

2014 ACEP POLLING SURVEY RESULTS

PREPARED FOR:



PREPARED BY:



APRIL 2014

625 North Washington Street, Suite 450
Alexandria, VA 22314
800.644.6646 *toll free*
703.739.1000 *telephone*
703.549.6057 *fax*
www.MarketingGeneral.com

Table of Contents

Study Background	3
Sample Characteristics	4
Number of Responses per State	4
What is the emergency department patient volume where you work the majority of your time?	5
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)?	5
Findings.....	6
Since January 1 of this year, the volume of emergency patients in your emergency department has:	6
Did you anticipate the increase in patient volume since January 1?.....	6
Since January 1 of this year, the volume of Medicaid emergency patients in your emergency department has:	7
What do you believe is the number one reason the volume of Medicaid emergency patients in your emergency department has decreased since January 1?.....	7
How has the acuity of emergency patients’ injuries/illnesses changed since January 1 of this year?	8
What do you think will happen to emergency visits in your emergency department over the next 3 years?	9
Is your emergency department adequately prepared for significant increases in patient volume?	9
In your opinion, what type of long-term impact will the Affordable Care Act have on...?	10
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.)	11
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?	12
Are you seeing any of the following shifts in payer mixes? (Check all that apply.)	13
How much pressure are you feeling (from your hospital, group, etc.) to excel in the area of patient satisfaction?.....	13
Since January 1 of this year, the amount of time and effort your emergency department expends to transfer psychiatric patients who need admission has:	14
Do psychiatric patients “board” in your emergency department?.....	15
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?	15
Of the options listed below, what do you believe is the biggest issue facing emergency patients and their ability to access emergency care?.....	16
What is the most important issue policy makers should address to improve emergency care?.....	17

Are you aware of ACEP’s state-by-state Emergency Medicine Report Card, which launched in January 2014?..... 18

How familiar are you with your state’s Report Card grades? 18

How well are your state policy makers addressing the issues raised in your state’s Report Card? 19

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.

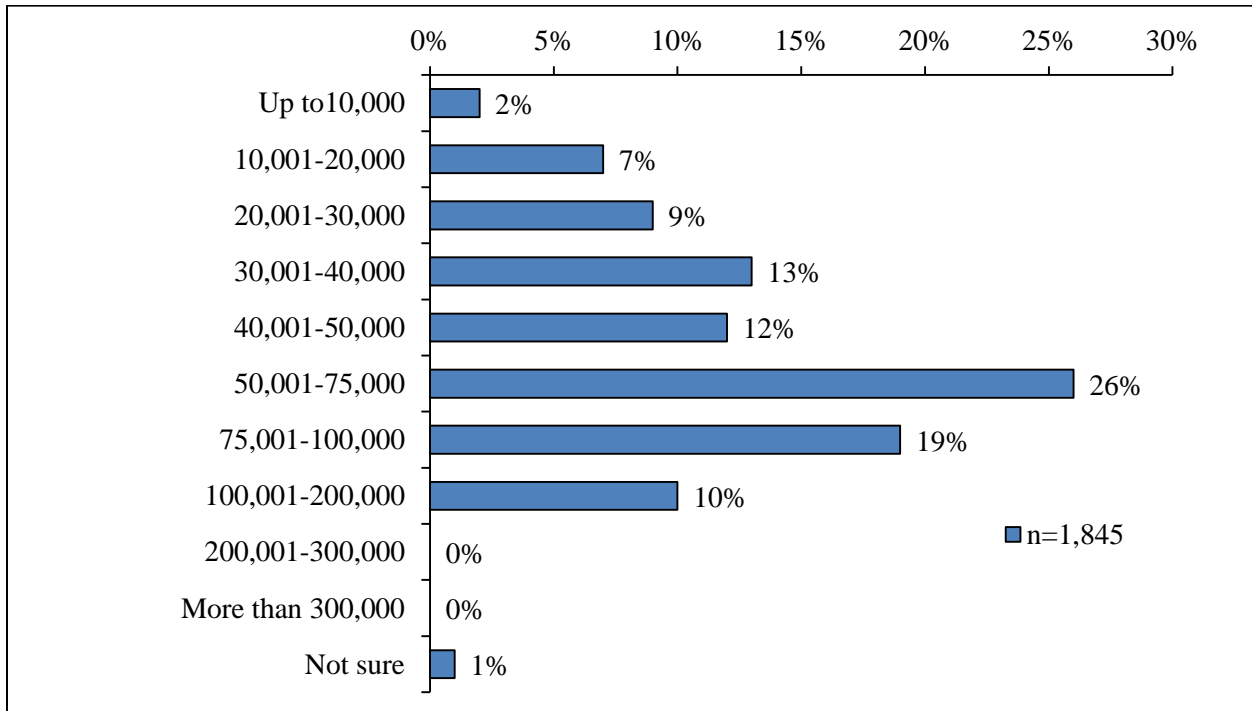
Sample Characteristics

Number of Responses per State					
STATE	COUNT	PERCENT	STATE	COUNT	PERCENT
Alabama	19	1%	Montana	6	0%
Alaska	8	0%	Nebraska	11	1%
Arizona	45	2%	Nevada	12	1%
Arkansas	6	0%	New Hampshire	12	1%
California	174	10%	New Jersey	46	3%
Colorado	37	2%	New Mexico	9	0%
Connecticut	32	2%	New York	106	6%
Delaware	12	1%	North Carolina	53	3%
District of Columbia	12	1%	North Dakota	3	0%
Florida	74	4%	Ohio	98	5%
Georgia	31	2%	Oklahoma	14	1%
Hawaii	8	0%	Oregon	34	2%
Idaho	8	0%	Pennsylvania	129	7%
Illinois	87	5%	Rhode Island	9	0%
Indiana	36	2%	South Carolina	23	1%
Iowa	20	1%	South Dakota	6	0%
Kansas	15	1%	Tennessee	22	1%
Kentucky	15	1%	Texas	106	6%
Louisiana	17	1%	Utah	25	1%
Maine	12	1%	Vermont	8	0%
Maryland	45	2%	Virginia	42	2%
Massachusetts	42	2%	Washington	50	3%
Michigan	91	5%	West Virginia	13	1%
Minnesota	41	2%	Wisconsin	31	2%
Mississippi	16	1%	Wyoming	6	0%
Missouri	39	2%			

The top 10 participating states include:

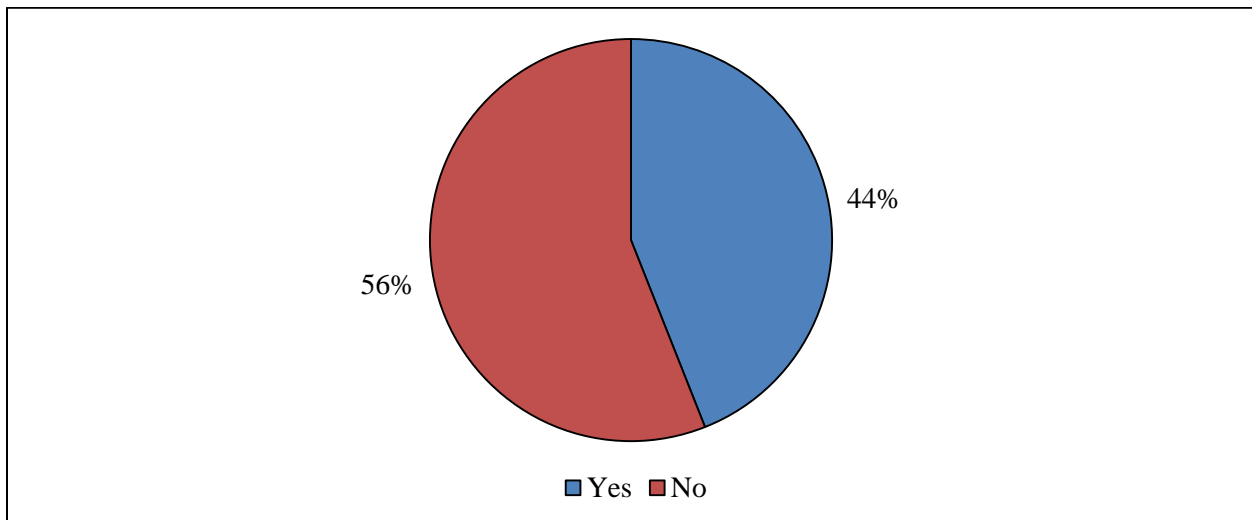
1. California 174—10%
2. Pennsylvania 129—7%
3. New York 106—6%
4. Texas 106—6%
5. Ohio 98—5%
6. Michigan 91—5%
7. Illinois 87—5%
8. Florida 74—4%
9. North Carolina 53—3%
10. Washington 50—3%

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.

