



## FMA Specialty Society Section

P.O. Box 10269 ~ Tallahassee, Florida 32302

Eli N. Lerner, M.D., F.A.C.S., Chairman

### **ACCESS TO SPECIALTY CARE**

Physicians over the years have been constantly available for hospital emergency room coverage. Physicians are altruistic and have always taken care of their patients irrespective of their ability to pay for their medical care. The system worked well in the past when most people had private physicians that they would see for their health care problems. Today, however, the emergency room has become one of the primary entry points to the health care system for many people, many of whom are uninsured.

Physician availability to the emergency room maintains the hospital's capacity to provide a full range of services for specialty care required by the community. The physician's availability for those calls are above and beyond their practice requirements. Their availability to the hospital primarily serves the hospital's duty of providing emergency coverage for their communities.

In view of the changes in the health care environment in recent years, such availability cannot be taken for granted. The availability to cover emergency rooms is now being greatly impacted by the following:

1. Malpractice environment and the high cost of the malpractice insurance.
2. Increasing levels of uncompensated care being seen in the emergency room.
3. Decreased physician manpower to provide adequate levels of coverage in our communities.
4. Decreasing health care reimbursements for physician's work by government and insurance companies.

This leads to physicians having to be more concerned with their practice patterns. Emergency room coverage is time inefficient for the physician in this environment and often represents a financial loss as well as a disruptive factor in their time management.

It is for the above reasons that physician's availability to cover emergency rooms in the hospital emergency room cannot be taken for granted.

A survey conducted through the Specialty Society Section of the Florida Medical Association received responses from 471 Florida physicians who take or had taken emergency room call. 45% had dropped off ER call in the previous five years. The most common reason was due to liability issues (57%) with economic and workload issues still

a very common concern (51-52% each). A minority were paid for call (26%) and most (85%) were required to take ER call to be on staff. 65% were considering dropping off call if they were unable to receive a stipend to cover the expense and liability of call and to offset that provision of free care they provide.

Absence of attention to the problem of ER call compensation will help fuel a crisis in the years ahead. A quick review of the Palm Beach County Medical Society Physician Census Study clearly demonstrates a looming shortage of area physicians available to attend ER patients. For example, only 4% of physicians are below the age of 35 there, compared to 16% nationally. Current needs for specialists to provide ER care are behind and projections show the situation only becoming worse. For example, 114 General Surgeons practice in Palm Beach County. Currently, there is a need for 188. In 2011, 208 surgeons will be needed, showing a shortfall of 94. Adjusting those numbers for age (retirement, illness, death) leaves only 70 surgeons practicing with a shortage of 138. Furthermore, only 53 surgeons currently provide ER coverage in Palm Beach County.

These numbers are echoed in every specialty reviewed in the study with the exceptions of Cardiology, Plastic Surgery, Pediatrics, Dermatology, and Gastroenterology. The shortages are traced to two primary factors: reimbursement and medical liability issues, echoing the findings of the Florida Medical Association. We have responded to the malpractice crisis and now must address the reimbursement issue in order to continue caring for our emergency room patients in an objective manner free of price tags.

Because those services are beyond the basic medical practice of the physician, the physicians must be compensated for their time and level of ability to cover the emergency room, time generally being taken to represent time on call. The Florida Medical Association strongly believes that physician participation in the hospital environment must be compensated accordingly for the above reasons. This compensation includes the time necessary to cover the emergency room of the hospital and may also include the time required to participate in committees and hospital organizations that are a necessary part of the hospital's state licensure requirement.

The Florida Medical Association recommends the following steps for physicians to attain an appropriate level of compensation:

1. Negotiations with hospital administrators for compensation of emergency room call.
2. Medical staff bylaws must be changed to clearly state that emergency room coverage is voluntary. This may initiate discussions with the hospital to enter into contracts with physicians for emergency room coverage.
3. Potential negotiations with the hospital and/or county governments for payment or subsidies for malpractice coverage for physician's participating in emergency room coverage.

The Specialty Section recommends that the Florida Medical Association assist with finding and creating solutions for physicians in the following ways:

1. Create model contract language to assist physicians seeking to partner with hospitals in providing emergency room call.
2. Create a Public Relations Campaign that will educate the public regarding this problem. The campaign would emphasize the impact on access to care and showcase those physicians who are providing free care while placing themselves at risk legally and economically.
3. Seek legislation and administrative code to ensure that physicians have a level playing field in contract negotiation with hospitals and providing protection for physicians who provide emergency call coverage. Such legislation could include ensuring medical staff autonomy and providing sovereign immunity to physicians providing compensated and uncompensated emergency call under EMTALA and the Florida Access to Care Act.
4. Support programs that economically empower patients through Health savings accounts linked to high deductible catastrophic health insurance and other market-based solutions for financing health care so that they will be more financially able to pay for emergency care.
5. Continue to pursue deregulation of physicians to lessen or remove the impact of unfunded mandates to provide patient care without compensation or protection.

To that end, the Florida Medical Association supports the state's physicians in their efforts to gain compensation for ER coverage in the following ways:

1. Provide support to physicians in negotiations with their hospitals to seek ER coverage compensation.
2. Maintain records of which hospitals have programs for compensation.
3. Pursue legislative relief to resolve the issue if necessary.
4. Establish and staff a help desk for negotiators at the Florida Medical Association's headquarters.
5. Establish a contractual relationship with an ER negotiating company for membership use in conducting negotiations.
6. Provide legal review for physician-conducted negotiations.
7. Support physician's negotiating efforts openly.

As our recent statewide survey demonstrates, there is a developing crisis in the delivery of health care as physicians are expected to care for patients in the ER without compensation for their time. Physicians take great pride in improving access to emergency care and believe that the crisis in emergency coverage can be prevented by recognizing the true value of such services. We are facing a paradigm change in how we are paid for our services and we must be compensated for our ER on call time. It is imperative that the Florida Medical Association serve as the physicians' voice on behalf of all on call specialists. It is the Florida Medical Association's position that recognition of this change and appropriate action will help defuse the crisis and improve access to specialty care in our emergency rooms. This is a complex issue and we need our Florida Medical Association to help lead us to that goal.