

## REPORT CARD PRINT AND INTERNET PRESS COVERAGE

The following are print and internet media hits from the 2014 Report Card — a couple of national television hits are included — it does not represent all the coverage — it does not include television, radio, or news stories in Spanish (tracked separately). Many of the news stories quote ACEP spokespersons, and many also have responses from policymakers and other key state leaders, such as hospital or medical association officials. Following this list are the news stories.

ABC World News Tonight with Diane Sawyer	Lake County News (CA)
Aledo Times Record (Illinois)	Latin Post
Arizona Republic	Lehigh Valley Morning Call
Arkansas Democrat	Los Angeles Times
Atlanta Business Chronicle	MedPage Today
Baltimore Sun	Modern Healthcare
Baltimore Business Journal	Mohave Daily
Bloomberg Businessweek	NBC-29 (VA)
Boston Magazine	NBC-40 (NJ)
California Healthline	News Telegram
Carolina Live	New York Daily News
CBS News	North Platte Telegraph (Nebraska)
CBS News-New York	Oakdale Leader
Chattanooga Times Free Press	Oregon Public Broadcasting
Chicago Tribune	Pennsylvania Business Journal
Cincinnati Inquirer	Philadelphia Inquirer
Cleveland Plain Dealer (front page-above the fold)	Phoenix Business Journal
Clinical Psychiatry News	Pittsburgh Post Gazette
CNN	Portland Press Herald
Columbus Dispatch	Raleigh News & Observer
Columbus Ledger Enquirer	Red Orbit News
Courier Post	Reuters
Daily Record	Sacramento Business Journal
Dallas Morning News	San Antonio Express
Delaware Daily Times	San Francisco Chronicle
Delaware State News	Seattle Times
Denver Business Journal	Scranton Times-Tribune
Elko Daily Free Press (NV)	South Carolina State
Fierce Healthcare	Spartanburg Herald Journal
Firehouse	Star-Ledger (NJ)
Forbes	Tech Times
Fort Morgan Times (CO)	The Advocate
FOX News	The Day (CT)
Georgia Daily World	The News Tribune (WA)
GoLocalWorster	The News Telegram
Hartford Courant	The Sentinel (PA)
Hawaii News Now	The Times-Tribune (PA)
Hawaii Star Advertiser	The Wire
Headlines and Global News	Times Online (PA)
Health Affairs Blog	Tucson Sentinel
HHS Blog	Union Leader (NH)
Houston Chronicle (front page-above the fold)	Washington Post
Houston Business Journal	Worcester Telegram
Huffington Post	WBZ Boston
KZBK-TV (Montana)	WCIV-TV (SC)
KARE 11 (Minnesota)	WESA (PA)
KCRG-TV (Iowa-ABC)	WFPL (KY)
Kaiser Health News	WIBC-FM (Indiana)
Kansas City Star	Wyoming News

Your Houston News

The following are not in the same alphabetical order as the list above. The more recent news articles are listed first.

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**Forbes**

**US Gets A D+ In National Report Card For Failure To Support Emergency Patients**

1/19/14

By Dr. Robert Glatter

<http://www.forbes.com/sites/robertglatter/2014/01/19/us-gets-a-d-in-national-report-card-for-failure-to-support-emergency-patients/>

The American College of Emergency Physicians (ACEP) released its Report Card last week measuring conditions and policies under which emergency care is delivered—unfortunately, the news is not so good. The nation earned a D+. In 2009, the last time ACEP’s report card was issued, America earned a C -.

*Dr. Alex Rosenau, President of ACEP, explained that the lower grade in 2014 reflects a misguided focus on cutting funding and resources for emergency departments because of the popular but erroneous view that emergency care is expensive—even though it represents less than 5 percent of overall US healthcare expenditures.*

*“Congress and President Obama must make it a priority to strengthen the emergency medical care system”, said Rosenau. “There were more than 130 million emergency visits in 2010, or 247 visits per minute”.*

*“People are in need, but conditions in our nation have deteriorated since the 2009 Report Card due to the lack of policymaker action at the state and national levels—the Report Card is a call to action”, added Rosenau.*

As explained by Rosenau, the continued failure of state and national policies is jeopardizing patients treated in emergency departments. The Report Card also predicts increased utilization for emergency departments under the Affordable Care Act (ACA), while also describing the negative effects of shrinking resources and increased demand.

*Dr. Jon Mark Hirshon, chair of the task force which drafted the Report Card, explains that the national grade for Access to Emergency Care has not shown improvement since 2009.*

*“America’s grade for Access to Emergency Care was a near-failing D- because of declines in nearly every measure”, said Dr. Hirshon. “It reflects that patients are not getting the necessary support in order to provide effective and efficient emergency care.”*

*“There were 19 more hospital closures in 2011, and psychiatric care beds have fallen significantly, despite increasing demand. People are increasingly reliant on emergency care, and primary physicians are advising their patients to go to the emergency department after hours to receive complex diagnostic work ups and to facilitate admissions for acutely ill patients”, Hirshon added.*

It is important to emphasize that the Report Card measures the conditions and policies under which emergency care is delivered—not the quality of care provided by hospitals and emergency providers.

ACEP’s Report Card has 136 measures in five categories: Access to Emergency Care, Quality and Patient Safety, Medical Liability Environment, Public Health and Injury Prevention, and Disaster Preparedness.

The District of Columbia ranked first this year with a B-, pulling ahead of Massachusetts which held the top spot in the 2009 Report Card. Wyoming ranked dead last receiving an F.

*The bottom line, according to Dr. Hirshon, is that the Report Card reflects the fact that hospitals are not receiving enough support to deliver efficient as well as effective care. Despite increased demand, there were 19 additional hospital closures in 2011. And with psychiatric and hospital inpatient beds declining as well, the system is compromising the care and safety of patients in the emergency department.*

Based on findings of the Report Card, states continue to face many key issues such as workforce shortages, limited hospital capacity to meet the needs of patients, prolonged boarding periods for admitted patients (potentially compromising ongoing care), lengthy door to provider times, as well as prolonged emergency department wait times, not to mention increasing financial barriers to accessing care.

Twenty-one states received F's in the category of Access to Emergency Care. In the Quality and Patient Safety Category, ten states received F's, while in the Medical Liability category, ten states received F's. In addition, ten states also received an F in the category of Public Health and Injury Prevention.

Even more concerning is that 13 states received F's in the category of Disaster Preparedness: Delaware, Hawaii, Idaho, Illinois, Indiana, Montana, Maine, Utah, South Carolina, Vermont, Washington state, Wyoming as well as Wisconsin.

*"Everyone hopes that their communities would perform as well as Boston did after the Marathon bombing, yet nearly half the states received either D's or F's for Disaster Preparedness, which is alarming" said Rosenau. "While there has been increased state and federal focus on disaster preparedness, there is great variability among states in terms of planning and response capacity".*

Key Recommendations of the 2014 Report Card:

1. Fund the Workforce Commission, as called for by the ACA to evaluate shortages of physicians, nurses as well as other healthcare providers.
2. Pass the "Healthcare Safety Net Enhancement Act of 2013", providing limited liability protections to emergency and on-call physicians who perform services mandated by EMTALA, which requires emergency patients to be screened and treated, regardless of their ability to pay/insurance status.
3. Withhold federal funds to states that do not support key safety legislation, such as .08 blood alcohol laws, and mandatory motorcycle helmet laws.

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## **Fierce Healthcare**

### **New ACEP Report Blasts State, Federal Emergency Care Policies**

January 17, 2014

By Zack Budryk

<http://www.fiercehealthcare.com/story/new-acep-report-blasts-us-emergency-care/2014-01-17>

A new report card from the American College of Emergency Physicians (ACEP) is sharply critical of the state and federal emergency care environment in the U.S., giving it a grade of D-plus overall.

The overall grade was based on scores in several subcategories, including:

Access to emergency care, which made up 30 percent of the total score and included access to treatment, providers and specialists, hospital capacity and financial obstacles. The report card issued a grade of D-minus for this category.

*"This failing grade reflects trouble for a nation that has too few emergency departments to meet the needs of a growing, aging population and of the increasing number of people now insured as a result of the Affordable Care Act," the authors wrote.*

Quality and patient safety, which represented 20 percent of the total score. For this category, researchers looked at factors such as funding for emergency medical services, medical directors, and technological and social issues such as dealing with racial disparities in care. For this category, the ACEP issued a grade of C.

Medical liability environment, which was also 20 percent of the grade. Because of liability fears, the report explains, physicians often forgo high-risk care that is medically necessary. In this category, emergency care mechanisms received a C-minus.

Public health and injury prevention, the most lightly weighted category, at 15 percent. Since injuries are the cause of almost one-third of ER visits, for this category, researchers analyzed factors such as traffic safety, drunk driving and state health and injury prevention initiatives. The grade for this category was a C.

The ACEP also made several recommendations based on their findings, including medical liability reform at the state and federal levels, further localization and coordination of specialized emergency services and solutions for hospital crowding.

To learn more:

- read the report card

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### **Kaiser Health News**

#### **Report Card: E.R. Docs Give Low Grades To Nation's Emergency Care Infrastructure**

JAN 17, 2014

<http://www.kaiserhealthnews.org/Daily-Reports/2014/January/17/ER-Report-card.aspx>

A new report from an ER physician group measured "access to care, quality and patient safety, liability, injury prevention and disaster preparedness," offering a snapshot of national and state policies affecting emergency medicine.

Reuters: Doctors Say Pressure On ERs May Rise, Give U.S. Failing Grade

People seeking urgent medical could face longer wait times and other challenges as demand increases under Obamacare, U.S. emergency doctors said in a report on Thursday that gives the nation's emergency infrastructure a near failing grade. In its latest "report card," the American College of Emergency Physicians said such reduced access earned the nation a "D+" ... While the report does not measure the actual quality of care provided, it does offer a snapshot of national and state policies affecting emergency medicine as seen by providers (Heavey, 1/16).

Los Angeles Times: California Gets F In Speedy Treatments At ERs From Advocacy Group

An updated national report on U.S. emergency medical care has again awarded California an F for lacking access to speedy treatment, noting that the state has the fewest hospital emergency rooms per capita — 6.7 per 1 million people — in the nation. The America's Emergency Care Environment report card, which gauges how well states support emergency care, was released Thursday by the advocacy group American College of Emergency Physicians (Brown, 1/16).

The Seattle Times: Emergency Doctors' Report Faults Washington State

Washington trails all but two other states in providing hospital beds for mentally ill patients, according to a report released Thursday. The state is also among the least prepared for a public-health disaster, but it does lead the country in high seat-belt use and low infant-mortality rates, according to the [report] (Rosenthal, 1/16).

The Dallas Morning News: Report Card: Texas Bombs Another National Health Care Test – This Time For Emergency Services

Texas is again sinking to the bottom of the barrel on a national health care measure. The state ranks 38th in the nation – down from 29th five years ago – for failing to support emergency patients. ... The report cited high rates of under-insured folks and low Medicaid fee levels for doctor-office visits as factors (Moffeit, 1/16).

This is part of Kaiser Health News' Daily Report - a summary of health policy coverage from more than 300 news organizations. The full summary of the day's news can be found here and you can sign up for e-mail subscriptions to the Daily Report here. In addition, our staff of reporters and correspondents file original stories each day, which you can find on our home page.

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## **The Washington Post** **Quality of U.S. Emergency Room Care Falls, Physicians Say**

Jan 16, 2014

<http://washpost.bloomberg.com/Story?docId=1376-MZEF996TTDT701-4RTNO0MKDDAEB3G4JKTHLC65E8>

Jan. 16 (Bloomberg) -- With Obamacare bearing down on them, a doctors' group said emergency rooms are less able to provide quality care, and more resources will be needed to handle an expected surge of patients from the new law.

Hospitals have fewer beds available, causing delays in ERs that saw visits climb to 130 million in 2010, according to a report from the Dallas-based American College of Emergency Physicians. Federal funding for disaster preparedness has fallen, so the hospitals are also less prepared to handle a sudden influx of injured patients, the group said.

*"This report card is sounding an alarm," Alex Rosenau, the physicians' group president, said today on a conference call. "The need for emergency care is increasing, the role of emergency care is expanding, and this report card is saying that the policies are failing."*

Care will become harder to access as people newly enrolled in the U.S. Medicaid program for the poor and aging baby boomers turn to ERs for medical services, the report said. The Patient Protection and Affordable Care Act broadens Medicaid eligibility to more than 19 million people. A study published in Science this month found new Medicaid patients in Oregon visited ERs 40 percent more often than the uninsured.

"Every year it's a little worse," said Arthur Kellermann, dean of the medical school at the Uniformed Services University of Health Sciences in Bethesda, Maryland. "But unless you find yourself in a stretcher in a hallway without a bed, you don't realize it."

Staffed inpatient beds fell 16 percent to 330 per 100,000 people in 2012 from 2009, and psychiatric care beds dropped 15 percent to 26 beds per 100,000, the group said.

### **Direct Result**

"Emergency department crowding is a direct result of inpatient capacity," said Jon Mark Hirshon, associate professor at the University of Maryland School of Medicine in Baltimore, who headed the report's task force. ER physicians "have to spend a lot of time finding a place to send somebody," he said in a telephone interview.

The number of emergency physicians per 100,000 people rose to 13.5 from 11.8, the doctors' group said. That's not enough, Kellermann said in a telephone interview.

*"ERs provide 28 percent of all acute care visits, but only 4 percent of doctors work in the emergency department," Kellermann said, citing a 2010 study published in the journal Health Affairs. "If there's more*

*people coming into the ER without a dramatic expansion in doctors and inpatient capacity, you'll get a bottleneck."*

#### Cash Needed

The doctors' report, which gave the nation's emergency care a grade of D+, contained a range of recommendations, including funding for a commission to investigate the shortage of health professionals and for pilot programs aimed at improving care. Doctors should be given some liability protection for ER work, and federal money should be withheld from states that don't pass safety legislation like motorcycle helmet requirements.

Kellermann, who previously headed the department of Emergency Medicine at Emory University in Atlanta, also said access is declining faster in low-income communities.

Hospitals are also less prepared for disasters, the report said, due to decreased federal funding, which fell 31 percent to \$9.52 per capita from \$13.82 in 2009.

*"Times are not wonderful for a lot of hospitals: volumes have been declining the number of paying heads in the bed, and money is tight," said Sheryl Skolnick, an analyst at Stamford, Connecticut-based CRT Capital Group LLC.*

#### Critical Component

The National Hospital Preparedness Program, which provides grants to hospital and health-care systems, "has been very successful at the hospital level and has evolved steadily to become a critical component of community resilience, enhancing the response capabilities of our nation's health-care systems," said director David Marozzi in an e-mail. Marozzi didn't respond to questions about future funding plans.

The report also found a wide range in the number of emergency drills conducted from state to state. Mississippi averaged 0.1 drills per hospital, while Rhode Island averaged 18.8.

"Where you're going to start cutting corners first is in disaster preparedness because the tyranny of the urgent trumps preparing for the more downstream events," Kellermann said.

Doctors at the Brigham and Women's Hospital in Massachusetts, which treated 31 victims of the Boston Marathon bombing last April, practice disaster response procedures repeatedly, said Eric Goralnick, the center's medical director of emergency preparedness.

"The first several minutes are the most critical during a response," Goralnick said. "Drills are critical so your muscle memory will just kick in."

--Editors: Bruce Rule, Andrew Pollack

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#### **Union Leader**

#### **NH Gets Dismal D-Plus Ratings in Psychiatric Care**

By Dave Solomon

<http://www.unionleader.com/article/20140120/NEWS12/140129913/0/NEWS06>

A psychiatric care crisis is affecting emergency rooms throughout New Hampshire, according to the American College of Emergency Physicians, which gave New Hampshire a D-plus overall grade and ranked it 28th in the nation in a state-by-state report card on America's emergency care environment.

The state slipped from a C-plus and 15th ranking in the last survey in 2009, having improved in only one of five categories — disaster preparedness.

In the other four categories — access to emergency care, quality and patient safety, medical liability and public health — the state lost ground, according to the national medical society representing emergency medicine, headquartered in Dallas, Texas.

*"New Hampshire has long wait times in emergency departments and one of the worse medical liability environments in the nation," said Beth Daniels, M.D., president of the New Hampshire Chapter of ACEP, which represents more than 125 emergency physicians, residents and medical students in the state.*

*"We must increase the hospital and mental health resources in our state and enact laws to improve traffic safety," said Daniels, an emergency medicine doctor in Manchester and Newburyport, Mass.*

The state received a D-minus in the category of "Access to Emergency Care" and ranks 30th in the nation, dropping from a B-minus and 11th place in 2009. According to the study, released last Thursday, the state has a relatively high proportion of adults needing but not receiving substance abuse treatment.

New Hampshire also received a D-minus for its "Medical Liability Environment" because of laws that favor plaintiffs in medical malpractice cases. For example, the state does not have expert witness rules requiring medical witnesses to be of the same specialty as the defendant and licensed to practice medicine in the state.

The state dropped from a C-plus to a D-plus in the area of "Public Health and Injury Prevention." The authors cited the fact that New Hampshire does not require helmets for motorcycle riders, does not mandate seat belts for adults, and does not prohibit cell phone use while driving. New Hampshire has the third lowest rate of front seatbelt use in the nation.

On the positive side, New Hampshire has a good overall "Quality and Patient Safety Environment," with triage and destination policies in place for certain patients, such as stroke victims. In that category, the state earned a B and is ranked 10th in the country, although in 2009 it received a B-plus in the same category. The state's grade for disaster preparedness went from C to C-plus after the state implemented a patient tracking system, established mutual aid agreements and enhanced training and communication systems.

A call for action

At the heart of the report is the failure of the state to provide sufficient beds for psychiatric patients, who end up in emergency rooms.

"New Hampshire must act immediately to address its under-resourced mental health system, work with hospitals to increase the number of psychiatric inpatient beds and reduce the boarding and crowding in Emergency Departments," wrote the report's authors.

Boarding of mental health patients in the emergency department has likely contributed to New Hampshire's higher than average median time from emergency room arrival to emergency room departure of nearly five hours, according to the report.

The focus on mental health care comes as no surprise to medical professionals in the state, who've been sounding the alarm for years on the decline of psychiatric services in New Hampshire. The state has lost 27 percent of its in-patient psychiatric beds in the past eight years. Commissioner of Health and Human Services Nick Toumpas told the Executive Council last year that as many as 30 mental health patients a day are being held in emergency room beds across the state, sometimes for days. Toumpas got emergency approval for renovations at the state hospital to accommodate an additional 12 beds for acute mental health patients.

## Sounding the alarm

John Clayton, a spokesman for the New Hampshire Hospital Association, said the report affirms the position of his organization. "Our focus for months has been to bring attention to the state's mental health crisis," he said, "a crisis that is driving psychiatric patients to hospital emergency departments because of the lack of capacity at the New Hampshire

State Hospital and cuts to local, community-based mental health centers."

He said at one point last fall, there were 52 patients on the state's waiting list for in-patient, psychiatric beds.

"These patients have experienced emergency departments waits of up to five to seven days at times, with no proper psychiatric care available to them," he said. "This represents a danger to the patients, but also to emergency caregivers.

The two headline-making assaults at the Elliot Hospital emergency department are illustrative of a problem that is far more wide-ranging."

A Manchester man was arrested after police said he assaulted two employees at the Elliot Hospital Emergency Department in July. The Manchester Board of Mayor and Alderman passed a unanimous resolution in October, calling on the state to allocate more funds for urgent mental health services after a local man was seriously injured after being jailed following an altercation with a security guard at Elliot Hospital. The man had gone to the hospital seeking psychiatric care.

Clayton said progress is being made. Franklin Regional Hospital is establishing a 10-bed unit for psychiatric patients; the state has added 10 new beds at the state hospital; and the recent settlement of a class action lawsuit should bring more money into the mental health system.

Under the terms of the settlement announced in December, New Hampshire must expand services for severely mentally ill individuals at an estimated cost of about \$32 million between now and 2017.

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### **Atlanta Business Chronicle** **Georgia Receives Poor Grades in Emergency Care**

By Phil Hudson

<http://www.bizjournals.com/atlanta/news/2014/01/17/georgia-receives-poor-grades-in.html?page=all>

Georgia is failing or nearly failing in three out of five categories based on its emergency care environment.

Georgia received a near-failing grade of D-plus and ranked in the bottom half of the nation at 29th, according to the 2014 American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment.

*"Shortages of specialists who see patients in the emergency department and insufficient or non-existent insurance coverage are hurting Georgia residents by creating barriers to medical care," Dr. Matt Keadey, secretary-treasurer of the Georgia Chapter of ACEP, said in a statement.*

*"The lack of access to mental health is a serious problem in our state. The shortage of mental health care providers combined with the lack of psychiatric beds leaves patients with psychiatric illness out in the cold."*

Georgia ranked 46th in the category of Access to Emergency Care. The state has too few physicians accepting Medicare patients and more than 20 percent of adults and more than 10 percent of children are uninsured. The state also has fewer than 18 psychiatric care beds per 100,000 residents, ACEP said.

According to ACEP, the two D-pluses, in Public Health and Injury Prevention and Disaster Preparedness, ranked Georgia in the bottom half of the nation in those categories. The state has some of the lowest immunization rates in the country for influenza and pneumonia and very high rates of bicyclist and pedestrian fatalities. In addition, Georgia's ability to respond to disasters is seriously compromised because it is nearly last in the nation for physicians, nurses and behavioral health professionals being registered in the Emergency System for Advance Registration of Volunteer Health Professionals.

Georgia earned a C in the category of Quality and Patient Safety Environment in part because it lacks a uniform system for providing pre-arrival instructions as well as funding for quality improvement within the EMS system in the state., ACEP said.

The state's best grade, a B-minus for Medical Liability Environment, ranked it 12th in the country in this category, in part because it prohibits apologies by providers from being used as evidence of wrongdoing and because it has enacted additional liability protections for care provided in the emergency department, according to ACEP.

*"Georgia's racial and ethnic disparities for cardiovascular disease, HIV diagnoses and infant mortality are unacceptable," Keadey said in a statement. "America's Emergency Care Environment: A State-by-State Report Card – 2014" evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent), according to a press release.*

Phil W. Hudson is a general assignment reporter.

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## **KARE11 TV**

### **Emergency Care Report Card: Minnesota Scores a “C” Grade**

<http://www.kare11.com/story/news/2014/01/17/emergencyreportcard/4567783/> (also video)

Minnesota has fallen behind in putting uniform policies and practices in place for promoting quick and effective response to emergencies both during disasters and in everyday situations.

WASHINGTON - A new report released by the American College of Emergency Physicians (ACEP) shows that support for hospitals and emergency room patients is deteriorating.

"America's Emergency Care Environment: A State-by-State Report Card" forecasts an expanding role of emergency departments under President Obama's Affordable Care Act and the harmful effects wrought by the competing pressures of shrinking resources and increasing demand.

The state-by-state analysis finds that Minnesota scores a C grade overall.

The Report Card grades across five categories: access to emergency care, quality and patient safety, medical liability environment, public health and injury prevention and disaster preparedness.

*Dr. Alex Rosenau, President, American College of Emergency Physicians, spoke with KARE 11 Sunrise about the results of the report and Minnesota's ranking.*

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## **Carolina Live**

## **Study: U.S. Emergency Care System Now One Step Removed from Life Support**

[http://www.carolinalive.com/news/story.aspx?id=997723#.Uup\\_IF8o6Uk](http://www.carolinalive.com/news/story.aspx?id=997723#.Uup_IF8o6Uk)

America's emergency rooms are in desperate need of a health care fix. The American College of Emergency Physicians (ACEP) is out with a new study and its findings are grim.

It finds the nation's emergency care system is now one step removed from life support. The ACEP graded emergency care a D+, down from the C- it earned in 2009.

William Jaquis is Chief of Emergency Medicine at Sinai Hospital. "What we worry more about are those really sick people and the growing number based on an aging population, based on living longer with more health care needs and not really having the ability to take care of them."

According to the study, the number of doctors practicing emergency medicine has fallen to about four percent. There are fewer emergency rooms, shrinking by 11-percent from the mid-1990's through 2010. It's at a time when more people use them.

There are also growing concerns over the true quality of care with doctors practicing far too much defensive medicine burdened by too much liability. Which means, treatment for more serious health problems is more likely to go wrong.

The fix, according to ACEP, is unlikely to be found in Obamacare. In fact, researchers believe the Affordable Care Act will do more damage to emergency care.

It is not all bad news though- in some states such as Maine, Pennsylvania, Ohio, and Utah, emergency care has improved since 2009. But in places like Kentucky, Michigan and Illinois, the level of care has slipped.

What will it take to pull emergency care back from the brink? ACEP says major reforms to liability laws, more specialized emergency services and cash from states and the federal government.

To see how your state fared in the rankings go here and follow the link to the American College of Emergency Physicians for its report card.

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### **Columbus Ledger Enquirer**

#### **Alabama, Georgia earn failing grades in new health care report card**

By Adam Carlson

January 17, 2014

<http://www.ledger-enquirer.com/2014/01/17/2905008/alabama-georgia-acep-report-card.html>

The American College of Emergency Physicians has released its 2014, state-by-state report card on America's emergency care environment.

Georgia got a D+, ranking 29th in the country overall.

(Washington, D.C. ranked at No. 1; Wyoming ranked at No. 51.)

ACEP's report card "evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers," the organization said in a release. It includes 136 measures in five categories.

Georgia got failing or near-failing grades in three of the five: access to emergency care (F), public health and injury prevention (D+) and disaster preparedness (D+); its passing grades came in quality and patient safety

environment (C) and medical liability (B-). The majority of these grades are lower than ACEP's last report card, in 2009.

ACEP said in a release, "(Georgia) has some of the lowest immunization rates in the country for influenza and pneumonia and very high rates of bicyclist and pedestrian fatalities. In addition, Georgia's ability to respond to disasters is seriously compromised because it is nearly last in the nation for physicians, nurses and behavioral health professionals being registered in the Emergency System for Advance Registration of Volunteer Health Professionals."

Georgia's best grade, in medical liability, came "in part because it prohibits apologies by providers from being used as evidence of wrongdoing and because it has enacted additional liability protections for care provided in the emergency department."

The news is worse for Alabama, which got a D and ranked 44th in the country overall. The state received an F in access to emergency care, a C in quality and patient safety environment, a D in medical liability, an F in public health and injury prevention and a C+ disaster preparedness.

How did it rank so much lower than Georgia? Not all five categories are weighted equally, and Alabama ranked badly in the categories that weighed the most: access to emergency care (30 percent) and medical liability (20 percent). Its ranking is also a drop from 2009, when Alabama was ranked 38th overall.

Neither state is alone with its bad news: overall, the country earned a D+.

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## **Wyoming News**

### **Wyo. ranks last in emergency care**

**By James Chilton**

**[jchilton@wyomingnews.com](mailto:jchilton@wyomingnews.com)**

[http://www.wyomingnews.com/articles/2014/01/26/news/01top\\_01-26-14.txt](http://www.wyomingnews.com/articles/2014/01/26/news/01top_01-26-14.txt)

CHEYENNE -- Wyoming is dead last in the U.S. in terms of providing access to quality emergency medical care.

That's according to a ranking from the American College of Emergency Physicians.

The report, "America's Emergency Care Environment," gave poor marks to the United States overall.

The nation earned a D+ average on five separate indicators: access to emergency care; quality and patient safety; medical liability environment; public health and injury prevention; and disaster preparedness.

Even the top-ranked state, Massachusetts, only managed a B- grade, falling behind the District of Columbia, which also got a B-.

But Wyoming was the only state in the survey to pull off an F, coming in 51st behind Arkansas, New Mexico and Montana.

*Dr. Waseem Khawaja is president of the Wyoming Chapter of the American College of Emergency Physicians. He also is the medical director for Mountain View Regional Hospital in Casper.*

*He said the report card highlights significant issues this state faces, some of which he said could be addressed through the Legislature.*

*For one, he said, Wyoming's Medicaid population isn't as proportionally high as it is in other states. That suggests there are residents who qualify but don't realize it.*

*The same, he said, goes for children: Wyoming has the second-highest rate of uninsured children in the nation at 22 percent.*

*"We could encourage people to apply for Medicaid and (the Children's Health Insurance Program) if they don't have the resources to pay for health care," Khawaja said. "I think we can make some change just by creating awareness."*

*On the quality and patient safety side, Khawaja said the state needs to invest more in its emergency medical system. One issue, he said, is the state lacks uniform standards for emergency medical care. And it has no centralized EMS director.*

*"In other states there are standard protocols and guidelines reviewed every year or every other year," Khawaja said. "But Wyoming policymakers never drew up a state-level protocol for stroke or heart attack or trauma patients.*

*"So we don't have a uniform system for pre-arrival instructions, and there is no clear pathway ambulances follow at this time. Even Casper and Cheyenne they are really on their own."*

*He said the Legislature could create and fund a state EMS director who could then work with county EMS directors. The goal would be to put in place policies and procedures that ensure emergency patients get the same treatment wherever they are.*

Wyoming also scored an F on public health and injury prevention. Khawaja said that is caused by the state's highest-in-the-nation per-capita traffic fatality rate and the second-highest rate of fatal occupational injuries.

*He said that might be addressed in part with stronger seatbelt laws and new helmet laws for motorcyclists.*

*But even then, Khawaja said, the state's small, far-flung population centers also contribute to a higher fatality rate for injuries or other serious issues like heart attacks.*

*"Only 30 percent of hospitals are within 60 minutes of a trauma center, and we're not expecting that to change," he added.*

Kim Deti with the state Department of Health, said the report card highlights some legitimate issues the state can improve on. But she added that some of the metrics used simply don't reflect the reality of the situation in Wyoming.

*"One of their big criteria was emergency medicine residents, which would be people studying to be a doctor," Deti said. "We don't have a medical school in Wyoming, so we're never going to have that."*

Another metric was access to burn centers. Again Deti said that likely will never come here owing to the state's small population.

*"There are some things that just aren't applicable to us in a way that might be applicable to a more urban location," she said.*

*"That doesn't mean there aren't things we shouldn't be working on, and it doesn't mean things are perfect in Wyoming. But when you choose to live in certain locations, there are tradeoffs."*

But if Deti was skeptical about some of the report's findings, Dr. Doug Schmitz was actually hostile toward them.

Schmitz is a general surgeon at Cheyenne Regional Medical Center. He said the report not only lacks a basic understanding of rural health-care, but it works against Wyoming's interests by discouraging volunteers from taking part in emergency medical services.

"Their method of data collection is incompetent and inadequate, and they have no knowledge or expertise when it comes to the delivery of emergency medical care in frontier states," Schmitz said.

He added that the report takes a distinctly urban view of emergency care. Giving an F grade to a state where rural medicine is often the only medicine, he said, distorts the hard work of the many volunteer EMTs in Wyoming.

"When someone says you get an F for getting your butt out of bed at 2 in the morning to help get someone out of a car wreck in the middle of a snowstorm and you don't get paid for it, then you probably aren't going to keep doing it," he said.