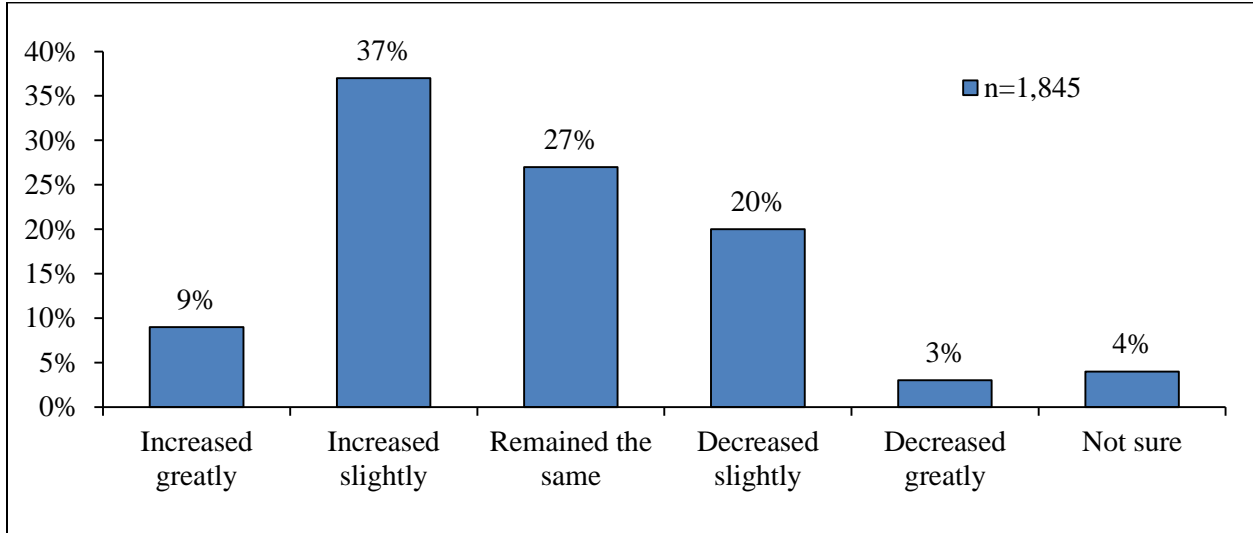
Are you currently in a leadership role (e.g., in your hospital, in your state medical association, in your state Chapter, or for ACEP nationally)?



44% of members are currently in a leadership role.

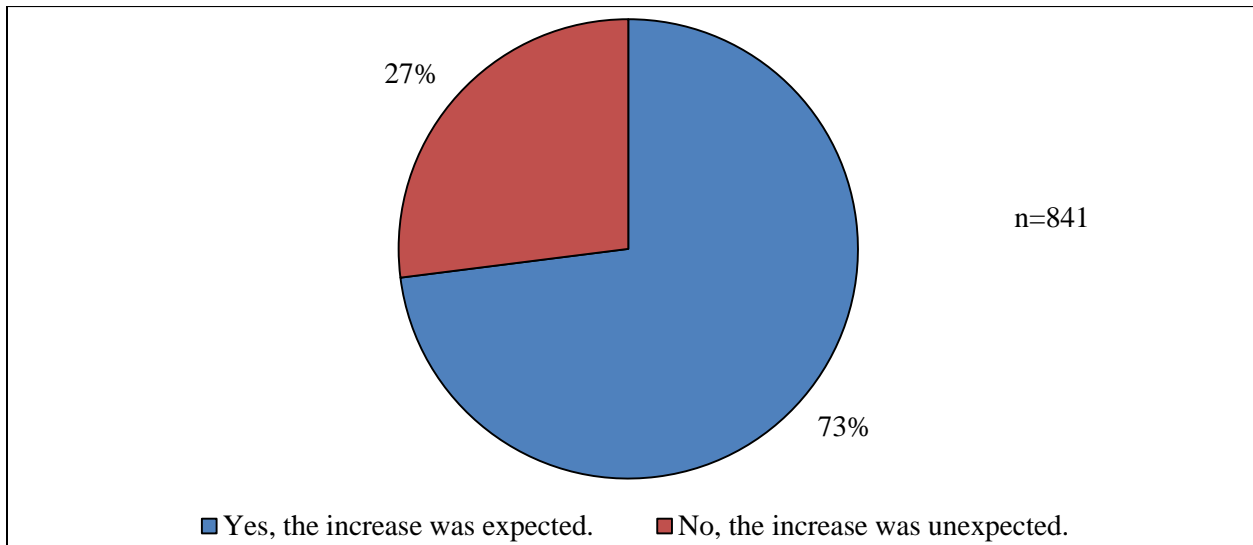
Findings

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



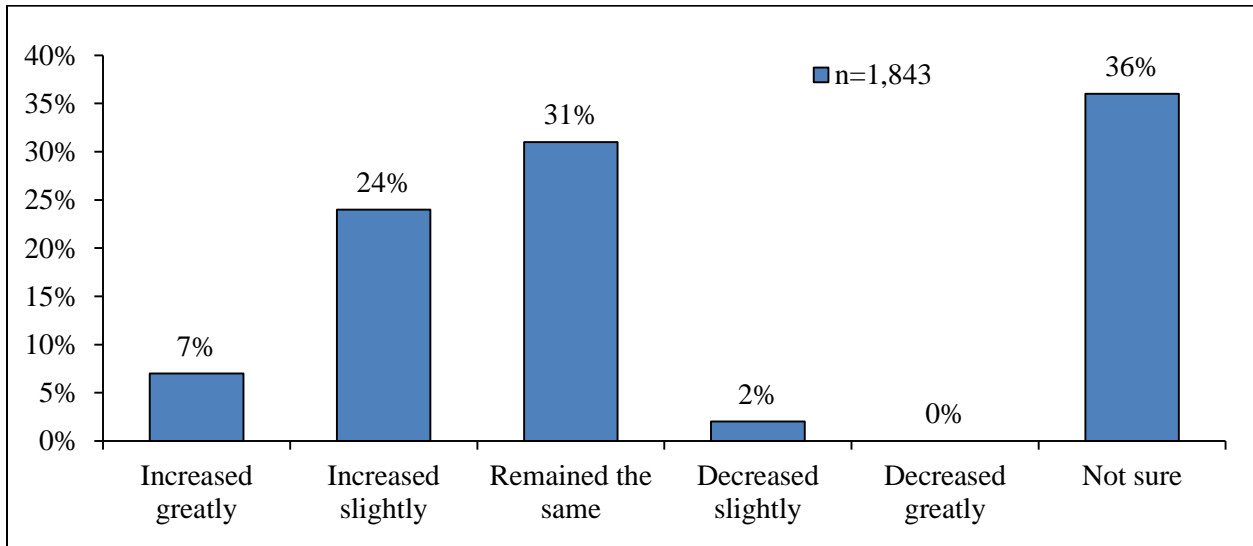
46% of respondents say they have seen an increase in the volume of emergency patients in their ED since January 1, 2014.

