

# PREVAILING PRIORITIES FOR ACEP

First There First Care Conference

EMS State of the Science XXIV: A Gathering of Eagles

Hollywood, FL

16 June 2023

# OVERVIEW

- Objectives
- Disclosures
- Significance
- Three ACEP Priorities
- Conclusion

# OBJECTIVES

- Understand the role and structure of ACEP pertaining to EMS
- Summarize leading three emergency medicine (EM) priorities for ACEP

# DISCLOSURES



## POLICY STATEMENT

Approved January 2019

### *Antitrust*

Reaffirmed January  
2019, June 2013 and  
October 2007

Revised October 2001 and  
June 1996

Approved April 1994

The American College of Emergency Physicians is a national not-for-profit professional organization that exists to support quality emergency medical care and to promote the interest of emergency physicians. The College is not organized to and may not play any role in the competitive decisions of its members or their employees, nor in any way restrict competition among members or potential members. Rather it serves as a forum for a free and open discussion of diverse opinions without in any way attempting to encourage or sanction any particular business practice.

The College provides a forum for exchange of ideas in a variety of settings including its annual meeting, educational programs, committee meetings, and Board meetings. The Board of Directors of the College recognizes the possibility that the College and its activities could be viewed by some as an opportunity for anti-competitive conduct. Therefore, the Board is promulgating this policy statement to clearly and unequivocally support the policy of competition served by the antitrust laws and to communicate the College's uncompromising policy to comply strictly in all respects with those laws.

While recognizing the importance of the principle of competition served by the antitrust laws, the College also recognizes the severity of the potential penalties that might be imposed on not only the College but its members as well in the event that certain conduct is found to violate the antitrust laws. Should the College or its members be involved in any violation of federal/state antitrust laws, such violation can involve both civil as well as criminal penalties that may include imprisonment for up to 3 years as well as fines up to \$350,000 for individuals and up to \$10,000,000 for the College plus attorney fees. In addition, damage claims awarded to private parties in a civil suit are tripled for antitrust violations. Given the severity of such penalties, the Board intends to take all necessary and proper measures to ensure that violations of the antitrust laws do not occur.

In order to ensure that the College and its members comply with the antitrust laws, the following principles will be observed:

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## POLICY STATEMENT

Approved January 2017

### *Conflict of Interest*

Revised by the ACEP  
Board of Directors  
January 2017, June 2011,  
June 2008

Reaffirmed by the ACEP  
Board of Directors  
October 2001

Revised by the ACEP  
Board of Directors  
September 1997

Approved by the ACEP  
Board of Directors  
January 1996

Officers, Directors, Committee Chairs and Members, Section Chairs, Task Force Chairs, Annals Editor, staff, and others acting on behalf of the College have a fiduciary duty to the College, including the duties of loyalty, diligence, and confidentiality.

Those in positions of responsibility must act in utmost good faith on behalf of the College. In accepting their positions, they promise to give the College the benefit of their work and best judgment. They should exercise the powers conferred solely in the interest of the College and should not use their role or position for their own personal interest or that of any other organization or entity. Even the perception of conflict can potentially compromise the confidence and trust of ACEP members and the public in the stewardship of its leaders.

Conflicts of interest arise when participants in positions of responsibility have personal, financial, business, or professional interests or responsibilities that may interfere with their duties on behalf of ACEP. The immediacy and seriousness of various conflicts of interest situations may vary. Of basic importance is the degree to which the interest would tend one toward bias or pre-disposition on an issue or otherwise compromise the interests of the College.

A conditional, qualified, or potential conflict of interest can arise when the outside interest is not substantial or does not relate significantly to any contemplated action of the College. For example, a person might hold a minor financial interest in a company wishing to do business with the College. Disclosure is ordinarily sufficient to deal with this type of potential conflict of interest, provided that there is no expectation that one's duty to the College would be affected.

Direct conflicts of interest arise, for example, when an individual engages in a personal transaction with the College or holds a material interest or position of responsibility in an organization involved in a specific transaction with the College or that may have interests at variance or in competition with the College. The appropriate and necessary course of action in such cases is to disclose the conflict and recuse oneself, during the deliberations and the vote on the issue.