"Volunteerism is on the downswing. We're having more and more trouble, and there are a lot of reasons for that. But if these trends continue and people like (the emergency physicians) say you get an F, it's only going to degrade that volunteerism more."

Wyoming, he said, was the first rural state to put in place an all-inclusive mandatory rural trauma system. That includes a statewide trauma and EMS registry that requires all EMS services to report to the state.

He added that those volunteers dedicate themselves to maintaining their educations and reaching out to the most isolated parts of the state.

"I'm just furious about this (report)," Schmitz said. "If they had any concept of how much time, effort, money, volunteerism is put in to delivering emergency medical care in rural Wyoming, they would never do this.

"My grade for them is an F- for their pathetic reporting."

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## **The Times-Tribune**

### **Pennsylvania ranks sixth in nation in emergency care environment**

By Michael Iorfino

January 17, 2014

<http://thetimes-tribune.com/news/pennsylvania-ranks-sixth-in-nation-in-emergency-care-environment-1.1618385>

Despite posting below-average grades in two of five categories, Pennsylvania remains among the nation's elite in implementing policies and systems that improve the delivery of emergency care.

The state earned a C-plus for its emergency care environment, the sixth best across the United States, according to the American College of Emergency Physicians' 2014 report card on America's Emergency Care Environment.

It's the same grade Pennsylvania received in 2009 - the most recent report - and represents a full-letter grade better than the national average of a D-plus.

The rating is derived from 136 measures split among five categories: access to emergency care, quality and patient safety environment, medical liability environment, public health and injury prevention and disaster preparedness.

Access to emergency care in Pennsylvania, ranked second-best nationwide, improved because of the state's below-average shortages of health care providers and a 79.7 percent hike in Medicaid fee levels from 2007 to 2012, the report found.

But compared to its 2009 report card, Pennsylvania saw a lower grade in three categories, including a nosedive from an A to a C-plus in disaster preparedness.

Over the years, the state has seen a heavy decline in intensive care and burn unit beds, as well as the proportion of nurses who reported receiving disaster preparedness training, the report found.

Meanwhile, the state also saw a drop in grades in medical liability environment and public health and injury prevention.

Ranked 21st across the nation, the state's public health and injury prevention grade dropped in part because of Pennsylvania's infant mortality rates - 7.3 deaths per 1,000 live births - and unintentional poisoning-related deaths - 13.4 deaths per 100,000 people.

*When asked if Pennsylvania's jump from eighth in 2009 to sixth this year stemmed from the state's improvement in delivering emergency care or other states getting worse, Dr. Charles Barbera thinks the answer is "a little bit of both."*

*"Pennsylvania did get better in some areas," said Dr. Barbera, president of the Pennsylvania Chapter of the American College of Emergency Physicians. "Some areas of the country saw decreases."*

Grounded in its high number of emergency medicine residents and the systems in place for stroke and trauma patients, Pennsylvania received an A in quality and patient safety environment.

But medical experts remained focused on two goals: solving the overcrowding of emergency departments and increasing the number of psychiatric care beds.

Statewide, there are 30.4 psychiatric care beds per 100,000 people. Admitted patients spend about 275 minutes from the time they arrive at the emergency department to the time they leave, the report found.

*"You do your best to take care of as many (patients in the ER) as you can, as fast as you can and as best as you can," said Richard O'Brien, M.D., an associate professor at the Commonwealth Medical College, who has more than 20 years of emergency medical service experience. "There are long waiting lines."*

*Overcrowded emergency rooms present an even greater problem when there's a mass casualty, or an influx of new patients needing emergency care, said Stephanie Gryboski, manager of emergency management for Geisinger Health System.*

Hospitals practice patient surge exercises, where they either discharge ER patients ready to leave or bring them to patient floors to be admitted, so "we can see the emergency patients quicker," she said.

*"You try to filter patients ... that are not severely injured or ill out of the true acute care emergency departments and into these Careworks type clinics," she said.*

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**Houston Business Journal**  
**Texas Receives D+ Grade for its Emergency Care Environment**  
**By W. Scott Bailey**

[http://www.bizjournals.com/houston/news/2014/01/17/texas-receives-d-grade-for-its.html?ana=RSS&s=article\\_search&utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+bizj\\_houston+%28Houston+Business+Journal%29&utm\\_content=Google+Feedfetcher](http://www.bizjournals.com/houston/news/2014/01/17/texas-receives-d-grade-for-its.html?ana=RSS&s=article_search&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bizj_houston+%28Houston+Business+Journal%29&utm_content=Google+Feedfetcher)

Texas is headed in the wrong direction when it comes to its level of support for emergency care.

The American College of Emergency Physicians ranked Texas 29th in 2009 in its state-by-state report card on the nation's emergency care environment.

This year, ACEP has ranked Texas 38th, giving the Lone Star State a failing grade in three out of five critical categories, including Access to Emergency Care. The state ranks 47th in that category.

According to the ACEP report card, Texas has severe financial barriers to medical care, high rates of people who are under-insured and low Medicaid fee levels for office visits to physicians. Furthermore, the closure of two hospitals in 2011 reduced the number of staffed inpatient beds by approximately 8 percent.

*“Texas’ failing grade in Access to Emergency Care is unacceptable,” says Dr. Richard Robinson, president of the Texas College of Emergency Physicians. “Texas is home to some of the finest medical centers and most notable health care providers in the world, however many of our citizens have few to no resources (health insurance, disposable income, etc.) available to access those health care systems and professionals under the current model.”*

*“Ironically, the current environment in Texas seems to prove that the best medical centers and health care professionals in the world cannot help you if you are unable to access them in a timely manner,” Robinson adds.*

The two best grades Texas earned were a C for Disaster Preparedness and an A for Medical Liability Environment.

Texas also received failing grades for Quality and Patient Safety Environment and Public Health and Injury Prevention, where it ranks 42nd and 49th, respectively.

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**Fort Morgan Times**  
**Colorado ranks 5th for emergency care**  
**Long waits at emergency rooms**

01/17/2014

[http://www.fortmorgantimes.com/fort-morgan-local-news/ci\\_24933961/colorado-ranks-5th-emergency-care](http://www.fortmorgantimes.com/fort-morgan-local-news/ci_24933961/colorado-ranks-5th-emergency-care)

Colorado moved from 13th place in 2009 to 5th place in the 2014 American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment.

Colorado received varying grades on the various categories that were evaluated, but a fifth-place ranking does not mean the state does not have issues, especially in emergency rooms. It earned only a D+ in the category of Access to Emergency Care, because many patients face four-hour waits at emergency rooms according to a release from ACEP.

By contrast, the state was again first in the nation in the category of Medical Liability Environment with a grade of A, because it has a cap on malpractice lawsuit payments.

*"Financial barriers to medical and behavioral health care are still big problems for many Coloradans, as they are to the many patients nationally who are under-insured," said Dr. Fred Severyn, president of the Colorado Chapter of ACEP. "Our D+ in Access to Emergency Care is to me as bad as an F."*

Colorado's poor showing in the Access to Emergency Care category is also due to numerous barriers to health care overall, and substance abuse and psychiatric care specifically. The state also has the sixth lowest rate of staffed inpatient beds which leads to serious crowding in emergency departments.

Colorado ranked 22nd in the nation with a C for disaster preparedness. The state has very few federal disaster preparedness funds per person and only 35.2 percent of nurses receive disaster training.

The state had two B- grades in the categories of Quality and Patient Safety Environment and Public Health and Injury Prevention. For the former, Colorado is below average in the percentage of hospitals with electronic medical records. For the latter, the state's low obesity rates and high immunization rates are offset by a worsening rate of binge drinking among adults.

Colorado's ranked first in the nation with an A in the category of Medical Liability Environment. Contributing to this grade are legislation that allows health care providers to apologize to patients (the apologies are not admissible as evidence of wrongdoing) and a \$300,000 cap on non-economic damages.

*"We do so many things right here, such as banning smoking in the work place and allowing physicians to apologize without fear of retribution," Severyn said. "But the average of more than four hours people spend waiting for evaluation in the emergency department is unacceptable and a sign of their lack of access to timely care. The best medicine in the world doesn't help you if you can't get to it."*

America's Emergency Care Environment: A State-by-State Report Card - 2014 evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers.

It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent).

While the United States earned an overall mediocre grade of C- on the report card issued in 2009, this year the country received a near-failing grade of D+.

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## **KBZK TV**

### **Montana Ranks 48<sup>th</sup> Among States in Providing Emergency Care**

<http://www.krtv.com/news/montana-ranks-48th-among-states-in-providing-emergency-care/>

A new report from the American College of Emergency Physicians ranks Montana 48th in the nation when it comes to providing emergency medical care.

The report card takes a look at the current state of acute care on both a national and state-by-state level.

A poor grade means that people seeking care could be looking at long wait times and reduced hospital capacity.

Factors considered were access to care, quality and patient safety, liability, injury prevention, and disaster preparedness.

The report does not target a specific hospital or health system, but rather examines policies and regulations in place that are deemed by the ACEP as vital to efficient emergency care.

Here are Montana's rankings compared to other states in each of the five categories, and the corresponding "grade" assigned by ACEP:

Access to Emergency Care: 31 (F)

Quality & Patient Safety: 50 (F)

Medical Liability: 10 (B)

Public Health & Injury Prevention: 39 (D)

Disaster Preparedness: 45 (F)

Click here to read more at [EMreportcard.org](http://EMreportcard.org).

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## **Your Houston News**

### **Texas Receives D+ for its Lack of Emergency Patient Support (with video)**

[http://www.yourhoustonnews.com/spring/news/report-texas-receives-d-for-its-lack-of-emergency-patient/article\\_192f6de0-809f-11e3-ab7c-001a4bcf887a.html](http://www.yourhoustonnews.com/spring/news/report-texas-receives-d-for-its-lack-of-emergency-patient/article_192f6de0-809f-11e3-ab7c-001a4bcf887a.html)

WASHINGTON, D.C. — Texas dropped from 29th in the nation in 2009 to 38th in the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency care environment ("Report Card"). The state received failing grades, ranking near the bottom of the nation, in three out of five categories.

Texas ranked 47th in the nation in the Access to Emergency Care category, receiving an F. According to the Report Card, the state has severe financial barriers to medical care, high rates of people who are under-insured and low Medicaid fee levels for office visits to physicians. The closure of two hospitals in 2011 reduced staffed inpatient beds by approximately 8 percent. To improve this grade, the Report Card recommends that Texas provide adequate health insurance for both adults and children and increase Medicaid fee levels so they are at least on par with the national average.

*"Texas' failing grade in Access to Emergency Care is unacceptable," said Dr. Richard Robinson, president of the Texas College of Emergency Physicians. "Texas is home to some of the finest medical centers and most notable healthcare providers in the world however many of our citizens have few to no resources (health insurance, disposable income, etc) available to access those healthcare systems and professionals under the current model. Ironically the current environment in Texas seems to prove that the best medical centers and healthcare professionals in the world cannot help you if you are unable to access them in a timely manner."*

The two best grades Texas earned were a C for Disaster Preparedness and an A for Medical Liability Environment.

The Disaster Preparedness grade and 21st place ranking are improvements over the state's D+ and 41st place ranking in 2009. The state has instituted state or regional strike teams and begun enrolling health care professional in the Emergency System for Advance Registration of Volunteer Health Professionals and has the second highest rate of registered nurses who have receiving training in emergency preparedness. Texas could further improve this grade by increasing its federal disaster preparedness funding, which is still quite low.

Texas remains second in the nation for its Medical Liability Environment, which is credited with attracting large numbers of emergency physicians and specialists to the state. Texas has a \$250,000 medical liability cap on non-economic damages and enacted additional liability protections for federally-mandated care delivered in emergency departments.

The second failing grade for Texas was for Quality and Patient Safety Environment, for which it was ranked 42nd in the nation. This is a significant drop from the 2009 grade of B- and 17th place ranking. The state lacks funding for quality improvements in the emergency medical services (EMS) system and for a state EMS director. Texas' large size creates geographical challenges for EMS; nevertheless, to improve its grade, Texas should set statewide practices and policies to set a standard of safe and effective care for emergency response, such as field trauma triage protocols and destination policies for stroke, heart and trauma patients.

Texas, ranked 49th in the nation in Public Health and Injury Prevention, receiving a third F because of extremely high rates of obesity and cyclist and pedestrian fatalities. In addition, the state has the third highest rate of traffic fatalities related to alcohol in the country. To improve this grade, Texas must address racial and ethnic health disparities and do more to reduce obesity and improve traffic safety.

*“Emergency physicians typically interact with patients experiencing an acute medical or surgical event. Many of these interactions are secondary to the failure of patients to receive health maintenance services for chronic conditions in time to prevent acute exacerbations thereby leading to emergency department visits. Improving access to health maintenance services through investment in injury prevention and public health can positively affect the lives of hundreds of thousands of Texans” said Dr. Robinson. “Texas should enact more effective traffic safety legislation and promote overall healthy lifestyles while developing methods to improve access to healthcare for its citizens.”*

“America’s Emergency Care Environment: A State-by-State Report Card – 2014” evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent). While America earned an overall mediocre grade of C- on the Report Card issued in 2009, this year the country received a near-failing grade of D+.

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

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**Mohave Daily**  
**Arizona Earns D+ in Report on Emergency Medical Care**

By Whitney Ogden

<http://www.mohavedailynews.com/articles/2014/01/21/news/state/doc52de206235580648403343.txt>

WASHINGTON — Arizona got a D+ for the quality of its emergency medical care, but that was the average grade for states on a national report card released Thursday.

Arizona’s grade on the American College of Emergency Physicians report was unchanged from the last report in 2009, while the national grade fell from C- to an “alarming” D+.

*“Congress and the president must take action and make emergency care a national priority,” ACEP President Alex Rosenau said in a conference call to release the study. “This (report) is an opportunity to improve.”*

The report rated states in five areas: access to emergency care, quality of care, the medical liability atmosphere, public health initiatives and disaster preparedness.

Arizona did relatively well for the quality of its emergency care, getting a grade of B- and finishing 14th among states. But it got an F for access to care, ranking 48th.

It was not alone: Twenty-one states got an F for their physical and financial access to emergency care.

*“This is alarming,” said Jon Mark Hirshon, a professor at University of Maryland’s School of Medicine, who presented the report. “We want to make sure people have access to care, and if they don’t have access to care, then there’s a real problem.”*

*Patricia Bayless, president of Arizona College of Emergency Physicians, said the state simply lacks the resources to cope with the demands of a growing population.*

*“It’s kind of like the phrase, ‘If you build it, they will come,’ ” Bayless said. “Except it’s the opposite for us. The people are already here.”*

*She said one of the biggest problems is the lack of resources for mental health patients in the state.*

*“We need to devote more resources to mental health care,” Bayless said. “There is a severe shortage in beds ... there are patients who wait literally days to get in.”*

She said the number of doctors and nurses in the state has not kept pace with its population growth since 2009, which explains the state’s stagnant overall grade. With demand growing and resources shrinking, she said, many people are forced to wait days for care.

*Bayless noted that while there are more medical students in Arizona today, it will take years before they will be able to treat people.*

*“The number of medical students in the state has increased exponentially in the last 10 years,” she said. “But then you add on four more years of med school, and three more years of training ... and they have all these years of training and they aren’t through the pipeline yet.”*

In the meantime, she said, there needs to be an increase in funding to train those doctors and nurses – a greater number of healthcare providers generally will help relieve pressure on emergency rooms, she said.

*Rosenau said that because emergency medical care is such a critical part of the healthcare system, the nation needs to focus on building those resources and improving the opportunity to receive care.*

*“The nation’s emergency departments are being unsupported by government policy,” said Rosenau, who said that “lives are at stake.”*

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**North Platte Telegraph**  
**Emergency Medical Care Gets Mixed Report Card**

By Heather Johnson

[http://m.nptelegraph.com/news/emergency-medical-care-gets-mixed-report-card/article\\_4cb41e67-ab07-5df7-8a2f-76584fc82559.html?mode=jqm](http://m.nptelegraph.com/news/emergency-medical-care-gets-mixed-report-card/article_4cb41e67-ab07-5df7-8a2f-76584fc82559.html?mode=jqm)

Nebraska’s emergency care environment has received a mixed report card from the American College of Emergency Physicians. The Dallas-based ACEP is the national society that represents emergency medicine.

Every five years, it issues a report card evaluating conditions under which emergency care is delivered. The assessment does not focus on the quality of care provided.

The ACEP moved Nebraska up to fourth place in the U.S. for having policies that support emergency patients. It finished with an overall grade of “B-.” However, its grade for access to emergency care dropped from a “B” in 2009 to a “C” for 2014. Despite the fall, Nebraska still ranks among the top states in the nation in the access category.

According to the ACEP, the grade went down because the state has the lowest number of emergency physicians, about 8 per 100,000 people, in the U.S. It also has the lowest number of plastic surgeons in the country with not quite two per 100,000 people.

On top of that, Nebraska’s rate of underinsured children is the third highest in the U.S. The state is also ranked in the bottom 10 for availability of psychiatric care beds.

The report card showed Nebraska remained steady with a “C+” for quality and patient safety. Its grade for public health and injury prevention also remained unchanged from 2009 with a “B-.” It jumped from a “C+” to a “B+” in the medical liability category and improved from a “C-” to a “B-” in the disaster preparedness division.

According to the ACEP, Nebraska has high rates of intensive care beds, burn unit beds and overall bed surge capacity.

Other things the state has going for it are that it has the lowest medical liability insurance premiums in the country for primary care providers and specialists. Its malpractice award payments have also decreased.

Nebraska has fewer traffic fatalities, homicides and suicides than many other states. However, its numbers for binge drinking and fatal “on-the-job” injuries are high.

The ACEP made suggestions for the state to work on. They include:

- Implementing a prescription drug monitoring program approved by legislators in 2011
- Recruiting and retaining medical specialists
- Increasing access to trauma care
- The adoption of an electronic medical records system by more hospitals
- Providing more education and outreach to reduce the number of adults who smoke
- Tightening regulations on texting and cell phone use while driving
- Maintaining the motorcycle helmet use requirement
- Funding a stroke care system that would allow emergency transport of a patient directly to a specialty center

Despite its shortfalls, Nebraska still fared better than the nation did on the report card. The U.S. received an overall grade of “D+.”

Neb. evaluated every 5 years by Dallas-based ER physician society

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## **Headlines and Global News**

### **US Gets a D+ in Emergency Medical Services**

<http://www.hngn.com/articles/22414/20140120/gets-d-emergency-medical-services.htm>

The United States got D+ for emergency medical services in a progress card issued by the American College of Emergency Physicians (ACEP).

The report, issued on Thursday, also gave individual grading to different states for the emergency care provided by them. According to ACEP, the emergency care environment in the US has become from bad to worse since 2009. In 2009 ACEP had given the U.S. a C minus rating.

*"This report card is saying: The nation's policies are failing to support emergency patients," Alexander Rosenau, president of the ACEP, told CNN.*

Access to Emergency Care, the Quality and Patient Safety Environment, the Medical Liability Environment, Public Health and Injury Prevention, and Disaster Preparedness were assessed by the organisation.

The ACEP used 136 measures to grade the states and the country. The ACEP ranked the U.S. either the same or worse in every major category since 2009, reported Red Orbit. Quality and patient safety environment, public health and injury prevention, and disaster preparedness were all given a 'C+' or a 'C'. The medical liability was graded at 'C-', and access to emergency care received a barely-passable 'D-'.

*"If I'm in a car crash and they bring me to hospital that's not ready for me, my chances of survival are less," said Dr. Jon Mark Hirshon, an emergency physician at the University of Maryland and ACEP board member. "So you want a state that has that type of trauma system. And when you look at patient safety, that's one of the components of patient safety."*

*"You can have the best medicine in the world, but it won't matter if people can't get to it," he added.*

Furthermore, the progress card also noted there were 247 visits to the emergency every minute in 2010. It also included the 38 million visits related to injury.

The report also showed that the Affordable Care Act could lower the quality of emergency care as millions of people who are newly insured or were added to Medicaid seek emergency care. "We'll be asked to do more with less resources, which has the potential to impact emergency patients," Hirshon said.

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## **Red Orbit News**

### **United States Gets a “D” when It Comes to Emergency Medical Care (with video)**

By Bret Smith

<http://www.redorbit.com/news/health/1113049568/emergency-medical-services-less-than-average-united-states-011714/>

A new report card issued by the American College of Emergency Physicians (ACEP) gave the United States a 'D' when it comes to emergency medical services.

Released Thursday, the report card also graded individual states on how well states support emergency care. The organization found that the emergency care environment in the US has worsened since 2009, when the ACEP issued a similar report card giving the country a C-minus.

*"This report card is saying: The nation's policies are failing to support emergency patients," Alexander Rosenau, president of the ACEP, told CNN.*

According to its official website, the ACEP is the “oldest and largest national medical specialty organization representing physicians who practice emergency medicine.”

While the organization's report does not name individual physicians or hospitals, it does assess states in five different categories: Access to Emergency Care, the Quality and Patient Safety Environment, the Medical Liability Environment, Public Health and Injury Prevention, and Disaster Preparedness.

This time around, the ACEP used 136 measures for grading the states and the country. Each indicator was chosen to meet several key criteria: relevance, reliability, validity, reproducibility, and consistency across all of the states.

The ACEP ranked the US either the same or worse in every major category since 2009. Quality and patient safety environment, public health and injury prevention, and disaster preparedness were all given a 'C+' or a 'C'. The medical liability was graded a 'C-', and access to emergency care received a barely-passable 'D-'.

Each category in the report card was broken down into subcategories. For example, Access to Emergency Care, which was 30 percent of the total grade, was divided into: Access to Providers (25 percent of the category), Access to Treatment Centers (25 percent), Financial Barriers (25 percent) and Hospital Capacity (25 percent).

*"If I'm in a car crash and they bring me to hospital that's not ready for me, my chances of survival are less," said Dr. Jon Mark Hirshon, an emergency physician at the University of Maryland and ACEP board member. "So you want a state that has that type of trauma system. And when you look at patient safety, that's one of the components of patient safety."*

*"You can have the best medicine in the world, but it won't matter if people can't get to it," he added.*

The report also noted there were 247 visits to the emergency room per minute in 2010, including nearly 38 million visits related to injury. Many experts are predicting this number will only increase as baby boomers develop medical problems resulting from old age.

The report projected the Affordable Care Act could also lower the quality of emergency care as millions of people who are newly insured or were added to Medicaid seek emergency care.

*"We'll be asked to do more with less resources, which has the potential to impact emergency patients," Hirshon said.*

The report card was not without some positives, as improvements in care since the 2009 report card were noted; such as one state starting a new trauma system and another boosting medical liability laws

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#### **WCIV – Charleston SC.**

##### **South Carolina falling behind in emergency care, report card shows**

<http://www.abcnews4.com/story/24482697/south-carolina-falling-behind-in-emergency-care-report-card-shows>

CHARLESTON, S.C. (WCIV) – South Carolina ranks among the worst in the country in terms of access to care, public health and disaster preparedness, according to a recent study by the American College of Emergency Physicians.

According to the report, South Carolina's grade has worsened in its overall emergency care environment due to the state's failing grades in access to emergency care, public health and injury prevention, and disaster preparedness.

ACEP ranked South Carolina last in the nation in public health and injury prevention, citing poor public health services and the failure of the state legislature to pass new laws that would improve public health.

"For instance, while the state has some of the highest rates of traffic fatalities, bicyclist fatalities, and pedestrian fatalities, it has not passed legislation banning texting or handheld cellphone use for all drivers," the report reads. "The state is also one of only seven to have failed to pass any antismoking legislation to discourage smoking and reduce second-hand smoke exposure in restaurants, bars, and worksites."

The report also cites the high rates of childhood and adult obesity, 30.8 and 21.5 percent respectively.

The state also failed in its lack of access to emergency care due to growing [financial](#) obstacles to get care for many of the state's residents, the report card reads. The rate of uninsured children has risen since the last report card; nearly 20 percent of children with insurance are considered underinsured by the report.

The report card also says that only 2.1 doctors accept [Medicare](#) per 100 beneficiaries, the fifth lowest rate in the country.

Perhaps the most damning criticism of the state's emergency care is ACEP's review of the state's disaster preparedness. The report says the Palmetto State lacks key policies and gets by with limited resources and hospital capacity for a disaster or mass casualty event.

"The state has one of the lowest bed surge capacities and per capita rates of burn unit beds in the nation," the criticism reads. "South Carolina does not require training in disaster [management](#) and response for hospital and EMS personnel, and only 31.9 percent of registered nurses reported receiving training related to disaster response."

ACEP says the state also lacks legislation that would protect health care workers and their sponsors in a disaster.

However, South Carolina is among the best in medical liability protections and has seen a "dramatic" drop in the average malpractice award since 2009. It is currently the tenth lowest in the nation, ACEP reports.

South Carolina's grade in quality and patient safety also improved since the 2009 report card, due in part to EMS personnel being able to bypass hospitals to take emergency patients to specialty centers.

Also, the study found that 97 percent of people suffering a cardiac emergency are being treated within 90 minutes. The state also appears to be developing a diversity plan for care, ACEP found.

ACEP said the state needs to work to ensure that the residents of the state have access to the doctors, specialty care, and services they need while also addressing the problems of fatalities on the roadways.

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## **Delaware State News**

### **Officials rip low emergency medical preparedness score**

By Craig Anderson

Delaware State News

<http://delaware.newszap.com/centraldelaware/128964-70/officials-rip-low-emergency-medical-preparedness-score>

DOVER — On Friday, Delaware health professionals disagreed with conclusions in a report card that the state is ill-prepared to handle medical issues connected with unforeseen disasters that may occur.

The American College of Emergency Physicians released its findings with a state-by-state analysis covering America's emergency care environment, and gave Delaware an F grade in disaster preparedness.

The lack of hospital infrastructure to handle a surge in the need for beds during an emergency drew the failing grade, ACEP officials said.

Other areas graded included access to emergency care (C+), quality and patient safety environment (B+), medical liability environment (D) and public health and injury prevention (D).

According to a Delaware Health and Social Services spokeswoman, the ACEP report did not have key state information in the report that the state said it attempted to provide.

“It would have given us the opportunity to show that we in fact have plans and resources in place that they said we do not,” Emily Knearl of DHSS’s Division of Public Health said.

“... We are confident that if the correct and full information was used, we would be ranked higher and are proud of the hard work of Delaware Public Health and our partners in Delaware.”

The state pointed to a National Health Security Preparedness Index released last month, where Delaware scored 7.2 against a national average of 7.1 on preparedness issues. It was an extensive project conducted by the Association of State and Territorial Health Officials, jointly with the Centers for Disease Control.

The state said despite concerns expressed on Delaware immunizations, the state was just one of 12 states which had vaccination rates of 50 percent or higher for adults ages 18 to 64.

*Delaware continues to be challenged by an aging population, diseases and acuity of medical concerns that tax the health care system in need of state support, ACEP member Dr. Kevin Bounds said.*

There were positive sides to Delaware’s coverage, according to the ACEP report, including the “state’s careful development of uniform guidelines and policies for providing emergency services.”

Also, Delaware has some of the highest rates of emergency physicians and registered nurses in the nation, the report stated. The state is No. 4 nationally in children’s ability to see a provider when needed (97.4 percent) and has a low number of people who can’t receive the substance abuse treatment needed (7.8 percent).

*Ultimately, Dr. Bounds said Delaware’s quality of patient care is among the best in the country once medical attention is administered. It’s a lack of hospital room and emergency department facilities that is problematic, though.*

*“I, personally, experience that need for more space and resources when working shifts, and hear that from other physicians throughout the state,” he said.*

*Dr. Bounds said the report data will allow physicians and medical providers with vested interest in patient care to approach policy-makers and legislators with research that can bring improvements to the system.”*

The Delaware report card concluded with several recommendations, including:

- Citizens must have more access to psychiatric care beds, which has been lowered by 50 percent since 2009. The ACEP suggested expansion of telepsychiatry and state’s Crisis Psychiatric Emergency Services program.

The report also stated that Delaware has a nationally poor hospital occupancy rate and second lowest rate of emergency departments in the nation per capita. The lack of facilities available contributed to having the second longest ED wait times in the country — 387 minutes from arrival to departure — in the country and led to overcrowding and boarding.

- The medical liability conditions should require periodic payments and pretrial screening panels, along with a medical liability cap on non-economic damages, the report stated, along with more coverage for Emergency Medical Treatment and Labor Act-associated care.

- State support for the quality and patient safety environment — already strong, the report noted — should

continue funding EMS at a premium commitment and continue seeking statewide innovations and policies to improve the overall emergency care system.

- The state should also consider increasing funding efforts to improve health risk behaviors, traffic safety, and child immunization rates.

The full report is available online at [www.emreportcard.org](http://www.emreportcard.org).

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### **Pennsylvania Business Journal**

#### **Emergency care in PA ranks 6th in nation, still only gets a C+**

By Jared Shelly

<http://www.bizjournals.com/philadelphia/blog/health-care/2014/01/emergency-care-in-pa-ranks-6th-in-nation.html>

Pennsylvania ranked sixth in the nation in emergency care due to its highly trained medical workforce and a dedicated effort to create better policies. Still, it only earned a C+ (a grade that would have come with a strict talking to from my mother.)

The ranking comes from the 2014 American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment. Pennsylvania has made significant improvements in access to emergency care but dipped in other areas.

*"Pennsylvania's high ranking for access to emergency care reflects dedication and hard work on the part of our state's policymakers and medical workforce," said Dr. Charles Barbera, president of the Pennsylvania Chapter of ACEP. "However, our state has seen decreases in the number of emergency departments, staffed inpatient beds and psychiatric care beds. These losses have led to increased crowding in Pennsylvania's emergency departments, which is detrimental to patients."*

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### **Tech Times**

#### **ACEP gives U.S. D+ for failing poor emergency care support: How did the states perform?**

By Randell Suba

<http://www.techtimes.com/articles/2829/20140121/acep-gives-us-d-for-failing-poor-emergency-care-support-how-did-the-states-perform.htm>

The American College of Emergency Physicians has released its 2014 report card and the grade of the United States might give its citizens a heart attack. ACEP gave the U.S. an overall score of D+ for the overall environment of emergency care in the country. The results indicate a worsening access of people to emergency care that might save their lives. In 2009, the country received a C-.

The ACEP is the largest organization of doctor who practice emergency medicine. The group monitors healthcare trends and focus on issues that affect emergency physicians. The first report from ACEP was issued in 2006 with the goal of improving emergency care. It looks into conditions of field and policies affecting delivery of effective emergency care to patients.

For the 2014 report, the country received subpar grades in the categories of "Access to Emergency Care" where it got a D- (D- in 2009); "Medical Liability" where it received C- (C- in 2009); and "Disaster Preparedness" where it was given a C- (C+ in 2009). The overall score for "Public Health/Injury Prevention"

was pegged at C, same as in 2009. The "Quality/Patient Safety" category showed a drop from the 2009 grade of C+ in 2009 to just C for the new report card.

