

1995-2000 Trends in Emergency Department Utilization of Physician Extenders and Lower Acuity Tracks— A 5-year Longitudinal Report

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Objectives: Widespread Emergency Department (ED) overcrowding and pervasive financial and managed care pressure to cut staffing costs, limit ED “cost-shifting,” and streamline resource utilization promote the development of alternatives to the traditional model of ED care in which all treatment - regardless of acuity - is provided within the ED by emergency physicians. In some EDs, lower acuity patients may be triaged to a separate track within the ED (e.g., urgent care, fast track, or minor care) and treatment may also be provided by less costly physician extenders (PEs) such as nurse practitioners (NPs) and physician assistants (PAs). This study surveys all EDs in California (CA) regarding their use of lower-acuity tracks (LATs) and physician extenders (PEs) in 2000 for comparison with data collected in 1995.

Methods: Between January-December of both 1995 and 2000, brief surveys regarding ED staffing were mailed to all CA hospitals reported by the American Hospital Association as having, or potentially having an ED, and follow-up calls were made to non-responders.

Results: 291/372 (78%) responded in 2000. 394/421 (94%) of EDs provided data in 1995. The 49 sites included in 1995 but not in 2000 reflect reported ED closures. LATs were found in 47% (137/291) of EDs in 2000, compared to 41% (161/394) in 1995. PEs were utilized by 46% (132/289; 2 missing) of EDs in 2000, up from 32% (125/394) in 1995. In 2000, among EDs that used PEs, 72% (95/132) used PAs and 40% (53/132) used NPs, compared to 66% (82/125) and 38% (47/125) respectively, in 1995. Among the 278 EDs that provided data for both years, there was an 11% increase in PE use [from 97 (35%) to 127 (46%)] and a 5% increase in LATs [from 119 (43%) to 134 (48%)] over the study period.

Conclusions: The use of lower acuity tracks and physician extenders in the ED grew steadily from 1995 to 2000, reflecting an ongoing effort to reduce costs and shift resource utilization within emergency care.

Letter to the Editor

Regarding CaJEM July 2001's "We Told You So"
President's Message

To: A. Antoine Kazzi, MD, FAAEM, FACEP
Vice President, the American Academy of EM
Immediate Past President, CAL/AAEM

Dear Antoine Kazzi,

Thanks for sending me the California Journal of EM. I plan to join AAEM and CAL/AAEM this week.

By the way, I recognized your name as the author of the enlightening editorial "We Told You So!" in the July 2001 issue of The California Journal of Emergency Medicine. I have to tell you that I carried that editorial around in my briefcase for months and then hung it up on the wall at home. I received this one issue by accident when bulk office mail was forwarded to my home address. Your essay made me re-evaluate the five years I had already spent with one of the contract medical groups and forced me to acknowledge that staying on with them would mean paying again for the same failed type of Meriten deals.

Moreover, I was struck with your call for Emergency Physicians to "appreciate the value of citizenship in EM" and this one thought guided my search for a new position.

So you've got my vote for the CAL/ACEP Board of Directors and later for any AAEM position you will run for. Thanks for the good work that you are doing and best of luck to you in your advocacy on our behalf

Ken Johnson, MD, FACEP
Folsom, California