



Emergency Medicine: Who We Are, Where We've Been, and Where We're Going

As we celebrate the 25th anniversary of EMRA, we should look at the history of our specialty to chart our course for the future. The lecturer will review the rapid growth of emergency medicine and define challenges facing emergency medicine in the new millennium.

- Describe the social and economic pressures that lead to the development of emergency medicine as a specialty.
- Discuss the future goals for emergency medicine.
- Describe the emergency physician's role as a care provider, a hospital-based specialist, and an academician.

MO-48
Monday, October 11, 1999
4:00 PM - 4:55 PM
Room # N242
Las Vegas Convention Center

FACULTY

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(Moderator)

Vice Speaker, Council ACEP

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ABEM Past President; ACEP Past
President

EM: Who we Are, Where we've Been, Where we're Going



Louise B. Andrew MD JD (mod)
John G. Wiegenstein, MD
John A. Marx, MD
ACEP Scientific Assembly 10/11/99
MO-48

Introduction

- Louise B. Andrew MD JD FACEP
– (vice) Speaker of Council, ACEP
- John G. Wiegenstein, MD FACEP
– Founding father, ACEP
- John A. Marx
– Chief, Dept EM, Carolinas Medical Center

Topics of Discussion

- Where We've Been
- Who we Are
- Where We're Going

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Where We've Been



John G. Wiegenstein, MD

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Emergency Medicine in the Fifties

- Equipment
- Facilities
- Quality of care

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Factors Contributing to Change

- Population – increased, more mobile
- Insurance/third party coverage increased
- Equipment sophistication – increased
- Delivery of care methods – advanced (CCUs ICUs etc)
- Vietnam experience

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The Public Becomes Aware

- “Death in a Ditch”
- “Accidental Death and Disability: The Neglected Disease of Modern Society”
- Highway Safety Act
- Articles in the public media (US News and World Report, NY Times)

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Some Solutions Emerge

- Pontiac Plan
- Alexandria Plan
- Formation of ACEP and UAEMS

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ACEP Organization

- Incorporated August 16, 1968, Lansing Michigan
- Logo-membership materials
- Virginia Meeting- Dr. Leidelmeyer
- AMA assistance- Palmer House meeting

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ACEP Educational Efforts

- First Scientific Assembly
- Winter Workshop / Symposia
- Las Vegas Meeting

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Political Activities-The Path to Specialty Recognition

- ACEP recognition as a medical society "of interest"
- AMA Specialty Section
- Federation for Emergency and Critical Care Medicine
- Development of Residencies
- Committee On Board Establishment (COBE)

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Certification Exam Development

- Definition of Core Content
- Essentials of Residency Training/LREC
- Voluntary Assessment
- OMERAD contract- Criterion referenced
- Simulated Encounters

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Board Approval Process

- LCSB – (AMA/ABMS) Open hearings x 2
- AMA Council of Medical Education
- ABMS
- Conjoint Board Vs Primary Board

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Difficulties to Overcome

- Polarized ACEP membership
- Obstruction from certain other Boards
- Certain provisions of Conjoint Boards
- Maintain Independence of the EM Specialty

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Mission Accomplished!

- ABEM- (19)
- Specialty representation (7)
- EM representation (12)
- No veto power (Modified Conjoint Board)

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Who we Are



Louise B. Andrew MD JD

Status Report

- Annual ED Census 90-100 M
- Operational ED's 4950
- ACGME EM Residencies 148

1997 ACEP Workforce Study

- Emergency Physicians in U.S. 32,000
- FTE's in hospital ED's 24,548
- Residency trained/ Bd certified 58%
- Average clinical work week 40 hrs

EM Specialty Societies

- ACEP (Workforce) 20,000
- SAEM (Academic) 4800
- AAEM (anti-ACEP, AEP) 2500
- AEP ('disenfranchised') 1000

Where we're Going



John A. Marx, MD FACEP

GME Milestones

- 1979 ABMS Approves ABEM
- 1989 Primary Board Status Approved
- 1992 ACGME Subspecialties emerge

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Challenges/Progress in the 80's

- 1985 Injury in America
- 1986 COBRA
- 1980's Overcrowding

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Current Challenges:
Perceptions or Reality?

- Charge vs Cost
- Fixed Cost
- Cost shifting
- Prudent Layperson

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Current Goals

- ED Categorization
- Outcomes Research
- Prevention
- Interdiction

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EMERGENCY MEDICINE

Universal Access

Unique Biology

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ED Cost

“Incremental societal costs of ED for primary care cheaper than building a new clinic facility...” Uwe Reinhardt, Princeton University

This slide features a blue background with a white globe icon on the left. The title 'ED Cost' is in a dark blue bar. Below it, a quote from Uwe Reinhardt of Princeton University is displayed. A vertical dotted line is on the left, and a horizontal dotted line is at the bottom.

EM POTENTIAL

Now

- Integrated System ED Care
- Neural Networks
- EMS: Control and Expanded Services

This slide features a blue background with a white globe icon on the left. The title 'EM POTENTIAL' is in a dark blue bar, followed by the word 'Now' in italics. A bulleted list contains three items: 'Integrated System ED Care', 'Neural Networks', and 'EMS: Control and Expanded Services'. A vertical dotted line is on the left, and a horizontal dotted line is at the bottom.

EM POTENTIAL
Breadth

- Emergency Care
- Urgent Care
- Express Care
- Follow-Up Care

EM POTENTIAL
Specialty Services

- Toxicology
- HBO
- Occupational Medicine
- Trauma
- Observation Medicine

TODAY



Tomorrow's Past
Yesterday's Future

TOMORROW



“I don’t try to describe the future. I try to prevent it.”
Ray Bradbury

FOCUS



“If we cannot anticipate the future, we have the unenviable task of forever trying to catch up with the past.” Ken Iserson, MD

THE FUTURE--MEDICINE
Next Ten Years

- Managed Care Peaks
- Middle Insurers Dwindle
- Medicolegal Costs Diminish
- Population Ages

THE FUTURE--EM
Next Ten Years

- More Uninsured and Underinsured
- Lower Census
- Higher Acuity
- Functional Overcrowding

THE NEXT TEN YEARS--EM
Outside Forces

- Managed Care
- Other Specialties
- Greater Outpatient Emphasis
- Hospital Conglomerates---MegaEDs

THE NEXT TEN YEARS--EM
The Inevitable & Unpredictable

- New Epidemics
- Super Technology
- Single Payer Model
- Universal Coverage
- Ethical Dilemmas

THE NEXT TEN YEARS--EM
EMS

- Advanced Technology
- Advanced Communications
- Extended Provider Privileges

THE NEXT TEN YEARS--EM
EM Information Management

- Fully Computerized
- Increased Access
- Decreased Confidentiality

MEDICINE'S BENCHMARKS

- NOW
 - Cost
 - Quantity
- FUTURE
 - Patient Outcome

THE NEXT TEN YEARS
EM Telemedicine

- Telemedicine-Patient Links
- 24-hr. Subspecialty Consultation
- Centralized Radiology
- EMS Extenders
- Hierarchical EDs and EPs

Our Role in the History of EM



“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing which ever has.”
Margaret Mead

Our Role in the Future of EM



“Our moral responsibility is not to stop the future, but to shape it...to channel our destiny in humane directions and to ease the trauma of transition.” Alvin Toffler
