2014 ACEP POLLING SURVEY RESULTS

PREPARED FOR:

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

PREPARED BY:

MARKETING GENERAL INCORPORATED
WE GROW MEMBERSHIP™

APRIL 2014
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Study Background

This survey is designed to capture a snapshot of the current trends in emergency medicine. Invitations to participate were sent on April 4, 2014, to a list of 23,273 current ACEP members who practice within the United States.

Of the 23,273 email invitations sent, 1,348 emails bounced, resulting in a net total of 21,925 sent invitations. To boost response rates, a reminder email was sent to non-responders and non-completers on April 10.

The survey officially closed on April 14 at 11:59 p.m. PDT. A total of 1,845 surveys were completed, providing a response rate of approximately 8%* and a margin of error of 2.3%. The margin of error, or standard error, is a statistical term used to measure the random fluctuations inherent in samples; the smaller the standard of error, the more accurate the measurement of the population or universe.

This study’s significance level of .05 carries with it a 95 percent confidence interval. The confidence interval is established as the likelihood that the same results would be achieved in a similar study, meaning that if we were to conduct this study 100 times, the same results, plus or minus the margin of error (2.3%) would occur 95 out of 100 times.

* A response rate of 8% is above average based on previous research MGI has conducted in the past. Typically, we see a 10% response rate for online surveys which are open for 4 to 5 weeks. The current survey was open for just over a week.
## Sample Characteristics

### Number of Responses per State

<table>
<thead>
<tr>
<th>STATE</th>
<th>COUNT</th>
<th>PERCENT</th>
<th>STATE</th>
<th>COUNT</th>
<th>PERCENT</th>
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<tbody>
<tr>
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<td>Nebraska</td>
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<tr>
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<td>2%</td>
<td>Nevada</td>
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<td>1%</td>
</tr>
<tr>
<td>Arkansas</td>
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<td>New Hampshire</td>
<td>12</td>
<td>1%</td>
</tr>
<tr>
<td>California</td>
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<td>10%</td>
<td>New Jersey</td>
<td>46</td>
<td>3%</td>
</tr>
<tr>
<td>Colorado</td>
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<td>2%</td>
<td>New Mexico</td>
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<td>Connecticut</td>
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<td>New York</td>
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<td>6%</td>
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<td>North Dakota</td>
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<tr>
<td>Florida</td>
<td>74</td>
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<td>Georgia</td>
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<tr>
<td>Hawaii</td>
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<td>Oregon</td>
<td>34</td>
<td>2%</td>
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<tr>
<td>Idaho</td>
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<td>Pennsylvania</td>
<td>129</td>
<td>7%</td>
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<tr>
<td>Illinois</td>
<td>87</td>
<td>5%</td>
<td>Rhode Island</td>
<td>9</td>
<td>0%</td>
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<tr>
<td>Indiana</td>
<td>36</td>
<td>2%</td>
<td>South Carolina</td>
<td>23</td>
<td>1%</td>
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<tr>
<td>Iowa</td>
<td>20</td>
<td>1%</td>
<td>South Dakota</td>
<td>6</td>
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<tr>
<td>Kansas</td>
<td>15</td>
<td>1%</td>
<td>Tennessee</td>
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<tr>
<td>Kentucky</td>
<td>15</td>
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<td>Texas</td>
<td>106</td>
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<tr>
<td>Louisiana</td>
<td>17</td>
<td>1%</td>
<td>Utah</td>
<td>25</td>
<td>1%</td>
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<tr>
<td>Maine</td>
<td>12</td>
<td>1%</td>
<td>Vermont</td>
<td>8</td>
<td>0%</td>
</tr>
<tr>
<td>Maryland</td>
<td>45</td>
<td>2%</td>
<td>Virginia</td>
<td>42</td>
<td>2%</td>
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<tr>
<td>Massachusetts</td>
<td>42</td>
<td>2%</td>
<td>Washington</td>
<td>50</td>
<td>3%</td>
</tr>
<tr>
<td>Michigan</td>
<td>91</td>
<td>5%</td>
<td>West Virginia</td>
<td>13</td>
<td>1%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>41</td>
<td>2%</td>
<td>Wisconsin</td>
<td>31</td>
<td>2%</td>
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<tr>
<td>Mississippi</td>
<td>16</td>
<td>1%</td>
<td>Wyoming</td>
<td>6</td>
<td>0%</td>
</tr>
<tr>
<td>Missouri</td>
<td>39</td>
<td>2%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The top 10 participating states include:

1. California 174—10%
2. Pennsylvania 129—7%
3. New York 106—6%
4. Texas 106—6%
5. Ohio 98—5%
6. Michigan 91—5%
7. Illinois 87—5%
8. Florida 74—4%
9. North Carolina 53—3%
10. Washington 50—3%
What is the emergency department patient volume where you work the majority of your time?

Most current members practice in an ED with a patient volume between 50,001-75,000.

Are you currently in a leadership role (e.g., in your hospital, in your state medical association, in your state Chapter, or for ACEP nationally)?

44% of members are currently in a leadership role.
Findings

Since January 1 of this year, the volume of emergency patients in your emergency department has:

46% of respondents say they have seen an increase in the volume of emergency patients in their ED since January 1, 2014.

Did you anticipate the increase in patient volume since January 1?

The majority of respondents reporting an increase in patient volume say this growth was expected (73%).
Since January 1 of this year, the volume of Medicaid emergency patients in your emergency department has:

![Bar chart showing volume changes](chart.png)

- 7% increased greatly
- 24% increased slightly
- 31% remained the same
- 2% decreased slightly
- 0% decreased greatly
- 36% not sure

When asked how the volume of Medicaid emergency patients has changed since January 1, 31% report no change. 31% report an increase in Medicaid emergency patients and another 2% report a decrease.