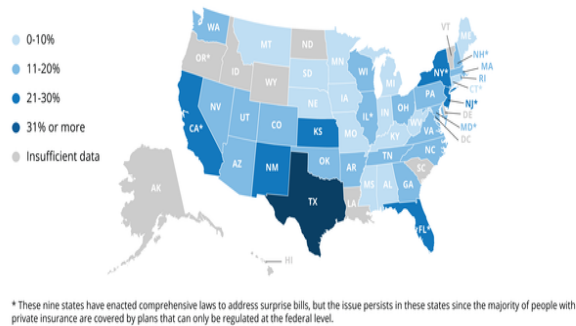
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# SIGNIFICANCE



## On Average, 18% of Emergency Department Visits Result in at Least One Surprise Medical Bill



## UnitedHealth Group posts \$4.9B profit in fourth quarter

Jakob Emerson - Friday, January 13th, 2023



UnitedHealth Group recorded double-digit growth in revenues year over year across its lines of business at UnitedHealthcare and Optum, according to the company's fourth quarter earnings report released Jan. 13.

"We expect the efforts by the people of our company that led to strong performance in 2022 will define 2023 as well, especially delivering balanced growth enterprise-wide, improving support for consumers and care providers, and investing to make high-quality care simpler, more accessible and affordable for everyone," CEO Andrew Witty said.

### UnitedHealth Group

- Total revenues in 2022 were \$324.2 billion, up 12.7 percent year over year. In the fourth quarter, revenues were \$82.8 billion.
- For 2023, the company projects revenues of \$357 billion to \$360 billion.
- Total net earnings in 2022 were \$20.6 billion, up 16.4 percent year over year. In the fourth quarter, net earnings were \$4.9 billion, with \$4.76 billion attributable to shareholders.

## As ER waits stretch for days, Mass. turns to in-home care for children's mental health

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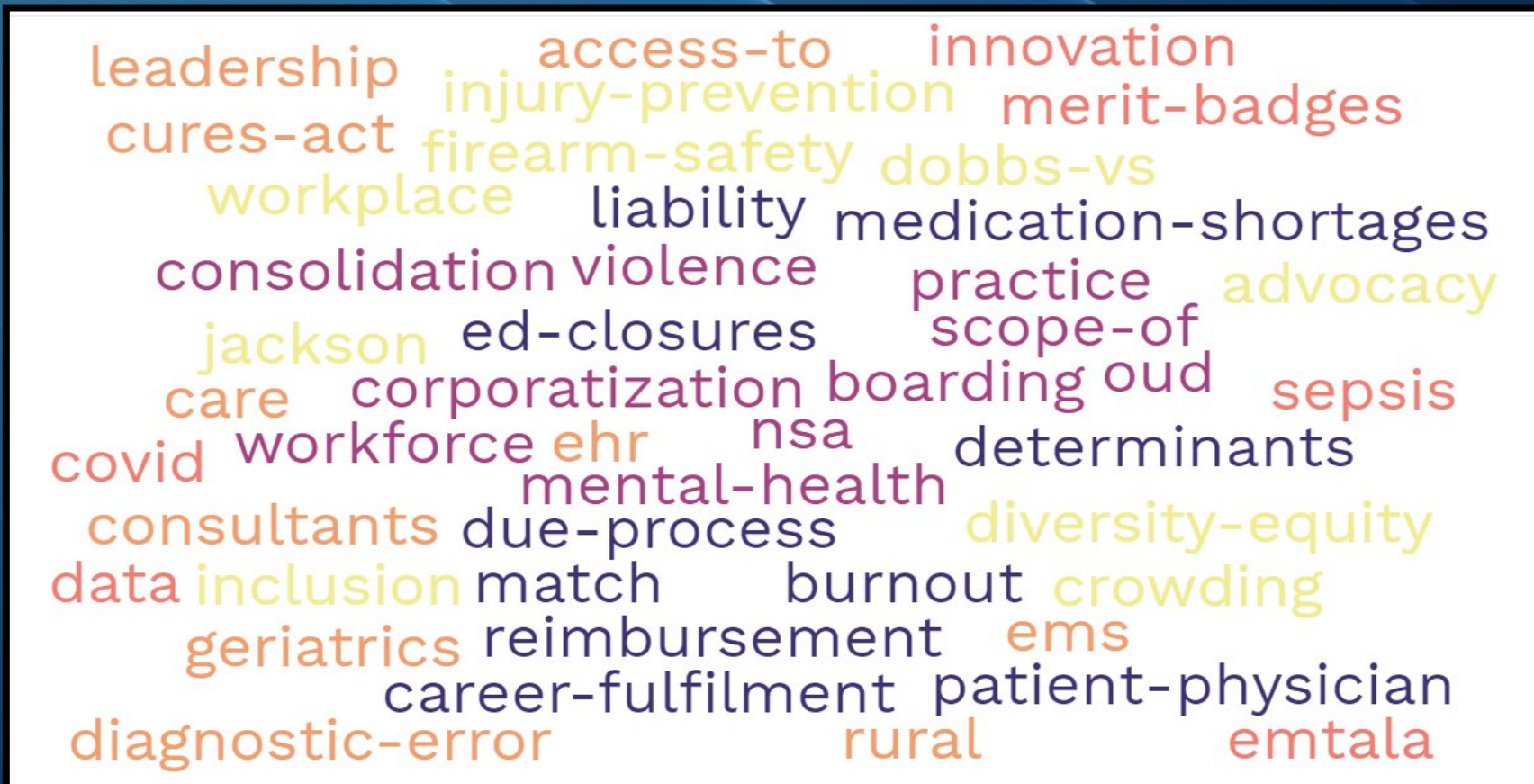
January 20, 2023

