IOM's Four-City Series Tackles Emergency Care

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Contributing Writer

WASHINGTON — Although the federal government should play a key role in repairing the nation's emergency health care system, much of the job of reform may fall on the emergency care community itself, according to health experts, lawmakers, and federal officials who met at the Institute of Medicine's final workshop on the future of emergency care.

Following previous regional workshops in Salt Lake City, Chicago, and New Orleans, the IOM conducted its fourth stop on a nationwide tour to disseminate the findings from this summer's three landmark reports on the state of emergency care.

"As we went around the country, we heard that this [IOM] report may be the most important report on emergency medicine since 1966 to avoid accidental death and disability and neglected disease in modern society," said Dr. A. Brent Eastman, chief medical officer of Scripps Health, San Diego, and a member of the IOM Committee on the Future of Emergency Care in the United States Health System.

Discussions from the first three workshops were overwhelmingly supportive of most of the recommendations that address the major issues facing the emergency care system: overcrowding of emergency departments, shortcomings in pediatric emergency care, lack of disaster preparedness, and disadvantaged emergency care research.

One primary area, however, fostered disagreement from workshop attendees: the IOM's recommendation that Congress establish a single lead agency to oversee and manage emergency and trauma care. Such an agency would consolidate resources currently spread throughout different agencies, such as the Department of Health and Human Services and the Department of Homeland Security.

The workshops' attendees, however, have strongly opposed a single-agency approach, Dr. Eastman said.

"The overall message that we heard was that we absolutely must unite to collectively move forward with the IOM agenda," he said. Yet, "it cannot be done by one agency, one region of the country, or by one individual."

There has been consensus that the emergency care community cannot wait for an act of Congress to institute change, Eastman added. Workshop attendees acknowledged that many of the IOM's findings were targeted to providers and provider organizations, and most have concluded that change was needed "from within."

An Act of Congress

Congress has, however, given some attention to the matter of disaster preparedness. The House and Senate passed—and the president signed into law—the Pandemic and All-Hazards Preparedness Act of 2006, which aims to speed up emergency medical response, explained Ms. Jennifer Bryning of the Senate Committee on Health, Education, Labor and Pensions.

"To the IOM finding that there is a lack of disaster preparedness, we hope this bill will addresses this point," said Ms. Bryning. "We are aware that it doesn't cure all the problems, but it's a step in the right direction."

The law reauthorizes the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 and names the secretary of Health and Human Services as the lead federal official responsible for public health and medical response to emergencies. It also reauthorizes more than $1 billion per year in federal funding through grants from HHS for state and local public health and medical preparedness.

The workshop also gave officials of federal agencies an opportunity to discuss how their offices can assist in adopting the IOM recommendations.

In response to the finding that the emergency department system is poorly equipped to handle a disaster, Dr. Jeffrey W. Runge, the Department of Homeland Security's chief medical officer, conceded that the United States is not giving the emergency care situation the attention it deserves.

"How well we are able to treat patients every single day is exactly how we will treat patients in case of a disaster," said Dr. Runge. "In cases of disaster or emergency, people call 911, not CMS and not

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FEMA ... so we need people in emergency rooms who are expertly trained to treat our citizens."

Emergency care in this country is a "victim of its own success," Dr. Runge said. For the past 3 decades, he explained, emergency physicians have done a tremendous job of improving emergency care and fulfilling a need.

He also stressed that the word "crisis" might be overused in defining the current state of emergency care.

"It's not a crisis until people feel it," Dr. Runge said. "Until the American public feels their system is breaking down, I'm not real hopeful there is going to be huge systemic change. We need to prevent this crisis before it's actually a crisis."

A View From the Hill

In his keynote address, Rep. Pete Stark (D-Calif.), gave a spirited dialogue on his view of the IOM reports, which he said had offered "no solutions, but lots of problems."

One report finding that seemed to most amaze Rep. Stark was the shortage of specialists in such fields as neurosurgery or vascular surgery who will agree to work on call in emergency departments. That shortage results in "dire and sometimes tragic results," according to the IOM reports.

"We don't pay firemen, teachers, and policemen for not doing their full job, and in my opinion, [on-call service for doctors] is part of the job," Rep. Stark said. "When you make upwards of $400,000 and $500,000 a year, you're more than compensated."

Rep. Stark added that his solution to the on-call shortage would be to advise hospitals to withhold privileges to doctors who won't agree to be on call without extra payment.

Research Can Lead the Way

A common thread throughout the final workshop was the great need for further discussion among the emergency care community, the relevant federal agencies, and Congress. The IOM reports and the workshops' attendees also concluded that research is the cornerstone for improvement.

There are many opportunities for emergency care research, said Dr. William Barsan, chair of the department of emergency medicine at the University of Michigan, Ann Arbor.

"Emergency conditions are certainly high impact," Dr. Barsan said. "You have access to large and very diverse patient populations. Almost every person in the country uses the emergency room at least one time or another, and you can't get any more diverse than that."

