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Room With a View: The Emergency Department

We know that what impacts the emergency department impacts all of us upstairs too, so what does the future hold for the challenges facing American Heath Care.

You are listening ReachMD, The Channel for Medical Professionals.

Welcome to a special segment focusing on future medicine. I am Dr. Shira Johnson, your host, and with me today is Dr. Art Kellerman, Professor of Emergency Medicine and Associate Dean for Health Policy in Emory University. Dr. Kellerman works clinically in the ER at Grady Memorial Hospital, Atalanta's only public hospital and level I trauma center. He is considered one of the nation's leading emergency care researchers and he is a member of the Institute of Medicine, the IOM of the National Academy.

We are discussing the challenges facing American healthcare and how to lay the groundwork for changing emergency medicine in the United States.

DR. SHIRA JOHNSON:

Welcome Dr. Kellerman.

DR. ART KELLERMAN:

Thank you, it's good to be here.

DR. SHIRA JOHNSON:

Can you give us just a few words about why you went into emergency medicine, what the field was like at that time for background?

DR. ART KELLERMAN:

I think I went into emergency medicine for the same reason that many medical students do. I was attracted by the energy of the place the fact that you make a difference in the lives of patients and you make it in a hurry and the fact that it is a fascinating arena for making diagnoses. We are the disease detectives who have a short amount of time to figure out what's going on with the patient, do they need to be admitted, what interventions are required and then quickly move on to the next patient. That's what got me in to emergency medicine. What has kept me in emergency medicine and what has really motivated me career-wise is that the emergency department functions at the interface between the community and the traditional healthcare system. We are where patients end up when primary care fails or public health fails or things are not working well at the societal level and so we become as a colleague of mine once said a room with a view, a view to society, a view to the challenges of the American healthcare system and that perspective is incredibly important and one that we can't just keep to ourselves, but need to study, analyze, and take that information forward so that we can actively contribute to making American healthcare better, more efficient, and more responsive.

DR. SHIRA JOHNSON:

Now what are some of the key issues that you see at facing emergency medicine in the United States today?

DR. ART KELLERMAN:

Probably the biggest single challenge that we face is emergency department crowding and the attendant problem of ambulance diversion. We have a situation today where more and more patients are seeking care in the emergency department, the vast majority of whom really have to be there. They are acutely ill or they are injured or they are suffering from health problems that have come from lack of access to care. The problem is that because emergency departments are the only part of the healthcare system that's required by law to see everyone whether or not they are insured, and because they are available 24 hours a day, they have come under ever increasing demand by the public and in turn hospitals seeing these emergency department patients who are uninsured or covered by Medicaid or more complicated are struggling with can we get them a bed or not. Most hospitals are operating today the way our airlines are, they are trying to fill every seat. It's an economically efficient way to run a system; it is not particularly good for patients and so when admitted patients back up in the ER

because there are either no patients beds or the few that are left are being held for the scheduled or elective admission, it can create an incredibly difficult situation for patients, for family members, and for emergency doctors and nurses. That's the biggest operational challenge that we face. If we had a stronger primary care system, fewer patients would need to be there or they wouldn't show up as ill as they are. If we had more inpatient beds, we could move admitted patients up promptly and take care of the next person coming in the door. If we had more nurses, respiratory therapists and ward clerks, we would have more ancillary staff to make the place run more efficiently, but with not enough inpatient beds, not enough staff, and often far too many patients coming in the door with greatly elevated blood sugars or respiratory distress or chest pain but nonetheless needing care, we are in a very difficult spot. That's the reality for many emergency physicians in the United States today.

DR. SHIRA JOHNSON:

Are emergency medicine physicians involved to the degree you would like trying to change the practice of emergency medicine?

DR. ART KELLERMAN:

Peter Viccellio and I have tackled this topic at this year's American College of Emergency Physicians Scientific Assembly and gave a joint lecture on trying to tackle the practice of emergency medicine in United States. Peter's part of the address focused on internal emergency department in hospital operations; I picked up at the point where the hospital interacts with the community and with a broader healthcare and national policy environment. Peter's message was straightforward. It's our shop, these are our patients and we need to be more aggressive and more active at defending their interest and defining our quality of care and be less of a victim and more of an advocate in pushing back on the system regarding issues that compromise the safety or quality of care to our patients. My message was equally simple and that is that many of the talents and skills that make people effective emergency physicians also can make them effective at operating in a leadership level in the community, at the state level, and at the national level. I do believe in fact that emergency physicians have gotten better and better at engaging the system or broadly thinking broadly and coming up with unique solutions or strategies and I cited examples of a number of emergencies physicians who have moved into positions of national leadership in the Federal Government in corporate America or in health systems as examples of where you can make a difference.

DR. SHIRA JOHNSON:

Could you give us a couple of examples of emergency medicine physicians who have made a difference, we would love to hear some stories.