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



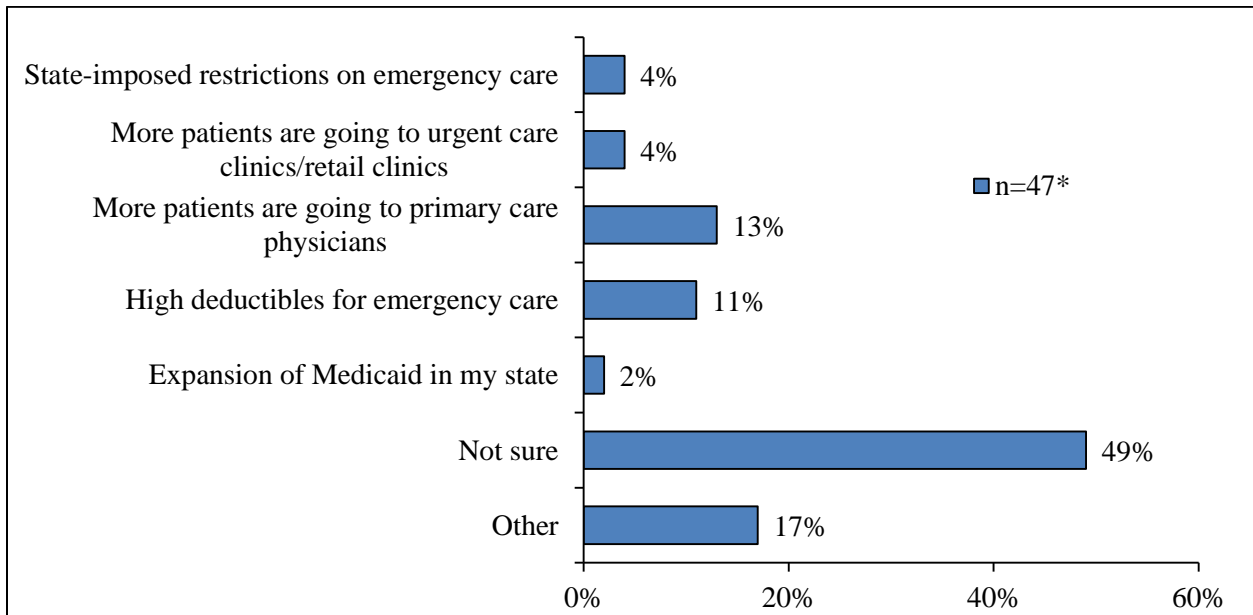
The majority of respondents reporting an increase in patient volume say this growth was expected (73%).

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



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.

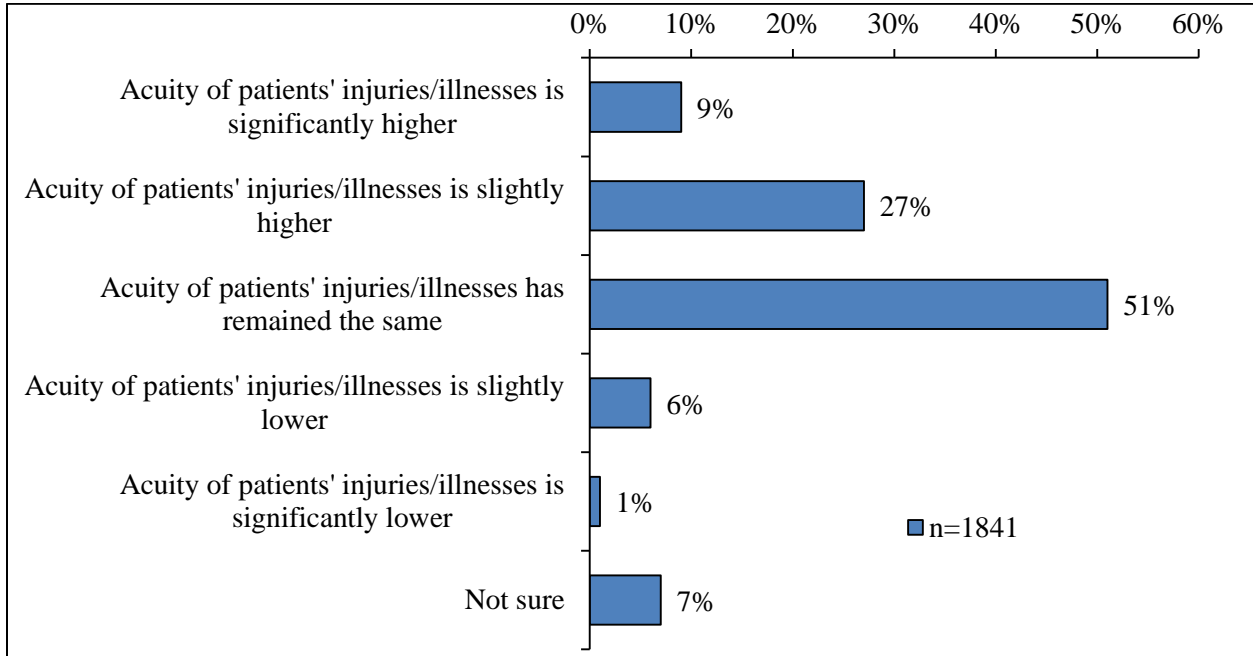
What do you believe is the number one reason the volume of Medicaid emergency patients in your emergency department has decreased since January 1?*



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

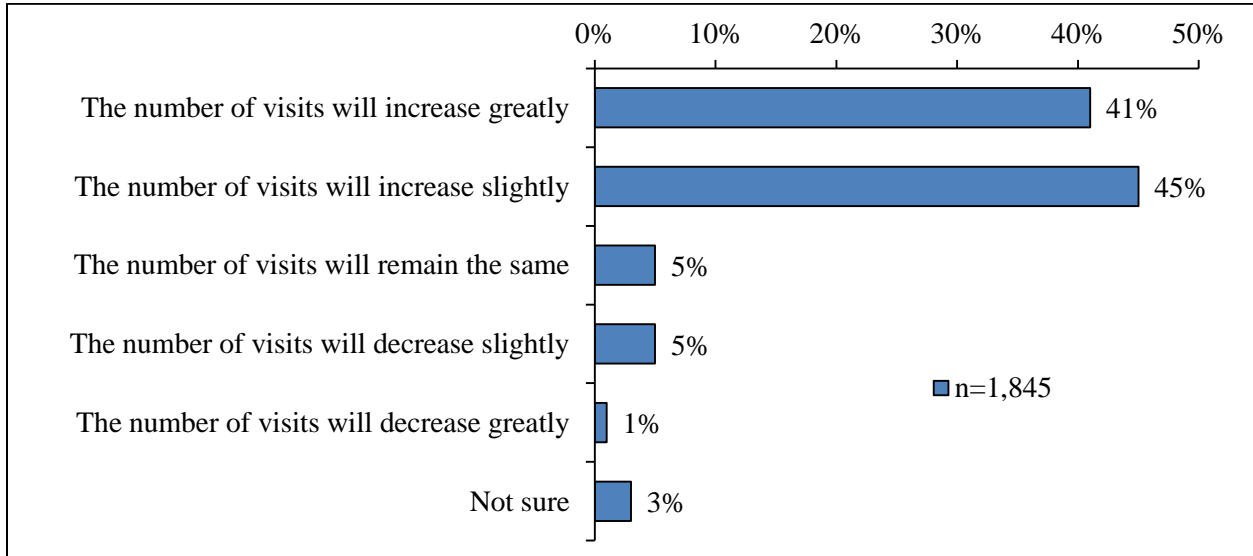
* Due to small sample sizes, percentages may be inflated.

How has the acuity of emergency patients' injuries/illnesses changed since January 1 of this year?



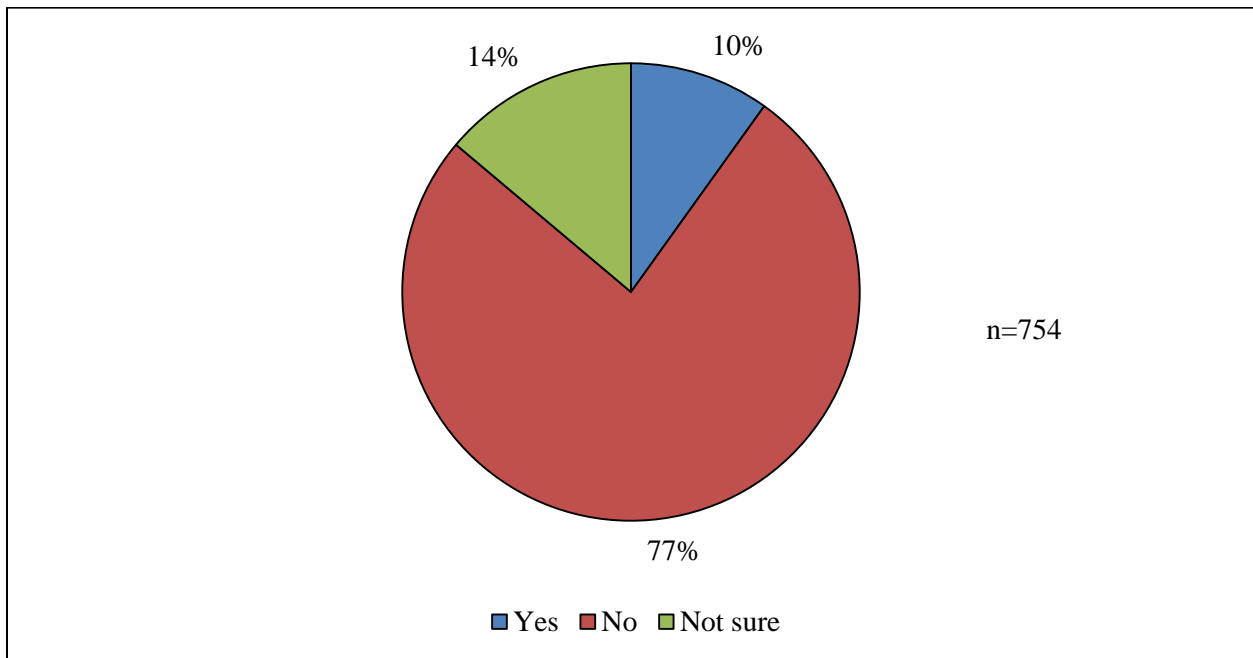
Just over half of current members say the acuity of patients' injuries/illnesses has remained the same since January 1 of this year. 33% indicate the acuity is higher, while just 7% say its lower.

