2015 ACEP Poll Affordable Care Act Research Results

Prepared For:
American College of Emergency Physicians

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Project Background

ACEP conducted a short poll with its member physicians to understand changes in emergency department patient volume and care since January 1, 2014, when the requirement to have health care took effect in the Affordable Care Act (ACA).

Research Methodology

Marketing General Incorporated (MGI) sent invitations to participate in the poll on March 16, 2015, to a list of 25,768 current ACEP members.

Of the 25,768 email invitations sent, 1,341 emails bounced or failed to send, resulting in a net total of 24,427 invitations sent. To boost response rates, MGI sent reminder emails to non-responders and non-completers on March 18 and March 20.

The poll officially closed on March 23 at 12 noon. A total of 2,099 polls were completed, providing a response rate of approximately 9%* and a margin of error of 2.1%. The margin of error, or standard error, is a statistical term used to measure the random fluctuations inherent in samples—the smaller the standard of error, the more accurate the measurement of the population or universe.

This study’s significance level of .05 carries with it a 95 percent confidence interval. The confidence interval is established as the likelihood that the same results would be achieved in a similar study, meaning that if we were to conduct this study 100 times, then the same results plus or minus the margin of error (2.1%) would occur 95 out of 100 times.

* A response rate of 9% is above average based on previous research MGI has conducted in the past. Typically, we see an 8% response rate for polls.
### Sample Characteristics

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<tr>
<th>STATE</th>
<th>COUNT</th>
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<th>STATE</th>
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<td>West Virginia</td>
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<td>2%</td>
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</table>

The top 10 participating states include:

1. California 229—11%
2. Texas 147—7%
3. New York 138—7%
4. Michigan 103—5%
5. Pennsylvania 103—5%
6. Ohio 99—5%
7. Florida 82—4%
8. Illinois 80—4%
9. Washington 64—3%
10. Massachusetts 61—3%
What is the emergency department patient volume where you work the majority of your time?

Currently, 24% of member physicians practice in an emergency department with patient volume between 50,001-75,000, and 32% practice in emergency departments with patient volumes above 75,000.
As an emergency physician, do you work directly for your hospital or for a private group contracting with your hospital?

Most respondents (60%) work for an emergency medicine group.
Since January 1, 2014, when the requirement to have health coverage took effect in the Affordable Care Act, the volume of emergency patients in my emergency department has:

Since the implementation of the ACA, the majority of member physicians have noticed an increase in the volume of emergency patients. Specifically, 47% of emergency physicians indicate slight increases in the number of patients, while 28% of respondents report significant increases in the number of emergency patients.
Since January 1, 2014, the volume of Medicaid emergency patients in my emergency department has:

![Bar chart showing the percentage of emergency physicians indicating the change in volume of Medicaid patients.]

- Increased greatly: 24%
- Increased slightly: 32%
- Remained the same: 19%
- Decreased slightly: 1%
- Decreased greatly: 0%
- Not sure: 24%

Similar to their responses for the change in volume of emergency patients, over half of emergency physicians indicate that the volume of Medicaid patients increased greatly (24%) or slightly (32%).
If visits were to increase, is your emergency department adequately prepared for potentially significant increases in patient volume?

70% of member physicians believe their emergency department is not adequately prepared for potentially substantial increases in patient volume.
Since January 1, 2014, the acuity of emergency patients’ injuries/illness in my emergency department has:

Approximately 4 in 10 respondents report the acuity of emergency patients’ injuries or illnesses has remained the same since January 1, 2014. 44% of current members have noticed significant (14%) or slight (30%) increases in the acuity of emergency patients’ injuries or illnesses in their emergency department.
How have volumes of patients with **less severe** illness at your emergency department changed because of urgent care centers?

Despite urgent care centers, 43% of member physicians report the volume of patients with less severe illness at their emergency department remains the same.
How have volumes of patients with less severe illness at your emergency department changed because of retail clinics?

For the majority of current members (49%), retail clinics have not changed the volume of patients with less severe illness at their emergency department. About one-quarter (26%) of respondents are unsure of the impact retail clinics have had on patient volume.
How have volumes of patients with less severe illness at your emergency department changed because of telephone triage lines?