By Martha Bebinger

It was around 2 a.m. on Oct. 24 when a mom named Carmen realized her 12-year-old daughter was in danger and needed help. Haley wasn't in her room — or anywhere in the house. Carmen used an app on her phone to locate Haley. She was moving along a main street in their central Massachusetts community. Carmen's mind raced to scary possibilities.



# SIGNIFICANCE



# PRIORITIES

## Internal

- Operations
- Sections and Committees
- Clinical Policies

## External

- Collaboration
- Advocacy
- Advancement of Specialty

# BOARDING



November 7, 2022

The President  
The White House  
1600 Pennsylvania Avenue NW  
Washington, D.C. 20500

Mr. President:

There is no question that Americans have suffered great loss of life and endured financial hardships, across all sectors, over the past 32 months due to the COVID-19 pandemic. Frontline healthcare workers risked their lives, provided care during physically and emotionally demanding situations, and bore witness to their patients' goodbyes to loved ones from afar.

Yet, in recent months, hospital emergency departments (EDs) have been brought to a breaking point. Not from a novel problem—rather, from a decades-long,<sup>1</sup> unresolved problem known as patient “boarding,” where admitted patients are held in the ED when there are no inpatient beds available. While the causes of ED boarding are multifactorial, unprecedented and rising staffing shortages throughout the health care system have recently brought this issue to a crisis point, further spiraling the stress and burnout driving the current exodus of excellent physicians, nurses and other health care professionals.

**Boarding has become its own public health emergency.** Our nation’s safety net is on the verge of breaking beyond repair. EDs are gridlocked and overwhelmed with patients waiting—waiting to be seen; waiting for admission to an inpatient bed in the hospital; waiting to be transferred to psychiatric, skilled nursing, or other specialized facilities; or, waiting simply to return to their nursing home. And this breaking point is entirely outside the control of the highly skilled emergency physicians, nurses, and other ED staff doing their best to keep everyone attended to and alive.

Any emergency patient can find themselves boarded, regardless of their condition, age, insurance coverage, income, or geographic area. Patients in need of intensive care may board for hours in ED beds not set up for the extra monitoring they need. Those in mental health crises, often children or adolescents, board for *months* in chaotic EDs while waiting for a psychiatric inpatient bed to open anywhere. Boarding doesn’t just impact those waiting to receive care elsewhere. When ED beds are already filled with boarded patients, other patients are decompensating and, in some cases, dying while in ED waiting rooms during their tenth, eleventh, or even twelfth hour of waiting to be seen by a physician. The story recently reported<sup>2</sup> about a nurse in Washington who called 911 as her ED became completely overwhelmed with waiting patients and boarders is not unique—it is happening right now in EDs across the country, every day.

