

YPS Vice President's Message

Why Don't EM Physicians Reproduce?

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YPS Vice President

OK, maybe that's not the exact question that we need to answer, but it's better at getting your attention than "Currently, there are not enough emergency physicians (EPs) in the United States to adequately staff the country's emergency departments, and the rate of growth of the specialty is not going to remedy the situation anytime soon." Basically, our country needs more of us and we're just not helping out enough.

Let's start with some facts. Per the most recent CDC data, there are 129.8 million ED visits annually.¹ Per the most recent data from ABEM, there are about 30,000 board certified emergency physicians.² Simple math shows each ABEM-certified physician needing to treat 4,327 patients annually. There is debate over the number of patients an EP can or should see per hour, but most agree that the number is somewhere between 1.8 and 2.8 depending on patient complexity, boarding times, and a multitude of other factors. Complexity and boarding have been increasing, which makes us less productive in terms of patients per hour. These numbers mean that the average EP would need to work from 1,545-2,404 hours per year. Almost all emergency physicians work fewer hours than this — an average may be around 1,440 hours per year. So, we have a problem.

The problem is that there are high-acuity, highly complex patients who are not being treated by a qualified, board-certified specialist in emergency medicine. So — blah, blah blah, we all know there is a shortage of emergency physicians. We've known about it for years. We hate to admit it, but we haven't really done much about it because, well, nothing is **too** broken — or at least there hasn't been a huge news exposé on the problem yet.

Do you know who is responsible for this problem? We are. Why are we, the hard working EPs, responsible? We're responsible because we are the only ones with the knowledge and expertise to understand the problem and its potential solutions. Do you know why idiots in the big bad government legislate fixes to problems they don't understand? Because the people with expertise did nothing for so long that the public finally took notice and demanded something be done.

It's time we started exploring the problem and proposing realistic solutions. To start the conversation, let me propose some ground rules on which I believe our discussion should be based.

- All Americans — not just those in large population centers — deserve expert emergency care.
- Emergency medicine is a complex specialty which requires specialized residency training.
- Expert emergency care is only provided by ABEM or AOBEM-certified emergency physicians.
- Emergency care provided by physicians from other specialties who have experience in emergency medicine is not expert care.
- Emergency care provided by moonlighting EM residents is not expert care.
- Emergency care provided by non-physicians is not expert care.

What do you think? Are these statements true? Think about them and their repercussions in depth. They sound good, but are we really prepared to address the problems facing Americans in need of emergency care if we agree with the above?

Where will we get all the new experts needed? Can residencies expand fast enough? Do we even have enough qualified teachers to expand residencies? Are we willing to work more hours? Would it be safe if we did? Should we work faster? Would it be safe if we did? Are we willing to work in rural settings? Are we ready to eliminate mid-level practitioners from the ED?

If the six assertions listed sound good, but the answers to the above questions are not easily and immediately answered, then we have a disconnect. My hope is that I've given you something to think about on your next slow night shift — you know, the shift where you are only seeing 1.8 patients an hour. I'll share some of my ideas for answers in the next issue of *Common Sense*. What are yours? Share them in a "Letter to the Editor" or shoot me an email at jsjones3@umc.edu.

References

1. Emergency department visits. (2013). Retrieved March 3, 2014, from www.cdc.gov/nchs/fastats/ervisits.htm.
2. ABEM application and examination activity certification. (2013). Retrieved March 3, 2014, from <http://sfstage.abem.org/public/docs/default-source/longitudinal-surveys/exam-and-app-info-jan-2013.pdf>. ■

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