What do you believe is the number one reason the volume of Medicaid emergency patients in your emergency department has decreased since January 1?*

![Bar chart showing reasons](chart2.png)

- State-imposed restrictions on emergency care: 4%
- More patients are going to urgent care clinics/retail clinics: 4%
- More patients are going to primary care physicians: 13%
- High deductibles for emergency care: 11%
- Expansion of Medicaid in my state: 2%
- Not sure: 49%
- Other: 17%

Of those members who report the number of Medicaid emergency patients has decreased, nearly half are unsure why this change occurred (49%).

* Due to small sample sizes, percentages may be inflated.
How has the acuity of emergency patients’ injuries/illnesses changed since January 1 of this year?

<table>
<thead>
<tr>
<th>Acuity of patients’ injuries/illnesses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>significantly higher</td>
<td>9%</td>
</tr>
<tr>
<td>slightly higher</td>
<td>27%</td>
</tr>
<tr>
<td>remained the same</td>
<td>51%</td>
</tr>
<tr>
<td>slightly lower</td>
<td>6%</td>
</tr>
<tr>
<td>significantly lower</td>
<td>1%</td>
</tr>
<tr>
<td>not sure</td>
<td>7%</td>
</tr>
</tbody>
</table>

Just over half of current members say the acuity of patients’ injuries/illnesses has remained the same since January 1 of this year. 33% indicate the acuity is higher, while just 7% say its lower.
What do you think will happen to emergency visits in your emergency department over the next 3 years?

The overwhelming majority of members anticipate increases in emergency visits over the next three years (86%).

Is your emergency department adequately prepared for significant increases in patient volume?

Among those expecting great increases in visits, most say their ED is not adequately prepared for the significant change (77%).
In your opinion, how will the Affordable Care Act affect reimbursement for emergency care?

51% of members report that payment for emergency visits will be reduced as a result of the Affordable Care Act.

In your opinion, what type of long-term impact will the Affordable Care Act have on…?

In regard to long-term impact, (34%) believe the ACA will have a positive impact on access to emergency care. We see much different results in regard to quality and patient safety as (40%) anticipate the ACA will have a negative impact in this area.
If your emergency department was unable to collect charges from patients beyond their health insurance (balance billing), what effect would it have? (Check all that apply.)

- The emergency department would become financially unsustainable: 42%
- Increased wait times for patients: 37%
- Fewer on-call specialists would be available to care for patients: 37%
- Reduced access to emergency care for patients: 30%
- The emergency department would close: 5%
- No effect: 8%
- N/A—Balance billing is illegal in the state where I practice: 8%
- Not sure: 23%
- Other: 4%

If their ED was unable to collect charges from patients beyond their health insurance, most current members agree that the emergency department would become financially unsustainable, wait times for patients would increase, and fewer on-call specialists would be available to care for patients.
Is your emergency department facing a dilemma with the disposition of patients who you feel require hospital admission but do not meet the 2-Midnight Rule for hospital admission?

25% of the sample indicates that their ED is facing a significant dilemma with the disposition of patients who require hospital admission but do not meet the 2-Midnight Rule for hospital admission. Another 44% say their ED faces somewhat of a dilemma.

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Are you seeing any of the following shifts in payer mixes? (Check all that apply.)

When asked if they are seeing any shifts in payer mixes, just over one-third of members report seeing more Medicaid patients. 27% are seeing fewer privately insured patients.

How much pressure are you feeling (from your hospital, group, etc.) to excel in the area of patient satisfaction?

72% of members are feeling a significant amount of pressure to excel in the area of patient satisfaction.
Since January 1 of this year, the amount of time and effort your emergency department expends to transfer psychiatric patients who need admission has:

- Increased greatly: 23%
- Increased slightly: 29%
- Remained the same: 43%
- Decreased slightly: 1%
- Decreased greatly: 0%
- Not sure: 3%

43% of respondents say the amount of time their emergency department expends to transfer psychiatric patients who need admission has remained the same since January 1.
Do psychiatric patients “board” in your emergency department?

84% of the sample reports that psychiatric patients “board” in their ED. Additionally, 9 out of 10 of these physicians say that psychiatric boarding in their ED has resulted in harm to other patients or emergency staff.

Does psychiatric boarding in your emergency department result in any harm (e.g., violent behavior, staff distractions, and tied-up beds) to other patients or emergency staff?

84%
Of the options listed below, what do you believe is the biggest issue facing emergency patients and their ability to access emergency care?

- Not enough primary care physicians: 26%
- Too many non-urgent patients: 20%
- Poverty and its associated medical problems: 16%
- Medical care costs: 11%
- Lack of access to medical specialists: 11%
- Wait times: 6%
- Not enough emergency physicians: 3%
- Emergency department closures: 1%
- Other: 6%

Current members believe the number one issue facing emergency patients and their ability to access emergency care is a shortage of primary care physicians.
What is the most important issue policy makers should address to improve emergency care?

Enacting liability reform is thought to be the most important issue policy makers should address to improve emergency care.
Are you aware of ACEP’s state-by-state Emergency Medicine Report Card, which launched in January 2014?

88% of the sample are aware of ACEP’s state-by-state Emergency Medicine Report Card.

How familiar are you with your state’s Report Card grades?

70% of members say they are very familiar or familiar with their respective state’s Report Card grades.
How well are your state policy makers addressing the issues raised in your state’s Report Card?

40% of members indicate their state policy makers are doing a poor job of addressing the issues raised in their state’s Report Card.