What do you think will happen to emergency visits in your emergency department over the next 3 years?



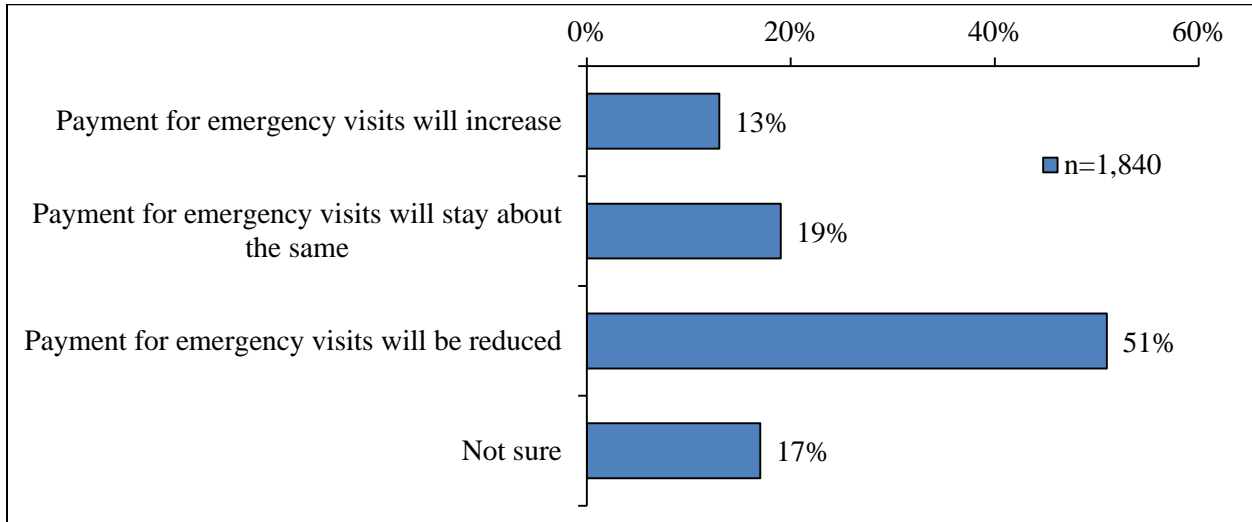
The overwhelming majority of members anticipate increases in emergency visits over the next three years (86%).

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



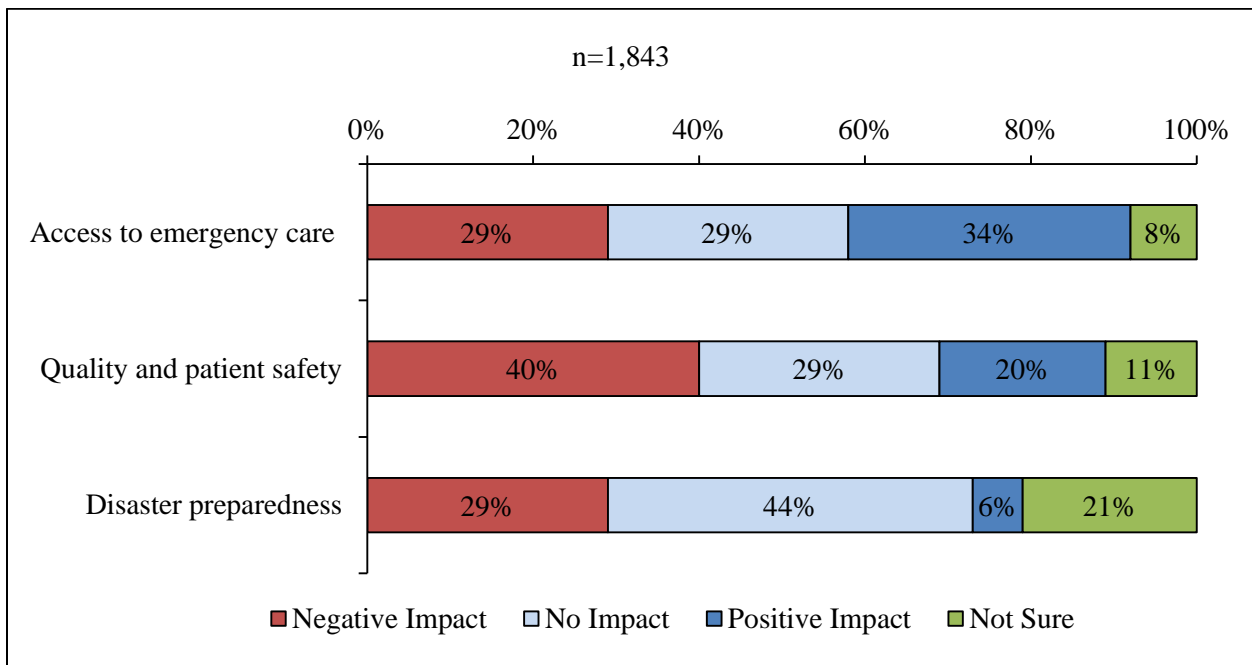
Among those expecting great increases in visits, most say their ED is not adequately prepared for the significant change (77%).

In your opinion, how will the Affordable Care Act affect reimbursement for emergency care?



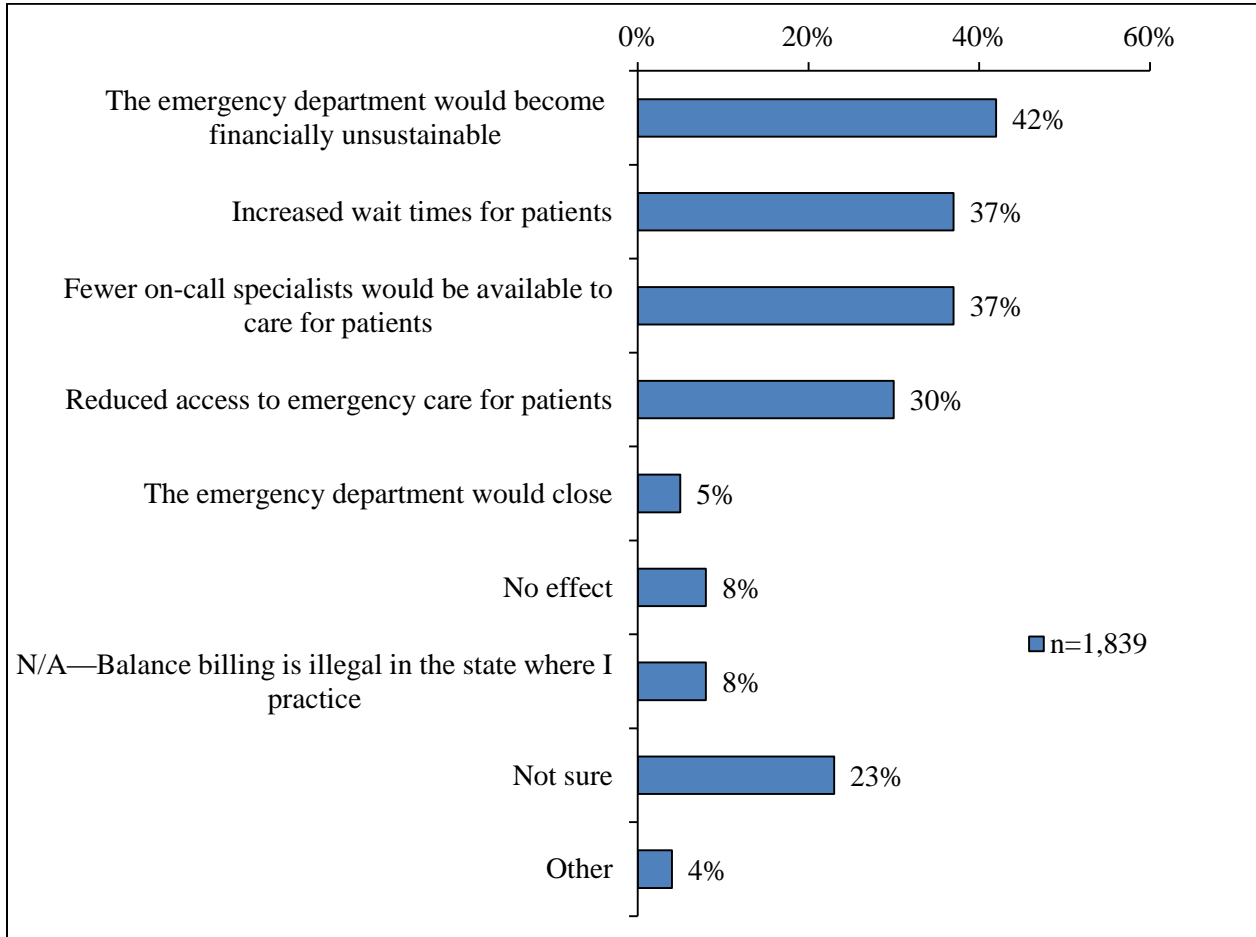
51% of members report that payment for emergency visits will be reduced as a result of the Affordable Care Act.