*“At peak times which occur up to 5 days per week we have more patients boarding than we have staffed beds. High numbers have included last week when our 22 bed emergency department had 35 boarders and an additional 20 patients in the waiting room...In addition, we have patients who unfortunately have died in our waiting room while awaiting treatment. These deaths were entirely due to boarding. Our boarding numbers have unfortunately skyrocketed in the wake of covid as a consequence of increasing surgical volumes and decreasing inpatient nurse staffing.”*  
—anonymous emergency physician

To illustrate the stark reality of this crisis, the American College of Emergency Physicians (ACEP) recently asked its members to share examples of the life-threatening impact the recent uptick in boarding has brought to their emergency departments. Excerpts of the responses received, as well as key findings from a qualitative analysis of the submissions, are included in this letter to summarize aspects of the problem. The full compilation of anonymized stories, attached as an appendix, paint a picture of an emergency care system already near collapse. As we face this winter’s “triple threat” of flu

## Emergency Department Boarding and Crowding



Patients “boarding” in the emergency department (ED), or placed in a holding pattern while waiting for care or transfer, are overwhelming emergency physicians, care teams and staff who do all they can to treat or stabilize every patient that needs care.

While the causes of boarding are multifaceted, staffing shortages and the resulting burnout only exacerbate the crisis and perpetuate a dangerous and sometimes deadly cycle. To help address this crisis, ACEP President Christopher S. Kang, MD, FACEP is currently forming a task force to develop clinical recommendations as well.

### ED Boarding: Frontline Stories

ACEP members are sharing stories about the impact of rising patient boarding, and the picture painted is bleak—emergency departments and hospitals are at a breaking point.

[READ THEIR STORIES](#)

[SHARE YOUR STORY](#)



# MENTAL HEALTH

## HEALTHCARE "Boarding" Of Psychiatric Patients In Emergency Departments Unconstitutional In Washington State

Robert Glatter, MD Contributor  
I cover breaking news in medicine, med tech and public health

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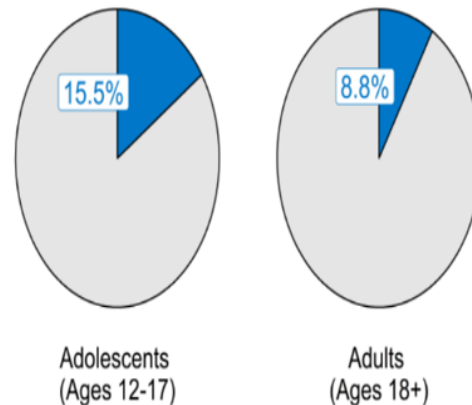
Aug 16, 2014, 05:02pm EDT

This article is more than 7 years old.

The Washington State Supreme Court ruled last week that "psychiatric boarding", whereby psychiatric patients are admitted to a hospital, but stay for prolonged periods in an emergency department--sometimes for hours or days, until psychiatric beds are available--violates the state's Involuntary Treatment Act, and is therefore unconstitutional. While the practice may once have been considered inhumane or cruel, it is now illegal.

This new ruling stems from a 2013 case in Pierce County involving ten psychiatric patients who were treated in acute care facilities or emergency departments. The facilities, however, were not certified to deliver individualized psychiatric care. As a result of a lawsuit by the ten patients challenging their lack of appropriate care, the judge declared the practice of boarding illegal.

## Individuals in Missouri Reporting a Major Depressive Episode in the Past Year, by Age Group, 2018-2019



SOURCE: SAMHSA, 2018-2019 NSDUH: State Model-Based Prevalence Estimates, Table 31.

KFF

## Doctors hit hardest by pandemic at higher risk of burnout

MAR 30, 2022 • 4 MIN READ



Sara Berg, MS  
Senior News Writer

f t in

PRINT PAGE

At the national level, the overall rate of physician burnout—comprised of emotional exhaustion and depersonalization scores—improved during the early days of the COVID-19 pandemic (fall 2020) compared to earlier time points in 2011, 2014 and 2017, according to a new triennial study.

### Membership fights burnout

The AMA is tackling the key causes of burnout through advocacy, research and the development of resources. Join the movement to fight burnout and help us provide relief for physicians.