To emphasize the decline in the quality of emergency care nationwide, 21 states got Fs in the category of Access to Emergency Care, 13 states were given Fs for Disaster Preparedness, 10 states also received failing marks in Public Health and Injury Prevention. Ten states were also given Fs for Quality and Patient Safety and 10 were also given Fs for Medical Liability Environment.

*"Congress and President Obama must make it a national priority to strengthen the emergency medical care system. There were more than 130 million emergency visits in 2010, or 247 visits per minute. People are in need, but conditions in our nation have deteriorated since the 2009 Report Card due to lack of policymaker action at the state and national levels. With so much changing in health care, emergency care has never been more important to our communities. This Report Card is a call to action," said ACEP president Dr. Alex Rosenau in a statement.*

### **Is it okay to have a heart attack in your state?**

If someone is having a stroke, a heart attack, or got hit by a car, will your state be able to save you? While it will be on a case to case basis, the grades given by ACEP to each state gives one a good picture of where not to have a life-threatening event, if that can only be a controllable variable in life.

In 2009, the grades of individual states ranged from B to D-. The status of emergency care declined since then with a grade between B- and F received by the states for 2014.

The District of Columbia topped the overall ranking with a grade of B-, overtaking Massachusetts that bested all states in 2009. Maine, Nebraska, Colorado, Pennsylvania, Ohio, North Dakota, Utah, and Maryland completed the top 10.

At the other end of the spectrum, Wyoming got an F. It is followed by Arkansas, New Mexico, Montana, Kentucky, Michigan, Illinois, Alabama, Alaska, and Louisiana to [complete](#) the bottom 10.

### **Are we approaching the flat line?**

*"America's grade for Access to Emergency Care was a near-failing D- because of declines in nearly every measure. It reflects that hospitals are not getting the necessary support in order to provide effective and efficient emergency care. There were 19 more hospital closures in 2011, and psychiatric care beds and hospital inpatients beds have fallen significantly, despite increasing demand. People are increasingly reliant on emergency care, and primary care physicians are advising their patients to go to the emergency department after hours to receive complex diagnostic workups and to facilitate admissions for acutely ill patients," said Dr. Hirshon, who led the task force that developed the report card.*

The different states have been struggling with different issues such as workforce shortages, long wait times at emergency rooms, limited capacity to meet demands, and financial barriers.

ACEP also came up with a list of recommendations to improve emergency care in the United States:

—Fund the Workforce Commission, as called for by the Affordable Care Act (ACA), to investigate shortages of physicians, nurses and other healthcare professionals.

—Pass the "Health Care Safety Net Enhancement Act of 2013," H.R. 36 introduced by Rep. Charlie Dent (R-PA) and the companion legislation S. 961, introduced by Senator Roy Blunt (R-MO). This legislation would provide limited liability protections to (emergency and on-call) physicians who perform the services mandated by the federal EMTALA law, which requires emergency patients be screened, diagnosed and treated, regardless of their insurance status or ability to pay.

—Fund pilot programs, provided for in the ACA, to design, implement and evaluate innovative models of regionalized, comprehensive and accountable emergency care and trauma systems.

- Support and fund the mission of the Emergency Care Coordination Center at H.H.S. to create an emergency care system that is patient- and community-centered, integrated into the broader health care system, high quality and prepared to respond in times of public health emergencies.
  - Withhold federal funds to states that do not support key safety legislation, such as motorcycle helmet laws and .08 blood alcohol content laws.
  - Fund graduate medical education programs that support emergency care, especially those related to addressing physician shortages in disadvantaged and rural areas.
  - Support efforts to fund emergency care research by the new Office of Emergency Care Research under the National Institutes of Health.
  - Hold a hearing to examine whether additional strains are occurring in the emergency department safety net as a consequence of the Affordable Care Act.
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## **WFPL**

### **Kentucky's Emergency Care Receives 'D' Grade**

By Devin Katayama

<http://wfpl.org/post/kentuckys-emergency-care-receives-d-grade>

*Emergency care physicians are working with Kentucky legislators on a bill to provide standard experts to testify in malpractice suits, according to Ryan Stanton, president of Kentucky's chapter of the American College of Emergency Physicians.*

The national ACEP released its state-by-state rankings of emergency care and the commonwealth received a D grade, earning its lowest marks for medical liability and patient safety categories.

The last time the ACEP released its report card was 2009. Since then Kentucky dropped to 47th on the list.

*"We already have some high risk conditions. We're still number one in the country when it comes to smokers. We're one of the highest when it comes to obesity," says Stanton.*

*"If you look at our map in terms of the states, again an F in medical legal, we're really an island by ourselves here in the east in terms of a lot of states that have already taken steps: Ohio, Indiana, Tennessee."*

*Stanton says neighboring states, like Indiana and Tennessee, are doing a better job than Kentucky protecting [doctors](#) who work in emergency care. Now, he says his ACEP is working with legislators on a bill that's expected to be introduced this year that would create a reliable panel of doctors who could testify in medical malpractice suits. Currently, he says it's difficult for juries who listen to testimony from independent experts, but without medical consensus based off best-practices.*

*"With a jury they see MD or physician or whoever and they take that word as honest and we have to make sure they're getting the best information," says Stanton.*

A majority of lawsuits brought against physicians or medical doctors never make it to court, he adds. But to attract good doctors to Kentucky, there needs to be good policies and laws in place, he says.

In 2012, there were 415 closed claims against doctors, physician's assistants and facilities, that totaled in the amount of \$96 million in settlements, according to the Kentucky Department of [Insurance](#). In 2011, there were 984 closed claims that totaled \$88 million.

Kentucky also received an F grade for quality and patient safety. Stanton says the state needs to work on getting people to stroke and heart centers in time. He adds there have been changes to emergency care that should improve the state's future scores in this category.

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## Lake County News

### California receives failing grade for access to emergency care on national report card

[http://www.lakeconews.com/index.php?option=com\\_content&id=35021:california-receives-failing-grade-for-access-to-emergency-care-on-national-report-card&Itemid=197](http://www.lakeconews.com/index.php?option=com_content&id=35021:california-receives-failing-grade-for-access-to-emergency-care-on-national-report-card&Itemid=197)

California has received an “F” grade for “access to emergency care,” ranking 42nd in the nation, according to the 2014 American College of Emergency Physicians’ state-by- state report card on America’s emergency care environment.

The “access to emergency care” mark reflects the serious lack of on-call specialists who provide critical, specialized care like obstetricians and gynecologists, neurologists and cardiologists; a below-average number of trauma centers; a lack of inpatient hospital beds; inadequate psychiatric services; serious emergency room overcrowding and patient boarding; and the lowest number of emergency rooms per person in the nation.

Low Medi-Cal reimbursement rates also place a strain on California’s health care system, according to the report. Repeated cuts to Medi-Cal reimbursement result in fewer physicians accepting Medi-Cal patients, causing inadequate access to primary care for Medi-Cal recipients.

According to research published in the Journal of the American Medical Association, Medi-Cal patients were most likely to be in the ER for serious conditions that might have been prevented from progressing had they had better access to primary care.

*“We’re not surprised California is failing in ‘access to care,’” said Dr. Thomas Sugarman, president of the California Chapter of the American College of Emergency Physicians.*

*“The fact of the matter is that when you repeatedly slash Medi-Cal reimbursement, physicians won’t participate in the program, and patients are left with nowhere to go but the ER where we see everyone regardless of their insurance status,” said Sugarman. “This report card shows that Californians are paying for past budget cuts with their health.”*

Another factor affecting California’s failing grade for access to care is the number of inpatient psychiatric beds.

According to the report card, California only has 18 psychiatric beds per 100,000 residents, while the national average is 29 beds and even Mississippi has 52 psychiatric beds per 100,000 people.

Without sufficient psychiatric resources in the community, psychiatric patients are taken to emergency rooms, where they use a disproportionate share of resources without receiving the psychiatric care they need, based on the report.

With the huge shortage of inpatient psychiatric beds, those patients languish in the emergency room for hours, days, and in some instances weeks, awaiting transfer to a facility where they can be treated for their psychiatric condition, according to California ACEP.

Not only is this harmful to psychiatric patients, but it creates crowding in the emergency room for all other patients in need of medical treatment, California ACEP said.

The report card indicates that patients need improved access to a complete network of physicians who can provide ongoing health care and mental health care.

As California implements the Affordable Care Act, California ACEP said legislators and regulators must take action to improve access to care by continuing recent efforts to increase mental health funding and by improving Medi-Cal reimbursement rates so patients can see a physician before their conditions deteriorate and they end up in the emergency room.

While California received failing marks for access to care, it also received a C+ in “medical liability environment” on the report card.

California's emergency physicians face high medical liability insurance premiums, approximately \$39,135 on average and no additional liability protection for Emergency Medical Treatment and Labor Act-mandated emergency care.

California also may face an attack on the California Medical Injury Compensation Reform Act through a ballot initiative that would make it easier to file meritless health care lawsuits, increase health care costs and further reduce access to care.

Weakening the reform act could have a disastrous impact on the emergency care safety net. Without the protections of MICRA, physician malpractice premiums will skyrocket once again. The financial pressures on emergency physicians- who are independent contractors, not hospital employees – are immense, according to California ACEP.

*“Higher malpractice premiums translates to fewer dollars for direct patient care – fewer emergency physicians per shift, and longer wait times for all patients who walk into an ER to get care,” noted Dr. Sugarman, “Without MICRA, increased insurance premium costs for emergency physicians threaten the emergency care safety net for all of California’s patients.”*

California ACEP has long argued that California's emergency room crisis can't be ignored.

*The group said that if everyone assumes these problems will take care of themselves, that there will always be an open emergency room when they need one, “the safety net will continue to unravel to the point where the nearest emergency room might be an hour away instead of five minutes – and that will be the difference between life and death.”*

California ACEP is a not-for-profit association representing California's emergency physicians, who see and treat all Californians regardless of their ability to pay, providing more than 11 million emergency care visits each year.

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## **California Healthline California Gets Low Marks for Emergency Health Care**

<http://www.californiahealthline.org/articles/2014/1/21/california-gets-low-marks-for-emergency-health-care?view=print>

California is struggling to provide adequate emergency care, according to a report card released by the American College of Emergency Physicians, the *Sacramento Business Journal* reports (Robertson, *Sacramento Business Journal*, 1/16).

### **Details of Report Card**

The state-by-state report card was based on 136 measures in five categories:

- Access to emergency care, which accounted for 30% of the overall grade;
- Quality and patient safety, which accounted for 20%;
- Medical liability environment, which accounted for 20%;
- Public health and injury prevention, which accounted for 15%; and
- Disaster preparedness, which accounted for 15%.

The U.S. scored an overall grade of D+ for 2014, down from C- in 2009 (ACEP release, 1/16).

## Details of California's Grades

California received an overall grade of C- for its emergency care environment, compared with a D+ in 2009.

Overall, California ranked 23rd in the nation, up from its ranking of 37th in 2009 (*Sacramento Business Journal*, 1/16).

Meanwhile, the state was given an F grade for access to emergency care. The failing grade was based on:

- Shortages of orthopedists, hand surgeons and registered nurses;
- A below-average number of trauma centers;
- An inadequate number of inpatient hospital beds; and
- The lowest ratio of emergency departments per person in the U.S. (ACEP release, 1/16).

The report also gave California grades of:

- B+ in public health and injury prevention;
- C+ in medical liability environment;
- C- in quality and patient safety environment; and
- C- in disaster preparedness (*Sacramento Business Journal*, 1/16).

## Recommendations

The report recommends that California:

- Address the gap in medical facilities, financial barriers to care and long ED wait times;
- Develop additional statewide disaster preparedness systems and procedures, such as a statewide patient tracking system;
- Enhance the state medical liability environment, including creating pretrial screening panels or case certification (ACEP report, 1/16).

## Reaction

*In a release, Thomas Sugarman, president of the California chapter of ACEP, said the group was "not surprised" that the state received a failing grade for access to emergency care.*

*"The fact of the matter is that when you repeatedly slash Medi-Cal reimbursement, physicians won't participate in the program and patients are left with nowhere to go but the ER" Sugarman said (*Sacramento Business Journal*, 1/16).*

*He added, "California's emergency departments are overcrowded, and people are waiting more than five hours for care ... For a state rich in so many things, we are poor in our ability to deliver care to emergency patients. [T]he best medicine in the world can't help you if you can't get to it in a timely manner" (ACEP release, 1/16).*

## Elko Daily Free Press

### Medical group ranks Nevada worst state for access to emergency care

[http://elkodaily.com/news/opinion/medical-group-ranks-nevada-worst-state-for-access-to-emergency/article\\_6833d55e-8250-11e3-bf5a-001a4bcf887a.html](http://elkodaily.com/news/opinion/medical-group-ranks-nevada-worst-state-for-access-to-emergency/article_6833d55e-8250-11e3-bf5a-001a4bcf887a.html)

WASHINGTON — Nevada ranked among the top five states in the nation for disaster preparedness, but faces severe shortages of medical specialists, contributing to an overall D+ in the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency care environment.

*“Nevada has made significant progress in preparing for disasters, and we have a strong medical liability environment, but we don't have enough emergency departments, and emergency patients are waiting too long,” said Dr. Mette Adkisson, president of the Nevada Chapter of ACEP. “Our state has the smallest nursing population in the country, and our medical workforce shortages are threatening everyone's access to emergency care.”*

Nevada has high rates of uninsured patients and only 8.7 emergency departments per 1 million people, compared with an average of 18.9 per 1 million nationally. The median time from emergency department arrival to departure for admitted patients was 337 minutes or 5.6 hours. According to the Report Card, the state also has only 605.5 registered nurses per 100,000 people.

The state has increased the proportion of counties with enhanced 911 capabilities, but Nevada still lags far behind the national average, contributing to its failing grade in the category of Quality and Patient Safety Environment.

According to the Report Card, Nevada does not have field triage protocols or guidelines for emergency medical services response or a uniform system for pre-arrival instructions. The state also has failed to implement destination policies that let EMS teams bypass local hospitals to transport certain patients to a hospital specialty care center, despite having one of the highest rates of accredited chest pain centers in the country.

Nevada made significant progress in the area of Disaster Preparedness, receiving a B, ranking fifth in the nation. The state has implemented a number of policies and practices that have helped make this grade one of the best in the country. For example, Nevada ranks first in the nation in the proportion of registered nurses who received disaster preparedness training (57 percent).

Nevada received a D+ in Public Health and Injury Prevention related to having the worst child immunization rate in the nation (66.7 percent). In addition the state ranked 50th in the nation for influenza vaccination among the elderly (53.7 percent) and has some of the highest rates of homicides, suicides and unintentional poisoning-related deaths.

The Report Card's recommendations for improvement include:

- Increase emergency care resources and recruit and retain more medical providers in the state.
- Promote child immunization and elderly influenza vaccination.
- Maintain current medical liability protections and consider adding protections for medical care mandated by the Emergency Medical Treatment and Labor Act.

## ACEP Gives Indiana Emergency Medicine D+

By Mike Corbin

<http://www.wibc.com/news/story.aspx?ID=2111911>

*Indianapolis-based Spokesperson Dr. Lindsay Weaver says "the state" of emergency medicine is "sick" and stuck in a "vicious cycle." The ACEP gave both the nation and Indiana emergency rooms a D+. Weaver says the grade is not about the service provided by emergency rooms, but rather focuses on things like access to care, quality and patient safety, disaster preparedness and other factors that impact the conditions under which emergency rooms function.*

*She says despite challenges, most "E-Rs" are doing well. Weaver says the [Affordable Care Act](#) will likely significantly increase the patient load of emergency rooms. However, she says there won't be enough personnel - namely [doctors](#) - to care for them. Weaver says the shortage creates and "vicious cycle" that needs considerable resolution. Weaver says emergency rooms can provide primary care to patients, but it's almost always best that people have access to primary care doctors.*

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## The News Tribune

### Group says state's bad for emergencies

By Rob Carson

<http://www.thenewstribune.com/2014/01/17/2998296/group-says-states-bad-for-emergencies.html>

The environment in Washington state for providing [emergency medical care](#) is bad and getting worse, according to a national lobbying group representing America's emergency physicians.

The American College of Emergency Physicians gave Washington a D+ grade on its annual state-by-state "report card" ranking, released Thursday. Washington's barely passing grade dropped it to 35th place in the country, down from 19th place in 2009.

The ranking is an attempt to evaluate conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers, according to the ACEP.

The organization's goals are in part political. For example, 20 percent of each state's grade was based on its willingness to establish a medical liability cap – a contentious issue between [doctors](#) and lawyers.

Washington received an F in that category. The state could improve its grade by passing a medical liability cap on noneconomic damages, the ACEP said, and by offering special liability protections for federally mandated medical care provided in emergency departments.

Washington also received a failing grade in Disaster Preparedness, which the ACEP said reflects a drop in per-capita spending on disaster preparedness to \$5.31 from \$7.09 since 2009, and in Access to Emergency Care, in part because of a lack of resources and inpatient capacity for mental health patients.

The ACEP advocates more public spending on hospital infrastructure.

Washington ranked in the top 10 states in the remaining two categories: Public Health and Injury Prevention and Quality and Patient Safety.

“Washington is a leader in quality initiatives, such as triage guidelines for heart attack, trauma and stroke patients,” the report stated. “It also has a strong [prescription drug](#) monitoring program and continues to fund quality improvement efforts within the emergency medical services system.”

The ACEP awarded no A grades in its ranking this year and gave the country as a whole an overall grade of C minus.

Washington, D.C., and Massachusetts came out best in the rankings; Wyoming and Arkansas were the worst.

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### **Aledo Times Record**

#### **Illinois Drops from 27th to 45th Place for its Lack of Support for Emergency Patients**

<http://www.aledotimesrecord.com/article/20140116/NEWS/140119451>

WASHINGTON — Illinois ranked near the bottom of the nation at 45th place with a D in the 2014 American College of Emergency Physicians’ (ACEP) state-by-state report card on America’s emergency care environment (“Report Card”). It’s a striking decline from the 27th place and grade C it received in 2009. *“Illinois’ failing grade in the Disaster Preparedness category is a call to action,” said Dr. Edward Ward, president of the Illinois Chapter of ACEP. “Our policymakers must focus on raising our disaster preparedness efforts to achieve the gold standard set by Boston after the Marathon bombing.”*

Illinois 43rd in the nation in the category of Disaster Preparedness, reflecting that the state has not kept pace with other states’ efforts to update their disaster policies and procedures. According to the Report Card, to improve this grade, Illinois should work to increase the per capita number of physicians, nurses and behavioral health professionals registered in the Emergency System for Advance Registration of Volunteer Health Professionals, which are currently among the lowest in the nation. In addition, improvements in the state’s medical liability environment are recommended to encourage more participation in this disaster response registry.

Illinois’ best grade was a C+ in the category of Quality and Patient Safety Environment. The state’s strengths in this area include a prescription drug monitoring program and a statewide trauma registry. In addition, Illinois is currently adopting new trauma triage guidelines for pre-hospital and trauma center activation.

The D+ Illinois received in the category of Public Health and Injury Prevention reflects high rates of chronic disease and illness, very low rates of immunization and a high rate of binge drinking among adults. By contrast, the state’s strong child safety seat and seatbelt laws have resulted in one of the lowest rates of traffic fatalities in the country.

Illinois moved up the ranks from 39th to 24th in the category of Access to Emergency Care, but still only received a D. The state increased the number of emergency physicians, neurosurgeons, plastic surgeons and nurses since 2009, but dwindling Medicaid reimbursement rates threaten access to care for the state’s Medicaid patients. To improve access to primary care for these patients, Illinois policymakers must increase Medicaid payments.

The state’s failing grade for Medical Liability Environment, for which it was ranked 50th in the nation, is largely due to significant setbacks that left Illinois virtually without medical liability reforms in place to discourage frivolous lawsuits. Average insurance premiums for primary care physicians are the second highest in the nation.

*“Our state continues to be a medico-legally difficult environment for medical professionals which increases the risk of our losing qualified physicians and medical professionals to other states” said Dr. Ward. “This threatens access to care for our patients in Illinois every day but especially during a mass casualty event.”*

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**KARE 11****Emergency Care Report Card: Minnesota Scores a 'C' Grade**

<http://www.kare11.com/story/news/2014/01/17/emergencyreportcard/4567783/>

WASHINGTON - A new report released by the American College of Emergency Physicians (ACEP) shows that support for hospitals and emergency room patients is deteriorating.

"America's Emergency Care Environment: A State-by-State Report Card" forecasts an expanding role of emergency departments under President Obama's Affordable Care Act and the harmful effects wrought by the competing pressures of shrinking resources and increasing demand.

The state-by-state analysis finds that Minnesota scores a C grade overall.

The Report Card grades across five categories: access to emergency care, quality and patient safety, medical liability environment, public health and injury prevention and disaster preparedness.

*Dr. Alex Rosenau, President, American College of Emergency Physicians, spoke with KARE 11 Sunrise about the results of the report and Minnesota's ranking.*

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**Boston Magazine****Massachusetts Ranks Second in Emergency Hospital Support Care**

By Melissa Malamut

<http://www.bostonmagazine.com/health/blog/2014/01/16/massachusetts-ranks-second-emergency-care/>

The American College of Emergency Physicians released the new rankings Thursday.

Between 1993 and 2003, the number of visits to emergency departments increased 26 percent (90.3 million to 113.9 million), yet during that same time period, the number of hospital emergency departments decreased by 14.1 percent, which resulted in dramatic increases in patient volumes and waiting times, according to the Centers for Disease Control and Prevention. Even worse, the American College of Emergency Physicians (ACEP) reports that the national "report card" grade for the emergency care support system operates at a D+. This is a worse than the C- earned in 2009, the last time the rankings were published.

Massachusetts had the second highest scores behind the District of Columbia, but the Commonwealth actually dropped in its grade. In 2009, the state earned a B. In the new rankings, it's a B-. Massachusetts did really well, the best in the nation, in fact, when it comes to public health and injury prevention:

Notably, Massachusetts has the lowest rate of homicide and suicide (11.2 per 100,000 people) in the nation and one of the lowest rates of fire- and burn-related deaths (0.5 per 100,000). The state has high rates of vaccinations for both children and older adults and low rates of chronic disease risk factors among adults, such as smoking (18.2%) and obesity (22.7%).

The state also scored high in the categories of "quality and patient safety" and "access to emergency care." The areas where the ACEP found us to be lagging behind other states was in "medical liability environment" and "disaster preparedness." Now, before everyone points out the effective and amazing response after the Marathon bombings, note that these rankings are based on the entire state. The ACEP based this low rating on the fact that the Commonwealth has the lowest bed surge capacities in the nation (248.6 beds for every 1 million people). Massachusetts also has a relatively low capacity of intensive care unit beds (248.4 per 1 million people).

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## The Wire

### America Gets a D+ for Emergency Care. (D. Plus.)

By Danielle Wiener-Bronner

<http://www.thewire.com/national/2014/01/america-got-d-emergency-care/357103/>

America gets a barely-passing grade on overall emergency care, according to a report card issued the American College of Emergency Physicians (ACEP), which is pretty terrifying for those of us who live here and don't want to die in an emergency.

The overall score is a weighted average of the country's grades in five categories:

- Access to Emergency Care (30% towards the total): D-
- Quality & Patient Safety Environment (20% towards the total): C
- Medical Liability Environment (20% towards the total): C -
- Public Health & Injury Prevention (15% towards the total): C
- Disaster Preparedness (15% towards the total): C -

According to ACEP, the categories are "based on 136 objective measures that reflect the most current data available from reliable public sources." ACEP adds that these measures "represent factors vital to life-saving emergency care and meet the key criteria of relevance, reliability, validity, reproducibility, and consistency across all states," which means the U.S. scored a C at best on every meaningful aspect of life-saving emergency care. For context, the D+ score is actually lower than the C- the U.S. scored overall in 2009, the last time the report card was issued.

Though the news overall is somber, some states did see individual improvements. This year, Washington D.C. beat Massachusetts for the top spot overall, and Colorado and Ohio made it into the top ten for the first time. But a number of states also took an unprecedented plunge to the bottom fifth, including Alabama, Montana, Illinois, Alaska and Louisiana. At least those states aren't Wyoming, which got a flat-out F.

In addition to D.C. and Massachusetts, Maine, Nebraska, Colorado, Pennsylvania, Ohio, North Dakota, Utah and Maryland are among the top ten states in emergency care overall. But the gap between best and worst states has increased:

In 2014, the highest grade received is a B- and the lowest grade is an F. Comparatively, 2009 grades ranged from a B to a D-, reflecting a declining trend in overall state grades and contributing to the overall worsening national grade. While four states received grades falling in the range of a B in both Report Cards, the number of states with a C grade has dropped dramatically. That gap is accounted for by the increase in states receiving D's.

CNN notes that more people are seeking emergency care while the supply of emergency care-givers has fallen:

The report also highlighted that there were 130 million emergency department visits, or 247 visits per minute, in 2010, and there were 37.9 million visits related to injury, according to the CDC's National Hospital Ambulatory Medical Care Survey: 2010 Emergency Department Summary. From 1995 to 2010, there was a 34% increase in emergency department visits, according to CDC's data. During this same time period, the supply of emergency departments went down by 11%.

And that the number of people seeking care is only going to grow:

The number of patients visiting emergency departments is likely to increase as baby boomers age and develop more medical problems. And the report projects that with the Affordable Care Act going into effect, millions of people who can't find physicians who accept their insurance, and who were added to Medicaid, will also seek emergency care. A recent study in Science suggested that Medicaid increases the use of emergency departments.

The ACEP authors have issued a number of recommendations designed to alleviate the situation, including protecting access to emergency care, supporting programs that focus on its importance, and allocating federal funds to disaster preparedness. Now the question is, is our government prepared to invest in change?

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### **Times Online**

#### **PA's emergency care ranks 'passing' but not by much**

By Natasha Lindstrom Calkins

[http://www.timesonline.com/news/local\\_news/pa-s-emergency-care-ranks-passing-but-not-by-much/article\\_1b2e745b-d96d-54e2-8963-f2f11d776560.html](http://www.timesonline.com/news/local_news/pa-s-emergency-care-ranks-passing-but-not-by-much/article_1b2e745b-d96d-54e2-8963-f2f11d776560.html)

HARRISBURG — Pennsylvania's access to emergency care improved significantly in the past five years, but the state's disaster preparedness declined sharply over the same period, a new national report card found. (article continued at link)

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### **The Day**

#### **Mixed grades for state's emergency care — Connecticut ranked 15th overall, but some flaws cited in report**

By Judy Benson

<http://www.theday.com/article/20140117/NWS01/301179962/1070>

Connecticut ranked 15th overall, but some flaws cited in report

The state's performance on the 2014 American College of Emergency Physicians' state-by-state report card on emergency department care shows mixed results, with grades in categories ranging from a B+ to a D.

*"Our low rates of fatal injuries and the general good health of our residents are to be commended," Dr. Jorge Otero, president of the Connecticut College of Emergency Physicians, said in a news release Thursday. "However, people are waiting almost six hours for emergency care. The best medicine in the world doesn't help you if you can't get to it in a timely manner."*

Overall, Connecticut ranked 15th among the 50 states, behind North Carolina and New York. First on the list was Washington, D.C., followed by Massachusetts and Maine.

Connecticut's strongest grade, a B+ in the "Public Health and Injury Prevention" category, was achieved due to low rates of accidental firearm-related deaths, accidental poisoning deaths, fatal occupational injuries, homicides, suicides, smoking and obesity, the news release said. The state ranked eighth in that category, behind Maine.

In "Access to Emergency Care," Connecticut earned a C-, 18th nationwide. Wait times are the sixth longest in the country, due in part to having a relatively small number of emergency departments statewide. A high percentage of hospitals in Connecticut use electronic medical records, and the state has implemented a [prescription drug](#) monitoring program, which resulted in a grade of C+ for "Quality and Patient Safety Environment," placing it 18th among the 50 states.

The state ranked in the bottom half of the country for both "Disaster Preparedness," with a C-, and "Medical Liability Environment," with a D. While other states generally have upgraded and improved their ability to respond to disasters, Connecticut has not kept pace with policies and procedures to enhance its ability to respond quickly to a large-scale disaster, the report said. The 32rd place showing for Connecticut in "Medical Liability Environment" is largely due to the extremely high [insurance premiums](#) for physicians. The average premium for primary care physicians is more than \$10,000 higher than the national average.

*"We need significant liability protections in order to retain good physicians here and to discourage defensive medicine," Dr. Otero said. "Connecticut must invest in more hospital infrastructure to ensure that it keeps up with demand for care every day and during disasters."*

The report card evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: "Access to Emergency Care" (30 percent of the grade); "Quality and Patient Safety" (20 percent); "Medical Liability Environment" (20 percent); "Public Health and Injury Prevention" (15 percent); and "Disaster Preparedness," (15 percent). While the nation overall earned a mediocre grade of C- on the Report Card issued in 2009, this year the country received a near-failing grade of D+, according to the news release.

ACEP is the national medical specialty society representing emergency medicine.

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## **Tucson Sentinel**

### **Arizona graded D+ in national report on emergency medical care**

By Whitney Ogden

[http://www.tucson sentinel.com/local/report/011614\\_az\\_health\\_care/arizona-graded-d-national-report-emergency-medical-care/](http://www.tucson sentinel.com/local/report/011614_az_health_care/arizona-graded-d-national-report-emergency-medical-care/)

Arizona got a D+ for the quality of its [emergency medical care](#), but that was the average grade for states on a national report card released Thursday. Arizona's grade on the American College of Emergency Physicians report was unchanged from the last report in 2009, while the national grade fell from C- to an "alarming" D+.

*"Congress and the president must take action and make emergency care a national priority," ACEP President Alex Rosenau said in a conference call Thursday to release the study. "This (report) is an opportunity to improve."*

The report rated states in five areas: access to emergency care, quality of care, the medical liability atmosphere, public health initiatives and disaster preparedness.

Arizona did relatively well for the quality of its emergency care, getting a grade of B- and finishing 14th among states. But it got an F for access to care, ranking 48th. It was not alone: Twenty-one states got an F for their physical and financial access to emergency care.