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



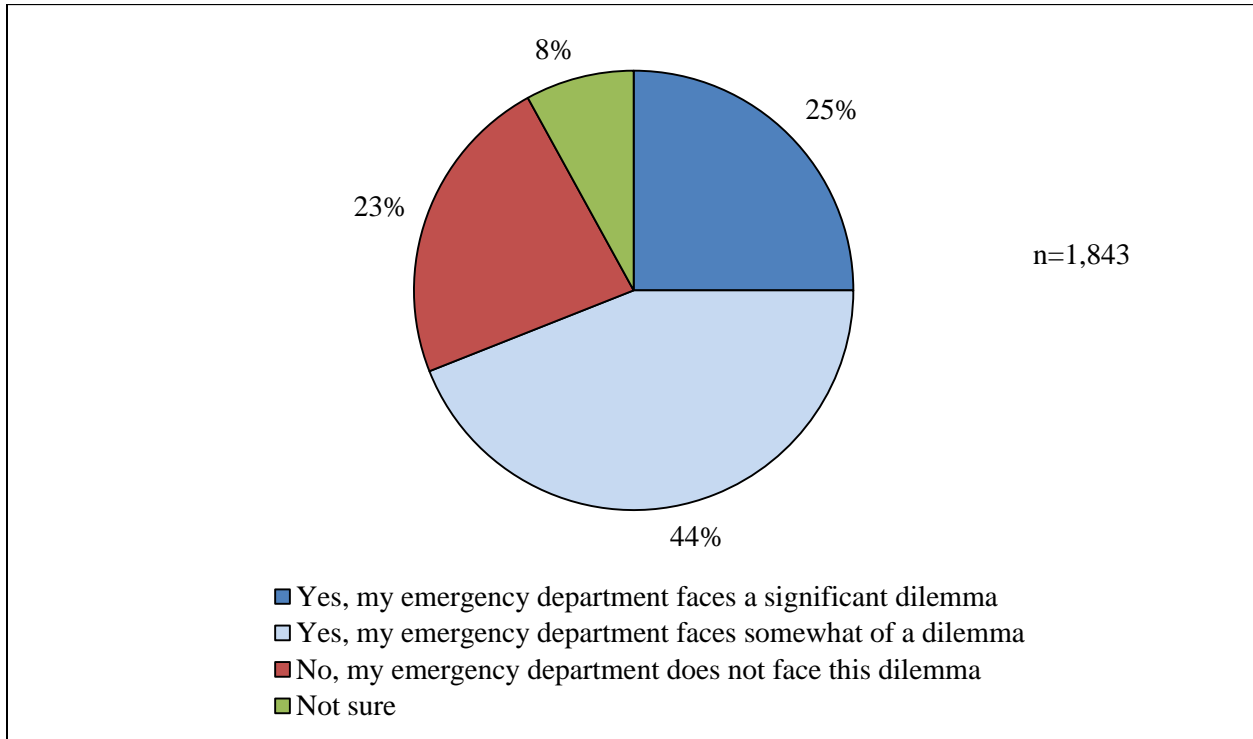
In regard to long-term impact, (34%) believe the ACA will have a positive impact on access to emergency care. We see much different results in regard to quality and patient safety as (40%) anticipate the ACA will have a negative impact in this area.

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.)



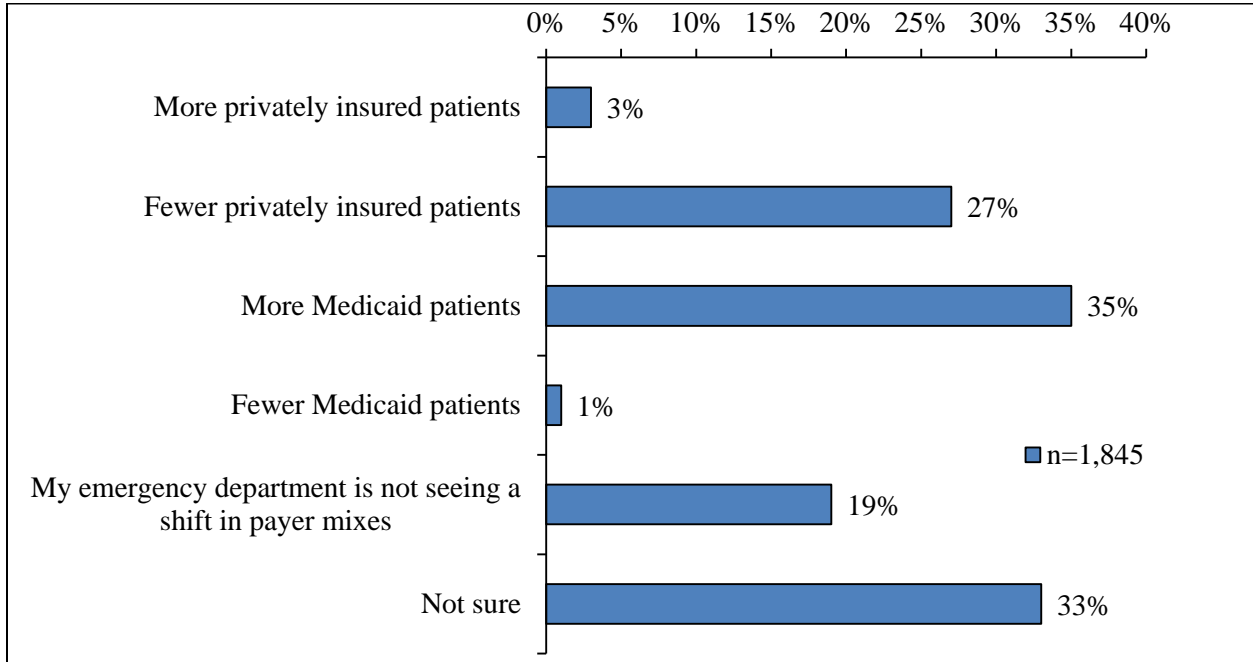
If their ED was unable to collect charges from patients beyond their health insurance, most current members agree that the emergency department would become financially unsustainable, wait times for patients would increase, and fewer on-call specialists would be available to care for patients.

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?