Become a Member  
Today

Despite these global findings, experiences during the early days of the pandemic were diverse and varied widely based on specialty, personal COVID-19 experiences, and geography. The survey administration occurred prior to the first wave of the pandemic for many areas of the country and may not reflect physicians' experiences.

More than 7,500 physicians responded to a survey conducted by researchers from the AMA, the Mayo Clinic and Stanford University School of Medicine. The study found that, overall, 38.2% of U.S. physicians exhibited at least one symptom of burnout in 2020, compared with 43.9% in 2017, 54.4% in 2014 and 45.5% in 2011.

Despite the overall trend, burnout did not improve for physicians specializing emergency medicine, hospital medicine, infectious disease, or critical care and increased among physicians who had to deliver care without adequate personal protective equipment (PPE) or whose practice suffered disruptive economic consequences from COVID.

## Modern Healthcare

NEWS DIGITAL HEALTH INSIGHTS DATA/LISTS OPINION AWARDS EVENTS LISTEN

### Emergency rooms fill up with psych patients — and then they wait

by Christine

TWEET SHARE

REPRINTS PRINT



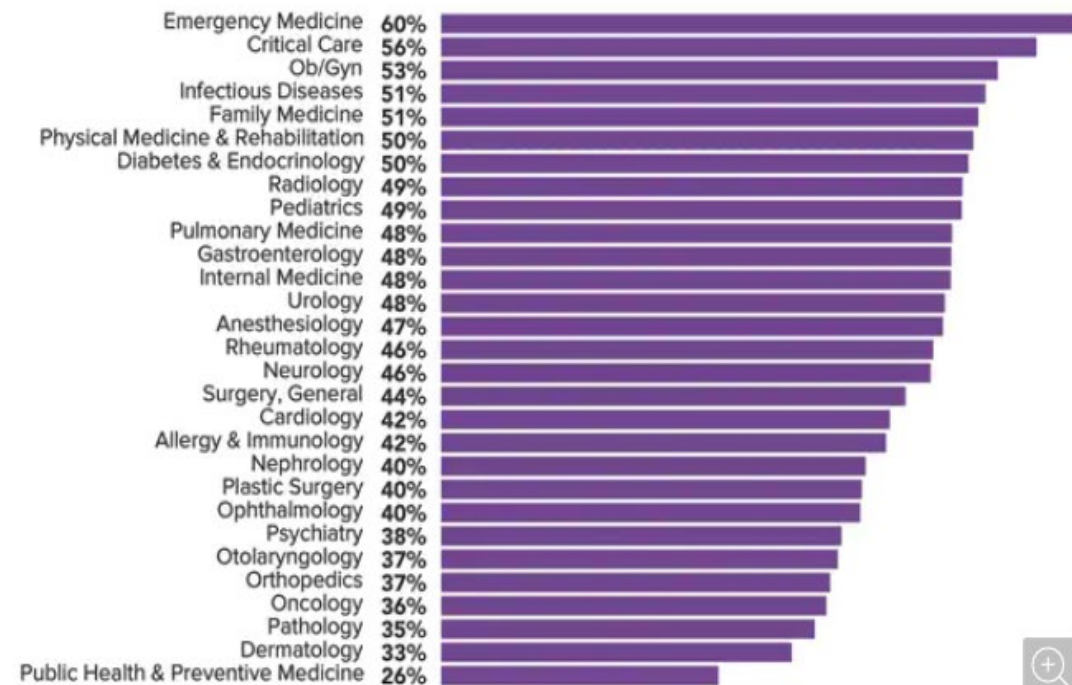
Throughout emergency rooms in Southeast Michigan, there are patients in the midst of a psychological crisis — and they're waiting, sometimes for days.

And healthcare organizations report that the amount of time it takes for people to go from diagnosis to being admitted to a hospital room



# BURNOUT

## Which Physicians Are Most Burned Out?



Burnout has increased: In last year's report, 42% of physicians reported that they are burned out; this year, that amount is 47%. Last year, critical

# THANK YOU!

“Do not let the roles you play in life make you forget that you are human.”

[ckang@acep.org](mailto:ckang@acep.org)