

## Special Audio Report Transcript

Headline: U.S. Facing Dramatic Decline in Number of  
Emergency Departments, According to Study

Reported/Produced by: Kelly Wilkinson  
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### TEXT:

I'm Kelly Wilkinson with a report on hospital emergency department closures and some of the reasons behind that trend. This is a special report for *California Healthline*, a daily news service from the California HealthCare Foundation.

Over the course of a twenty-year period, ending in 2009, the nation lost almost one-third of its emergency departments. That's according to a report published recently in the *Journal of the American Medical Association*. Renee Hsia was the lead author. She's assistant professor of emergency medicine at the University of California, San Francisco.

***(Hsia): "There are just fewer emergency departments available to the public in general."***

Hsia says there are several reasons for that. Hospitals that operate with a low profit margin are particularly vulnerable, as are for-profit hospitals and those located in competitive markets.

The other factors relate to patients. Hsia says safety-net hospitals that see a high proportion of low-income patients are 40% more likely to close. Which she says affects all patients.

***(Hsia): "If you don't have an emergency department in your neighborhood, it doesn't mean your emergency disappears. It means you go find the nearest one, and so in this sense, everyone really is affected by this. Not just those people who are experiencing the closures."***

The most visible indication is something most people are familiar with: crowded emergency departments.

***(Hsia): "While some people often think of emergency room crowding as a demand issue -- there's too many people going, there's people with inappropriate reasons going -- this is kind of looking at the supply side, so showing that crowding isn't just a one-sided thing. It***

***is also related to the availability of how many ERs there are out there."***

Sandra Schneider is professor of emergency medicine at the University of Rochester Medical Center and president of the American College of Emergency Physicians. She says there are consequences to the crowding when low-income patients need to be admitted to the hospital.

***(Schneider): "Because many of these people are quite ill and have waited a long time, they now need to be hospitalized. And what we see as the biggest contributor to the waits that patients have is the fact that many of our beds are taken up by patients who are already admitted to the hospital and they're waiting for a bed to become available in the hospital."***

Schneider says that wait can stretch into hours ... and sometimes, days.

***(Schneider): "And when you now flood in an increased number of patients who are coming from those communities where the emergency departments are closed, those waits just get longer and longer and longer. And we know that waiting in the emergency room is just not a good thing for anyone. It's not a good thing for the patients who are waiting and it's not a good thing for patients who are trying to get in to be seen."***

Emergency departments operate under a federal mandate that they see all patients, regardless of ability to pay. But low rates of Medicaid reimbursement are a big factor pushing hospitals to closure. Again, Renee Hsia.

***(Hsia): "You can't call a cardiologist office or dermatologist office and demand to get seen because they can say no. And the only place that can't say no is the ER. So it's a type of care that we want to provide as physicians and hopefully as a society, but there's no federal mandate to say that somebody pays for that care. So you can imagine that if you're located in an area where the nearest hospital has to see patients but doesn't get reimbursed for them, in certain areas that emergency department is a sinkhole for that hospital."***

The report found that two out of every three EDs closed when a hospital closed. Caroline Steinberg is vice president of trends analysis at the American Hospital Association. She says the challenges facing EDs are symptomatic of what hospitals historically have faced.

***(Steinberg): "The financial stress is largely driven by growing ranks of underinsured and uninsured and underpayment by Medicare and Medicaid."***

But she is hopeful, looking ahead to the new federal health reform law.

***(Steinberg): "Hopefully the accountable care act will, by increasing coverage, reduce some of the pressures faced by emergency departments that serve predominantly uninsured patients."***

Others like Renee Hsia aren't as optimistic. She says increasing the number of people with insurance is a great first step, but that might not solve problems in the nation's emergency departments because the new law will expand Medicaid eligibility.

**(Hsia): "Even if we expand insurance, it is not exactly the same thing as expanding access. So we may still see a high proportion of patients relying on the emergency department and crowding could get worse."**

This has been a special report for *California Healthline*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at [CHL@CHCF.org](mailto:CHL@CHCF.org). I'm Kelly Wilkinson. Thanks for listening.