*"This is alarming," said Jon Mark Hirshon, a professor at University of Maryland's School of Medicine, who presented the report. "We want to make sure people have access to care, and if they don't have access to care, then there's a real problem."*

*Patricia Bayless, president of Arizona College of Emergency Physicians, said the state simply lacks the resources to cope with the demands of a growing population.*

*“It’s kind of like the phrase, ‘If you build it, they will come,’” Bayless said. “Except it’s the opposite for us. The people are already here.”*

*She said one of the biggest problems is the lack of resources for mental health patients in the state.*

*“We need to devote more resources to mental health care,” Bayless said. “There is a severe shortage in beds ... there are patients who wait literally days to get in.”*

*She said the number of doctors and nurses in the state has not kept pace with its population growth since 2009, which explains the state’s stagnant overall grade. With demand growing and resources shrinking, she said, many people are forced to wait days for care.*

*Bayless noted that while there are more medical students in Arizona today, it will take years before they will be able to treat people.*

*“The number of medical students in the state has increased exponentially in the last 10 years,” she said. “But then you add on four more years of med school, and three more years of training ... and they have all these years of training and they aren’t through the pipeline yet.”*

*In the meantime, she said, there needs to be an increase in funding to train those doctors and nurses – a greater number of healthcare providers generally will help relieve pressure on emergency rooms, she said.*

*Rosenau said that because emergency medical care is such a critical part of the healthcare system, the nation needs to focus on building those resources and improving the opportunity to receive care.*

*“The nation’s emergency departments are being unsupported by government policy,” said Rosenau, who said that “lives are at stake.”*

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## **Clinical Psychiatry News**

### **United State earns D+ on support for emergency care**

By Mary Ellen Schneider

<http://www.clinicalpsychiatrynews.com/single-view/united-states-earns-d-on-support-for-emergency-care/78e5620bbb4713ca47d82ae1c4fbadba.html>

State and federal lawmakers are doing a dismal job of supporting the nation’s emergency departments, creating poor access to emergency care, a volatile medical liability environment, and providing insufficient resources for disaster preparedness, according to a national and state-level report card from the American College of Emergency Physicians.

The organization gave the nation an overall grade of D+ for its policies on emergency care.

The report does not address the quality of care provided directly by emergency physicians and other providers.

The emergency care environment has worsened over the last few years, ACEP found. In 2009, the last time the college issued a report card, the U.S. earned an overall grade of C-. The lower grade this year is due in part to state-level funding cuts for emergency departments.

*"This report card is sounding an alarm. Rhetoric and policy for the past several years has focused primarily on preventing emergency visits. Is it any surprise that our national grade has dropped to a D+?" said Dr. Alex Rosenau, president of the American College of Emergency Physicians.*

*The report card is also a call to action for Congress and the president, Dr. Rosenau said, because the Affordable Care Act is likely to put an even greater strain on struggling emergency departments.*

*EDs can expect an influx of patients as millions of Americans are insured for the first time, said Dr. Rosenau, senior vice chair of emergency medicine at Lehigh Valley Health Network in Allentown, Pa. Primary care physician shortages – combined with low Medicaid payments – mean that the ED is likely to be the main source of care for many of these newly insured patients, he said.*

*"More patients are coming," he said. "We want to be ready."*

The report card scores the measures related to access to emergency care, quality and patient safety, the medical liability environment, public health and injury prevention, and disaster preparedness. An ACEP task force analyzed data from the Centers for Disease Control and Prevention, the National Highway Traffic Safety Administration, the Centers for Medicare and Medicaid Services, and the American Medical Association.

The nation's lowest grade was for access to emergency care (D–), which examines the number of emergency physicians, access to treatment centers, financial barriers, and hospital capacity. The poor grade reflects recent hospital closures, coupled with the growing shortage of psychiatric care beds and hospital inpatient beds.

In the area of quality and patient safety, which measures the implementation of triage policies, as well as the use of computerized practitioner order entry, the U.S. received a C.

The United States received a C– in the area of medical liability, which examines state tort reform efforts and the general legal atmosphere for physicians.

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## **Arizona Republic**

### **Arizona scored D+ on a physician group's state-by-state report card grading the nation's emergency-care policies and systems.**

By Ken Alltucker

Thu Jan 16, 2014 10:20 PM

<http://www.azcentral.com/news/arizona/articles/20140117ariz-emergency-care-scores-low-report.html>

The American College of Emergency Physicians gave Arizona the same grade in its last report, issued in 2009, even though the state has made strides in such categories as emergency-room capacity and the number of registered nurses per 100,000 population. Arizona's mark was on par with the nation's overall grade of D+.

*"We're interested in better outcomes for the people of Arizona," said Nicholas Vasquez, past president of the group's Arizona chapter and an emergency-room physician in Gilbert.*

The report evaluated five areas to gauge how well the state's policies and resources contribute to overall emergency care: access to emergency care, medical liability, quality and patient safety, public health and injury prevention and disaster preparedness.

Arizona's best grade was a B- for quality and patient safety, which included a top-10 ranking for cardiac care. The state's lowest mark was an F for access to emergency care, which measured 30 areas such as emergency-room staffing, average emergency-room wait times and reimbursement from Medicaid, the government's health-insurance program for low-income earners and disabled people.

In 2009, the group highlighted two areas in which Arizona scored well below the national average: the number of registered nurses and the number of emergency rooms. Even though the state improved in both those measures over the past five years, it was not enough for the group to award a higher grade.

Patricia Bayless, president of the group's Arizona chapter, said the state still faces a shortage of doctors, registered nurses and other medical providers. She also said the state needs more mental-health inpatient beds and services for behavioral health and substance-abuse treatment.

The group recommended Arizona fund graduate medical education for residency slots to train doctors and specialists. Studies suggest that doctors who train in a community are more likely to pursue a career in that area.

Arizona has seen rapid growth in the number of medical students at expanding medical schools such as the University of Arizona College of Medicine-Phoenix and Midwestern University in Glendale.

Those medical students often must travel out of state after graduating to complete medical residency training. The state pared funding for graduate medical education during the Great Recession.

*"We're hoping out of this report that leaders know the vital role that graduate medical education plays," Vasquez said. "We've missed out on that opportunity" to fund residency slots.*

The report also examined how a state's health policies contribute to a need for emergency care. Arizona, for example, does not require motorcyclists to wear a helmet, which could create more demand for emergency room specialists such as neurosurgeons, Vasquez said.

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**Baltimore Sun**  
**Maryland ranks above average for emergency care**

January 17, 2014

<http://www.baltimoresun.com/health/blog/bal-maryland-emergency-care,0,885745.story>

Maryland was ranked 10th among the states for its emergency medical services, according to a new assessment by the American College of Emergency Physicians.

The state got an overall ranking of a C, better than the national grade of D+. And the emergency system got top ranking for the category focused on quality and patient safety.

That was largely based on protocols established by the state's unique management system, Maryland Institute for Emergency Medical Services Systems, for how emergency and trauma care is triaged and where patients are taken.

Other categories included access to emergency care, the medical liability, public health and injury prevention and disaster preparedness.

Washington, D.C. had the highest ranked overall system, followed by Massachusetts and Maine. The worst performers were Wyoming, Arkansas and New Mexico

The group does the rankings to draw attention to the need for emergency services. In 2010, there were 130 million emergency department visits across the country, up more than a third from 1995.

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**CBS News (New York)**  
**New York Gets Poor Grade For Its Emergency Rooms**

January 16, 2014

NEW YORK (CBSNewYork) —

<http://newyork.cbslocal.com/2014/01/16/new-york-gets-poor-grade-for-its-emergency-rooms/>

When it comes to emergency rooms, New York tied for 13th place in a state-by-state ranking Thursday.

As 1010 WINS' Carol D'Auria reported, the average waiting time to be seen and treated in an emergency room in any part of the state is more than six hours.

The overall grade for New York is a C, D'Auria reported.

*Dr. Robert Glatter, spokesman for the American College of Emergency Physicians said that the Affordable Care Act will likely negatively impact emergency rooms.*

*"We haven't seen the data yet, but, there's a concern among many emergency medical personnel – physicians, nurses – that there will be an increase in the number of patients coming that are newly insured," Glatter said. So what can be done to improve emergency rooms? Glatter told D'Auria that emergency departments need more money and more physicians.*

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**Chicago Tribune**  
**Study ranks Illinois 45<sup>th</sup>**

January 16, 2014

<http://www.chicagotribune.com/business/breaking/chi-illinois-45th-in-emergency-care-20140116,0,1355455.story>

An updated national report on emergency medical care awarded Illinois two "F" grades for its lack of protection for doctors against malpractice suits and poor disaster preparedness, dropping the state's ranking to 45th in the nation for supporting emergency care.

The America's Emergency Care Environment report card, released Thursday by the American College of Emergency Physicians, called the medical liability environment in the state "the most pressing problem" facing emergency care in the state. Illinois, it noted, has the second-highest average malpractice award payments in the nation at nearly \$600,000.

The report, which tracked 136 measures from sources including the U.S. Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services, ranked Illinois 50th in the nation for medical liability, citing its "reputation as a litigation environment unfavorable to defendants and prone to excessive verdicts."

Illinois' lack of medical liability reforms threaten its ability to retain its most qualified doctors and medical professionals to other states where there are more protections against "frivolous lawsuits," the report concluded.

The state also failed to keep pace with other states in improving disaster preparedness, dropping to 43rd in the nation from 9th in 2009. The report urged Illinois to increase the number of its health care professionals who participate in a disaster response registry.

*"Our state continues to be a ... difficult environment for medical professionals which increases the risk of our losing qualified physicians and medical professionals to other states," said Dr. Edward Ward, president of the Illinois Chapter of the emergency doctors' group. "This threatens access to care for our patients in Illinois every day but especially during a mass casualty event."*

Between the 2009 and 2014 reports, the state improved its access to emergency care by adding emergency doctors, specialists and registered nurses. It also has better-than-average health insurance coverage for children, with just 6.2 percent of those age 18 and under without insurance.

On average, Illinoisans who were admitted into the hospital after visiting an emergency room waited just short of four and a half hours from the time they arrived in the ER to the time they left it, the report said.

The state also fared better in quality and patient safety, with strengths that include a prescription drug monitoring program and a statewide trauma registry.

To compile the report card, the emergency doctors' group looked at access to emergency care, whether it was delivered in a safe and high-quality manner, medical liability environment, public health and injury prevention programs, and disaster preparedness.

Illinois earned a C+ in quality and patient safety, a D for access to emergency care and a D+ for public health and injury prevention.

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### **Raleigh News & Observer**

#### **NC grade for supporting emergency medicine rises, but just to a C**

January 18, 2014

<http://www.newsobserver.com/2014/01/18/3544695/nc-grade-for-supporting-emergency.html>

RALEIGH — North Carolina earned a C in a state-by-state report card on the nation's emergency care environment released last week by the American College of Emergency Physicians, and it rated particularly poorly in access to emergency care.

The report cited reasons including too few emergency departments and not enough staffed in-patient hospital beds for giving a D grade in access to emergency care, and several emergency room physicians from across the state agreed.

One measure cited in the report is the 312 minutes that it takes, on average, for a patient who comes in first to the emergency room to be given a bed elsewhere and moved out of the emergency department. That's an unusually lengthy wait and means that emergency rooms can get clogged with patients waiting to be moved elsewhere.

*Often that's because there is a shortage of beds and a high occupancy rate in the state's hospitals, said Dr. Greg Cannon of Wake Emergency Physicians in Raleigh.*

*"That means they're taking up a bed in the emergency department, and meanwhile more patients are still coming in, and it's difficult to take care of those patients and you're putting them in hallways and so forth, because beds are already occupied," he said. "It's a big problem in many states, and it's certainly a problem in this state, and something we deal with every day in a lot of the emergency departments of the state."*

The report cards, which were last issued in 2009, aren't meant to reflect on how well or poorly patients are treated in local emergency rooms, but rather the quality of support in the state, via its policies, for emergency medicine.

The state's overall grade was a slight improvement from that of five years ago. That resulted in a sharp jump in its rankings against other states, from 32nd to a tie for 13th in the nation. Most of that improvement in ranking was based on a leap from an F to a C in the report card's ranking for medical liability. In 2011, state lawmakers made it harder to sue for medical malpractice and placed a \$500,000 cap on non-economic damages for medical liability awards.

A's were hard to come by. The nation as a whole slid from a C- in 2009 to a D+.

There are several areas where state officials could help North Carolina improve its grade, said several doctors, including encouraging more physicians to accept Medicaid and Medicare, protecting hospitals that may be at risk of closing, reversing the slide in the number of beds for psychiatric care and making sure more hospital staff are properly trained for handling major disasters. Only about a third of the registered nurses in North Carolina have been trained in emergency preparedness, compared with about 40 percent nationally.

*“Right now, the number of physicians who accept Medicare is only 2.5 per 100 Medicare beneficiaries,” said Dr. Matt Sullivan, an emergency physician with Carolinas Medical Center in Charlotte. “That’s abysmally low, and if patients can’t get in to see their primary care physicians, particularly as our population ages, it’s going to overwhelm our emergency safety net.”*

*“And from a safety perspective, the state is going to have to address mental health. The number of mental health beds has dropped drastically, and unfortunately it means that the dominant care for psychiatric patients falls to emergency departments with no place to put them.”*

The bright spot in the report card was in the state’s environment for quality and patient safety. North Carolina got an A- and was ranked fourth-best in the nation. That grade was bolstered in part by an effective program for monitoring prescription drugs and by the fact 97 percent of the state’s hospitals now have electronic records.

*“Despite the fact that there is not a lot of state support for some of the issues the report card talks about, our physicians and our nurses and providers are providing high quality care,” Sullivan said. “So, we have the right people around the table. We just need the right support.”*

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## **Oregon Public Broadcasting**

**Report: Oregon's Emergency Rooms Improve From 47th In The Nation To 32nd**

**Listen:** <https://soundcloud.com/opb/012014kfvergradessp-1>

<http://www.opb.org/news/article/oregons-emergency-room-improve-from-47th-in-the-nation-to-32nd/>

Oregon’s Emergency Rooms are improving, but they still rank 32rd in the nation according to a report by the American College of Emergency Physicians.

The report grades emergency rooms on everything from the quality of care, to prevention activities and disaster preparedness.

In 2009 the study ranked Oregon 47th, prompting Governor John Kitzhaber to put together a task force. The chair, Doctor John Moorehead, says he’s pleased the state’s rank improved and Oregon’s score went from a D to a D-plus.

But he said, overall this report presented a mixed bag, “We have great motorcycle helmet laws, traffic safety laws. We’ve actually shown a slight improvement in most of these areas. But we still have a failing grade in access to emergency care. In fact we received an F grade, one of the lowest in the country.”

The state has a high percentage of children covered by health insurance. But the study says that many children in Oregon are still under-insured, and so their their parents often cite high costs as a barrier to care.

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## **Seattle Times**

## **Emergency doctors' report faults Washington State**

Washington state ranks at the bottom of the country in mental-health- treatment beds and disaster preparedness, according to a new report from the American College of Emergency Physicians.

January 16, 2014

[http://seattletimes.com/html/localnews/2022688995\\_erreportcardxml.html](http://seattletimes.com/html/localnews/2022688995_erreportcardxml.html)

Washington trails all but two other states in providing hospital beds for mentally ill patients, according to a report released Thursday.

The state is also among the least prepared for a public-health disaster, but it does lead the country in high seat-belt use and low infant-mortality rates, according to the far-ranging Report Card on Emergency Care Environment by the American College of Emergency Physicians.

Overall, Washington placed 35th out of 51 (the District of Columbia is included), earning a D+ on a scale that also gave the United States as a whole a D+.

The last time the report card came out, in 2009, Washington ranked 19th and earned a C.

The state-by-state comparisons in the irregularly published analysis of 136 metrics are widely cited by officials, despite being produced by emergency physicians with a vested interest in more resources going toward emergency care.

*“Washington state did it again — we failed rather miserably,” said Nathan Schlicher, an ER doctor and former state senator.*

“Work to do”

Schlicher and others said they were especially concerned about Washington state’s low ranking on mental-health-treatment beds and disaster preparedness.

The report found Washington has 8.3 hospital psychiatric-care beds for every 100,000 people — 49th in the country. The ranking was a smidgen better than 2009, when Washington ranked last, but that was only because Colorado and New Mexico lost beds while Washington’s per capita bed number was virtually unchanged from 2009. This year, the national average was 26.1 beds per 100,000 residents. The highest three states each had 50 or more.

The Seattle Times reported in October that a lack of beds was causing thousands of mentally ill residents who had been involuntarily detained to languish for hours or days in hospital emergency rooms before getting treatment.

“It feels like the mental-health population has just been sort of shoved to the side, that there hasn’t been a commitment to it,” said state Rep. Tami Green, a Lakewood (Pierce County) Democrat and psychiatric nurse, in an interview Wednesday.

The chairman of the state Senate committee overseeing mental health, University Place Republican Sen. Steve O’Ban, said the new report “tells us we’ve got work to do.”

Stephen Marshall, a former president of the state chapter of the American College of Emergency Physicians, said the group’s priority will be to use the report to lobby for more psychiatric beds.

More communication needed

But also disturbing, officials said, was the disaster-preparedness section.

Washington ranked 50th in that section, plummeting from 33rd in 2009.

The report said the state has been spending less on preparedness and “lacks many policies and procedures that ensure that medically vulnerable patients receive care in a disaster and that help coordinate responses between different responders.”

Rep. Roger Goodman, chairman of the state House Public Safety Committee, said he was not surprised the state ranking fell.

“I’ve been saying for years that we’re not prepared for the big one,” said Goodman, D-Kirkland. He added that a major earthquake has been waiting 300 years to happen, “and we need to invest a lot in making sure that the essential services, hospitals, schools, other public agencies can communicate.”

Goodman said top-notch communication systems costs tens of millions of dollars and he can’t get colleagues on board because “people don’t care about emergencies or disasters because they’re not right in front of them.

“The bridge isn’t a problem until it falls down,” he said.

The report also faulted Washington for not doing as much as other states to protect doctors from lawsuits.

Some good grades

But the report did list several things the state is doing well. In particular, Washington earned an A- for public health and injury prevention, the fifth highest grade in the country. The state’s 97.5 percent seat-belt-usage rate topped the country, its infant-mortality rate of 4.5 deaths per 1,000 live births ranked sixth and only 17.5 percent of adults are current smokers, according to the report.

Washington also has above-average patient-care procedures, protocols and triage guidelines and “a strong prescription-drug monitoring program,” according to the report.

*Stephen Anderson, another past president of the state group, said the good news should not be overlooked.*

*“We’re the national standard for doing things good and doing things right in certain areas,” he said.*

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## **New Jersey Star Ledger**

### **N.J. Policies on emergency room care fail to make the grade**

January 16, 2014

[http://www.nj.com/news/index.ssf/2014/01/nj\\_emergency\\_rooms.html](http://www.nj.com/news/index.ssf/2014/01/nj_emergency_rooms.html)

New Jersey gets a D+ on a national report card that grades state policies on emergency room care.

The report card, issued yesterday by the American College of Emergency Physicians, cited long wait times and a hostile legal liability climate as factors pulling down the state's overall grade.

New Jersey received two Fs, two C+s, and a B in the five categories, ranking the state 30th nationally in how well states' laws and legislators support emergency care for residents. The state dropped 13 places in national rankings since the last report card in 2009.

The report card does not grade the quality of medical care patients receive in emergency rooms, only a state's policies and conditions that impact care.

The best grade -- a B -- was in the category of public health and injury protection. The two C+ grades were in the categories of "quality and patient safety environment" and disaster preparedness, while the flunking grades were in medical liability for ER physicians and overall access to emergency care.

That last category reflects the below-average number of ER physicians available, and "extremely high" ER wait times.

*Two factors -- low Medicaid reimbursement rates and little protection from malpractice lawsuits -- combine to make specialists think twice before agreeing to be on call for emergency work, said David Adinero, president of the New Jersey chapter of the group and chief of adult emergency services at St. Joseph's Regional Medical Center in Paterson.*

That, in turn, means patients sometimes have to wait longer to see a specialist.

*"There shouldn't be major disincentives for specialists to participate in an ER call," he said. Given current conditions, however, "it's harder and harder for hospitals to keep a full panel of on-call physicians," he said.*

Another factor is the supply of hospital beds to which emergency room patients can be admitted. The state has one of the highest hospital occupancy rates, while it has a below-average number of inpatient beds relative to the population.

That supply-and-demand crunch results in an average time of almost six hours from the time a patient arrives at the ER to the time he or she is admitted. (The median wait time for patients who are treated but not admitted was not included in the report.)

That means New Jersey ranks 47th nationally in ER wait times.

New Jersey isn't one of the states characterized by the report as a "judicial hellhole," a term it took from the American Tort Reform Association. (New Jersey ranks in the middle on its "hellhole" scale.) Yet its laws give no consideration to the difficulty of an ER physician who has to treat a patient he or she has never met, in emergency conditions.

By contrast, Florida laws allow its courts to distinguish between emergency care and care provided by a doctor with whom a patient has an ongoing relationship, Adinero said.

Three of the two dozen components in determining the state's "F" grade for "medical liability environment" are its number of lawyers per capita, the ratio of lawyers to physicians, and the number of lawyers to emergency physicians.

Henry D. McEnroe, president of the Trial Attorneys of New Jersey, said his group declined to comment on the report other than to say it "completely disagrees with the characterization of the New Jersey judiciary" implied in the report card.

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**San Antonio Express**

**You Really Don't Want To Have An Emergency In These States [MAP]**

<http://www.mysanantonio.com/default/article/You-Really-Don-t-Want-To-Have-An-Emergency-In-5150611.php>

January 16, 2014

Emergency rooms in the United States are not equipped to handle the amount of patients that have come to rely on them, and the system as a whole is wavering.

The American College of Emergency Physicians gave the U.S. a D+ in emergency care, but some states fared worse than others.

The map below shows how each state did. None of them were good enough to get an A, and Wyoming is completely failing with an F.

The majority of states are barely getting by with D's and C's. You can read more about the findings of the report [here](#).

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CNN

**Support for nation's emergency medical care gets D-plus**

**By Elizabeth Landau, CNN**

**January 16, 2014**

[http://www.cnn.com/2014/01/16/health/emergency-medical-report-card/index.html?hpt=he\\_c2](http://www.cnn.com/2014/01/16/health/emergency-medical-report-card/index.html?hpt=he_c2)

(CNN) -- Sorry, America: Support for emergency care patients barely receives a passing grade and needs extra help, according to a new report.

The American College of Emergency Physicians, a national medical specialty society, issued a "report card" assessing the country's emergency medical services. As a whole, the United States got a measly D-plus.

*"This report card is saying: The nation's policies are failing to support emergency patients," Alexander Rosenau, president of the American College of Emergency Physicians, said Thursday.*

*The report does not single out any physicians or hospitals but shows how well states and the federal government are doing in terms of supporting emergency care, said Dr. Jon Mark Hirshon, an emergency physician at the University of Maryland and board member of the American College of Emergency Physicians. Categories included access to care and disaster preparedness, among others.*

The country's emergency care environment has actually worsened since 2009, the last time the organization graded the United States on support for emergency care. Five years ago, the nation received a C-minus.

The American College of Emergency Physicians used 136 measures for grading the states.

The report card rated some categories in 2014 as better than others, nationwide. Quality and patient safety environment got a C; so did public health and injury prevention, and disaster preparedness. The medical liability environment got a C-minus. But access to emergency care scored a dismal D-minus.

*"If I'm in a car crash and they bring me to hospital that's not ready for me, my chances of survival are less," Hirshon said. "So you want a state that has that type of trauma system. And when you look at patient safety, that's one of the components of patient safety."*

Medical liability environment affects your ability to access a specialist in an emergency, Hirshon said. Appropriate physicians may not be available because they are afraid of being on call for patients they don't know for liability reasons, he said.

There have also been trends of physicians migrating from states with high-liability insurance premiums to others where it is not such an issue, such as Texas, Rosenau said.

## Winners and losers by state

In a state-by-state breakdown, grading the 50 states and the District of Columbia on these parameters, the report card found that the District of Columbia leads in emergency care support, with a grade of B-minus. Massachusetts, Maine and Nebraska ranked second, third and fourth, respectively, also getting B-minus. Colorado squeezed into fifth place with a C-plus.

At the bottom of the list: Wyoming got an outright F.

Arkansas got a D-minus; New Mexico, Montana and Kentucky came out with Ds.

Access to emergency care was particularly lacking across many states, the report card said. In this category, 21 states received an F. At the front of the class in this category, with As and Bs, were the District of Columbia, Pennsylvania, Ohio, Massachusetts and Maine.

*"You can have the best medicine in the world, but it won't matter if people can't get to it," Hirshon said.*

Medical liability was good enough in Colorado, Idaho, Kansas and Texas to score those states As, but 10 states got Fs.

Three states got As for policies that support patient safety: Maryland, Pennsylvania, Utah and North Carolina. But 10 states got Fs in this category.

For public health and injury prevention, Hawaii, Massachusetts, Maine, Minnesota, Oregon, Utah and Washington got As. But 28 states got Ds or Fs.

Disaster preparedness was also a big problem, with nearly half of all states receiving Ds or Fs. On the flip side, the District of Columbia and North Dakota aced this category.

## Supply is down, demand is up

The report also highlighted that there were 130 million emergency department visits, or 247 visits per minute, in 2010, and there were 37.9 million visits related to injury, according to the CDC's National Hospital Ambulatory Medical Care Survey: 2010 Emergency Department Summary (PDF).

From 1995 to 2010, there was a 34% increase in emergency department visits, according to CDC's data. During this same time period, the supply of emergency departments went down by 11%.

The number of patients visiting emergency departments is likely to increase as baby boomers age and develop more medical problems. And the report projects that with the Affordable Care Act going into effect, millions of people who can't find physicians who accept their insurance, and who were added to Medicaid, will also seek emergency care. A recent study in Science suggested that Medicaid increases the use of emergency departments.

*"We'll be asked to do more with less resources, which has the potential to impact emergency patients," Hirshon said.*

The report card did not include free-standing emergency departments, as they are new entities and need to be better understood, Hirshon said.

What can be done? The Affordable Care Act calls for a work force commission to examine shortages of physicians and nurses, and the American College of Emergency Physicians wants to see that funded. Graduate medical education funding should also be expanded, Hirshon said.

The physicians group would also like to see enhancements of the Emergency Care Coordination Center in Washington to help with disaster response.

Improvements have been made since the 2009 report card; one state started a new trauma system, while another enhanced medical liability laws.

*"We know that in every single category, there was one state that was able to garner an A on this report card," Rosenau said.*

Those are examples for other states unhappy with their grade, he said.

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### **Fox News/Reuters**

#### **Doctors say pressure on ERs may rise, give US failing grade**

**January 16, 2014/**

<http://www.foxnews.com/health/2014/01/16/doctors-say-pressure-on-ers-may-rise-give-us-failing-grade/>

People seeking urgent medical could face longer wait times and other challenges as demand increases under Obamacare, U.S. emergency doctors said in a report on Thursday that gives the nation's emergency infrastructure a near failing grade.

In its latest "report card," the American College of Emergency Physicians said such reduced access earned the nation a "D+" – that's down from the overall "C-" grade from the group's last report in 2009.

Shortages and reduced hospital capacity make it more difficult to access emergency care, the group said. It also warned about the impact on disaster preparedness.

While the report does not measure the actual quality of care provided, it does offer a snapshot of national and state policies affecting emergency medicine as seen by providers.

Washington, D.C., was ranked the highest in the report, earning a "B-" grade, while Wyoming ranked last and was the only state to earn an overall failing grade of "F."

The group's task force looked at scores of measure in five major categories – access to care, quality and patient safety, liability, injury prevention and disaster preparedness – and relied on data from the Centers for Disease Control and the Centers for Medicare and Medicaid Services, among others.

The report comes just as the Affordable Care Act, known as Obamacare, comes into full effect this year. The 2010 law aims to expand access to health insurance and reduce the nation's healthcare costs, but it has become a political flashpoint amid a troubled rollout of the federal insurance exchange website.

While the physician's report does not factor in all of the effects of the law – its grades are based on data from early 2013 – emergency rooms could be used even more as more Americans gain insurance coverage under Obamacare, it said.

Some health experts have predicted that increasing the number of insured patients should reduce pressure on hospital emergency rooms because access to regular doctor care will improve, something that is hoped would prevent chronic conditions from spiraling out of control or help catch other problems before they worsen.

But insurance coverage could also lead those who might have held off going to the emergency room to seek care, said Jon Mark Hirshon, an emergency medicine doctor and researcher at the University of Maryland who oversaw the group's report card.

Newly insured people also may have a hard time finding a regular doctor who accepts their plan, he said.

*"On top of that, emergency departments are open 24 hours a day, seven days a week. If I have a primary care provider but it's 9 o'clock at night on a Friday and they're closed, then people come to the emergency department," Hirshon told Reuters.*

The group is asking for congressional hearings to probe whether the law puts "additional strains" on emergency rooms.

Already, beds for patients have fallen from a rate of 358 per 100,000 people four years ago to about 330 beds per 100,000 people now, the report said. Wait times have increased to a median of 4.5 hours compared to four hours in 2009.

Despite the dismal U.S. grade given by the group, it noted that policies and infrastructure varied widely by state.

States with the best emergency care include Massachusetts, Maine, Nebraska and Colorado, while Kentucky, Montana, New Mexico and Arizona rounded out the bottom, just above Wyoming. States are also still grappling with the uninsured. By law, hospitals must provide emergency care regardless of patients' ability to pay. Under Obamacare, states can expand access to Medicaid, the federal-state health insurance plan for the poor.

Data shows that Medicaid patients use emergency rooms as much as other insured patients, but several recent studies have shown that Medicaid patients utilize them more than the uninsured. One study this month showed Oregon patients given Medicaid through a lottery increased their emergency room use by 40 percent compared to those not offered Medicaid.

*"We have to be leaner and more efficient, but it just becomes more and more challenging," Hirshon said.*

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#### **ABC World News with Diane Sawyer**

Watch Video: <http://abcnews.go.com/WNT/video/emergency-room-doctors-urgent-warning-wait-times-21565344>

#### **Emergency Room Doctors With an Urgent Warning About Wait Times**

**The nation's ER doctors say the system has become so clogged it could affect urgent health care.**

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#### **CBS News**

#### **US Emergency Care System Gets D+ in New Report**

<http://www.cbsnews.com/news/us-emergency-care-system-gets-d-in-new-report/>

WASHINGTON – People seeking urgent medical care could face longer wait times and other challenges as demand increases under Obamacare, U.S. emergency doctors said in a report on Thursday that gives the nation's emergency infrastructure a near failing grade.

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The group is asking for congressional hearings to probe whether the law puts "additional strains" on emergency rooms.

Play Video

Medicaid-eligible patients more likely to visit emergency rooms, study shows

Already, beds for patients have fallen from a rate of 358 per 100,000 people four years ago to about 330 beds per 100,000 people now, the report said. Wait times have increased to a median of 4.5 hours compared to four hours in 2009. Despite the dismal U.S. grade given by the group, it noted that policies and infrastructure varied widely by state.

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## Health Affairs Blog

### A Call to Arms: Support for Emergency Care Isn't Making the Grade

By Jon Mark Hirshon and Alex Skog

<http://healthaffairs.org/blog/2014/01/16/a-call-to-arms-support-for-emergency-care-isnt-making-the-grade/>

Emergency departments (EDs) play a critical role within the American health care system, delivering life and limb saving care daily to thousands of patients. On January 16th 2014, the American College of Emergency Physicians (ACEP) released America's Emergency Care Environment: A State-by-State Report Card to assess support for emergency care. This Report Card, the third

edition of this report, assesses the current state of the acute care system on both a national and on a state-by-state level. This most recent edition provides an alarming evaluation of the support for the emergency care system in the United States, which is particularly concerning given the current state of change and uncertainty that is pervasive throughout the US with regard to health care.