DR. ART KELLERMAN:

There are a number of outstanding examples, I will just mention a few. Dr. John Lumpkin, an emergency physician, was the former Director of the Illinois Department of Public Health. He went on to be an officer in the American College of Emergency Physicians, but from there became a senior Vice President and Director of the Healthcare group at the Robert Wood Johnson Foundation, one of the nation's largest private foundations for advancing medical care and public health in the United States. Dr. Charlotte Yeh, an emergency physician who was once Physician in Chief at the New England Medical Center, but from there became Medical Director for Medicare Policy at National Heritage Insurance Company. Subsequently was the regional administrator for the Centers for Medicaid and Medicare service for all of New England, meaning that she oversaw Medicare and Medicaid for a multistate area in New England and today is Chief Medical Officer for AARP Services Inc., major national group with one of the most powerful lobbies in the United States. Dr. Michael Rapp, emergency physician, former president of the American College of Emergency Physicians, today is the Director of Quality Measurement and Health Assessment Group at the Office of Clinical Standards, again at the Centers for Medicaid and Medicare services, over 700 billion dollars in healthcare spending a year. Dr. Susan Nedza, emergency physician, former medical director for EMS in Illinois, went on to be the Chief Medical Officer for the CMS region in the Midwest based in Chicago and today is Vice President for Clinical Quality and Patient Safety at the AMA. Each of these people provide examples of practicing bedside emergency physicians who then stepped forward and took their career to a next level. Dr. Jeffrey Runge, emergency physician, founded the Carolina Center for Injury Prevention and Control, but from there became the Administrator for the National Highway Traffic Safety Administration, the Federal Government's highway safety agency. He left that post and moved over to homeland security and was our nation's first Chief Medical Officer and Assistant Secretary for Health Affairs at the US Department of Homeland Security where he led federal efforts in bioterrorism and biodefense. Dr. Kenneth Kizer, an emergency physician who was Under Secretary for Health at the Department of Veterans Affairs and is widely credited with transforming the VA health system introducing electronic health records and dramatically improving the quality of care at the VA before he moved into corporate roles in US healthcare and everybody knows about Dr. John Kitzhaber, an emergency physician in Oregon who became the President of the Oregon State Senate, later the governor of Oregon and was the chief architect of the Oregon Health Plan. The common thread in all of these individuals, they took the energy, the multitasking nature, the decision-making capacity of a bedside emergency physician and took that into the political arena or the policy arena or the business arena and became outstanding leaders, but they never forgot the most important imperative for any physician, which is the patient's interest comes first and I think we have a great opportunity not just for emergency physicians, but doctors across the board to use their skills, their communication abilities,

their analytical talent, and their knowledge of clinical medicine to become effective leaders in a wide variety of settings and sectors to make a difference for health.

For those of you just tuning in, you are listening to a special segment on future medicine on ReachMD, The Channel for Medical Professionals. I am Dr. Shira Johnson and I am speaking with Dr. Art Kellerman from the Emory University. We were discussing some of the challenges facing American Healthcare and how to lay the groundwork for changing emergency medicine in the United States.

DR. SHIRA JOHNSON:

You have mentioned for us several role models, but if there is an emergency room physician or a primary care doctor listening to this and they want to do more, they want to go forward, what those people did were big steps, what's the first little steps to get involved where you are?

DR. ART KELLERMAN:

I think the first step is to join forces with your colleagues, in your hospital, in your group, in your specialty society or your local medical society. There is strength in numbers and you will often learn from your older, more experienced colleagues how to develop your skills and how to get connected or get involved. Serving those sorts of organizations gives you an opportunity to do committee work through taking leadership roles with task forces, to begin to rise through the ranks and really find out if this is your cup of tea or not. When we lose sight of the big picture and focus only on our own immediate concerns, it's no surprise that things don't get better, but really working at the hospital level through hospital committees or medical staff involvement, working for your local medical society or your state specialty society can be a very rewarding experience and really can open doors and in fact every one of the people that I named started exactly that way.

DR. SHIRA JOHNSON:

It's very encouraging. What about the changing role of EMS? Should they be doing more in the field or doing less in transporting patients faster?

DR. ART KELLERMAN:

It depends on the nature of the problem. In the case of EMS, it's fairly clear now that if the patient has critical injuries, the whole concept of load and go makes the most sense, minimizing time in the field to get the patient to a trauma center for immediate intervention. On the other hand, there is probably very good evidence that doing some at the scene and possibly even not transporting patients who don't need EMS would be a beneficial strategy if we can get the federal government insurance companies to

actually reimburse EMS for providing care or alternative destinations like taking the patient to the dialysis center instead of the ER. Finally, we know for a particular problem cardiac arrest, that patient is going to live or die based on what EMS does on the scene and they should do everything they need to or can do to reestablish a pulse prior to transporting the patient. It's the exact opposite of the trauma situation. You can do as a paramedic everything on the scene that a typical emergency physician can do in the ER and you are doing it 20 to 25 minutes sooner. If you can restore a pulse on the scene, you have the best chance of saving that patient's life. If you cannot get a pulse back on the scene, there is no overwhelming evidence that racing with CPR through the streets of the city with lights and sound does nothing but endanger you and the driving public and brings no benefits, that patient's chances of survival are virtually zero. So it really depends on the nature of the clinical problem.

DR. SHIRA JOHNSON:

What will the emergency department be like 20 years from now?

DR. ART KELLERMAN:

I think it will be less crowded, I think it will have an array of advanced diagnostic and therapeutic interventions available to clinicians. I think it will be designed to provide not just universal precautions for blood borne, but also for air borne pathogens and it will be an even more important arena for healthcare than it is today. You know most people don't realize not only are half of all hospital admissions coming through the emergency department, but ERs today are delivering 11% of all outpatient encounters in the United States. For better or for worse, those numbers are likely to go up in the future, not down, and so these centers of care are going to have to be even more efficient, even better organized, and certainly far safer than they sometimes are today.

DR. SHIRA JOHNSON:

Dr. Kellerman thank you for being our guest.

DR. ART KELLERMAN:

You are welcome.

Today we have had Dr. Art Kellerman from Emory University. We have been discussing laying the groundwork for changing emergency medicine in the United States. I am Dr. Shira Johnson. You have been listening to a special segment on future medicine from ReachMD, The Channel for Medical Professionals. Please visit our website at www.reachmd.com which features our entire library through on-demand podcasts or call us toll free with your comments and suggestion at 888-639-6157 and thank you for listening.