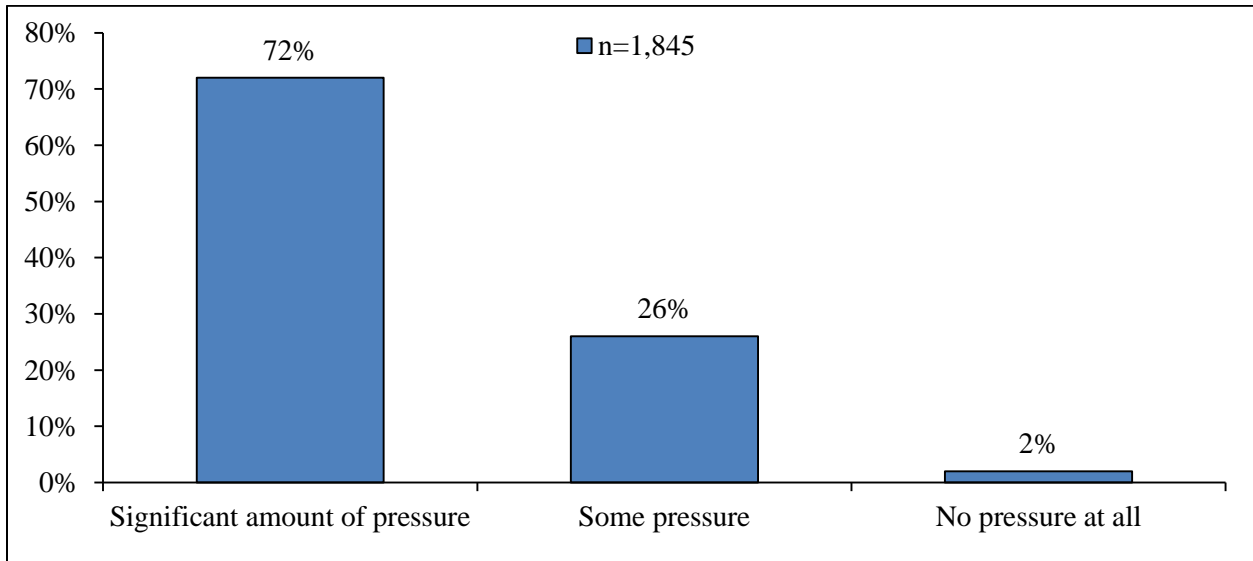
25% of the sample indicates that their ED is facing a significant dilemma with the disposition of patients who require hospital admission but do not meet the 2-Midnight Rule for hospital admission. Another 44% say their ED faces somewhat of a dilemma.

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



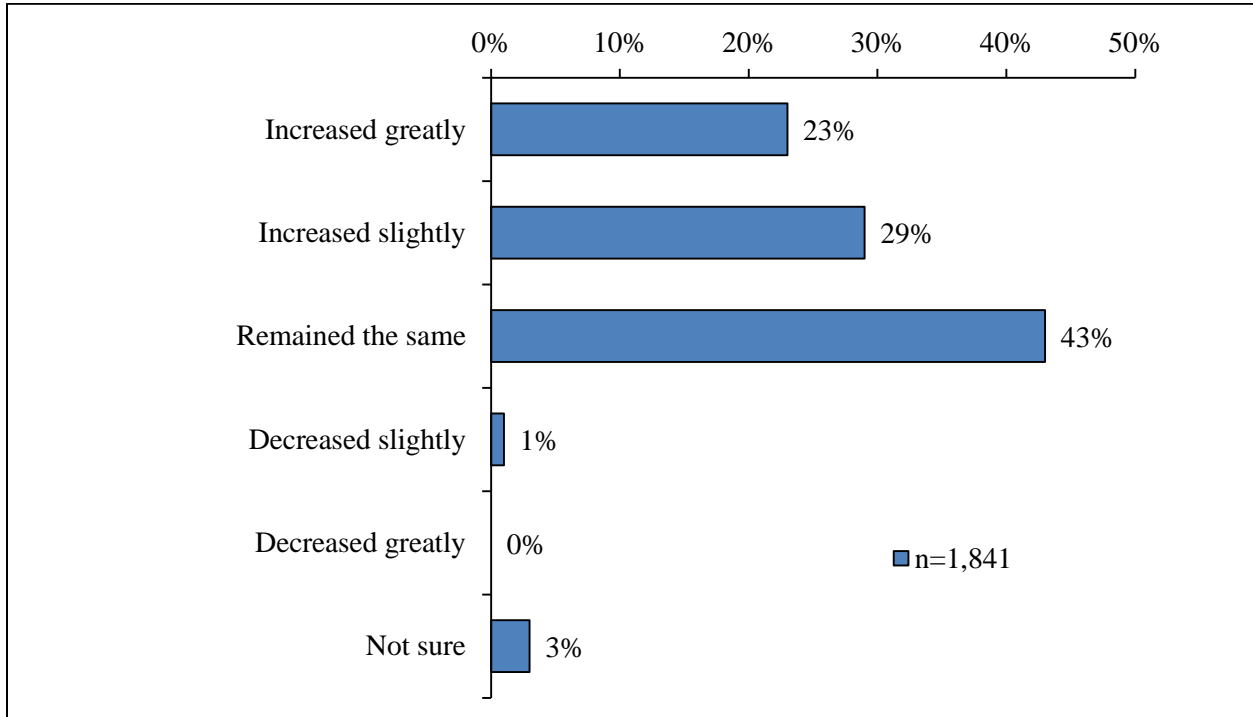
When asked if they are seeing any shifts in payer mixes, just over one-third of members report seeing more Medicaid patients. 27% are seeing fewer privately insured patients.

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



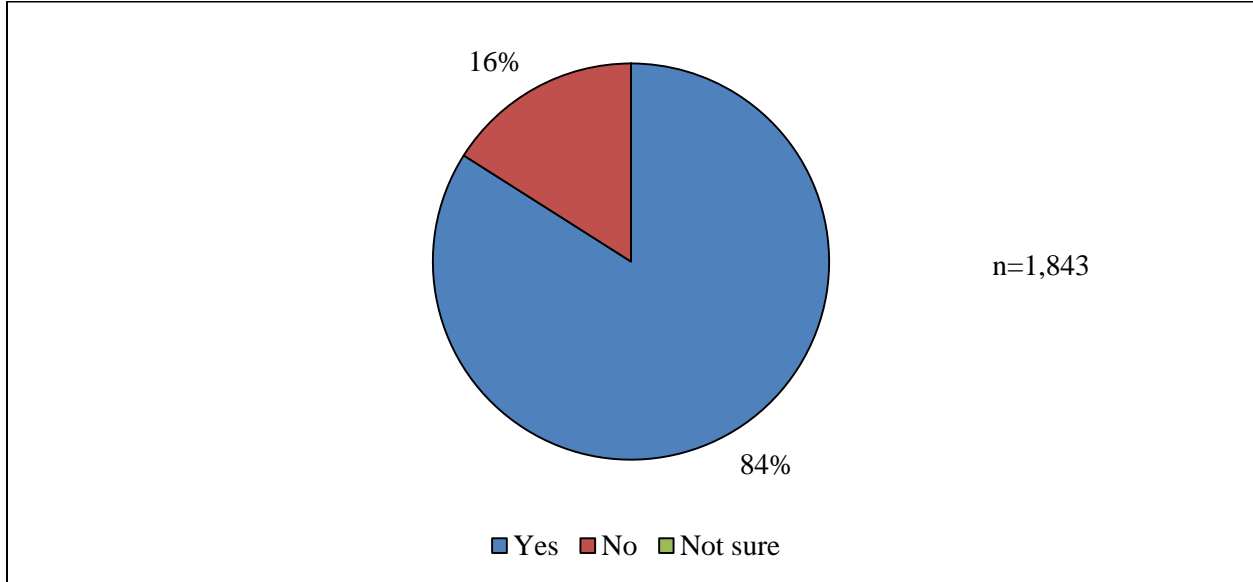
72% of members are feeling a significant amount of pressure to excel in the area of patient satisfaction.