Effective early treatment in emergency departments prevents some of the leading causes of death, such as trauma, stroke, and heart attack, he added. Proper research can help physicians to better treat these conditions.

The challenge, Dr. Barsan said, is that the medical community first needs to address the inadequate research training infrastructure, which provides only a small number of research fellowship training positions in emergency care.

Looking Ahead

The IOM's work on the future of emergency care is not yet complete. The panel is taking steps to incorporate the feedback gathered from the four regional workshops and publish an addendum in the coming months. It will provide more details on areas that the workshop attendees said were underemphasized in the first reports, such as geriatrics, mental health and substance abuse, and the nursing shortage. It also will summarize the workshops' formal presentations, including key sources of evidence.

For more information, visit the IOM Web site at www.iom.edu. ■

UPCOMING MEETINGS

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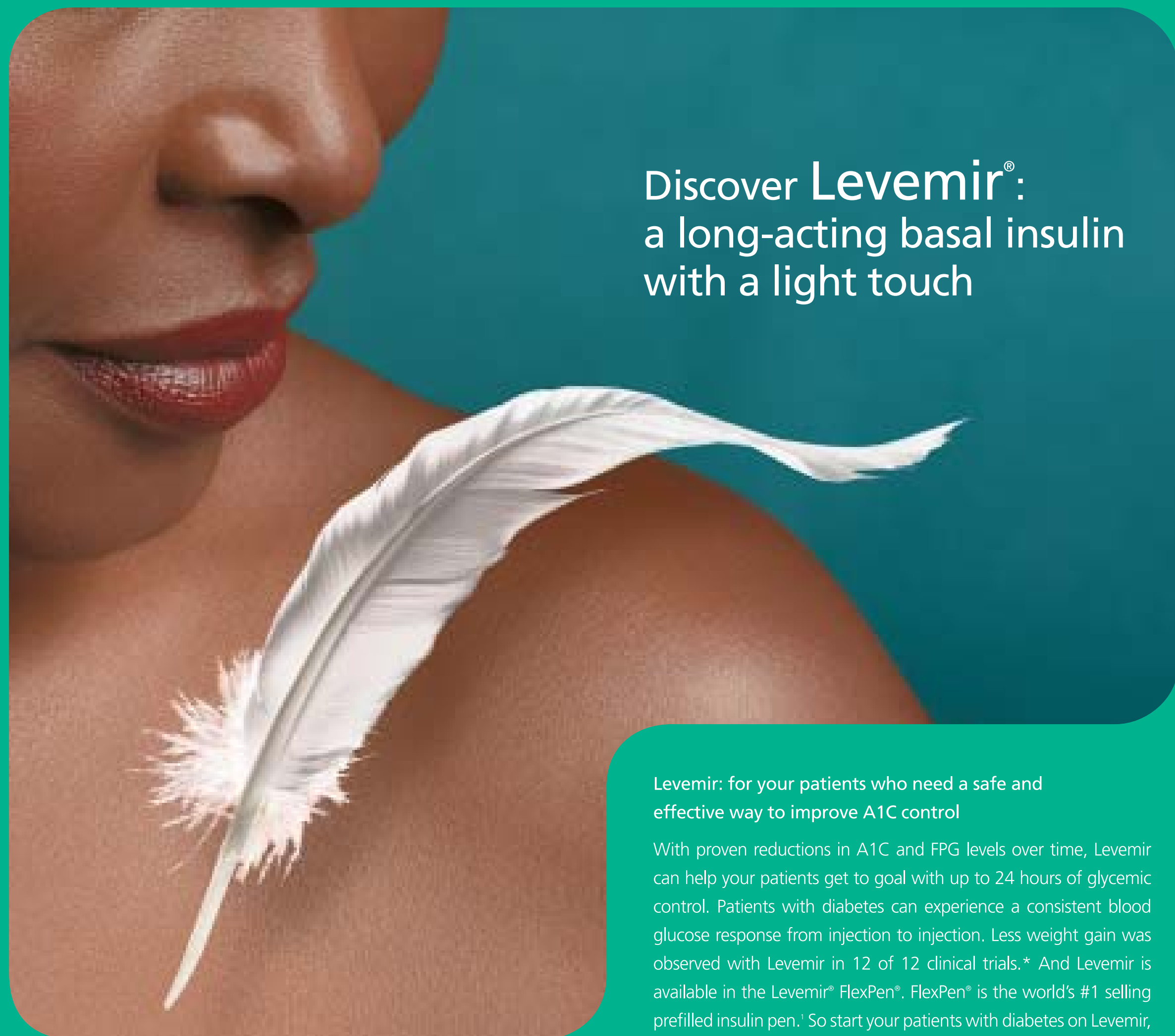

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Reference: 1. IMS Health, IMS MIDAS [12 months ending September 2005].

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