The ACEP 2014 Report Card uses objective data to track various aspects of the acute care system in order to provide a better understanding of the trajectory of the overall emergency care system. It is not a report on individual hospitals or health systems, but rather a grade of the policies, regulations and governmental activities that are important supports for emergency care.

The Report Card's greatest value lies in its ability to validate on a detailed level the recent claims that have been reverberating throughout the U.S. and the international community related to the important role and need for inclusion of acute care within health systems. In a recent WHO Bulletin article, an Academic Emergency Medicine consensus conference proceedings, and most recently in the entire December issue of Health Affairs, experts argue that an emergency care system is a vital aspect of a mature, functioning health system; yet, it is frequently neglected and is not receiving enough attention. While these publications have used the best data available to validate their claims, this national report provides the most current and comprehensive data that support for the system is not only fraught with deficiencies but is headed in a downward trajectory.

The Report Card is based on 136 objective measures drawn from data collected by quality surveillance organizations such as the Centers for Disease Control and Prevention, the National Highway Traffic Safety Administration and the Centers for Medicare & Medicaid Services as well as two surveys of state officials. The objectives were chosen and compiled by a blue-ribbon task force as the best measures of the five categories essential to a functioning emergency care system: Access to Emergency Care (30 percent), Quality & Patient Safety Environment (20 percent), Medical Liability Environment (20 percent), Public Health & Injury Prevention (15 percent), and Disaster Preparedness (15 percent). Each of these categories was weighted differently with regard to its effect on the system's ability to deliver emergency care to patients.

A report was created for each state and weighted averages of each state's grades were used to calculate the national grades. As the governance of EMS, support for Medicaid, medical liability pressures, and many other critical aspects of an emergency system are regulated and funded at the state level, state-based grading is necessary to adequately assess the effects of the differences among state emergency systems and population demographics. While the grade is meant to represent the overall ability of states to provide emergency care to their population, the grades are not meant to reflect the level of care at any one facility or group of facilities.

## The Challenge

Unrelated to the ability of any one facility or physician to provide emergency care, the nearly universal poor grades are representative of the enormous weight that has been put on fragmented emergency care systems despite the significant improvement in clinical knowledge, technology and practice in recent decades. For more than two decades the annual increase in ED visits has been twice the rate of increase of the US population; ED visits rose to 130 million in 2010. In contrast, the Centers for Disease Control and Prevention (CDC) reports, the supply of EDs decreased about 11 percent from 1995-2010. The simple paradigm of swiftly increasing demand with dwindling supply has led to vast ED crowding that has a deleterious effect on the timeliness of care, regardless of level of acuity.

Delays in care are detrimental not only to morbidity and mortality preceding ED treatment but also have been shown to be detrimental to patients who experience longer ED boarding times. These delays can be attributed not only to the increasing number of ED visits but also to the decreasing number of hospital beds for those admitted from the ED. Between 1994 and 2004, a study found that America's hospitals had a net loss of 198,000 beds. The impact of this can be seen in the results of a 2011 study that found the mortality rate for patients boarded less than 2 hours in the ED was 2.5 percent, compared to 4.5 percent for those boarded 12 or more hours.

The increasing demand for emergency services can be attributed to a multiplicity of factors. These include stipulations that are explicitly set forth in The Emergency Medical Treatment and Active Labor Act (EMTALA), an unfunded federal mandate; these stipulations are also more implicitly woven into American morality, which dictates that the emergency care is provided to all people in need regardless of their ability to pay. As a result of this tenet of emergency care, two-thirds of all uninsured acute care visits take place in the ED, and one-half of all acute care visits to the ED are by those receiving Medicaid or CHIP assistance.

In addition to being the final safety net for the poor and uninsured, emergency visits have increased secondary to changing practices in primary care. The 2013 RAND Health research report found that 4 of 5 patients were told to go to the ED when they called their primary care provider regarding a sudden medical issue. Additionally, two-thirds of all ED visits were outside of normal primary care office hours.

These are the factors that are causing the emergency care system to falter and led the Institute of Medicine to declare in a 2006 report that emergency care in the United States is “at the breaking point.” The 2014 Report Card again highlights the critical need for the public and their policy leaders to take seriously the vital role of EDs in the health care system. Because of the detailed nature of the Report Card, it can be used as a road map for ways to improve support for emergency care on a state-by-state as well as a national basis.

### What Can Be Done

The emergency care system is not only at the breaking point but starting to fracture. This report highlights the areas of the system that need significant improvement, and illuminates possible paths to this end. The study highlights the importance of regionalized, organized, and adaptive emergency care systems in improving access to emergency care. This is not a new concept and received a thorough and eloquent review recently by Ricardo Martinez and Brendan Carr in the December 2013 issue of Health Affairs. The ACEP report adds to the evidence in favor of greater organization in emergency systems by drawing a direct line from disorganized emergency care systems to objective measures indicating poor care delivery.

Improving the quality of care and the patient safety environment was a key marker of system function in the report card assessment, as it is representative of better quality systems and technologies that improve care and prevent injury and illness. For example, a better integrated and funded EMS system that is not required to transport every patient to the ED could be useful in lessening ED overcrowding and has been estimated to provide a potential savings of \$560 million per year to Medicare. This in turn would improve the quality of care able to be provided and increase efficiency.

The medical liability environment greatly affects not only the ability of physicians to make the right decisions for their patients, but affects the ability of the system as a whole to function efficiently and cost-effectively. In order to improve this metric, the report card task force suggests advocating for stronger state legislation that increases timely access to quality care while increasing liability protection. Similarly, public health measures and injury prevention have huge impact on the ability of the emergency system to provide quality care. The task force suggests improving this metric through efforts like prescription drug monitoring programs and state legislation to control traffic fatalities.

Lastly, disaster preparedness is of increasing importance as man-made and natural disasters have become more common and budgeting for disaster planning has fallen. The level of preparedness is drastically different in different regions of the country and even within states. The decreasing number of hospital beds and EDs makes the system even less malleable and less able to accommodate a possible surge in need for emergency care that occurs in disasters. The task force recommends that funding for disaster planning and training be amplified and efforts be made to coordinate disaster planning throughout the government and economic sectors.

The ACEP Report Card is a powerful and honest assessment of where emergency care in the United States is, and the direction that it is headed if significant changes are not made. Many of the stakeholders in the emergency care field have emphasized and focused upon these issues, as evident by the dedication of the December issue of Health Affairs to this topic. The findings presented in this report will serve to further validate the concerns expressed by others and will serve as a vector to broadcast these ideas to those outside of the emergency care field. By reaching a broader audience, this effort will hopefully gain the traction needed to change the direction of emergency care in America.

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### Los Angeles Times

#### Doctors Give California an 'F' for Lacking Emergency Room Beds

January 16, 2014

By Eryn Brown

<http://www.latimes.com/local/lanow/la-me-ln-state-lacking-er-capacity-20140115,0,1969596.story#axzz2qbDKpFke>

An updated national report on U.S. emergency medical care has again awarded California an “F” for lacking access to speedy treatment, noting that the state has the lowest number of hospital emergency rooms per capita — 6.7 per 1 million people — in the nation.

The America’s Emergency Care Environment report card, which gauges how well states support emergency care, was released Thursday by the American College of Emergency Physicians, an advocacy group.

Tracking 136 measures from sources including the U.S. Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services, the organization called overcrowding in California emergency wards a “critical problem” and urged the state to increase its healthcare workforce and beef up a variety of facilities to reduce high wait-times for emergency services.

On average, Californians who were admitted into the hospital after visiting an emergency room waited more than five and a half hours from the time they arrived in the ER to the time they left it, the report said.

The state also had a shortage of inpatient and psychiatric beds in hospitals — another squeeze on emergency departments, which often “board” incoming patients until they can be routed to the correct hospital department, further restricting emergency care capacity.

The analysis arrives on the heels of Obamacare reforms designed to cut costs and improve results by steering patients away from visiting emergency rooms for routine care and guiding them instead to primary-care “medical homes” to manage chronic problems.

In theory, that could open up capacity for patients who require intensive urgent care. But there’s little reason to think implementation of the Affordable Care Act will ease the multitude of pressures emergency departments face, some physicians warned.

A study published Jan. 2 in the online edition of the journal *Science* found that ER use increased among low-income Oregonians who received government healthcare coverage through a Medicaid expansion program in that state.

An analysis of California’s low-income health program, a precursor to the current Medicaid expansion, also determined that emergency department use increased as the numbers of patients with subsidized healthcare access rose — but then declined over time.

*Dr. Alexander Rosenau, an emergency physician in Pennsylvania and president of the American College of Emergency Physicians, said that a lack of sufficient primary care access for newly insured Americans was partially to blame for ER overcrowding.*

*“Right now there’s not adequate numbers of places to go,” he said.*

The emergency doctors’ group looked at access to emergency care, and whether it was delivered in a safe and high-quality environment, a state’s medical liability environment, its public health and injury prevention programs, and disaster preparedness.

California was one of 21 states earning an F for access to care. It also received an F in that category the last time the ER doctors’ group produced its rankings, in 2009. (The national average in this category was D-: also a “failing grade,” the report noted.)

California earned better marks in the other four measures on the report, with a C- in quality and patient safety, a C+ for medical liability and a C- for disaster preparedness. The state performed particularly well in public health and injury prevention, earning a B+.

The College credited low rates of smoking and obesity and infant mortality, and enforcement of laws requiring the use of child safety seats, seat belts and motorcycle helmets.

*“A lot of that is California culture. People tend to exercise well and eat better,” said Dr. Gregory Moran, an emergency room physician at Olive View/UCLA Medical Center in Sylmar.*

Overall, California earned a C- and ranked 23rd among the states, an improvement over its D+ and 37th ranking in 2009. The District of Columbia ranked first this year, earning a B- overall and an A for emergency care access.

Rosenau, the president of the physicians' group, said he worried that policymakers' focus on emergency room wait times and crowding as a measure of Obamacare success would detract from the legitimate need for emergency care.

Citing CDC statistics, he said the vast majority of people who come into emergency departments need urgent treatment.

Sometimes primary care appointments aren't available soon enough, or a physician might send a patient with an acute concern to the emergency room for better access to diagnostic tests or expertise, he said.

"We don't want to keep people out of the ER," Rosenau said. "The goal is to bolster primary care, not to take away from emergency medicine. If my child has asthma, and it's midnight and he has 103 degree fever, where are you going to go?"

*But for those in the L.A. area who are visiting emergency rooms and might be better served in a primary care setting, there aren't sufficient options, said Dr. Marc Eckstein, a professor of emergency medicine at USC's Keck School of Medicine at L.A. County-USC Medical Center.*

*"The ACA improves coverage but doesn't do anything to address capacity," he said. "There are only so many tables at the restaurant."*

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## News Telegram

### Support for U.S. emergency room care falls (front page)

<http://www.telegram.com/article/20140117/NEWS/301179924/0/FRONTPAGE>

By Caroline Chen BLOOMBERG NEWS

With Obamacare bearing down on them, a doctors' group said emergency rooms are less able to provide quality care, and more resources will be needed to handle an expected surge of patients from the new law.

Hospitals have fewer beds available, causing delays in ERs that saw visits climb to 130 million in 2010, according to a report from the Dallas-based American College of Emergency Physicians. Federal funding for disaster preparedness has fallen, so the hospitals are also less prepared to handle a sudden influx of injured patients, the group said.

*"This report card is sounding an alarm," Alex Rosenau, the physicians' group president, said in a conference call Thursday. "The need for emergency care is increasing, the role of emergency care is expanding, and this report card is saying that the policies are failing."*

Care will become harder to access as people newly enrolled in the U.S. Medicaid program for the poor and aging baby boomers turn to ERs for medical services, said the report, which gave the nation's emergency care a grade of D+.

## Reality hits

The U.S. Patient Protection and Affordable Care Act broadens Medicaid eligibility to more than 19 million people. A study published in Science this month found new Medicaid patients in Oregon visited ERs 40 percent more often than the uninsured.

*"Every year, it's a little worse," said Arthur Kellermann, dean of the medical school at the Uniformed Services University of Health Sciences in Bethesda, Md. "But unless you find yourself in a stretcher in a hallway without a bed, you don't realize it."*

Staffed inpatient beds fell 16 percent from 2009 to 330 per 100,000 people in 2012, and psychiatric care beds dropped 15 percent to 26 beds per 100,000, the group said.

*"Emergency department crowding is a direct result of inpatient capacity," said Jon Mark Hirshon, associate professor at the University of Maryland School of Medicine in Baltimore, who headed the report's task force.*

ER physicians "have to spend a lot of time finding a place to send somebody," he said in a telephone interview.

*The number of emergency physicians per 100,000 people rose to 13.5 from 11.8, the doctors' group said. That's not enough, Kellermann said in a telephone interview.*

*"ERs provide 28 percent of all acute care visits, but only 4 percent of doctors work in the emergency department," he said, citing a 2010 study published in the journal Health Affairs.*

*"If there's more people coming into the ER without a dramatic expansion in doctors and inpatient capacity, you'll get a bottleneck."*

Kellermann, who previously headed the Department of Emergency Medicine at Emory University in Atlanta, said access is declining faster in low-income communities.

Hospitals are also less prepared for disasters, the report said, due to decreased federal funding, which fell 31 percent to \$9.52 per capita from \$13.82 in 2009.

"Times are not wonderful for a lot of hospitals: Volumes have been declining the number of paying heads in the bed, and money is tight," said Sheryl Skolnick, an analyst at Stamford, Conn.-based CRT Capital Group LLC.

#### Emergency drills

The National Hospital Preparedness Program, which provides grants to hospital and health-care systems, "has been very successful at the hospital level and has evolved steadily to become a critical component of community resilience, enhancing the response capabilities of our nation's health-care systems," said director David Marcozzi in an email. Marcozzi didn't respond to questions about future funding plans.

The report found a wide range in the number of emergency drills conducted from state to state. Mississippi averaged 0.1 drills per hospital, while Rhode Island averaged 18.8.

"Where you're going to start cutting corners first is in disaster preparedness, because the tyranny of the urgent trumps preparing for the more downstream events," Kellermann said.

Doctors at Brigham and Women's Hospital in Boston, which treated 31 victims of the Boston Marathon bombing last April, practice disaster response procedures repeatedly, said Eric Goralnick, the center's medical director of emergency preparedness.

"The first several minutes are the most critical during a response," Goralnick said. "Drills are critical so your muscle memory will just kick in."

The doctors' report contained a range of recommendations, including: funds for a commission to investigate the shortage of health professionals and for pilot programs to improve care; doctors should be given some liability protection for ER work; and, federal money should be withheld from states that don't pass safety legislation like motorcycle helmet requirements.

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## **Modern Healthcare**

### **Nation's strained emergency care getting worse, ER docs warn**

By Sabriya Rice

January 16, 2014 - 2:00 pm ET

<http://www.modernhealthcare.com/article/20140116/NEWS/301169944/nations-strained-emergency-care-getting-worse-er-docs-warn>

The emergency-care environment in the U.S. is worsening because of increased demand and shrinking resources, according to a new state-by-state report card from the American College of Emergency Physicians. Experts say the nation's emergency departments do not have the policy support they need to meet the demands.

The nation received an overall grade of D+ when measured on how well states are faring in categories such as access to emergency care, quality and patient safety, medical liability, disaster preparedness and public health and injury prevention. The national grade was a C- in 2009 when the last report card was issued.

*“This is really bad news,” ACEP President Dr. Alex Rosenau said during a news conference Thursday to discuss his group's findings. “This report card is sounding an alarm,” he said. The country is in a period when hospital emergency rooms are facing increased demands but have fewer resources, he said.*

Twenty-one states received F's in the access to emergency care category, 10 received F's in quality and patient safety, 10 received an F for the state's medical liability environment and 10 states received F's in public health and injury prevention, according to the report card.

The declines are attributed to emergency departments continuing to struggle with issues such as workforce shortages, limited hospital capacity, long ER wait times and increasing financial barriers.

*“America's grade for access to emergency care was a near-failing one because of declines in nearly every measure,” said Dr. Jon Mark Hirshon, the chair of the task force that directed development of the report card. “It reflects that hospitals are not getting the necessary support in order to provide effective and efficient emergency care.”*

Emergency visits are likely to increase as a result of the Patient Protection and Affordable Care Act, when millions of people added to the Medicaid rolls seek emergency care because they are unable to find physicians who will accept their insurance, according to the report card.

People are increasingly reliant on emergency care, Hirshon said, and primary-care physicians are advising their patients to go to the emergency department after hours to receive complex diagnostic workups and to facilitate admissions for acutely ill patients.

So, what will help to improve the score?

The report card recommended major policy changes, including support for the National Healthcare Workforce Commission in reducing shortages of nurses and physicians, effective low- and no-cost strategies to reduce hospital crowding and boarding of admitted patients in the emergency department, and the pursuit of state laws that help reduce preventable deaths and injuries such as traffic injuries and prescription drug misuse.

“We find this to be an exciting time because this is an opportunity for improvement,” Rosenau said. “In every category, at least one state was able to garner an A.”

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### **Medpage Today**

#### **What an Emergency Department Report Card Tells Us**

Jan 16, 2014

By Elbert Chu

<http://www.medpagetoday.com/EmergencyMedicine/EmergencyMedicine/43840>

The press release promised that a new report would answer the question: "Are your state's emergency rooms making the grade?"

But while an American College of Emergency Physicians (ACEP) report card out today said the nation's emergency care environment has worsened since their effort in 2009, it doesn't really answer that specific question.

ACEP analyzed the condition of emergency care based on state and national policies, which they captured through 136 metrics. These include measures such as numbers of trauma centers and emergency physicians. More relevant for physicians, the 2014 report card includes medical liability measures like average premium levels and average malpractice award payments. Authors divided the indicators into five areas: access, liability, quality and patient safety environment, public health, and disaster preparedness.

The authors downgraded the U.S. emergency care environment from a "C-" in 2009 to a "D+" this year.

The District of Columbia, Massachusetts, and Maine topped the list, while New Mexico, Arkansas, and Wyoming rounded out the bottom.

But since the grades are based on indicators such as percent of obese children, bicyclist fatalities, and percentage of adults with Medicaid, it's unclear how they would help judge a given state's emergency departments, let alone a specific one.

It's also unclear how any of these indicators measure what really counts: Patient outcomes.

What's really unfortunate is that already other media outlets have picked up the report and tied them to emergency departments' quality with headlines like: "N.J. Emergency Rooms get D+ on National Report Card." (That headline seems to have been changed to "N.J.'s Emergency Room Policies get D+ on National Report Card.")

Still, the report card could be helpful on the state and policy level. *On a conference call about the report, ACEP president Alex Rosenau, MD, DO, said that some states had responded to the 2009 report with new policies to improve emergency care.*

*Jon Mark Hirshon, MD, MPH, Ph.D., associate professor of emergency medicine at the University of Maryland School of Medicine, who headed the ACEP report task force, said that they'd seen evidence that doctors have migrated to states depending on the liability environment.*

Finally, if you're looking to pack your bags for another state, take a closer look at the report.

### **New York Daily News**

#### **New York improves in state-by-state rankings of emergency room performance**

By Nancy Dillon

<http://www.nydailynews.com/life-style/health/new-york-jumps-emergency-room-rankings-article-1.1581708>

The rankings — compiled by the American College of Emergency Physicians — found the state had an overall 'C' grade, racking up points in the areas of disaster preparedness, adoption of electronic medical records, and staffing ERs with registered nurses and board-certified doctors, but faced the country's fourth-longest wait times (an average of 366 minutes) and the fourth-fewest ER departments per capita (eight per 1 million people).

New York State gained some ground in a new report card on the nation's emergency rooms, but was diagnosed with the fourth-longest average ER wait time in the country and a case of surging medical malpractice awards.

The Empire State jumped eight spots to 13th place and earned a "C" grade overall in the new state-by-state ranking from the American College of Emergency Physicians (ACEP), last published in 2009.

It posted solid marks in the area of disaster preparedness, and got a shot in the arm from increased adoption of electronic medical records and an influx of registered nurses and board-certified ER doctors, the study's authors said.

Still, many ongoing ailments in the state's emergency medical system are only getting worse, Manhattan-based ER doctors involved with the study told the Daily News Wednesday.

For instance, ER patients across the state now wait an average of 366 minutes — or 6.1 hours — to get treatment and walk out the door, compared with the national average of 272 minutes, the study set for release Thursday said.

South Dakota scored the best median wait time of 176 minutes while Delaware and Washington D.C. had the worst, 387 minutes and 452 minutes, respectively, the study reported.

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**Bloomberg Businessweek**  
**Quality of U.S. Emergency Room Care Falls, Physicians Say**

By Caroline Chen January 16, 2014

<http://www.businessweek.com/news/2014-01-16/emergency-room-care-declines-as-obamacare-brings-more-patients>

With Obamacare bearing down on them, a doctors' group said emergency rooms are less able to provide quality care, and more resources will be needed to handle an expected surge of patients from the new law.

Hospitals have fewer beds available, causing delays in ERs that saw visits climb to 130 million in 2010, according to a report from the Dallas-based American College of Emergency Physicians. Federal funding for disaster preparedness has fallen, so the hospitals are also less prepared to handle a sudden influx of injured patients, the group said.

*"This report card is sounding an alarm," Alex Rosenau, the physicians' group president, said today on a conference call. "The need for emergency care is increasing, the role of emergency care is expanding, and this report card is saying that the policies are failing."*

Story: Bad News for Obamacare: More Insurance Sends More Patients to Pricey ERs

Care will become harder to access as people newly enrolled in the U.S. Medicaid program for the poor and aging baby boomers turn to ERs for medical services, the report said. The Patient Protection and Affordable Care Act broadens Medicaid eligibility to more than 19 million people. A study published in Science this month found new Medicaid patients in Oregon visited ERs 40 percent more often than the uninsured.

*"Every year it's a little worse," said Arthur Kellermann, dean of the medical school at the Uniformed Services University of Health Sciences in Bethesda, Maryland. "But unless you find yourself in a stretcher in a hallway without a bed, you don't realize it."*

Staffed inpatient beds fell 16 percent to 330 per 100,000 people in 2012 from 2009, and psychiatric care beds dropped 15 percent to 26 beds per 100,000, the group said.

Story: Maryland Puts Hospitals on a Budget, for Efficiency's Sake

Direct Result

*"Emergency department crowding is a direct result of inpatient capacity," said Jon Mark Hirshon, associate professor at the University of Maryland School of Medicine in Baltimore, who headed the report's task force. ER physicians "have to spend a lot of time finding a place to send somebody," he said in a telephone interview.*

The number of emergency physicians per 100,000 people rose to 13.5 from 11.8, the doctors' group said. That's not enough, Kellermann said in a telephone interview.

*“ERs provide 28 percent of all acute care visits, but only 4 percent of doctors work in the emergency department,” Kellermann said, citing a 2010 study published in the journal Health Affairs. “If there’s more people coming into the ER without a dramatic expansion in doctors and inpatient capacity, you’ll get a bottleneck.”*

#### Cash Needed

The doctors’ report, which gave the nation’s emergency care a grade of D+, contained a range of recommendations, including funding for a commission to investigate the shortage of health professionals and for pilot programs aimed at improving care. Doctors should be given some liability protection for ER work, and federal money should be withheld from states that don’t pass safety legislation like motorcycle helmet requirements.

*Kellermann, who previously headed the department of Emergency Medicine at Emory University in Atlanta, also said access is declining faster in low-income communities.*

Hospitals are also less prepared for disasters, the report said, due to decreased federal funding, which fell 31 percent to \$9.52 per capita from \$13.82 in 2009.

#### Story: Small Businesses Weigh Sending Sick Workers to Obamacare Exchanges

*“Times are not wonderful for a lot of hospitals: volumes have been declining the number of paying heads in the bed, and money is tight,” said Sheryl Skolnick, an analyst at Stamford, Connecticut-based CRT Capital Group LLC.*

#### Critical Component

The National Hospital Preparedness Program, which provides grants to hospital and health-care systems, “has been very successful at the hospital level and has evolved steadily to become a critical component of community resilience, enhancing the response capabilities of our nation’s health-care systems,” said director David Marcozzi in an e-mail. Marcozzi didn’t respond to questions about future funding plans.

The report also found a wide range in the number of emergency drills conducted from state to state. Mississippi averaged 0.1 drills per hospital, while Rhode Island averaged 18.8.

#### Story: The Trouble With Short-Term Health Plans in the Age of Obamacare

*“Where you’re going to start cutting corners first is in disaster preparedness because the tyranny of the urgent trumps preparing for the more downstream events,” Kellermann said.*

Doctors at the Brigham and Women’s Hospital in Massachusetts, which treated 31 victims of the Boston Marathon bombing last April, practice disaster response procedures repeatedly, said Eric Goralnick, the center’s medical director of emergency preparedness.

*“The first several minutes are the most critical during a response,” Goralnick said. “Drills are critical so your muscle memory will just kick in.”*

To contact the reporter on this story: Caroline Chen in New York at [cchen509@bloomberg.net](mailto:cchen509@bloomberg.net)

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**Cleveland Plain Dealer (front page- above fold)**  
**Ohio gets C+ on emergency care policy report card; country gets a D+**

By Angela Townsend

[http://www.cleveland.com/healthfit/index.ssf/2014/01/ohio\\_gets\\_c\\_on\\_emergency\\_care\\_policy\\_report\\_card\\_country\\_gets\\_a\\_d.html](http://www.cleveland.com/healthfit/index.ssf/2014/01/ohio_gets_c_on_emergency_care_policy_report_card_country_gets_a_d.html)

Over the past five years, Ohio's ranking has climbed on a national report card that looks at how well states do providing the resources, policies and laws necessary for a strong emergency care system.

Seventh place (up from 18th in 2009) isn't a bad spot to be on the report card, issued today by the American College of Emergency Physicians, the national medical specialty society representing emergency medicine.

But Ohio's corresponding C+ grade gives you a sense of how much the organization feels that the country is falling short on the emergency care environment, proof it says that patients seeking emergency care are at risk of being endangered.

The United States as a whole received a D+ grade, slipping from C- in 2009.

The District of Columbia ranked 1st with a B- grade. Wyoming is at the bottom with an "F."

The report card first debuted in 2006 and was updated in 2009. The ranks and grades are based on how well individual states and the country perform in five weighted categories – access to emergency care; quality and patient safety environment; medical liability environment; public health and injury prevention; and disaster preparedness.

*“This is a means for us to advocate for emergency care when talking to policy makers,” said Dr. Thomas Tallman, medical director of Emergency Preparedness & Disaster Medicine at the Cleveland Clinic and an ACEP board member.*

Tallman cited the drop in the country's overall grade as evidence of the failure of the nation's policies.

*“Congress and President Obama need to make it a priority to strengthen the emergency care system,” he said. “We have a tool here that's able to do that.”*

Data for the past two years on the level of state support, not the quality of care that someone gets at a specific emergency department or hospital, is what the report card measures.

Because some data provided by the state to calculate Ohio's grade was found this week not to be completely up-to-date, there's a chance that Ohio's grade might go up to a B-.

Among Ohio's strengths cited by the report card:

- \* An increase in the number of emergency physicians, specialists and registered nurses since 2009.
- \* Excellent access to accredited chest pain centers (5.6 per 1 million people)
- \* The number of physicians who accept Medicare (3.8 per 100 beneficiaries)
- \* The fact that more than 96 percent of Ohio's hospitals have adopted electronic medical records.

Even with the increase in emergency personnel, there is always room for more, said David Woodruff, dean of academic affairs at Chamberlain College of Nursing's Cleveland campus.

What grade would you give Ohio's emergency care?

A

B  
C  
D  
F

Although Ohio improved from a C+ (14th) to a B- (5th) in the “access to emergency care” category, the proportion of adults with no health insurance increased, as did the proportion of adults whose needs for substance abuse treatment were not met.

Ohio came up especially short in two areas.

Contributing to its C- grade (and a rank of 22nd) in the category of public health and injury prevention was the state’s high infant mortality rate overall and the high rate for black infants, and the high rate (25 percent) of adults who smoke.

Also cited in the report were the absence of laws requiring motorcyclists to wear helmets, and statewide laws that would make it illegal for drivers to use handheld cellphones and that would require seat belt use for all passengers.

*“Those are simple, straightforward, common sense changes that need to be implemented,” said Dr. Rita Cydulka, vice chair of the Department of Emergency Medicine at MetroHealth Medical Center and Case Western Reserve University.*

As for disaster preparedness (for which the state will get a grade of C or C-, pending a recalculation of data), the report’s authors wrote that Ohio needs to implement practices and policies that would, among other things, ensure that patients with special medical needs are protected in the event of a disaster.

Among items that the state lacks in this category are required disaster training for essential hospital and EMS personnel.

A growing worry among emergency department personnel – separate from the report card – is that health care reform will result in an increase in patient use of the emergency departments, causing resources to shrink.

A study published this month in the journal Science showed that following a limited Medicaid expansion in Oregon, ED visits there rose 40 percent.

Not all of those visits were for emergencies, which means that even though more patients have health insurance, they are having trouble getting an appointment with a primary care physician.

The country’s emergency care system already is “bulging at the seams,” said Cydulka of MetroHealth, whose emergency department in 2013 treated more than 107,000 patients. “We’re under a lot of stress.”

*“I hope [the report card] draws attention to the fact that our emergency care system needs attention and needs more resources to invoke the changes that are needed,” she said.*

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## **Denver Business Journal**

### **Colorado rates high for emergency care, but problems loom**

**By Ed Sealover**

<http://www.bizjournals.com/denver/news/2014/01/16/colorado-rates-high-for-emergency.html>

Colorado ranks fifth among states for its emergency-care policies in a study released Thursday, but an official from the medical group that conducted the study said that it, like other states, still has a lot of work to do.

The Centennial State moved up from 13th in 2009, the last time the American College of Emergency Physicians (ACEP) did its state-by-state report card.

But even in fifth place, it still received just a C-plus for its work, as the report noted that its best-in-the-nation medical liability environment is offset somewhat by its high rates of uninsured and underinsured patients and a lack of access to behavioral health care.

*“A C-plus is not bad, but it’s not great,” said Dr. Jim Cusick, an emergency physician in Texas and vice-speaker of the ACEP Council. “In general, you have a very high-level medical community in Colorado ... But the report is about the resources you have in emergency care, and they always seem to be going down, not up.”*

Here is how the report broke down Colorado in five areas:

- Medical liability environment: 1st/A

ACEP credited Colorado legislators for laws that allow health-care providers to apologize to patients without those being considered admissions of wrongdoing and that cap non-economic damages in medical malpractice lawsuits at \$300,000.

- Quality and patient safety environment: 11th/B-

The report lauded the state for having triage and destination policies in place for trauma patients but noted it does not have a uniform system for providing pre-arrival instructions and is below the national average in the percent of its hospitals with electronic medical records (89.7 percent).