Since January 1 of this year, the amount of time and effort your emergency department expends to transfer psychiatric patients who need admission has:



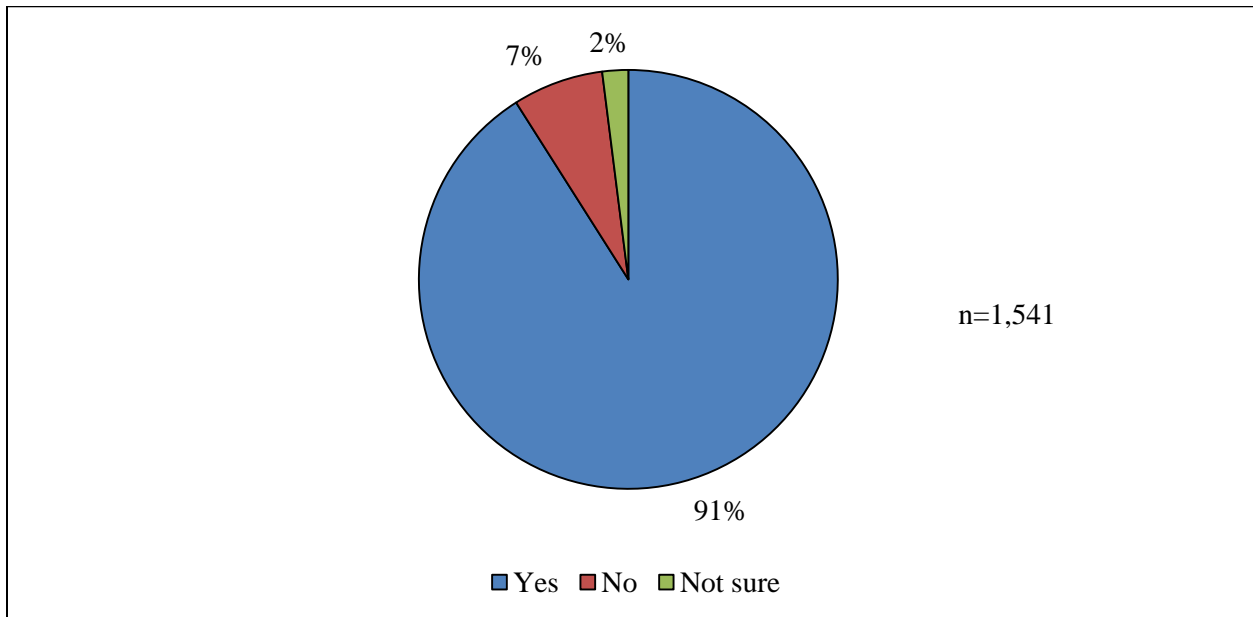
43% of respondents say the amount of time their emergency department expends to transfer psychiatric patients who need admission has remained the same since January 1.

Do psychiatric patients “board” in your emergency department?

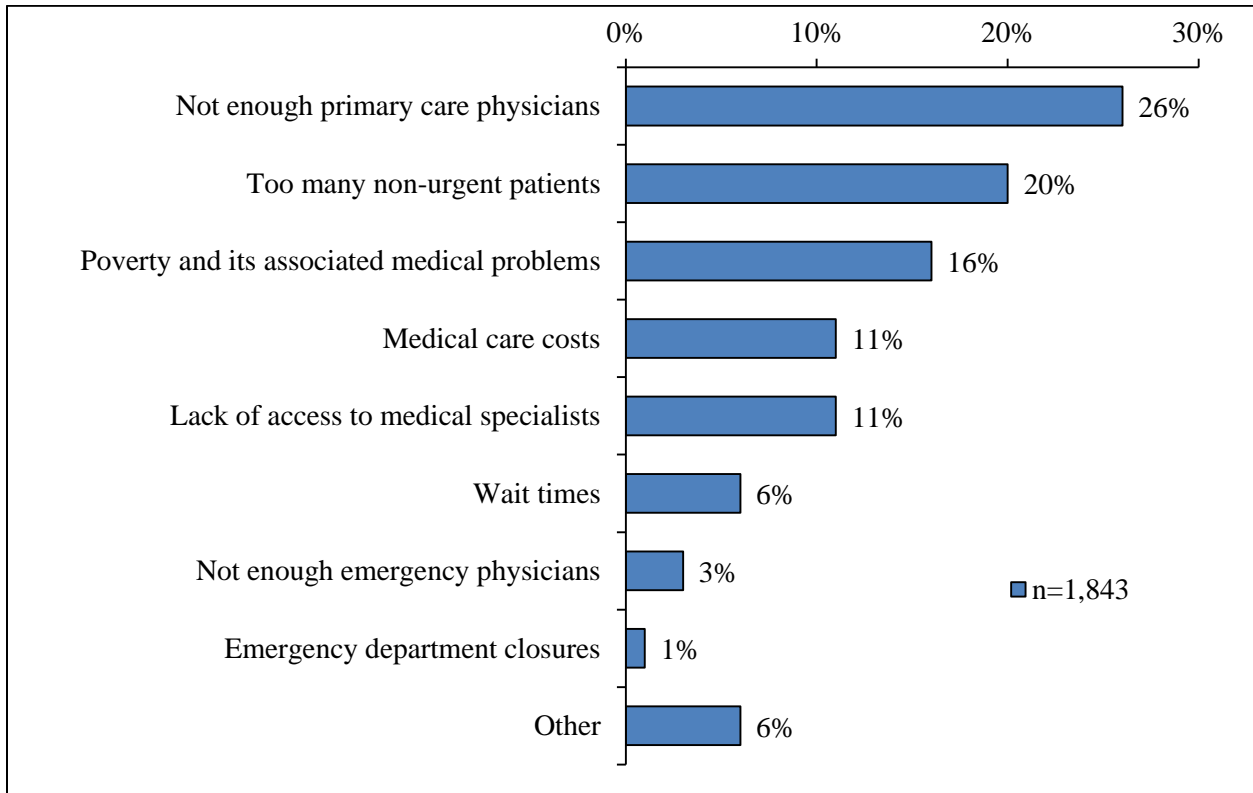


84% of the sample reports that psychiatric patients “board” in their ED. Additionally, 9 out of 10 of these physicians say that psychiatric boarding in their ED has resulted in harm to other patients or emergency staff.

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?

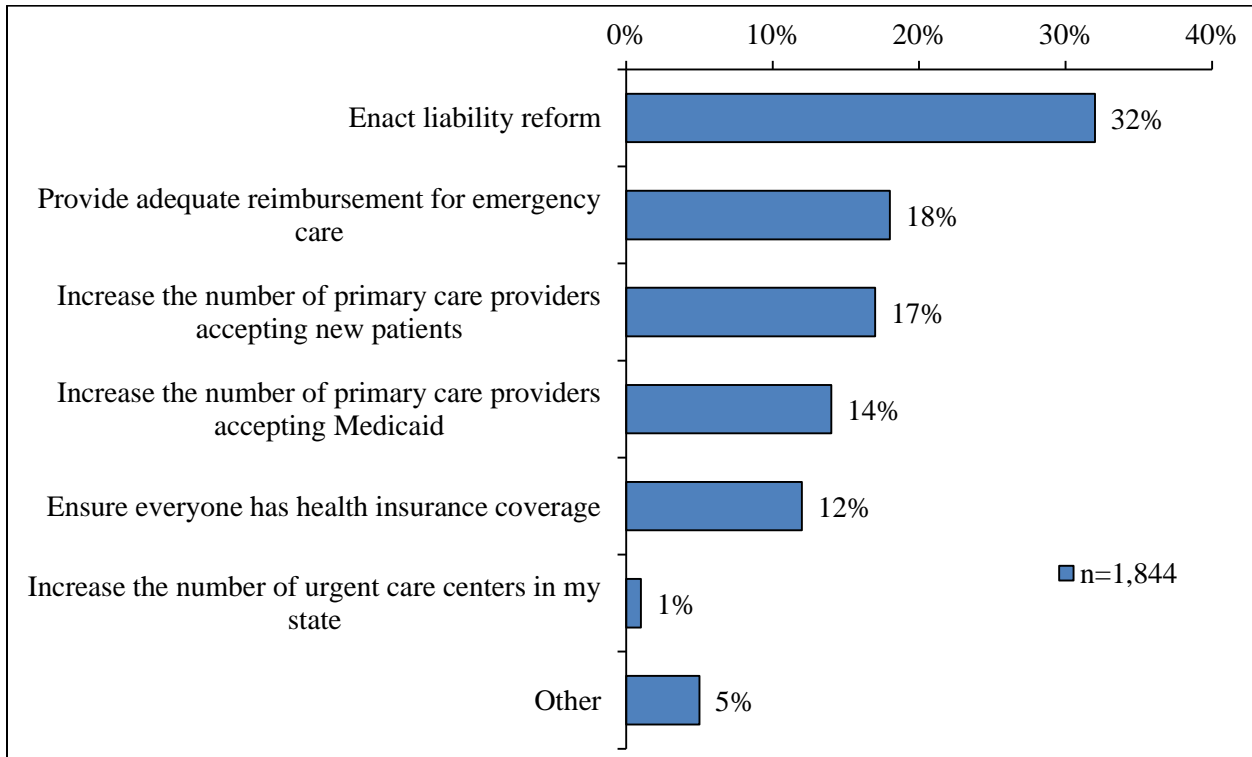


Of the options listed below, what do you believe is the biggest issue facing emergency patients and their ability to access emergency care?



