency Department Volume

In 2000, New Jersey EDs treated 2.8 million patients and in 2010, 3.7 million patients were treated there. And the Emergency Medical Services System responded to one million 9-1-1 calls in 2010.

Strengthening the Health Care Safety Net

The current state budget increased charity care funding by \$85 million to \$665 million. It also maintained \$40 million in funding for Federally Qualified Health Centers (FQHCs) and a Health Care Stabilization Fund of \$30 million.

ED Diversion

Homelessness, substance abuse, severe chronic illness, mental health problems and physical disability are all significant barriers to care. Several pilot projects have had success redirecting non-emergent care from hospital Emergency Departments to medical homes in FQHCs. UC San Diego Medical Center launched a pilot in 2007 with San Diego Family Care in which patients were scheduled for follow-up appointments before patients left the ED. They found patients were 10 times more likely to go to a clinic appointment than a patient simply referred to the clinic with no appointment. In New Jersey, the Camden Coalition of Healthcare Providers reduced unnecessary at Emergency Department by 40% between 2007 and 2008 by targeting super-users with an all encompassing care management program, patient-centered medical home, Electronic Health Records (EHR) and a citywide care management system. Monmouth Medical Center and Newark Beth Israel Medical Center also have had success with Emergency Department Diversion.

ED Utilization

The annual number of visits to EDs has increased 23% since 1997. EDs are appealing because they are America's "One stop healthcare shop," they provide comprehensive services and they are available regardless of ability to pay.

Critical Emergency Department Issues

In 2006, the Institute of Medicine identified several key issues affecting U.S. emergency medicine including overcrowding; increased ED visits, a decreased number of EDs; gaps in emergency pediatric care and lack of specialists to whom Emergency Department physicians can refer patients.

Top Quality Issue: ED Overcrowding

When patients wait hours before being seen by a doctor and longer before being transferred to a hospital bed, quality of care suffers, patient safety is endangered, staff morale is impacted and cost of care is increased. Nationwide, ED wait times are inching upward. New Jersey ranks 26th out of 50 states.

Mental Health Issues/Services

Ed visits for psych are increasing faster than ED visits overall, but psychiatric patients still comprise a small share of total ED visits (5-8%), according to a 2009 RWJF study (ED Utilization & Capacity). The Department of Health and Senior Services has screening centers in all 21 counties and 10 affiliated emergency service programs as well as inpatient units and outpatient services. But access to a sufficient supply of outpatient mental health services is often sighted as one of the reasons for ED visits by mentally ill patients.

Fixing the Emergency Service System

Within the ED, recommendations include ensuring evidence-based best practices, streamlining operations and optimizing clinical service delivery. Among Emergency Departments and hospitals recommendations include regionalization and coordination of care at the community level. Between the Emergency Department and the hospital, improving care transition and reducing boarding would help. Between the Emergency Department and the outpatient system, sharing of data, reducing duplicative testing, improving care transitions, reducing avoidable admissions.

Health Information Technology

Most EDs have EHR, but the EHR is stand alone and independent from hospitals so patient histories are difficult to obtain and there is no e-relationship with admissions. Most ED EHRs are practice management systems, focusing on charting and prioritization. With meaningful use incentives, hospitals are moving toward integrated systems. HIE will help and so will Uniform Transfer Forms.

Physician Workforce

By 2020, New Jersey will need 2,800 more physicians than are currently projected to be practicing at that time. A shortage of between 40,000 and 60,000 is expected over the next decade, according to the Association of American Medical Colleges. Only 4% of the nation's doctors are emergency medicine specialists. According to the Annals of Emergency Medicine, 69% of the 39,000 active emergency medicine physicians are emergency medicine trained and/or board certified in emergency medicine. The rest are family practioners or internal medicine specialists. These numbers are insufficient to meet the nation's needs.

NJ Hospital Performance Report 2010

Door-to-balloon time: PCI within 90 minutes--83% received the correct, timely care in 2009; up from 55% in 2006; the national rate is 87%.

Telemedicine Technology

The simplest application of telemedicine is the use of online computer databases in the clinical practice of medicine. Collaborative, real-time patient management allows a remote practioner to observe to and discuss symptoms with a patient or another practioner.

Specialized Emergency Departments

St. Joseph's Regional Medical Center in Paterson opened a special ED for geriatric medicine in 2010 using a specially trained team including a geriatric ED nurse who coordinates admission and an inpatient geriatric unit down the hall. Similarly, Jersey Shore, Hackensack University Medical Center, Cooper University Hospital and Saint Barnabas Medical Center have separate pediatric EDs.

New EMS Dispatch Protocol

In September, the Department implemented a new EMS Dispatch protocol for air ambulance transport that covers both commercial and state-run medivac helicopters. It is designed to ensure that patients in need of air ambulance receive the best patient care in the nation with the fastest and safest possible time. It requires that the air ambulance that is closest to the scene of a 9-1-1 call responds first to the scene of a 9-1-1 call.

EMS Reform Legislation

There is legislation pending in Trenton to reform the EMS system. It would require all emergency responders, EMTs and paramedics to be licensed. It would also require every municipality to ensure Basic Life Support (BLS) in response to 9-1-1 calls. In addition, it requires municipalities to ensure Advanced Life Support (ALS) care, which would ensure that every New Jersey municipality has an assigned hospital-based mobile intensive care program. It also requires statewide standardization and regulatory oversight of BLS including vehicles, equipment, operations, treatment protocols and staffing. In addition, a state medical director would be required for EMS and medical responders and ED physicians would have to have uniform access to standardized patient care records.

Health Reform and Emergency Services

Despite health reform, ED visits are expected to increase as they have in Massachusetts, which adopted universal health coverage. The “Prudent Layperson” standard included in the patient Bill of Rights is based on symptoms, not final diagnosis. Exchange plans are required to provide emergency services without regard to prior authorization or emergency physician contractual relationships. There is concern about increasing enrollment in Medicaid as an indicator of stress on the safety net system and EDs are a major part of that system. Nearly two-thirds of EDs nationally were classified as safety net hospitals in 2007, nearly double the number classified as such in 1997.

Conclusion

We need to encourage hospital partnerships with FQHCs to divert non-emergency patients to medical homes. In these times of limited resources, we also need to encourage collaborative solutions through partnerships with health care providers, the health care industry and advocacy organizations.