No Doctor in the House

An increased demand for emergency services is outpacing population growth. Insured people account for the vast majority of ED visits in the US, but the proportion of visits by uninsured people is rising at a higher rate. The ability of hospitals to obtain specialist coverage is a significant hurdle. To study this issue, the Center for Studying Health System Change (HSC) conducted site visits in 12 nationally representative metropolitan communities (Chicago was not included; however, large urban areas in the Midwest were represented). In each community, representatives from at least two of the larger hospitals were interviewed.

Nationally, 73% of emergency departments report inadequate on-call coverage by physicians, according to the American College of Emergency Physicians. According a Joint Commission 2002 Sentinel Event report, 21% of patient deaths or permanent injuries related to ED treatment delays are attributed to lack of specialist availability. While in some cases, there is a shortage of specialists, in these HSC interviews, physician unwillingness to take the call was determined to be the primary issue:

In some cases, a shortage of certain specialists contributes to inadequate on-call coverage. But physician unwillingness to take call appears to be a more pressing issue for many hospitals, compounding larger workforce issues of physicians not choosing specialties or practice locations that better align with the medical needs and geographic distribution of the population.

Factors influencing physician reluctance to provide on-call coverage:
- Physicians have decreased dependence on hospital admitting privileges as more services shift to non-hospital settings;
- Perceived inadequacy of payment for emergency care, especially for uninsured patients (opportunity cost in terms of time away from insured);
- Medical liability concerns for trauma cases/cases outside of very narrow subspecialties, and
- Quality of life issues: interference with other work or family/personal obligations.

Strategies by hospitals to secure coverage:
- Enforcement of hospital by-laws requiring call;
- Payment for on-call coverage (stipend);
- Paying for each uninsured patient treated;
- Paying professional fees for patients unable to pay;
- Directly employing specialist physicians, and
- Improving physician work environment (offering practice management support, better operating room schedules, paying malpractice premiums, etc.).

However, the article states that while the market changes that discourage specialists from providing emergency on-call coverage need to be addressed (reimbursement, rising number of uninsured, high costs of malpractice insurance)—these strategies alone will not adequately address the problem.

For more information: Hospital Emergency On-Call Coverage: Is There a Doctor in the House? (11/2007)
http://www.hschange.com/CONTENT/956/?PRINT=1