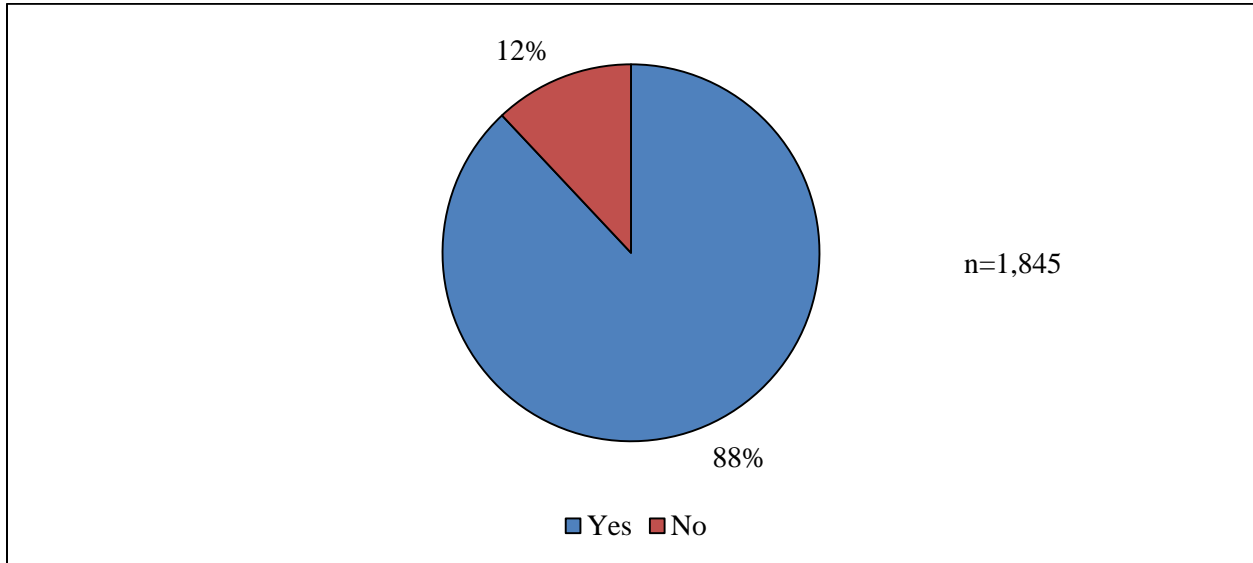
Current members believe the number one issue facing emergency patients and their ability to access emergency care is a shortage of primary care physicians.

What is the most important issue policy makers should address to improve emergency care?



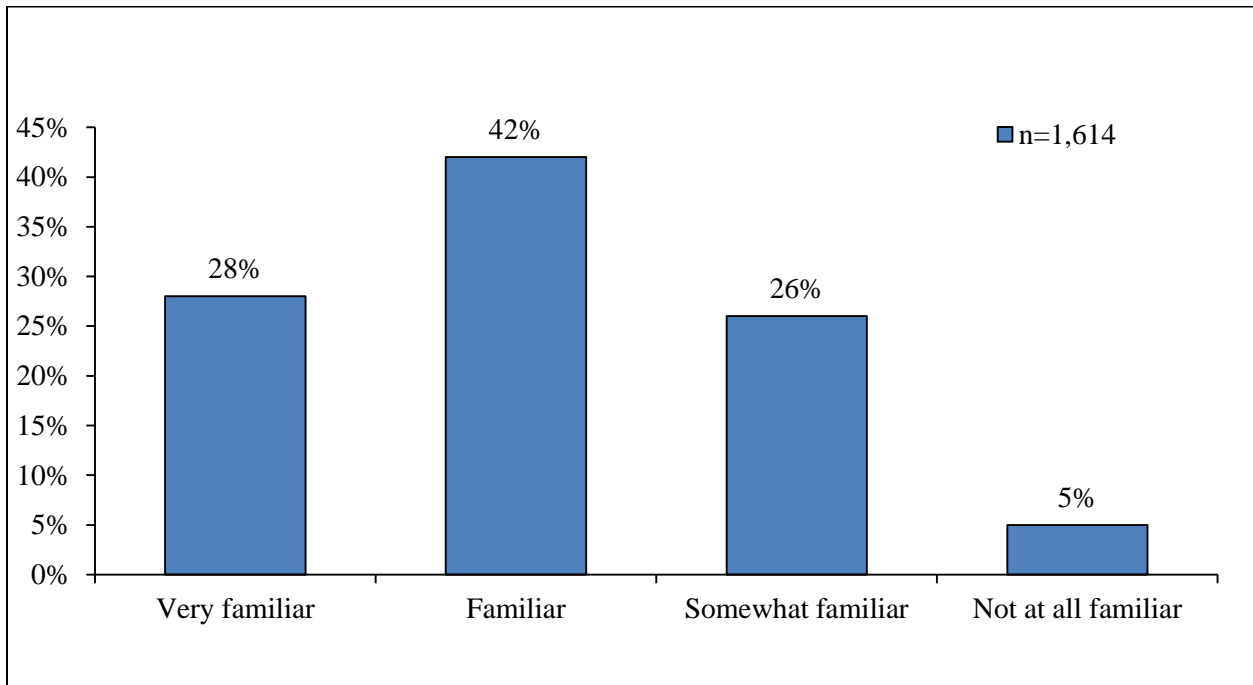
Enacting liability reform is thought to be the most important issue policy makers should address to improve emergency care.

Are you aware of ACEP’s state-by-state Emergency Medicine Report Card, which launched in January 2014?



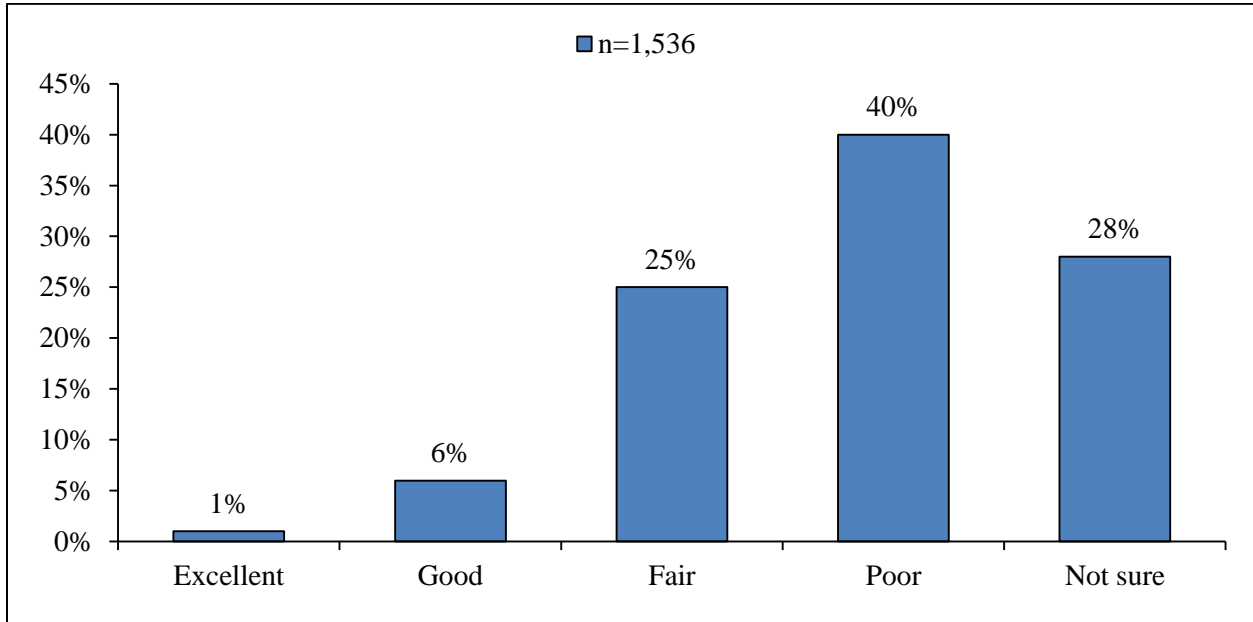
88% of the sample are aware of ACEP’s state-by-state Emergency Medicine Report Card.

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.