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**Hartford Courant -**

**Doctors Say Pressure on ERs May Rise, Give U.S. Failing Grade**

**By Susan Heavey Reuters**

**12:01 p.m. EST, January 16, 2014**

<http://www.courant.com/health/sns-rt-us-usa-health-emergency-20140116,0,82869.story>

WASHINGTON (Reuters) - People seeking urgent medical could face longer wait times and other challenges as demand increases under Obamacare, U.S. emergency doctors said in a report on Thursday that gives the nation's emergency infrastructure a near failing grade.

In its latest "report card," the American College of Emergency Physicians said such reduced access earned the nation a "D+" – that's down from the overall "C-" grade from the group's last report in 2009.

Shortages and reduced hospital capacity make it more difficult to access emergency care, the group said. It also warned about the impact on disaster preparedness.

While the report does not measure the actual quality of care provided, it does offer a snapshot of national and state policies affecting emergency medicine as seen by providers.

Washington, D.C., was ranked the highest in the report, earning a "B-" grade, while Wyoming ranked last and was the only state to earn an overall failing grade of "F."

The group's task force looked at scores of measure in five major categories – access to care, quality and patient safety, liability, injury prevention and disaster preparedness – and relied on data from the Centers for Disease Control and the Centers for Medicare and Medicaid Services, among others.

The report comes just as the Affordable Care Act, known as Obamacare, comes into full effect this year. The 2010 law aims to expand access to health insurance and reduce the nation's healthcare costs, but it has become a political flashpoint amid a troubled rollout of the federal insurance exchange website.

While the physician's report does not factor in all of the effects of the law – its grades are based on data from early 2013 – emergency rooms could be used even more as more Americans gain insurance coverage under Obamacare, it said.

Some health experts have predicted that increasing the number of insured patients should reduce pressure on hospital emergency rooms because access to regular doctor care will improve, something that is hoped would prevent chronic conditions from spiraling out of control or help catch other problems before they worsen.

But insurance coverage could also lead those who might have held off going to the emergency room to seek care, said Jon Mark Hirshon, an emergency medicine doctor and researcher at the University of Maryland who oversaw the group's report card.

Newly insured people also may have a hard time finding a regular doctor who accepts their plan, he said.

*"On top of that, emergency departments are open 24 hours a day, seven days a week. If I have a primary care provider but it's 9 o'clock at night on a Friday and they're closed, then people come to the emergency department," Hirshon told Reuters.*

The group is asking for congressional hearings to probe whether the law puts "additional strains" on emergency rooms.

Already, beds for patients have fallen from a rate of 358 per 100,000 people four years ago to about 330 beds per 100,000 people now, the report said. Wait times have increased to a median of 4.5 hours compared to four hours in 2009.

Despite the dismal U.S. grade given by the group, it noted that policies and infrastructure varied widely by state.

States with the best emergency care include Massachusetts, Maine, Nebraska and Colorado, while Kentucky, Montana, New Mexico and Arizona rounded out the bottom, just above Wyoming.

States are also still grappling with the uninsured. By law, hospitals must provide emergency care regardless of patients' ability to pay. Under Obamacare, states can expand access to Medicaid, the federal-state health insurance plan for the poor.

Data shows that Medicaid patients use emergency rooms as much as other insured patients, but several recent studies have shown that Medicaid patients utilize them more than the uninsured.

One study this month showed Oregon patients given Medicaid through a lottery increased their emergency room use by 40 percent compared to those not offered Medicaid.

"We have to be leaner and more efficient, but it just becomes more and more challenging," Hirshon said.

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## Dallas Morning News

### Report card: Texas Bombs Another National Health Care Test – this time for Emergency Services

By Miles Moffeit

<http://watchdogblog.dallasnews.com/2014/01/report-card-texas-bombs-another-national-health-care-test-this-time-for-emergency-services.html/>

Texas is again sinking to the bottom of the barrel on a national health care measure.

The state ranks 38th in the nation – down from 29th five years ago – for failing to support emergency patients. That's according to the latest report card from the Dallas-based American College of Emergency Physicians released Thursday.

Here's a rundown of how Texas bombed in three of five categories.

\* 47th in access to emergency care. The report cited high rates of under-insured folks and low Medicaid fee levels for doctor-office visits as factors. The ACEP urged Texas to boost fees so they are at least “on par” with the national average. It also said it should extend health insurance to more adults and children.

\* 42nd in quality care and patient safety. The state’s funding is poor, the report said, for making improvements to ER services. Texas should create statewide standards for “safe and effective” emergency response and care, the group said.

\* 49th in public health and injury prevention. The third “F” stems from “extremely high rates of obesity and cyclist and pedestrian fatalities.” The state’s high alcohol-related traffic fatality rate is another driver of the poor score. The ACEP called on Texas to tackle those problems, as well as “racial and ethnic health disparities.”

Texas scored better in categories for disaster preparedness and “medical liability environment.” It has set up regional “strike teams” to respond to disasters, and boasts the second highest rate of registered nurses with training in emergency preparedness. The state’s cap on medical liability damages has been credited with luring large numbers of ER physicians and specialists, the group said.

ACEP’s president, however, assailed Texas leaders for failing to improve access to ER services, calling the situation unacceptable.

*“Texas is home to some of the finest medical centers and most notable healthcare providers in the world,” said Dr. Richard Robinson. “However, many of our citizens have few to no resources (health insurance, disposable income) available to access those healthcare systems.”*

The Lone Star state’s poor showing follows a series of slacker distinctions for health-care performance. It has consistently ranked, for example, at or near the bottom of states for mental-health funding. And in 2012 the federal Agency for Healthcare Research and Quality ranked it dead last for “delivery of health services” overall.

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## Chicago Tribune

### Doctors say pressure on ERs may rise, give U.S. failing grade

<http://www.chicagotribune.com/health/sns-rt-us-usa-health-emergency-20140116,0,8121.story>

January 16, 2014

WASHINGTON (Reuters) - People seeking urgent medical could face longer wait times and other challenges as demand increases under Obamacare, U.S. emergency doctors said in a report on Thursday that gives the nation's emergency infrastructure a near failing grade.

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*"We have to be leaner and more efficient, but it just becomes more and more challenging," Hirshon said.*

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## **Firehouse**

### **ACEP: Access to Emergency Care in U.S. Declining**

By Heather Caspi

January 16, 2014

<http://www.firehouse.com/news/11295529/acep-access-to-emergency-care-in-us-declining>

The American College of Emergency Physicians released its latest report card on America's support for emergency care on Tuesday, dropping the nation's overall grade since 2009's C- to a 2014 grade of D+.

*"This report card is sounding an alarm," says ACEP President Alex Rosenau. "As the role of emergency care is expanding, the nation's policies are failing to support emergency patients."*

The reasons for the drop include hospital closures and a dwindling number of psychiatric beds. ACEP predicts that emergency care will continue to be stretched further as additional people acquire health insurance and seek medical care, but find that primary care physicians have no room for new patients or won't take them because they can't afford to take on Medicaid patients. "Insurance coverage does not equal timely access to a physician," he says.

The report card also grades individually for all 50 states, the District of Columbia, Puerto Rico and military emergency medicine, and forecasts how the role of emergency medicine will expand under the Affordable Care Act. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent). The Report Card measures conditions and policies under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers.

Thirteen states received Fs for disaster preparation, Rosenau notes. Additional red flags included 21 states receiving Fs for access to emergency care and 28 states receiving Ds and Fs for public health and injury prevention.

However, as grim as parts of the report may appear, Rosenau says it doesn't only sound an alarm; it also provides a road map for improvement. In each category, at least one state was able to garner an A and may serve as an example to others. Additionally, the report card website includes recommendations for improving support and a link for contacting your members of Congress.

The top 5 graded states were: D.C., Mass., Maine, Neb. and Colo.

The bottom 5 graded states were: Wyo., Ark., N.M., Mont. and Ky.

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### **Oakdale Leader State Receives Subpar Health Report Card**

January 16, 2014

<http://www.oakdaleleader.com/section/44/article/12146/>

State Receives Subpar Health Report Card California moved into the top half of the nation with a rank of 23rd and a grade of C- in the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency care environment ("Report Card"). The state still ranked near the bottom of the country at 42nd with an F in the category of Access to Emergency Care, the same grade it received in 2009. In 2009, California received a D+ and ranked 37th in the nation.

*"Californians are known for being fit and health-conscious, which is reflected in the good grade we received for Public Health and Injury Prevention, but the lack of access to timely emergency care is troubling," said Dr. Thomas Sugarman, president of CAL/ACEP. "Our huge and diverse state has complex problems that create barriers to medical care. Our state legislators need to make access to emergency care a top priority."*

The biggest contributors to California's failing grade in the category of Access to Emergency Care are hospital and workforce shortages. The state has the lowest number of emergency departments per person and an inadequate number of hospital beds, as well as shortages of orthopedists, hand surgeons and registered nurses. Nearly one-quarter of adults in California (22.7 percent) lacks health insurance. To improve its grade, California must invest in increasing the health care workforce and expanding the supply of emergency departments and staffed inpatient and psychiatric beds, according to the Report Card.

The state received 'C-'s in both the categories of Quality and Patient Safety Environment and Disaster Preparedness. California lacks a statewide trauma registry and a uniform system for providing pre-arrival instructions. According to the Report Card, given that the state is prone to natural disasters such as earthquakes and fires, it needs to implement statewide systems and procedures to ensure that all citizens are protected in the event of a disaster.

California's C+ in Medical Liability Environment could be improved by pretrial screening panels to discourage frivolous lawsuits. The state's best grade, a B+ for Public Health and Injury Prevention, was due to

low rates of smoking and obesity, strong seat belt and safety belt legislation, and outstanding trauma care located within 60 minutes of nearly everyone in the state.

*“California’s emergency departments are overcrowded, and people are waiting more than five hours for care,” said Dr. Sugarman. “For a state rich in so many things, we are poor in our ability to deliver care to emergency patients. The best medicine in the world can’t help you if you can’t get to it in a timely manner.”*

“America’s Emergency Care Environment: A State-by-State Report Card – 2014” evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent). While America earned an overall mediocre grade of C- on the Report Card issued in 2009, this year the country received a near-failing grade of D+.

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

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### **KCRG TV (Iowa-ABC) Iowa Ranks 11<sup>th</sup> Despite ER Physician Shortage**

CEDAR RAIPDS, Iowa - For those who need immediate medical attention, an emergency room is the place to go. According to a new report, however, our nation earns a near-failing grade for emergency care.

The American College of Emergency Physicians issued a D+ grade, nationally. That grade is lower than the C- issued in 2009. The group looks at several categories under which emergency care is delivered to compile the grade. This report doesn't look at quality of care.

The group also examined each state. Iowa ranked 19th the last time this study came out, five years ago. Now, it ranks 11th out of all the states. That's something ER doctors are proud of. They know, however, there are still big issues facing those who work to bring emergency care to patients.

Mondays are typically busy nights in Eastern Iowa Emergency rooms.

"This afternoon I was watching television, I became very short of breath," said Ruth Naaktgeboren.

Naaktgeboren is among many who rushed to get some help at Mercy Medical Center's ER.

"I couldn't catch my breath, and I almost go to a passing out stage, I just couldn't breathe," she said.

Across the nation, emergency rooms are packed. The study said the reasons behind it include hospitals closing, an aging population and more people getting insurance under the Affordable Care Act.

Many Emergency Departments, like the facilities at Mercy Medical Center and University of Iowa Hospitals and Clinics, are watching the clock to make sure everyone gets treated quickly.

*"Our door to doctor time, the time it takes for you to come in the door and to be seen by a physician, right now is about 20 minutes," said Mercy Medical Center's Emergency Department Medical Director Dr. Matthew Aucutt.*

*"Our Average wait time to see a physician is actually less than 15 minutes," said UI Emergency Department Medical Director & President of the Iowa Chapter of American College of Emergency Physicians Dr. Michael Miller.*

Doctors said wait times in Iowa are much better than at other places. The report, however, shows Iowa's biggest problem isn't timing, but the number of physicians.

*"Currently we are in a pretty big crisis," Dr. Miller said. "As far as emergency physicians, we are the lowest per capita in the country versus any other state for number of emergency physicians."*

*"We have trouble getting specialist, specialty care," said Dr. Aucutt. "There's huge gaps in neurosurgical coverage and, like, hand coverage is very difficult. We just have shortage of physicians in those areas, and it would be nice to get support from the state and federal level."*

Even though the nation gets a D+ and Iowa gets an overall C, Ruth is happy to give her doctors an A for the day.

*"I going to have a CAT scan, and if everything is okay I'm sure I will go home," Naaktgeboren said.*

Emergency room doctors hope this message gets to state and federal law makers. They said they are going to need more support as the numbers of ER visits continue to increase.

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## **WESA Penn Pennsylvania Ranks 6th Nationally for Emergency Care**

By Deanna Garcia

January 16, 2014

<http://wesa.fm/post/pennsylvania-ranks-6th-nationally-emergency-care>

The state of emergency medicine in Pennsylvania is improving, but a national report card from the American College of Emergency Physicians, or ACEP, shows the commonwealth lagging behind the rest of the US in some categories.

Overall, the state received a grade of "C+," which was compiled by looking at several areas.

*"The five categories of each metric were access to emergency medicine and emergency care, quality and patient safety, medical liability environment, public health and injury prevention and disaster preparedness," said Dr. Scott Fijewski, ACEP spokesman and emergency physician at St. Clair Hospital.*

Most notably, Pennsylvania's grade in access to emergency care shot up from a "C-" in 2009 to a "B+" in 2014. That moved Pennsylvania from 23rd in the nation up to 2nd when it comes to access. Still, the grade is a mixed bag.

*"In our state we have an increased number of ED (emergency department) visits, but we have a decreased number of emergency departments, a decreased number of staffed in-patient beds and a decreased number of psych beds," said Fijewski. "So our hospitals in general do run a higher-than-average occupancy rate."*

This could become an issue in the event of a large-scale disaster or emergency. Fijewski likens it to a restaurant.

*“Imagine a restaurant that nobody ever leaves,” he said. “If nobody ever left, then no new customers, or new patients in our case, can come through the front door. Because our hospitals run at a high occupancy rate, we have a problem with overall bed shortages.”*

The report card states one suggestion for a fix is to adopt a statewide psychiatric bed registry.

The state’s highest grade was an “A” for quality and patient safety environment. The high mark is attributed to statewide systems and policies in place for heart attack, stroke and trauma patients. Pennsylvania also supports the fourth highest rate of emergency medicine residents in the country.

*The lowest grade was an “F” in the category of medical liability environment. That fell from a “D-” in 2009. While Fijewski said there have been small improvements, such as expert witness qualifications, it’s not enough.*

*“These are not keeping pace with improvements seen in other states. That is why our grade has dropped,” he said. “Without meaningful medical liability reform, our state can lose several qualified doctors and other medical professionals to states that have better protections against frivolous lawsuits.”*

*Fijewski said emergency departments are safety nets for many people and even though more people will have health care coverage under the affordable care act, ED visits are expected to continue to increase. The goal of the report card is to draw attention to areas that need to be addressed.*

*“Overall, nationally, the grades should be alarming,” Fijewski said. “The overall average grade in America was a ‘D+.’ This is a chance for Congress and President Obama to make it a national priority to strengthen legislation for emergency departments going forward.”*

The full report card can be found online.

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## **Georgia Daily World**

### **Georgia Gets D+ on Emergency Care Report Card**

<http://atlantadailyworld.com/2014/01/16/georgia-gets-d-on-emergency-care-report-card/>

Georgia received a near-failing grade of D+ and ranked in the bottom half of the nation at 29th in the 2014 American College of Emergency Physicians’ (ACEP) state-by-state report card on America’s emergency care environment (“Report Card”). The state received failing or near-failing grades in three out of five categories.

*“Shortages of specialists who see patients in the emergency department and insufficient or non-existent insurance coverage are hurting Georgia residents by creating barriers to medical care,” said Dr. Matt Keadey, secretary-treasurer of the Georgia Chapter of ACEP. “The lack of access to mental health is a serious problem in our state. The shortage of mental health care providers combined with the lack of psychiatric beds leaves patients with psychiatric illness out in the cold.”*

Georgia’s 46th place ranking in the category of Access to Emergency Care reflects shortages across the full spectrum of medical providers, such as emergency physicians, neurosurgeons, orthopedists and registered nurses. In addition, the state has too few physicians accepting Medicare patients and more than 20 percent of adults and more than 10 percent of children are uninsured. The state also has fewer than 18 psychiatric care beds per 100,000 residents.

The two D+’s, in Public Health and Injury Prevention and Disaster Preparedness, ranked Georgia in the bottom half of the nation in those categories. The state has some of the lowest immunization rates in the country for influenza and pneumonia and very high rates of bicyclist and pedestrian fatalities. In addition, Georgia’s ability to respond to disasters is seriously compromised because it is nearly last in the nation for physicians, nurses

and behavioral health professionals being registered in the Emergency System for Advance Registration of Volunteer Health Professionals.

Georgia only earned a C in the category of Quality and Patient Safety Environment in part because it lacks a uniform system for providing pre-arrival instructions as well as funding for quality improvement within the EMS system in the state.

The state's best grade, a B- for Medical Liability Environment, ranked it 12th in the country in this category, in part because it prohibits apologies by providers from being used as evidence of wrongdoing and because it has enacted additional liability protections for care provided in the emergency department.

*"Georgia's racial and ethnic disparities for cardiovascular disease, HIV diagnoses and infant mortality are unacceptable," said Dr. Keadey. "We need to work to ensure that all of our residents have adequate access to preventive health care, education, treatment and support to reduce these disparities."*

"America's Emergency Care Environment: A State-by-State Report Card – 2014" evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent). While America earned an overall mediocre grade of C- on the Report Card issued in 2009, this year the country received a near-failing grade of D+.

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

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### **Huffington Post**

#### **2014 State Rankings Released for Support for Emergency Care**

January 16, 2014

<http://www.huffingtonpost.com/2014/01/16/emergency-care-rankings-state-support- n 4597481.html>

Government support for emergency care in the United States is worse now than it was five years ago, according to a new report from the American College of Emergency Physicians.

In 2009, the grade given for government policy support for emergency care was a C-. In 2014, the grade has dropped to a D+.

The report analyzed state and government support for emergency care based on a number of categories: access to emergency care, disaster preparedness, quality and patient safety environment, medical liability environment, and public health and injury prevention. Grades for each of these categories either stayed the same or worsened from 2009 to 2014.

For instance, access to emergency care scored a D- in the new report. "The national grade for Access to Emergency Care remains a D- as states continue to struggle with a plethora of issues, including health care workforce shortages, shortages of on-call specialists, limited hospital capacity to meet the needs of patients, long emergency department wait times, and increasing financial barriers to care," according to the report.

Meanwhile, quality and patient safety environment was one of the better-performing categories, even though the score went down to a C this year from a C+ in 2009.

*"Part of this decline is related to the addition of new indicators that allow better measurement of the true quality and patient safety environment," the authors of the report wrote. "For instance, while hospitals have greatly increased adoption of electronic medical records (92.0%) and computerized practitioner order entry (77.1%) since 2009, they lag in developing diversity strategies or plans (44.0%) and efforts to collect data on patients' race and ethnicity and primary language (58.6%)."*

The nation's score for medical liability environment was a C- in 2014, which was unchanged from 2009. But "while this indicates that the nation has failed to make progress, it does not mean nothing has changed. Since the previous Report Card, a number of states have seen liability reforms declared unconstitutional, and there are constant challenges to rules already in place in many other states," the authors wrote in the report. "While the overall grade may mask these serious problems, a few states, such as North Carolina, saw great success in improving its medical liability environment, which prevented the national grade from declining."

The report also looked at each state's support of emergency care, and issued a ranking based on the findings. Grades were issued in relation to the grades of other states, and so "are not an absolute measure of a state's support for its emergency care system." In addition, the grades are not meant to be an indicator of the quality of care provided by hospitals or other providers.

The nation again scored a C for public health and injury prevention -- the same as in 2009 -- which the study's authors noted was a result of gains and setbacks in preventive actions. For instance, the proportion of children receiving immunizations, as well as the proportion of older adults getting their flu shots, has decreased.

The national grade for disaster preparedness was a C- in 2014, which fell from the C+ grade in 2009. There have been decreases in federal funding for disaster preparedness over the last five years. On the bright side, there has been an increase in how many health professionals have registered to be in the Emergency System for Advance Registration of Volunteer Health Professionals.

The report also ranked states based on support for emergency care based on the same five criteria:

#### Top states for emergency care

1. District of Columbia
2. Massachusetts
3. Maine
4. Nebraska
5. Colorado
6. Pennsylvania
7. Ohio
8. North Dakota
9. Utah
10. Maryland

#### Worst states for emergency care

51. Wyoming
50. Arkansas
49. New Mexico
48. Montana
47. Kentucky
46. Michigan
45. Illinois
44. Alabama
42. Louisiana
42. Alaska

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**The Kansas City Star -  
Physicians group says Pa. emergency care improves**

**By Kevin Begos (Associated Press)**

January 16, 2014

<http://www.kansascity.com/2014/01/16/4756352/physicians-group-says-pa-emergency.html>

PITTSBURGH — A physicians group said in a report issued Thursday that Pennsylvania has made significant improvements in access to emergency care, but that some related areas still need work.

The American College of Emergency Physicians report found that Pennsylvania ranks sixth in the nation for overall policies that support emergency patients. The state was ranked eighth in the 2009 report.

The group said the state has significantly improved access to emergency care, and now ranks second nationally in that category. The state is also ranked third for quality and patient safety, too.

But the report also noted that decreases in the number of emergency departments, staffed inpatient beds and psychiatric care beds has led to crowding that isn't good for patients.

*"On average, across the state of Pennsylvania, there's a lot of good news," said Dr. Alex Rosenau, the president of the group and a physician at the Lehigh Valley Health Network in Allentown. Rosenau also noted that Pennsylvania was ranked 38th nationally in terms of medical liability laws.*

*Rosenau said that while the new federal Affordable Care Act is supposed to prove more people with medical coverage, the group forecasts an expanding role for emergency departments.*

Pennsylvania's disaster preparedness ranking also dropped significantly, from fourth place in 2009 to 17th place now. The state suffered heavy declines in intensive care unit beds and burn unit beds.

The top-ranked states in the report were the District of Columbia, Massachusetts, Maine, Nebraska, and Colorado.

The states at the bottom were Wyoming, Arkansas, New Mexico, Montana, and Kentucky.

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**Spartanburg Herald Journal -  
Report: SC receives D+ grade for statewide emergency care  
The nation also received a D+ grade**

By Dustin Wyatt

dustin.wyatt@shj.com

January 16, 2014 at 2:28 p.m.

<http://www.goupstate.com/article/20140116/ARTICLES/140119737/0/Author?Title=Report-SC-receives-D-grade-for-statewide-emergency-care#gsc.tab=0>

South Carolina received a D+ grade for its emergency care environment, as did the nation as a whole, according to a new report by the American College of Emergency Physicians.

The report graded each state and the District of Columbia in five categories: access to emergency care, quality and patient safety, medical liability, public health/injury prevention, and disaster preparedness.

South Carolina received an F for access to emergency care, an F on disaster preparedness and an F on public health/injury prevention. The state ranked last in the nation in the latter category.

For quality and patient safety and for medical liability, the state received grades of B- and B+, respectively. The state's overall average of D+ ranked 33rd in the nation. Washington, D.C., received the highest grade of B- and Wyoming received the lowest grade of an F, according to the report.

The report does not contain county- or hospital-specific data.

*"South Carolina has high rates of under-insured patients, and many physicians in our state do not accept Medicare beneficiaries," Dr. Richard Wendell, president of the South Carolina College of Emergency Physicians, said in a statement. "We are lacking key disaster preparedness policies and have one of the lowest bed-surge capacities in the nation. Concerted efforts are needed to ensure that South Carolina residents have access to the emergency care they need, especially with the expected increase in insured patients resulting from health care reform."*

The report card forecasts an expanding role for emergency departments under the Affordable Care Act and describes the harmful effects of the competing pressures of shrinking resources and increasing demand, according to a news release from the American College of Emergency Physicians. The report card measures conditions and policies under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers.

*"Congress and President (Barack) Obama must make it a national priority to strengthen the emergency medical care system," Dr. Alex Rosenau, president of the American College of Emergency Physicians, said in a statement. "*

There were more than 130 million emergency visits in 2010, or 247 visits per minute. People are in need, but conditions in our nation have deteriorated since the 2009 Report Card due to lack of policymaker action at the state and national levels. With so much changing in health care, emergency care has never been more important to our communities. This report card is a call to action."

The American College of Emergency Physicians, founded in 1968, is the oldest and largest national medical specialty organization representing physicians who practice emergency medicine.

The previous report was issued in 2009. South Carolina received an overall grade of C that year and ranked 26th in the nation, according to the report.

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**Columbus Dispatch**  
**Report Ranks Ohio 7<sup>th</sup> in Nation for Emergency Medical Care**  
By Misti Crane  
January 17, 2014

<http://www.dispatch.com/content/stories/local/2014/01/16/Report-ranks-Ohio-7th-in-nation-for-emergency-care.html>

Ohio could do a much better job of preventing life-threatening injuries and helping those with behavioral health problems, including addiction, a national emergency-care analysis has found.

Overall, though, the state earned comparatively high marks (a C-plus, seventh-best in the nation) in the American College of Emergency Physicians' report, which is critical of the nation as a whole.

*"The role of emergency care is expanding, and this report card is saying the nation's policies are failing to support emergency patients," said Dr. Alexander Rosenau, the group's president.*

The report looked at 136 measures from a variety of sources, including the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services. Areas of focus included access to emergency care; quality and patient safety; medical liability; public health and injury prevention; and disaster preparedness.

The nation received a D-plus. Washington, D.C., which was graded as a state, got top billing. Wyoming was ranked at the bottom.

Five years ago, the college ranked Ohio 18th. The state does especially well in access to emergency care, quality and patient safety, according to the report. An increase in emergency physicians and other medical specialists and increased use of electronic medical records are among the factors that benefit states in those categories.

However, Ohio does poorly in prevention, in part because there are no laws requiring motorcycle helmets or banning hand-held cellphone use for all drivers. And the state has high rates of infant mortality and smoking.

One of the greatest areas of struggle in Ohio is in behavioral medicine, experts say.

*“We need to get more funded beds available both for behavioral health and for substance abuse,” said Dr. Howard Mell, an emergency physician from northeastern Ohio who works at several hospitals in the state.*

*And people with addictions and mental-health problems deserve better care on the front end so that they don’t end up in a hospital in a crisis, said Dr. Eric Adkins, medical director of the emergency department at Ohio State University’s Wexner Medical Center.*

*“They need to find somebody from a behavioral-health standpoint to counsel them, to support whatever needs they have,” Adkins said.*

*“Columbus is trying to get better, but we really need to kind of turn to our policymakers at the local and regional level and state level.”*

Behavioral-health resources have improved slightly in recent years, but there’s still far too few for the demand, said Laura Moskow Sigal, executive director at Mental Health America of Franklin County.

Medicaid expansion in Ohio is a bright spot, and it should lead to better regular care for more people in the state and expansion of hospital services to coincide with a higher volume of patients who are insured, she said.

To view the full report, visit [www.acep.org](http://www.acep.org).

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**The Daily Record**  
**Medical Liability Issues Pull Down State’s Emergency Care Ranking**  
<http://thedailyrecord.com/tag/emergency-room-care/>

Maryland’s medical liability environment is the most significant issue affecting residents’ access to emergency-room care, according to a report released Thursday by the American College of Emergency Physicians.

[Full article available with subscription.]

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**The South Carolina State**

## **Emergency Physicians Group Gives SC a D Plus**

By Joey Holleman

January 16, 2014

<http://www.thestate.com/2014/01/16/3210923/emergency-physicians-group-gives.html>

South Carolina dropped seven spots and slipped from a C to a D-plus grade in the 2014 report card on America's emergency care environment by the American College of Emergency Physicians.

The drop from 26th among the 50 states and the District of Columbia to 33rd was blamed on increasing rates of uninsured and underinsured, a shortage of health care professionals and high fatality rates for drivers, cyclists and pedestrians.

The ACEP is a tough grader. It gave one F (Wyoming), 23 Ds, 23 Cs and four Bs (Nebraska, Maine, Massachusetts and Washington, D.C.). No state earned an A.

Some of the statistics used might not reflect current conditions. South Carolina was graded down because its rate of uninsured children rose from 10.7 percent to 13.3 percent. But in the recent America's Health Ranking, United Health Foundation improved South Carolina's grade in part because the state has added 103,000 children to its Medicaid rolls.

Here are South Carolina's pluses and minuses from the ACEP report:

- Plus: For having a medical liability cap on non-economic damages. The average malpractice award was \$176,366, 10th lowest in the nation.
- Plus: For funding a state emergency services medical director.
- Plus: For increasing the percentage of acute myocardial infarction cases given percutaneous coronary intervention within 90 minutes from 55 to 97 percent.
- Minus: For ranking near the bottom in rates of traffic fatalities (15.2 per 100,000 people), cycling fatalities (13.5 per 100,000 cyclists) and pedestrian fatalities (11.7 per 100,000 pedestrians).
- Minus: For not passing state-wide antismoking legislation.
- Minus: For some of the highest obesity rates (30.8 percent of adults) in the country.
- Minus: For ranking 48th in uninsurance rate.
- Minus: For low rates of burn unit beds (2.1 per 1 million people).
- Minus: For shortage of emergency physicians, neurosurgeons and registered nurses.

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## **Sacramento Business Journal**

### **California Gets Failing Grade for Access to Emergency Care**

By Kathy Robertson

January 16, 2014

<http://www.bizjournals.com/sacramento/news/2014/01/16/calif-emergency-care-report-card-fail.html>

Emergency room overcrowding and lack of psychiatric hospital beds are critical problems in California that hamper access to care, according to a new state-by-state report card released Thursday by the American College of Emergency Physicians.

California earned an “F” for access to emergency care.

The grade also reflects a lack of on-call specialists who provide specialized care; a below-average number of trauma centers; a lack of inpatient hospital beds and the lowest number of ERs per person in the nation, the report shows.

Low Medi-Cal reimbursement rates also place a strain on California’s health care system. Repeated provider fee cuts result in fewer doctors accepting Medi-Cal patients, causing inadequate access to primary care.

*“We are not surprised California is failing in ‘Access to Care,’” Dr. Thomas Sugarman, president of the California Chapter of the American College of Emergency Physicians, said in a news release. “The fact of the matter is that when you repeatedly slash Medi-Cal reimbursement, physicians won’t participate in the program and patients are left with nowhere to go but the ER.”*

Jan Emerson-Shea, a spokeswoman for the California Hospital Association, explained call problems in California emergency rooms as a product of the fact that the state is one of five that can’t employ doctors. California hospitals can contract with emergency room physicians, but getting a private neurosurgeon or cardiologist to take a call? That’s tough to do.