44% of respondents report that they are unsure how the volume of patients with less severe illness has changed. However, 39% of respondents indicate that the volume of patients with less severe illness remains the same.
How have volumes of patients with less severe illness at your emergency department changed because of more primary care options?

Notwithstanding the availability of more primary care options, the volume of patients with less severe illness remains relatively unchanged for 49% of respondents. 23% of current members are unsure about the impact of more primary care options on the number of patients.
Have you considered leaving the practice of medicine because of reductions in reimbursement for emergency care?

In spite of the reductions in reimbursement for emergency care, 66% of member physicians indicate that they have not considered leaving the practice of medicine, although 34% have considered leaving the profession.
Are efforts being made in your community or state to reduce the number of emergency patient visits?

When asked if efforts are being made in their community or state to reduce the number of emergency patient visits, 41% of respondents report that no efforts are being made. 38% of respondents report that efforts are being made to decrease the number of emergency patient visits.
Is your community or state actively engaged in diverting Medicaid patients from the emergency department?

Almost 6 in 10 current members’ communities or states are not actively involved in diverting Medicaid patients from the emergency department.
Do you have any concerns about efforts being made to reduce emergency visits? Check all that apply.

- **Yes, patients with medical emergencies may go to a less skilled site for medical care, delaying critical care**: 44%
- **Yes, the efforts do not reduce the volume of patients**: 44%
- **Yes, the efforts do not significantly reduce health care spending**: 41%
- **Yes, patients may not get the care they need**: 38%
- **Yes, the efforts violate the federal prudent layperson standard** (NOTE: the standard ensures that health plans pay for coverage based on presenting symptoms, not the final diagnosis): 32%
- **No concerns**: 17%
- **Other**: 9%

83% of member physicians have concerns about efforts being made to reduce emergency visits. Most respondents are concerned that patients will delay medical care or go to a less skilled site (44%). Other concerns about current efforts include their minimal impact on decreasing the volume of patients (44%) or lessening health care spending (41%).
If federal subsidies for health insurance coverage were to be eliminated in your state, how do you think that would affect emergency department visits? (NOTE: the Supreme Court heard arguments in March 2015 and expects to announce its ruling in June — King v. Burwell — on whether low-income patients enrolled in a federal exchange are eligible for subsidies)

When asked how elimination of federal subsidies would affect emergency departments, 73% of respondents indicate that emergency visits will increase (42%) or remain the same (31%). Only 12% of current members report either that emergency visits will decrease (10%) or their emergency department will be at risk of closing (2%) if the government eliminated federal subsidies for health insurance.
If federal subsidies for health insurance coverage were to be eliminated in your state, how do you think that would affect your reimbursement for emergency care?

- Reimbursement for emergency care will increase: 65%
- Reimbursement for emergency care will remain the same: 17%
- Reimbursement for emergency care will decrease: 2%
- Not sure: 16%

The majority of current members (65%) indicate that reimbursement for emergency care will decrease if the federal government were to eliminate federal subsidies for health insurance coverage in their state.
Since January 1, 2014, have you or your group stopped accepting payments from a health insurance plan(s) (taking you or your group out-of-network)?

65% of respondents indicate that they have not stopped accepting payments from a health insurance plan or plans that are taking them out-of-network. Only 5% of current members have stopped accepting payment from a health insurance plan(s) that are taking them out-of-network.
Since January 1, 2014, how have demands on your time changed to coordinate patient care following visits to the emergency department?

64% of current members say that the time spent organizing patient care following visits to the emergency department has increased since January 1, 2014.
What is the top reason demands for care coordination are increasing?

- **Increased difficulty at finding/arranging timely follow-up with primary care physicians and/or specialists**: 47%
- **Increased resistance to admit/readmit patients**: 28%
- **Increased complexity of patient illness**: 13%
- **Increased patient acuity**: 4%
- **Not sure**: 1%
- **Other**: 7%

47% of member physicians believe demands for care coordination are increasing due to increased difficulty in finding/arranging timely follow-up with primary care physicians and/or specialists.