



The Future of Emergency Medicine: What Will We Look Like in the New Millennium?

Health care is changing dramatically and rapidly. Emergency medicine must play an integral role in shaping the future of health care system. Learn what changes are likely to occur and what impact they may have on emergency medicine.

- Describe changes likely to occur in health care in the next five years and their influence on emergency medicine.
- Identify how to prepare for these changes in health care.
- Discuss the impact these changes will have on patient care.
- Describe what emergency medicine may look like in the future.

WE-120
Wednesday, October 13, 1999
8:00 AM - 8:55 AM
Room # N227
Las Vegas Convention Center

FACULTY

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The Future of Emergency Medicine:
What Will We Look Like in the New Millennium?

John C Moorhead MD. MS. FACEP

I. Course Description

1. The end of the millennium finds the specialty of emergency medicine in transition.

II. Objectives

- I. At the end of the course the participant will be able to :
 - a. understand many of the changes likely to occur in health care and their influence on emergency medicine.
 - b. identify how to prepare for these changes in health care.
 - c. understand how these changes will affect patient care.
 - d. have a perspective on what emergency medicine may look like in the future.

111. Course Outline

A. "Transitions" in Emergency Medicine

1. 1999 2000
20-Yr Specialty New Millenium
29-Yr Residencies

2. Gradual Change Rapid Change

B. Residents' Transitions

1. Career Specialty

2. Emergency Clinicians Emergency Physician,

C. Health System Change

1. Cost Control Choice/Quality
2. Benefits
MD/Hospital MD/Hospital/Drug
3. Market-Driven Consumer-Driven

D. EM Workforce Transitions

1. Doctors Physician Extenders
3. Undersupply Regional Oversupply
4. Male Representative
5. Caucasian Diversified
6. Older Younger
7. Independent Contractors Employees
8. Board Certified ABEM/AOBEM Certified
9. Urban Non-urban
10. Reimbursement-driven Lifestyle-driven

E. Group Organization

1. Staffing Management Services (MSO)

F. Reimbursement

1. Increases Maintain Safety Net
Services
EMS

G. Advocacy

1. Access Universal Coverage
Prudent Layperson On-call coverage
EMTALA

H. EM Practice

1. "Emergencies" All Unscheduled
Care
2. Low Tech High Tech
3. Overcrowding Customer Service
Documentation
Fraud & Abuse
ED Certification
4. Individual Practice Public Health
Surveillance
Domestic Violence
5. BurnoutWellness
6. Credentialling
Hospital/Group Government

I. Academic Medical Centers

1. Financial Advantage Financial
Disadvantage
2. Teaching-Focus Practice-Focus
3. Resident-Driven Care Faculty-Driven Care
4. Low Education Debt High Debt
Load
5. Resident Moonlighting Limited
Opportunities/Pay
6. Fellowships
Full-time Part-time

J. Communication

1. Print On-line
2. Episodic Continuous/Ongoing

K. Mentoring

1. Outside EM EM Specialty
2. Resident Orientated Practicing Physician
Orientated

L. ACEP

- 1. Centralized Decentralized
- 2. National Chapter
- 3. President Focused Board Focused

M. EM Organizations

- 1. Divisive Unity
- 2. Isolation Collaboration
- 3. Member Benefits Collective Bargaining

N. EM Future

- 1. Positive Cautiously Positive

Reference List

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