California got an “F” in access to care the last time the group did the report card, in 2009. But the state has improved in other areas, earning a “C-” in quality and patient safety environment, “C+” in medical liability environment, “B+” in public health and injury prevention and “C-” in disaster preparedness. The state’s overall grade in 2014 is a “C-”. It was a “D+” in 2009.

These overall grades place California No. 23 in the nation in 2014; the state was No. 37 in 2009.

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## **WBZ Boston**

### **Mass. Ranks Second in Nation for Emergency Care**

January 16, 2014

<http://boston.cbslocal.com/2014/01/16/mass-ranks-second-in-nation-for-emergency-care/>

BOSTON (CBS)— A report card on emergency medical care nationwide ranks Massachusetts second in the country.

Massachusetts received a “B-” by the American College of Emergency Physicians on a state-by-state report card. The country received a “D+” as a whole, down from a “C-” in 2009.

According to the evaluation, the state provides safe and effective quality care but falls short when it comes to medical liabilities and has not improved its disaster preparedness.

*“The people of Massachusetts understand better than most that emergencies can happen anywhere at any time, especially following the Boston Marathon bombings and the well-organized medical response to the victims,” said Dr. Nathan MacDonald, president of the Massachusetts College of Emergency Physicians. “Given the uncertainties of health care reform, emergency care has never been more important than it is right now.”*

*Dr. David Epstein of Brigham and Women’s Hospital says the state should take the report card seriously.*

*“If you actually look at the indicators, our grades have actually slipped a little bit,” Epstein told WBZ NewsRadio 1030, referring to earlier report cards. “The amount of beds we can increase by in a heart beat is actually fairly low and that’s because our hospitals are fairly crowded.”*

*Epstein said while Boston hospitals were able to quickly adapt in the aftermath of the Boston Marathon bombings, the state as a whole needs to have a plan in place for larger-scale events.*

*"While we were able to do that in Boston for a relatively small event, can you imagine what would have happened if there were thousands upon thousands of casualties? We don't have the capability to handle that and that's what this report is pointing out," Epstein said. "For Massachusetts, we need to increase the infrastructure we have in order to maintain our pace with the rest of the nation in disaster preparedness."*

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## **Pittsburgh Post-Gazette**

### **Pennsylvania gets mixed grades for access and quality of emergency care**

January 16, 2014

<http://www.post-gazette.com/news/health/2014/01/16/Pennsylvania-gets-mixed-grades-for-access-and-quality-of-emergency-care/stories/201401160273>

By Steve Twedt

Pennsylvania's overall national ranking for supporting emergency care has improved, but the state remains "kind of at a stalemate" as far as making progress in key problem areas.

*"Almost daily, we operate at a full capacity and a continuous state of crisis," said Charles Barbera, president of the Pennsylvania chapter of the American College of Emergency Physicians.*

*What's more, he added, the problem may only get worse because emergency room visits are expected to rise as more people gain insurance coverage under the Affordable Care Act while some emergency departments close.*

*Dr. Barbera's comments Thursday followed the release of the American College of Emergency Physicians' national report, which ranked Pennsylvania sixth on the strength of access and quality of care, up from 23rd in the last report released in 2009.*

The report gave the state an overall grade of C+, however, citing its unfavorable medical liability environment and ongoing bed capacity problems, particularly for psychiatric patients.

In individual categories, Pennsylvania dropped to 17th place for disaster preparedness, down from a fourth-place ranking in 2009. The report attributed that to "heavy declines" in intensive care unit and other emergency department beds, plus a drop in the proportion of nurses who said they had received training in disaster preparedness.

High infant mortality rates and poisoning deaths led to a C- grade for public health and injury prevention, and the report also found that Pennsylvania has an above-average rate of smoking among adults.

Its best grade, an A and third-place ranking nationally, came in the category of quality and patient safety environment based on Pennsylvania's statewide systems and policies for treating heart attack, stroke and trauma patients.

Pennsylvania's lowest score, an F, was for its unfavorable medical liability environment as the eventual phase-out of the Mcare liability insurance program could force doctors and hospitals to assume the program's anticipated \$1.3 billion unfunded liability needed for future judgments and settlements. The program is re-evaluated by the Pennsylvania Insurance Department every two years.

*A related issue noted by Bruce MacLeod, director of West Penn Hospital's emergency department and current president of the Pennsylvania Medical Society, is that emergency room physicians are held to the same*

*liability standards as primary care physicians and surgeons, even though they may need to treat patients without knowing their medical histories.*

*"We have not kept up with the rest of the country" in protecting ER doctors, Dr. MacLeod said, by instituting a "clear and convincing" threshold for proving negligence.*

*The physicians also favor a statewide registry for psychiatric beds so appropriate placements can be found quickly. Currently, Dr. MacLeod said, patients with mental health problems may go to the nearest emergency room and wait 16 to 24 hours for a bed in a psychiatric unit.*

*"It clearly is not the best care."*

A copy of the report can be viewed on the Pennsylvania Medical Society's website at <http://www.pamedsoc.org/mediarelations>

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## **Courier-Post**

### **Report: State Lacks Primary, ER Doctors**

By Kim Mulford

<http://www.courierpostonline.com/article/20140117/NEWS01/301170006/Report-State-lacks-primary-ER-doctors>

New Jersey's hospitals are straining under an increased demand for emergency care, and there aren't enough doctors working in the state, according to a report released Thursday by the American College of Emergency Physicians.

The physicians group ranked New Jersey 30th in the nation, based on 136 measures used to determine how state laws support emergency care. The state's grade slipped to a D-plus, down from a C-minus in 2009.

The report praised the state's strong injury-prevention laws mandating seat belts and child safety seats; prohibition of texting and cellphone use while driving; and smoking bans in workplaces, restaurants and bars. It also pointed to the state's improved disaster preparedness.

But access to emergency care has reached a tipping point, the report found. New Jersey ranks among the worst in the nation for hospital capacity, financial barriers and availability of providers, according to the findings.

*"It's alarming," said Dr. Al Sacchetti, chief of emergency medicine at Our Lady of Lourdes Medical Center, Camden.*

*"If you look at outcomes, the outcomes are exceptional, but what's very, very worrisome is ... access to care."*

New Jersey ranks 33rd in the nation for the number of emergency doctors available to treat patients; there are about a dozen emergency specialists per 100,000 state residents.

But shortages in other physician specialties also contribute to the increased demand in hospital emergency rooms.

*Most patients who come to the emergency room need to be there, said Dr. Shelley Greenman, an emergency medicine doctor for 22 years at Cooper University Hospital in Camden.*

*She sees a lot of patients who can't get a doctor's appointment to evaluate worrisome symptoms, such as chest pain, or to get an important prescription refilled.*

*"They have an acute problem, and they need to be seen in a timely fashion," said Greenman, president-elect of the New Jersey College of Emergency Physicians.*

*"We see a lot of patients who are already insured and can't get in to see their physicians. There are just not enough primary care and general practitioners and specialty-care providers out there."*

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## **The Advocate**

### **Report: La. Drops to 42 in Emergency Care Rankings**

Advocate Staff Report

January 18, 2014

<http://theadvocate.com/news/8118305-123/report-la-drops-to-42>

Louisiana dropped six spots to No. 42 in the American College of Emergency Physicians' 2014 report on emergency care systems nationwide.

The report ranks the states and the District of Columbia in five major categories: access to emergency care, disaster preparedness, quality and patient safety, public health and injury prevention; and medical liability environment.

Louisiana ranked No. 3 in Disaster Preparedness, with strong plans and protocols to make sure medically fragile patients remain safe and well-above-average rates of nurses who received emergency training.

The state ranked No. 26 in the medical liability environment, with the lowest average malpractice award payments in the country at \$75,882, down 75 percent since the 2009 report. However, the number of payments had increased.

Louisiana ranked No. 34 in access to emergency care as a result of high rates of uninsured adults and children, 23.9 percent and 11.6 percent; and "a desperate need for primary care and mental health care providers."

The state ranked No. 49 quality and patient safety, although steps are being taken to improve those areas.

Louisiana also ranked poorly in public health and injury prevention at No. 45. The lowlights include the second-highest rate of pedestrian deaths in the nation, 12 per 100,000 pedestrians; high rates of motor vehicle occupant deaths, 13.7 per 100,000 people; and "dire health risks" – 25.7 percent of adults smoke and 33.4 percent of adults and 21.1 percent of children are obese.

The report recommends that Louisiana hire a state Emergency Medical Services medical director and push to reduce the rates of smoking and obesity. Louisiana should also commit to improving traffic safety for motorists, bicyclists and pedestrians.

The top states were the District of Columbia, Massachusetts, Maine, Nebraska and Colorado. The lowest-ranked states were Wyoming, Arkansas, New Mexico, Montana and Kentucky.

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## **Arkansas Democrat**

### **Report: Arkansas gets D- in emergency care environment**

By Christina Huynh

January 16, 2014 at 12:30 p.m.

<http://www.arkansasonline.com/news/2014/jan/16/report-arkansas-ranks-50th-emergency-care-environm/?f=news-arkansas>

Arkansas has ranked next to last among the 50 states and Washington, D.C., for its overall lack of support for emergency care, according to a medical officials' report released Thursday.

The state moved up one spot — from 51st in 2009 to 50th with a score of "D-minus" — in a report by American College of Emergency Physicians, a national medical organization founded in 1968 and composed of 32,000 physicians who practice emergency medicine.

Meanwhile, the overall emergency care environment across the nation received a near-failing grade of D-plus, lower than the C-minus grade earned in 2009, the report states.

Arkansas received two F's, two D minuses and one D in five categories, the report states. They include access to emergency care through providers, affordability, treatment centers and hospital capacity; investments to state and private systems that support emergency care; the legal atmosphere for physicians, such as high liability insurance rates that cause physicians to "stop performing high-risk but critically necessary procedures"; prevention efforts in public health and injuries; and financial resources and number of personnel for a disaster response.

*"Arkansas policies have nowhere to go but up in support for emergency care and emergency patients," said Darren Flamik, the president of the organization's Arkansas chapter.*

The state's best mark, a 41st rank with a D in quality and patient safety environment, is an improvement over its F and 50th place ranking in 2009, according to the report. This score could improve by increasing funding in Arkansas' emergency medical services system and funding a state emergency medical services director, the organization said in a statement.

However, in the medical-liability environment category, the state dropped 25 spots since 2009, with a 37th place ranking compared with a 12th-place rank five years ago. The state lacks a liability cap on "non-economic" damages and needs more protection for physicians who provide government health care in emergency departments, according to the report.

The report states that Arkansas has "notable workforce shortages" for emergency physicians, orthopedists and hand surgeons, as well as a low rate of physicians (1.7 out of every 100) accepting Medicare. The state also has high fatality rates for drivers and passengers, bicyclist and pedestrians, according to the report.

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### **Houston Chronicle**

#### **Emergency service conditions in Texas failing patients, report states (front page – above fold)**

Physicians group says situation likely to get worse under health care reform

By Lora Hines

<http://www.houstonchronicle.com/news/health/article/Emergency-service-conditions-in-Texas-failing-5150734.php?t=51341374b3b05374ef>

January 16, 2014 | Updated: January 16, 2014 8:36pm

Texas emergency medical services earned a D+ grade, falling in the past five years from 29th to 38th place nationwide, according to a report by the American College of Emergency Physicians.

Texas failed in providing access to emergency care, quality and patient safety and public health and injury prevention based on 136 measures, according to the report card issued Thursday.

*And things will become worse in Texas and nationwide as more Americans become insured under the Affordable Care Act, yet have little access to preventive care because there aren't enough doctors to meet the demand, said Dr. Alex Rosenau, president of the American College for Emergency Physicians.*

*"This report card is sending an alarm," Rosenau said. "The need for emergency care is increasing. We are failing to support our emergency patients."*

*Dr. Arlo Weltge, a Texas Medical Center emergency department doctor, echoed that view, saying the report shows Texans don't have doctors who could help keep them healthy.*

*"What we are missing in Texas is a functioning primary care system," said Weltge, who also is a clinical professor of emergency medicine and member of the American College of Emergency Physicians. "Right now, today, we're in the middle of a serious flu season. We're seeing some incredibly ill patients. Most institutions are overwhelmed with patients, which could have been avoided if they had received early treatment and vaccinations."*

The organization's report evaluates how emergency care is delivered state by state. It includes 136 measures in five categories: access to emergency care, quality and patient safety, medical liability, public health and injury prevention and disaster preparedness.

No state got an overall A. Wyoming was the only state to score an overall F.

Texas' D+ reflected the nation's grade as a whole. However, it scored well or average in two categories, getting an A in medical liability, which limits how much money people can seek in damages, and a C for disaster preparedness.

The study does not evaluate or compare the care at individual hospitals. It also does not break down scores by region or city.

Medicaid a factor

State and local health care providers and experts agreed with the report's assessment that Texas' high rate of uninsured residents and low Medicaid reimbursements prevent people from getting regular treatments and vaccines that would keep them out of emergency rooms. An estimated 6 million Texans, about 25 percent of the state's population, are uninsured.

State leaders, who oppose the Affordable Care Act, did not expand Medicaid to cover more lower-income residents under the Affordable Care Act. About 1 million residents will remain uninsured and use emergency rooms, said Lance Lunsford, spokesman for the Texas Hospital Association.

"That's going to have a significant effect as that population continues requiring care and will likely not seek it in the primary care setting," he said.

Education crucial

Patricia Gray, the University of Houston's Health Law and Policy Institute's research director, said the state's Medicaid policy isn't likely to change soon, regardless of Thursday's report. She said newly insured residents also won't stop seeking emergency care until they learn how to use their coverage.

"They're not used to doing anything else," she said. "We're never going to do away with emergency rooms or disease outbreaks. The more we can do to educate people to become healthy to stay out of emergency rooms,

the more this problem will settle itself."

Gray said Texas' failing grade in public health and injury prevention indicates the state isn't doing enough to teach people about disease prevention. Yet, it was troubling Texas was rewarded for having a \$250,000 medical liability cap, she said.

"We're so focused on limiting liability and less focused on how to teach people to take care of themselves," Gray said, adding that more health education could lead to less treatments and concern about medical liability.

Besides failing in emergency care access and public health, Texas also received an F in quality and patient safety as a result of the state's failure to fund improvements to its emergency medical system and establish coordinated triage and transportation policies for heart attack victims. Gray said hospitals statewide have begun to achieve specialty designations in stroke and heart attack care, which will lead to improved policies to get patients to those facilities.

"We are still behind on things that should be seen as really basic," she said. "Texas is very slow to move. It's a really big state."

Texas' rank challenged

*While he said he appreciated the report's "red flags," Dr. Jeff Kalina, Houston Methodist Hospital's emergency services director, took issue with Texas' near-failing ranking. He said it was disingenuous for it to appear as if all hospitals in all regions of the state were under-performing.*

"I don't think the reality matches the scorecard," he said. "It all depends on the criteria they're using."

He and Lunsford especially questioned the report's average rating for Texas' disaster preparedness. Within the last dozen years, the state has been hit by several damaging hurricanes, plus last year's devastating explosion in West.

"We had hundreds and hundreds of patients who required care," Kalina said of the Texas Medical Center's hurricane responses. "We've had real-life responses to disasters. We've done an incredible job. Sometimes reality doesn't mesh with scorecards. We have proven over and over again in disaster response we can take care of it."

Emergency Room Report Card

Texas dropped from 29th in the nation in 2009 to 38th in the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency care environment.

Access to Emergency Care

F

Rank: 47th

Disaster Preparedness

C

Rank: 21st

Medical Liability Environment

A

Rank: 2nd

Quality and Patient Safety Environment

F

Rank: 42nd

Public Health and Injury Prevention

F

Rank: 49th

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### **San Francisco Chronicle**

#### **Emergency Room Care Declines as Obamacare Brings More Patients**

Caroline Chen, ©2014 Bloomberg News

<http://www.sfgate.com/business/bloomberg/article/Emergency-Room-Care-Declines-as-Obamacare-Brings-5151918.php>

Jan. 16 (Bloomberg) -- With Obamacare bearing down on them, a doctors' group said emergency rooms are less able to provide quality care than three years ago, and more resources will be needed to handle an expected surge of patients.

Hospitals have fewer beds available, causing delays in ERs that saw visits climb to 130 million in 2010, according to a report from the Dallas-based American College of Emergency Physicians. Federal funding for disaster preparedness has fallen, so the hospitals are also less prepared to handle a sudden influx of injured patients, the group said.

Care will become harder to access as people newly enrolled in the U.S. Medicaid program for the poor and aging baby boomers turn to ERs for medical services, the report said. The Patient Protection and Affordable Care Act broadens Medicaid eligibility to more than 19 million people. A study published in Science this month found new Medicaid patients in Oregon visited ERs 40 percent more often than the uninsured.

*"Every year it's a little worse," said Arthur Kellermann, dean of the medical school at the Uniformed Services University of Health Sciences in Bethesda, Maryland. "But unless you find yourself in a stretcher in a hallway without a bed, you don't realize it."*

Staffed inpatient beds fell 16 percent to 330 per 100,000 people in 2012, and psychiatric care beds dropped 15 percent to 26 beds per 100,000, today's report said.

#### **Direct Result**

*"Emergency department crowding is a direct result of inpatient capacity," said Jon Mark Hirshon, associate professor at the University of Maryland School of Medicine in Baltimore, who headed the report's task force. ER physicians "have to spend a lot of time finding a place to send somebody," he said in a telephone interview.*

*The number of emergency physicians per 100,000 people rose to 13.5 from 11.8, the doctors' group said. That's not enough, Kellermann said in a telephone interview.*

*"ERs provide 28 percent of all acute care visits, but only 4 percent of doctors work in the emergency department," Kellermann said, citing a 2010 study published in the journal Health Affairs. "If there's more people coming into the ER without a dramatic expansion in doctors and inpatient capacity, you'll get a bottleneck."*

#### **Cash Needed**

The doctors' report, which gave the nation's emergency care a grade of D+, contained a range of recommendations, including funding for a commission to investigate the shortage of health professionals and

for pilot programs aimed at improving care. Doctors should be given some liability protection for ER work, and federal money should be withheld from states that don't pass safety legislation like motorcycle helmet requirements.

*Kellermann, who previously headed the department of Emergency Medicine at Emory University in Atlanta, also said access is declining faster in low-income communities.*

Hospitals are also less prepared for disasters, the report said, due to decreased federal funding, which fell 31 percent to \$9.52 per capita from \$13.82 in 2009.

"Times are not wonderful for a lot of hospitals: volumes have been declining the number of paying heads in the bed, and money is tight," said Sheryl Skolnick, an analyst at Stamford, Connecticut-based CRT Capital Group LLC.

The National Hospital Preparedness Program, which provides grants to hospital and health-care systems, "has been very successful at the hospital level and has evolved steadily to become a critical component of community resilience, enhancing the response capabilities of our nation's health-care systems," said director David Marozzi in an e-mail. Marozzi didn't respond to questions about future funding plans.

#### Emergency Drills

The report also found a wide range in the number of emergency drills conducted from state to state. Mississippi averaged 0.1 drills per hospital, while Rhode Island averaged 18.8.

*"Where you're going to start cutting corners first is in disaster preparedness because the tyranny of the urgent trumps preparing for the more downstream events," Kellermann said.*

Doctors at the Brigham and Women's Hospital in Massachusetts, which treated 31 victims of the Boston Marathon bombing last April, practice disaster response procedures repeatedly, said Eric Goralnick, the center's medical director of emergency preparedness.

"The first several minutes are the most critical during a response," Goralnick said. "Drills are critical so your muscle memory will just kick in."

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#### **Philadelphia Inquirer -**

#### **Report finds ERs in crisis: Pa. better than most, N.J. worse**

By Don Sapatkin, Inquirer Staff Writer

January 18, 2014

[http://www.philly.com/philly/health/20140117\\_Report\\_finds\\_ERs\\_in\\_crisis\\_Pa\\_better\\_than\\_most\\_N\\_J\\_worse.html](http://www.philly.com/philly/health/20140117_Report_finds_ERs_in_crisis_Pa_better_than_most_N_J_worse.html)

A lot has changed since 1971, when David K. Wagner - trained as a pediatric surgeon and earning \$12,000 a year on faculty plus \$5.63 an hour moonlighting in the emergency room - started the nation's second training program in emergency medicine at the old Medical College of Pennsylvania.

You no longer need to ring a bell for service. Or ride a hearse to the ER, as was common in rural areas.

But overcrowding in what are now more professionalized emergency departments is again rampant - and growing - and health care is changing so rapidly that policies can't keep up.

Emergency care in Pennsylvania is "in a near-continuous state of crisis," said Charles Barbera, an emergency doctor in Reading and president of the state chapter of the American College of Emergency Physicians.

And Pennsylvania is among the best, ranking sixth in a report released Thursday by the national organization.

New Jersey, by contrast, ranked 30th - down by 17 from the 2009 report.

No place scored particularly high. Translated to letter grades, New Jersey got a D+ (down from a C+). Pennsylvania was C+ (unchanged, despite moving up two places in the rankings). The nation got a D+ (down from C-).

The grades don't reflect medical outcomes. They are based on 136 measures of what the report calls the "emergency care environment": regulations, practices, and pressures under which emergency medicine is given.

Many are invisible to the general public. Pennsylvania and New Jersey were among 21 states that got an F on medical liability, for example, the most failures in any of the five subcategories. Malpractice premiums in both states are around 50 percent above the national average; the Philadelphia region would be higher.

Besides raising the price of health insurance, costly malpractice coverage encourages doctors to leave.

*"If your state has a terrible medical liability grade, you may not be able to get that neurosurgeon or hand surgeon when you need one," Jon Mark Hirshon, an associate professor in emergency medicine at the University of Maryland, said in a teleconference with reporters.*

The amount that physicians are reimbursed for seeing Medicaid patients has a similar effect. Pennsylvania is below the national average, but New Jersey, at 40 percent, is second-lowest by one-tenth of 1 percentage point. Patients have a hard time finding both primary care physicians and specialists who accept it, and end up crowding the emergency department.

Reimbursement is higher for patients who gain insurance under Obamacare's Medicaid expansion. But that is unlikely to help with overcrowding.

Emergency department usage "will go up for a few years as people get insurance," said Brian J. Zink, author of *Anyone, Anything, Anytime: A History of Emergency Medicine*. When Massachusetts expanded in 2006, emergency visits rose more than 7 percent, he said, and there were similar increases when Medicaid and Medicare first began in the mid-'60s. The system adjusted after several years.

There is some evidence that long waits in the ED, known as boarding, can be harmful. Zink, who is chief of emergency medicine at Rhode Island Hospital in Providence, said that waiting more than four hours for a bed after doctors have decided to admit a patient, which is usually several hours after arrival, is considered excessive.

In the Philadelphia region, the average wait from ED arrival until admission - the measure used in the report - is 5 hours, 34 minutes. (Find your hospital's wait time at [www.inquirer.com/vitalstats](http://www.inquirer.com/vitalstats)).

Nationally, emergency department visits increased 34 percent between 1995 and 2010, the new report found, while the number of EDs dropped 11 percent.

Although it calls on government and communities to address the ED environment through new policies, planning, and funding, many of the issues resulted from cultural shifts and improvements in general medical care.

*"People who used to die 25 years ago now live with a variety [of complex conditions], and when they come into the ED they are very sick," said David Adinaro, chief of adult emergency medicine at St. Joseph's Regional Medical Center in Paterson, N.J.*

Victims of car accidents increased dramatically over the decades as more people drove. ED visits due to misuse or abuse of prescription painkillers have skyrocketed. Meanwhile, the practice of medicine has changed.

"[P]rimary care physicians increasingly rely on emergency physicians to help manage care for patients whose illnesses are severe or complex, as emergency departments can efficiently perform complex diagnostic workups and handle after-hours demand for care," according to the report.

The 4.2 percent of doctors in the United States who are emergency physicians handle 11 percent of all outpatient care and 28 percent of acute-care visits, many of which used to take place in the doctor's office.

Family doctors once made most patient admissions, too. Now they go through the ED. Patients also get diagnostic tests in the ED that used to be done after admission, causing long waits for results.

In one of the biggest recent shifts in medical care, however, most aren't admitted at all: 83 percent are discharged home.

*"It's not just about making a diagnosis and admitting patients any more, it is a more comprehensive sort of care," said Shelley Greenman, president-elect of the American College of Physicians' New Jersey chapter. "We have to take that next step to make sure they are safe to go home, to make sure they have antibiotics, that they have physician follow-up, that they have care at home."*

When she arrived at Cooper University Hospital 23 years ago, Greenman said, there were 15 to 17 beds in the emergency department.

"It was an exception that we had patients in the hall," she said. "Now we have probably about 40 beds and probably another 15 hallway beds and chairs, and it is exceptional when we are not using hallway beds."

Doctors say that solutions are likely as complex as the problems.

"The entire system is under a huge amount of stress," said Adinaro, the Paterson physician and chapter president whom Greenman will succeed in June.

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## **Worcester Telegram**

### **Support for Emergency Care Falls, Physicians Say**

<http://www.telegram.com/article/20140117/NEWS/301179924/-1/NEWS05>

January 16, 2014

With Obamacare bearing down on them, a doctors' group said emergency rooms are less able to provide quality care, and more resources will be needed to handle an expected surge of patients from the new law.

Hospitals have fewer beds available, causing delays in ERs that saw visits climb to 130 million in 2010, according to a report from the Dallas-based American College of Emergency Physicians. Federal funding for disaster preparedness has fallen, so the hospitals are also less prepared to handle a sudden influx of injured patients, the group said.

*"This report card is sounding an alarm," Alex Rosenau, the physicians' group president, said in a conference call Thursday. "The need for emergency care is increasing, the role of emergency care is expanding, and this report card is saying that the policies are failing."*

Care will become harder to access as people newly enrolled in the U.S. Medicaid program for the poor and aging baby boomers turn to ERs for medical services, said the report, which gave the nation's emergency care a grade of D+.

### Reality hits

The U.S. Patient Protection and Affordable Care Act broadens Medicaid eligibility to more than 19 million people. A study published in Science this month found new Medicaid patients in Oregon visited ERs 40 percent more often than the uninsured.

*"Every year, it's a little worse," said Arthur Kellermann, dean of the medical school at the Uniformed Services University of Health Sciences in Bethesda, Md. "But unless you find yourself in a stretcher in a hallway without a bed, you don't realize it."*

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*"If there's more people coming into the ER without a dramatic expansion in doctors and inpatient capacity, you'll get a bottleneck."*

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Hospitals are also less prepared for disasters, the report said, due to decreased federal funding, which fell 31 percent to \$9.52 per capita from \$13.82 in 2009.

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### Emergency drills

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The doctors' report contained a range of recommendations, including: funds for a commission to investigate the shortage of health professionals and for pilot programs to improve care; doctors should be given some liability protection for ER work; and, federal money should be withheld from states that don't pass safety legislation like motorcycle helmet requirements.

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### **Portland Press Herald**

#### **Maine gets B-minus in emergency care report**

The grade is the nation's third-best, but a group says the state is poorly prepared for disasters.

By Dennis Hoey [dhoey@pressherald.com](mailto:dhoey@pressherald.com)

[http://www.pressherald.com/news/Maine\\_hospitals\\_get\\_B-minus\\_in\\_emergency\\_care\\_report\\_.html](http://www.pressherald.com/news/Maine_hospitals_get_B-minus_in_emergency_care_report_.html)

Maine hospitals and the emergency room care they provide have received high marks from a national physicians group.

Maine was ranked third in the nation for providing emergency care services in a report card released Thursday by the American College of Emergency Physicians.

But the report says there is room for improvement at Maine hospitals, and at emergency rooms across the nation.

*"The availability of that care (emergency room) is threatened by a wide range of factors including shrinking capacity and an ever increasing demand for services," the report says.*

*"Even as more and more Americans come to rely on emergency departments for their acute care needs, such care will increasingly become harder to access."*

The physicians association gave the nation's overall emergency care system a D-plus, lower than the C-minus earned in 2009, the last time the group issued its national report card.

Maine fared better than most states, ranking third overall for providing a strong emergency room environment.

The physicians group based the rankings on how each state performed in five categories.

Those categories included access to emergency care, quality and patient safety, medical liability, public health and injury prevention, and disaster preparedness.

Maine received an F in the disaster-preparedness category, but overall received a B-minus.

*“Maine has a strong commitment to public health and injury prevention, and compared with other states we have fewer uninsured patients,” said Dr. Michael Baumann, chief of the Department of Emergency Medicine at Maine Medical Center in Portland, and president of the physician group’s Maine chapter.*

“But the state has implemented very few elements of disaster preparedness planning at the state level. We need to make progress in that area.”

Maine excelled in other areas such as access to emergency care, but one area of concern was long waits for psychiatric care beds, especially for children.

“Some waits in the emergency departments are reported to last eight days,” the report said.

Gordon Smith, executive vice president of the Maine Medical Association, which represents physicians across the state, said he doesn’t agree with all of the findings in the report but added, “I do think we have improved and that is something to be proud of.”

Smith said not everyone in Maine has access to health coverage, and that access to psychiatric care must improve.

“It would be irresponsible of me to say that access is great,” Smith said.

Jeff Austin, vice president of governmental affairs for the Maine Hospital Association, said the state should be proud of its ranking.

But, he said, “It’s just one report in a long line of various attempts to take the massive amount of data that is out there and distill it into a report card.

“We are proud that we did well in Maine but we are not perfect. There is room for improvement,” he said.

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### **Lehigh Valley Morning Call**

#### **Pennsylvania ERs get a C+**

Grade due partly to backlogs caused by shortage of psychiatric beds

By Tim Darragh, Of The Morning Call

January 16, 2014

<http://www.mcall.com/news/nationworld/pennsylvania/mc-pennsylvania-emergency-care-rating-20140116,0,1265349.story>

A shortage of psychiatric beds is backing up patient flow in hospital emergency departments across Pennsylvania, contributing to "a near continuous state of crisis," the head of a state organization of emergency room physicians said Thursday.

*Dr. Charles Barbera, a Reading-area physician and president of the Pennsylvania chapter of the American College of Emergency Physicians along with other emergency-room doctors spoke out after the college gave the state a C+ in its report card on the nation's emergency care.*

The report card, the first issued since 2009, found that access to emergency care and quality and patient safety has improved over the past five years. But the state's public health effort and disaster preparedness declined, it said. Nevertheless, Pennsylvania's ranking improved to sixth among all states, the college said.

Doctors said the lack of psychiatric beds leads to delays in moving patients through the system, leaving patients who need mental health treatment in beds that could be used by others. The problem, they said, is most acute in the western part of the state and during the flu season.

Although many facilities are not licensed to provide psychiatric care, their emergency departments have to be ready to admit psychiatric patients until beds can be lined up. In addition, "it's not a one-size-fits-all," Barbera said, noting that communities need access to psychiatric beds for children, the elderly, those who need to be restrained or people with eating disorders.

The panel said Pennsylvania should follow the lead of Maryland hospitals, which use an online registry of all the state's psychiatric beds to accelerate the placement of psychiatric patients.

The doctors also said they're concerned that the possible expansion of Medicaid under Gov. Tom Corbett's Healthy Pennsylvania plan could worsen the situation, because the plan has no provision for expanding the network of primary-care doctors and specialists who accept Medicaid payments.

*Dr. Todd Fijewski, an emergency physician from Pittsburgh, noted that a recent study in Oregon found that when Medicaid was expanded, newly insured people increased their use of emergency departments.*

*"When we add patients to the insurance pool, that boarding and crowding situation may worsen," he said. Corbett's plan will work "if the primary-care network works."*

In the report card, Pennsylvania's "disaster preparedness" rating, which includes the psychiatric bed issue, fell from A in 2009 to C+. According to the report, the state's rating also was harmed by an overall reduction of beds in intensive care and burn units.

On public health issues, the state fell from B- to C-. Pennsylvania with an infant mortality rate of 7.3 deaths per 1,000 births and an unintentional poisoning death rate of 13.4 per 100,000 people, fell to the bottom third of states, it said. The state also lost points for adopting only limited laws banning smoking in restaurants, it said.

The state also has some of the highest medical liability insurance premiums in the country, the report card said, with specialists averaging \$88,865 a year. A program providing a second tier of liability insurance funded by health providers will be phased out and its \$1.3 billion in unfunded liabilities hovers like a "dark cloud" over doctors and hospitals, the report said.

On the positive side, the report card found Pennsylvania rose from 23rd to second among states in access to emergency care. It also rose from fourth to third for providing quality and an environment emphasizing patient safety.

The report was compiled using a variety of data — some of which was out of emergency departments' control. Among other things, the report considered seat-belt usage, the ratio of lawyers to state residents and whether a provider's statement of concern over a patient's pain is inadmissible in court. Pennsylvania passed a so-called "apology law" last year, allowing doctors make such statements without fear of them being used in court.

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By Patti Mengers

<http://www.delcotimes.com/social-affairs/20140116/report-pa-hospitals-in-need-of-psychiatric-care-beds>

Pennsylvania's hospitals are rated second overall in the nation for access to emergency care and third for quality and patient safety environment in emergency departments, but they are in need of psychiatric care beds, according to a report released Thursday by the American College of Emergency Physicians.

*Dr. Charles Barbera, president of the Pennsylvania chapter of the American College of Emergency Physicians, said Pennsylvania's high ranking for access to emergency care reflects dedication and hard work on the part of the state's policymakers and medical work force, but the state has had decreases in the number of emergency departments, staffed inpatient beds and psychiatric care beds since 2009.*

*"These losses have led to increased crowding in Pennsylvania's emergency departments, which is detrimental to patients," said Barbera in a prepared statement.*

The bed shortage contributed to the state's rank for disaster preparedness dropping from fourth place in the nation with an "A" in 2009, to 17th place with a "C-Plus." The report recommends that Pennsylvania health officials adopt a statewide psychiatric bed registry to help cope with the decrease.

Pennsylvania Medical Society President Bruce A. MacLeod said in a press release on Thursday that addressing the "boarding" of psychiatric patients in emergency rooms was voted on as a high public health priority by medical society members last fall.

*"It's not unusual for a psychiatric patient to spend hours in the emergency room while staff members try to track down an available bed. A statewide registry would be quite useful and expedite care for these patients," said MacLeod, who is a practicing emergency physician from Pittsburgh.*

In Delaware County, both Mercy Fitzgerald Hospital in Darby and Crozer-Chester Medical Center in Upland have crisis centers designed to accommodate patients with psychiatric issues.

About 240 people each month visit the crisis center at Mercy Fitzgerald, which has a 21-bed, inpatient behavioral health unit with an average daily volume of 17 patients, said Kathryn Conallen, chief executive officer and senior vice president of acute care services for Mercy Health System. She said that includes patients who have been medically cleared and transferred from the emergency department, walk-in patients and patients from other hospitals that do not have crisis centers.

"Our focus is on continuing to work with local officials at the county level and community organizations to ensure patients have access to the most appropriate level of care to meet their mental health status," said Conallen.

About 3,500 patients per year are seen at the crisis center at Crozer-Chester Medical Center that has a 32-bed adult unit and a 12-bed child and adolescent unit, said Grant Gegwich, spokesman for Crozer-Keystone Health System, which includes Delaware County Memorial Hospital in Upper Darby, Springfield Hospital, Taylor Hospital in Ridley Park and Community Hospital in Chester.

"To ensure that psychiatric issues do not tie people up unnecessarily in emergency departments or inpatient units, Crozer-Keystone offers consultation services at all of the hospitals within our health system," said Gegwich.

In other areas evaluated by the American College of Emergency Physicians in its "America's Emergency Care Environment: A State-by-State Report Card — 2014," Pennsylvania earned an "F" for medical liability, in part, because it lacks additional protections for life-saving care mandated by the Emergency Medical Treatment and Active Labor Act. Physicians and hospitals could end-up assuming \$1.3 billion in unfunded liability left by the phase-out of MCARE, Pennsylvania's liability insurance program, according to the report.

Because of high infant mortality rates and unintentional poisoning deaths, Pennsylvania earned a “C-Minus” for public health and injury prevention, according to the report. It also noted above-average rates of smoking among adults, which indicates a need to strengthen smoking bans in restaurants and bars.

Members of the American College of Emergency Physicians, based in Dallas, Texas, applied 136 measures in five categories to evaluate conditions under which emergency care is being delivered in the U.S.

They said conditions surrounding emergency care overall this year in the United States earned a near-failing grade of “D-Plus” as compared to “C-Minus” in 2009. Pennsylvania overall was sixth in the nation this year with a “C-Plus” for emergency care environment.

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### **Cincinnati Inquirer**

#### **Ohio scores well in ER ratings, while Ky. ranks near bottom**

01/17/14 at 7:00

by Mark Wert

<http://cincinnati.com/blogs/dailydose/2014/01/17/ohio-scores-well-in-er-ratings-while-ky-ranks-near-bottom/>

The nation’s emergency room doctors Thursday gave a poor grade to America’s emergency care. The nationwide grade was D plus, down from a C in 2009.

Some states – including Kentucky – got even poorer scores. The Bluegrass State shared a D with Montana and New Mexico. Arizona got a D minus and Wyoming got an F.

The best ranked states were District of Columbia, Massachusetts, Maine and Nebraska, which all scored B minuses. Colorado had a C plus as did Ohio. The Buckeye State scored an F for emergency preparedness because of a late data submission. A note in the report says when looking at the late data, Ohio would have gotten a C or C minus for this component, pushing its overall score to B minus.

Indiana’s overall score was a D plus.

With Obamacare bearing down on them, the Dallas-based American College of Emergency Physicians said emergency rooms are less able to provide quality care than three years ago, and more resources will be needed to handle an expected surge of patients.

Hospitals have fewer beds available, causing delays in ERs that saw visits climb to 130 million in 2010, according to the group’s report. Federal funding for disaster preparedness has fallen, so the hospitals are also less prepared to handle a sudden influx of injured patients, the group said.

Care will become harder to access as people newly enrolled in the U.S. Medicaid program for the poor and aging baby boomers turn to ERs for medical services, the report said. The Patient Protection and Affordable Care Act broadens Medicaid eligibility to more than 19 million people.

*“Every year it’s a little worse,” Arthur Kellermann, dean of the medical school at the Uniformed Services University of Health Sciences in Bethesda, Maryland, told Bloomberg News. “But unless you find yourself in a stretcher in a hallway without a bed, you don’t realize it.”*

Staffed inpatient beds fell 16 percent to 330 per 100,000 people in 2012, and psychiatric care beds dropped 15 percent to 26 beds per 100,000, today’s report said.

*“Emergency department crowding is a direct result of inpatient capacity,” said Jon Mark Hirshon, associate professor at the University of Maryland School of Medicine in Baltimore, who headed the report’s task force. ER physicians “have to spend a lot of time finding a place to send somebody,” he said in a telephone interview.*

*The number of emergency physicians per 100,000 people rose to 13.5 from 11.8, the doctors’ group said. That’s not enough, Kellermann said in a telephone interview.*

*“ERs provide 28 percent of all acute care visits, but only 4 percent of doctors work in the emergency department,” Kellermann said, citing a 2010 study published in the journal Health Affairs. “If there’s more people coming into the ER without a dramatic expansion in doctors and inpatient capacity, you’ll get a bottleneck.”*

The doctors’ report contained a range of recommendations, including funding for a commission to investigate the shortage of health professionals and for pilot programs aimed at improving care. Doctors should be given some liability protection for ER work, and federal money should be withheld from states that don’t pass safety legislation like motorcycle helmet requirements.

You can read the complete report [here](#).

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## **NBC 40**

### **NJ's hospital emergency departments receive D+ grade**

<http://www.nbc40.net/story/24475498/njs-hospital-emergency-departments-receive-d-grade>

By Brett Miller

The American College of Emergency Physicians released their report card Thursday, grading every state on their emergency room care environment.

New Jersey got a D+, ranking it 30th in the nation.

*"I don't think it's something for us to be proud of. I think we have a long way to go," said Shelley Greenman, Assistant Professor of Emergency Medicine at Cooper University Hospital.*

While the state has plenty of room to improve, doctors say there are two areas where New Jersey could make up ground."

*"Our Medicaid reimbursement rates are one of the lowest in the country," said Greenman. "So that, combined with a hostile liability environment makes it a very inhospitable environment for physicians."*

E.R. doctors are required to treat every patient that walks through their doors, even when they have little or no background information on them, putting specialists at risk of a possible lawsuit.

The Affordable Care Act could make the problem even worse, as newly insured patients seek immediate care.

*"They want to know what their problem is. They don't want to wait three weeks to maybe see a primary care physician they have no relationship with," said Greenman.*

Her concerns were echoed by Congressman Frank Lobiondo.

"This has been a serious concern since the bill was first outlined years ago. That this was seriously going to negatively impact their ability to provide care to patients."

Here in the Garden State, Assemblyman Chris Brown says in a statement that the state has expanded Medicaid to include over 164,000 more children, but there is still more work to be done.

"Despite these successes, I share their concerns about the number of physicians practicing in this state.

"We have tremendous medical schools in New Jersey, but we are losing our medical school graduates to other states.

"That is why I supported a loan forgiveness program as an effort to retain and increase the number of doctors practicing in our state, and I hope the Governor signs the bill."

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## Hawaii News Now

### Hawaii's Ability to Respond to Mass Casualty Gets Failing Grade from ER Physicians

<http://www.hawaiinewsnow.com/story/24477700/hawaiis-ability-to-respond-to-mass-casualty-gets-failing-grade-from-er-physicians>

January 17, 2014

By Mileka Lincoln

Honolulu - A well-respected national organization, in which almost all emergency physicians are members of, gives Hawai'i a failing grade when it comes to access to emergency care and disaster preparedness.

According to the 2014 American College of Emergency Physicians' (ACEP) state-by-state report card on the nation's emergency care environment, Hawai'i earned an overall C- and ranks 24th in the U.S.

Despite an A in "Public Health and Injury Prevention" and a B- in "Quality and Patient Safety Environment", two state failed in both "Access to Emergency Care" and "Disaster Preparedness".

*"The admirable commitment that Hawaii's state government shows to public health needs to be shown in other areas that affect emergency patients," wrote Dr. Jay Ishida, president of the Hawaii Chapter of ACEP in a statement regarding the state's report card. "Our ability to respond to both everyday emergencies and potential disasters or mass casualty events is seriously compromised by hospital shortages and lack of burn units and ICU beds."*

Other local health officials admit there are elements of the report that ring true – most notably the lack of hospital beds, which in busy urban areas can lead to average ER wait times of around five hours.

Under-staffing is another concern.

*"If a plane went down, if a bus crash occurred – people would be shocked at how difficult it is for us to get the adequate care to all of those individuals at once," described Senator Josh Green, an emergency-room physician, who chairs the Senate's Health committee.*

He believes a major contributing factor to the failing grades is the closure of two O'ahu hospitals in 2011, but says the biggest challenge here in Hawai'i is geographic.

*"We'll never have enough patient volume on the neighbor islands to have to have full staffs there but on the other hand we can't turn our backs on our people. So either we put in extra resources for trauma teams on the neighbor islands or we continuously beef up our air ambulance air med services to get people over here," explained Dr. Green.*

Healthcare Association of Hawai'i's Emergency Services Director says the report isn't inaccurate, but it doesn't look at the right things – like the state's contingency plan.

"We can stand up to 250 beds in the field if we had to. One of them is just a single module 150 beds complete with air-conditioning, lights, showers, sinks, toilets, infusion pumps, biomedical equipment, pharmaceuticals and team members to staff it," described Toby Clairmont, HAH's Emergency Services Director.

He says the ACEP assessment is incomplete because it simply examined what's currently is in place, not what could be, adding that's where Hawai'i excels.

"I think it's true in the fact that we don't have enough beds – that has a lot to do with day to day demand why that isn't there and the economy that it supports it, but on the other hand, in time of disaster there's a lot of things hiding in the corners that could be deployed to fill that gap and that's what we've been working on for the last ten years," Clairmont explained.

Clairmont says measured against federal criteria, Hawaii's emergency procedures are ranked one of the top 5 in the country.

"There's a lot out there that's pre-positioned throughout the state ready to help in our neighborhoods and communities," Clairmont said.

While the report does credit the state's emergency medical services as top-notch, ultimately it finds gaps in hospital and treatment facility capacity are leading to poor overall access to emergency care.

Senator Green says the state's trauma health system, which was created in 2006 by tobacco tax dollars, has made great strides since its inception, but there are still areas that need improvement.

"All of our hospitals are becoming more competent with trauma services. They're getting better staffing. We actually have investment, so we're improving every year but that doesn't solve the problem of the backed up access to beds and that's going to be a long solution that's going to take many years to do," Green said.

Clairmont says the biggest obstacle now facing Hawai'i and every other state is funding. After the September 11th attacks, the federal government began allocating funds to build systems to address emergency disaster, but Thursday Congress voted to cut that budget by 30%. It goes into effect July 1, 2014 and Clairmont says here in Hawai'i that means about a \$500,000 loss to emergency services.

"It just basically takes a good chunk out of what we're capable of doing and I think Hawaii deserves the very best, so I'm advocating for taking care of each and every person here and we might not be able to do that," Clairmont said

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## **The Sentinel**

### **Pa. receives C+ overall for emergency care**

By Samantha Madison

[http://cumberlink.com/news/health/pa-receives-c-overall-for-emergency-care/article\\_c9e8d940-7f06-11e3-ba01-0019bb2963f4.html](http://cumberlink.com/news/health/pa-receives-c-overall-for-emergency-care/article_c9e8d940-7f06-11e3-ba01-0019bb2963f4.html)

The American College of Emergency Physicians gave Pennsylvania a C+ for its emergency care, putting the state at No. 6 overall in the country.

The 2014 report is only the third time emergency care information has been released by the organization, with the first time being 2006 and the second in 2009. Pennsylvania was ranked No. 8 in the 2009 report, though the grade has stayed the same.

The country's ranking overall was a D+, which dropped from the C- in 2009.

*Charles Barbera, the president of Pennsylvania Chapter of American College of Emergency Physicians, said the state has moved up in the ranking without changing its grade because the care in the rest of the country has dropped.*

*“Pennsylvania did get better in some areas, some areas of the country saw decreases,” he said. “So our rank went from eight in the country to six in the country with a grade of a C+. We got better in some areas, as well and decreased in some areas. For example, access to care in 2009, we were 23 in the country with a grade of a C-, we went to a B+, or second in the country in 2014.”*

The overall ranking is based on access to emergency care, quality and patient safety, medical liability environment, public health and injury prevention and disaster preparedness. While the state was within the top 25 in four of the five categories, it was given an F, coming in at No. 43 for the state's medical liability environment.

The subcategories that are included under the umbrella of medical liability environment include the legal atmosphere, insurance availability and tort reform, according to the organization.

In the report, the organization said the state has not kept up with improvements seen in other states in medical liability environment. The state still has some of the highest average medical liability insurance premiums for primary care physicians and specialists in the country, and also lacks additional protection for care that has been mandated by the Emergency Medical Care Availability and Reduction of Error Act, which is a liability insurance program.

According to the organization, EMTALA is a federal law that requires hospital emergency departments to medically screen every patient who seeks emergency care and to stabilize or transfer those with medical emergencies, regardless of health insurance status or ability to pay — this law has been an unfunded mandate since it was enacted in 1986.

*Barbera said the report gives the state an F in medical liability because there is no protection for emergency physicians regarding care given to patients with whom the hospital doesn't have a relationship.*

*“There are other states that have protections for physicians that deliver EMTALA-related care or care to patients that seek medical services on an emergency basis,” Barbera said. “There is legislation pending in (Pennsylvania) where it would change the evidence needed to bring a medical liability case up (to the) clear and convincing (standard).”*

When it comes to access to emergency care, the state was given a B+, ranking it No. 2 in the country. In quality and patient safety environment, the state received an A, ranking it No. 3. In public health and injury prevention, the state was given a C-, ranking it at No. 21. For disaster preparedness, the state fell from an A and No. 4 ranking in 2009 to a C+ with a No. 17 ranking.

*Barbera said the emergency care system in Pennsylvania is stressed and operates almost daily at a full-capacity. He said the number of emergency room visits increases each year because of baby boomers, and patients' conditions are getting more complicated and need more medications.*

*He said the number of ER visits is increasing while the number of facilities is going down in the state, which hinders the operations as well as the care that the physicians are able to provide for patients. However, the organization recommends that the state puts policies in place that will improve the state of care.*

*“We want to enact legislation and policies that would ensure, one, a systemic approach to disaster response in the commonwealth,” he said. “(We also want to) provide liability protections to physicians who are mandated and do it out of their mission to provide care to patients needing services. And also to adopt mental health psychiatric bed registries, so that we can meet the needs of patients with mental health issues.”*

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## **NBC29 (CBS-Virginia)**

### **VA Receives "C -" for not Having Policies to Support Emergency Patients**

Posted: Jan 16, 2014 1:10 PM EST Updated: Jan 16, 2014 1:18 PM EST

<http://www.nbc29.com/story/24472473/va-receives-c-for-not-having-policies-to-support-emergency-patients>

WASHINGTON — Virginia ranks 18th in the nation, receiving a C- in the American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment ("Report Card"). The state's best grade was a B- in the category of Quality and Patient Safety Environment, and its worst grade was a near-failing D- in the category of Access to Emergency Care.

Virginia's Access to Emergency Care grade reflects shortages across the entire state health care system. Virginia has a relatively high hospital occupancy rate and below-average per capita rates of emergency departments, staffed inpatient beds and psychiatric care beds. According to the Report Card, investments to bolster hospital capacity and improve Medicaid reimbursement rates, especially to physicians who provide care in emergency departments, would improve this grade.

The hospital and bed shortages that threaten access to emergency care also weakened Virginia's Disaster Preparedness grade, which is a C. In addition, the state has a very low rate of intensive care unit beds and only average rates of health professionals registered in the Emergency System for Advance Registration of Volunteer Health Professionals. According to the Report Card, Virginia should implement liability protections for volunteers and health care workers during a disaster to improve this grade.

Virginia's Quality and Patient Safety Environment grade was the result of ongoing funding of quality improvement efforts within the Emergency Medical Services (EMS) system and funding for a state EMS director. In addition, the state's destination policies allow EMS providers to take stroke, heart attack and trauma patients directly to appropriate facilities.

Virginia ranked 19th in the country with a C+ in the category of Public Health and Injury Prevention, marking a decline from 2009 when it was ranked 14th with a B. According to the Report Card, despite enactment of legislation to reduce traffic fatalities and improve traffic safety, Virginia needs to pursue efforts, such as implementation of anti-smoking legislation and working to reduce the state's above-average rates of adult obesity.

Virginia's grade for Medical Liability Environment, a C, ranked it 25th in the country. The Report Card reported the state has taken positive steps, such as apology inadmissibility laws, to better protect the medical workforce that is federally mandated to treat patients in emergency departments, but there is still room for improvement. Joint and several liability reforms would be a good step.

"America's Emergency Care Environment: A State-by-State Report Card – 2014" evaluates conditions under which emergency care is being delivered, not the quality of care provided by hospitals and emergency providers. It has 136 measures in five categories: access to emergency care (30 percent of the grade), quality and patient safety (20 percent), medical liability environment (20 percent), public health and injury prevention (15 percent) and disaster preparedness (15 percent). While America earned an overall mediocre grade of C- on the Report Card issued in 2009, this year the country received a near-failing grade of D+.

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

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**Scranton Times-Tribune**

**Pennsylvania ranks sixth in nation in emergency care environment**

By Michael Iorfino

January 17, 2014

<http://thetimes-tribune.com/news/pennsylvania-ranks-sixth-in-nation-in-emergency-care-environment-1.1618385>

Despite posting below-average grades in two of five categories, Pennsylvania remains among the nation's elite in implementing policies and systems that improve the delivery of emergency care.

The state earned a C-plus for its emergency care environment, the sixth best across the United States, according to the American College of Emergency Physicians' 2014 report card on America's Emergency Care Environment.

It's the same grade Pennsylvania received in 2009 - the most recent report - and represents a full-letter grade better than the national average of a D-plus.

The rating is derived from 136 measures split among five categories: access to emergency care, quality and patient safety environment, medical liability environment, public health and injury prevention and disaster preparedness.

Access to emergency care in Pennsylvania, ranked second-best nationwide, improved because of the state's below-average shortages of health care providers and a 79.7 percent hike in Medicaid fee levels from 2007 to 2012, the report found.

But compared to its 2009 report card, Pennsylvania saw a lower grade in three categories, including a nosedive from an A to a C-plus in disaster preparedness.

Over the years, the state has seen a heavy decline in intensive care and burn unit beds, as well as the proportion of nurses who reported receiving disaster preparedness training, the report found.

Meanwhile, the state also saw a drop in grades in medical liability environment and public health and injury prevention.

Ranked 21st across the nation, the state's public health and injury prevention grade dropped in part because of Pennsylvania's infant mortality rates - 7.3 deaths per 1,000 live births - and unintentional poisoning-related deaths - 13.4 deaths per 100,000 people.

*When asked if Pennsylvania's jump from eighth in 2009 to sixth this year stemmed from the state's improvement in delivering emergency care or other states getting worse, Dr. Charles Barbera thinks the answer is "a little bit of both."*

*"Pennsylvania did get better in some areas," said Dr. Barbera, president of the Pennsylvania Chapter of the American College of Emergency Physicians. "Some areas of the country saw decreases."*

Grounded in its high number of emergency medicine residents and the systems in place for stroke and trauma patients, Pennsylvania received an A in quality and patient safety environment.

But medical experts remained focused on two goals: solving the overcrowding of emergency departments and increasing the number of psychiatric care beds.

Statewide, there are 30.4 psychiatric care beds per 100,000 people. Admitted patients spend about 275 minutes from the time they arrive at the emergency department to the time they leave, the report found.

*"You do your best to take care of as many (patients in the ER) as you can, as fast as you can and as best as you can," said Richard O'Brien, M.D., an associate professor at the Commonwealth Medical College, who has more than 20 years of emergency medical service experience. "There are long waiting lines."*

*Overcrowded emergency rooms present an even greater problem when there's a mass casualty, or an influx of new patients needing emergency care, said Stephanie Gryboski, manager of emergency management for Geisinger Health System.*

*Hospitals practice patient surge exercises, where they either discharge ER patients ready to leave or bring them to patient floors to be admitted, so "we can see the emergency patients quicker," she said.*

*"You try to filter patients ... that are not severely injured or ill out of the true acute care emergency departments and into these Careworks type clinics," she said.*

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## **Latin Post**

**Emergency care in America is due for emergency care itself, according to a new report by a national physicians group.**

<http://www.latinpost.com/articles/6019/20140116/er-care-in-america-earns-near-failing-grade.htm>

The American College of Emergency Physicians this week gave a near-failing "D+" grade to emergency medical services as a whole in the United States

*"This report card is saying: The nation's policies are failing to support emergency patients," announced Alexander Rosenau, the trade group's president.*

The report did not name any specific physicians or hospitals, but did show the success of states and the federal government in supporting emergency care, explained Jon Mark Hirshon, an emergency physician at the University of Maryland and a board member for the physicians organization.

The physicians group graded the states by using 136 different measures that covered a number of categories, including access to care and disaster preparedness.

The last time the nation's emergency services were assessed in 2009, the nation earned an overall "C-" grade.

Actually, some service categories this year fared better than they did five years ago: quality and patient safety environment got a C, as did public health and injury prevention and disaster preparedness.

But the medical liability system got a C-minus and access to emergency care only scored a D-minus.

*"If I'm in a car crash and they bring me to hospital that's not ready for me, my chances of survival are less," Hirshon said. "So you want a state that has that type of trauma system. And when you look at patient safety, that's one of the components."*

A hospital's medical liability environment affects a service provider's ability to access a specialist in an emergency, Hirshon said, because appropriate physicians, for liability reasons, may feel reluctant to treat patients they don't know.

State-by-state, the report card the District of Columbia leads in emergency care support, with a "B-" grade, followed by second-place Massachusetts, third Maine and fourth Nebraska, all of which also earned "B-" standings.

Colorado came in at 5th place with a "C+" grading.

Wyoming brought up the bottom of the list with an "F" grade outright, while Arkansas ranked a "D-" and New Mexico, Montana and Kentucky were assigned "D" grades.

Access to emergency care was an area particular concern, in which 21 states were given an "F."

*"A person "can have the best medicine in the world, but it won't matter if people can't get to it," Hirshon said.*

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**Hawaii Star Advertiser**  
**Hawaii scores an F in national report card**  
**By Erika Engle**  
**HST, Jan 16, 2014**

[http://www.staradvertiser.com/news/breaking/20140116\\_Hawaii\\_scores\\_an\\_F\\_in\\_national\\_report\\_card.html?id=240548341](http://www.staradvertiser.com/news/breaking/20140116_Hawaii_scores_an_F_in_national_report_card.html?id=240548341)

Hawaii is among 13 states given an "F" for disaster preparedness by emergency physicians as part of a national report card.

The annual rating by the American College of Emergency Physicians gives the nation overall a D+ for what it called the country's failure to support emergency patients.

*"Congress and President Obama must make it a national priority to strengthen the emergency medical care system," said Dr. Alex Rosenau, ACEP president, in a statement.*

Along with Hawaii, other states graded with an "F" were Delaware, Idaho, Illinois, Indiana, Maine, Montana, South Carolina, Utah, Vermont, Washington state, Wisconsin and Wyoming.

*"Everyone hopes that their communities would perform as well as Boston did after the Marathon bombing, yet nearly half the states received either D's or F's for Disaster Preparedness, which is alarming," Rosenau said.*

<http://www.emreportcard.org/>

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**Phoenix Business Journal**  
**Arizona gets D+ grade for emergency care**  
**By Angela Gonzales**  
<http://www.bizjournals.com/phoenix/blog/health-care-daily/2014/01/arizona-gets-d-grade-for-emergency-care.html>

Arizona earned another D+ on the The American College of Emergency Physicians' report card — the same grade the state got back in 2009, the last time the report card was issued.

With a national ranking of 31 on ACEP's 2014 report card, it's better than the No. 45 ranking Arizona received in 2009. Even so, it's nothing to write home about.

The state's biggest problem is its access to emergency care, ranking No. 48 in both 2009 and 2014, giving Arizona a big fat F on this portion of the report card.

This failing grade stems from the state's severe shortage of registered nurses, orthopedists, hand surgeons, primary care physicians and mental health providers.

*The state could improve its grade and move higher than 48th on the list by growing its health care workforce and increasing hospital capacity, said Dr. Patricia Bayless, president of the Arizona College of Emergency Physicians and an emergency room physician at Maricopa Medical Center in Phoenix.*

*"First of all, emergency rooms are working very hard to take care of people. Second of all, we're concerned about the future support for emergency medicine in the context of everything else that's happening in health care," she said. "We're still in the bottom half of the country, and that's in spite of making some improvements in the medical liability environment category."*

In 2009, Arizona earned an F in the medical liability environment category, ranking 48th in the country. This year, it moved up to a C-, ranking 29th nationwide, mostly because of the state's expert witness reforms and additional liability protections for physicians who provide emergency care.

*Dr. Nicholas Vasquez, past president of ACEP's Arizona chapter and an emergency physician at Banner Gateway Medical Center in Gilbert, said the Affordable Care Act's mandate to insure all citizens nationwide will have an impact on emergency departments.*

*"I'm very pro-ACA," he said, "But adding millions of people to our patient population without changing the number of providers that we have is likely to exacerbate the shortage. It doesn't mean it's the wrong thing to do. People need care, but it's really important to support graduate medical education funding and ensure an adequate workforce because the demand is there*

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## **GoLocalWorcester.com**

### **MA Ranks Second in the Nation for Emergency Medical Care System**

January 16, 2014

<https://www.golocalworcester.com/health/ma-ranks-second-in-the-nation-for-emergency-medical-care-system/>

Massachusetts ranks as the second highest state in the nation for its overall emergency medical care system. The state received a B- in the American College of Emergency Physicians' (ACEP) state-by-state report card on America's emergency care environment ("Report Card").

*"The people of Massachusetts understand better than most that emergencies can happen anywhere at any time, especially following the Boston Marathon bombings and the well-organized medical response to the victims," said Dr. Nathan MacDonald, president of the Massachusetts College of Emergency Physicians. "Given the uncertainties of health care reform, emergency care has never been more important than it is right now."*

The state has shown a commitment to improve access to care, injury prevention, public health, and safe and effective quality care. However, Massachusetts has fallen behind with regard to its Medical Liability Environment and has not improved in Disaster Preparedness.

See the State-by-State Report Card [here](#)

Massachusetts ranked first in the nation, earning an A, in the category of Public Health and Injury Prevention. This is because of dedicated funding for injury prevention for both children and the elderly as well as low rates of fatal injuries.

The Quality and Patient Safety Environment grade was a B+. Massachusetts maintains a statewide trauma registry and has triage and destination policies in place for trauma or stroke, which allow Emergency Medical Services teams to bypass local hospitals for medical specialty centers.

Massachusetts also has good Access to Emergency Care. The state has high per capita rates of specialists, emergency physicians and registered nurses, as well as the lowest rates of adults and children with no health insurance. It is fourth in the nation in that category with a B.

In the area of Medical Liability Reform, Massachusetts is unfortunately at the bottom of the list. The state received a D- in that category and ranks 40 th in the nation. It has few liability reforms in place and one of the highest average malpractice award payments in the country. Massachusetts must work to bring the state's excessive medical malpractice awards more in line with national averages.

Recommendations for improvement

The Report Card had recommendations for improvement that included:

- Massachusetts should work to increase hospital capacity to ensure that acceptable levels of timely, high-quality care can continue to be provided throughout the state.
- Massachusetts must work to improve its Medical Liability Environment. One important reform would be passing additional liability protection for Emergency Medical Treatment and Labor Act (EMTALA)-mandated emergency care.