



**UNITE.  
PROTECT.  
EMPOWER.**

## The State of Healthcare and ACEP

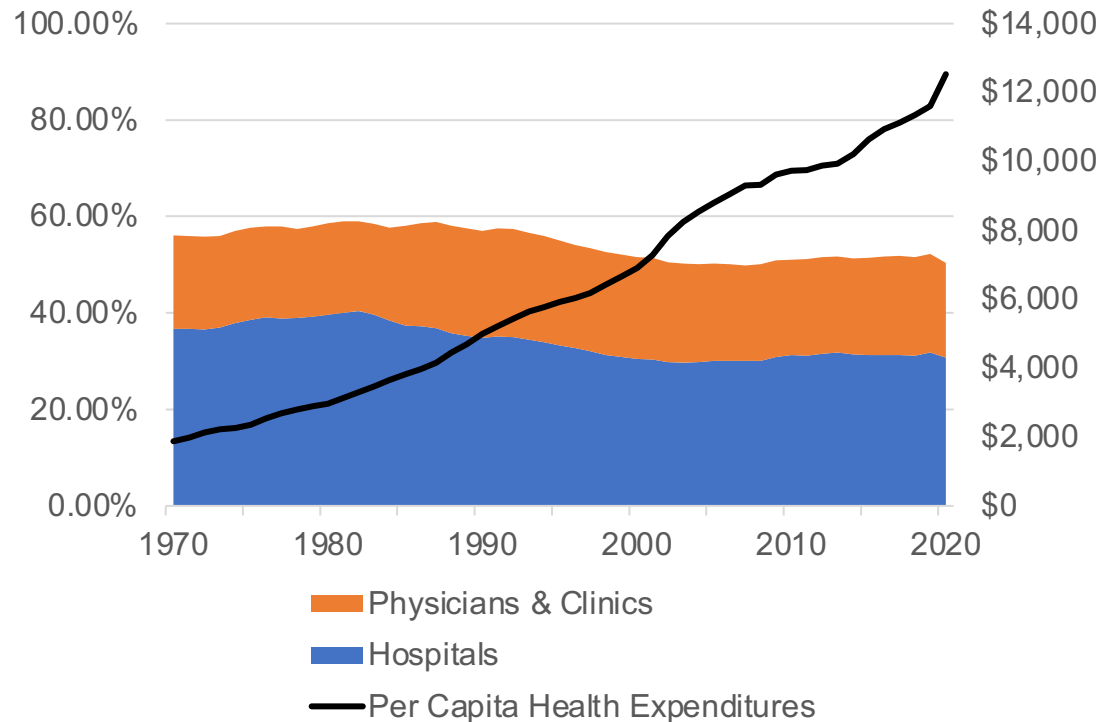
Christopher S Kang, MD, FACEP  
ACEP President

Susan Sedory, MA, CAE  
ACEP Executive Director & CEO

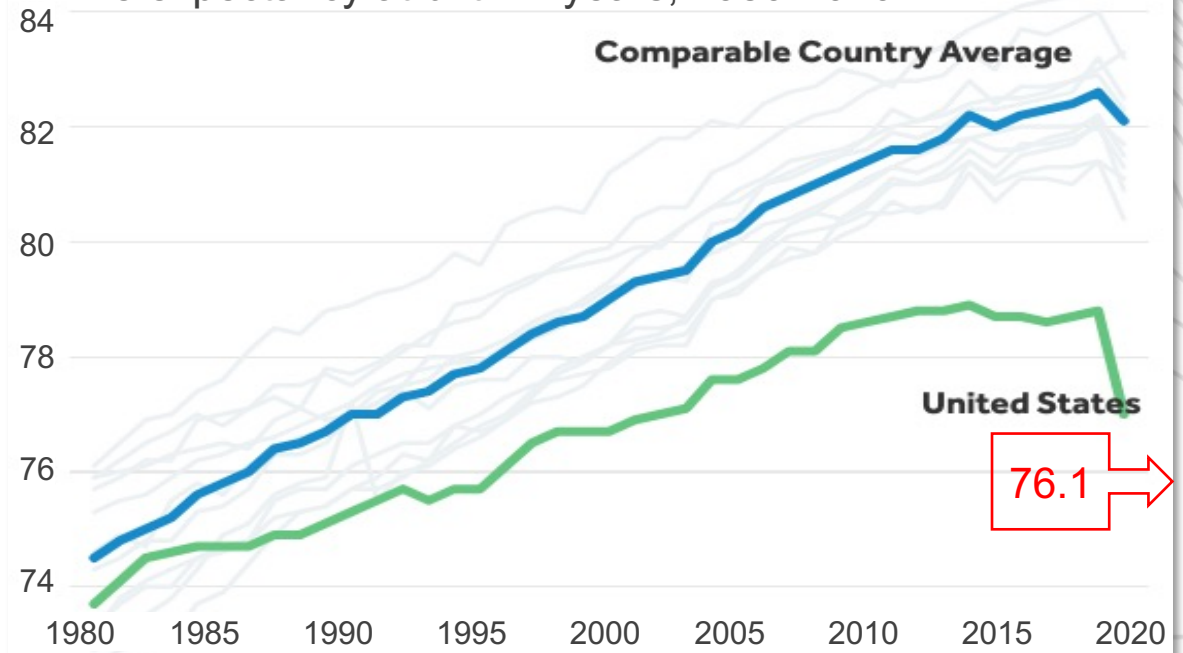
EDDA, November 7, 2022



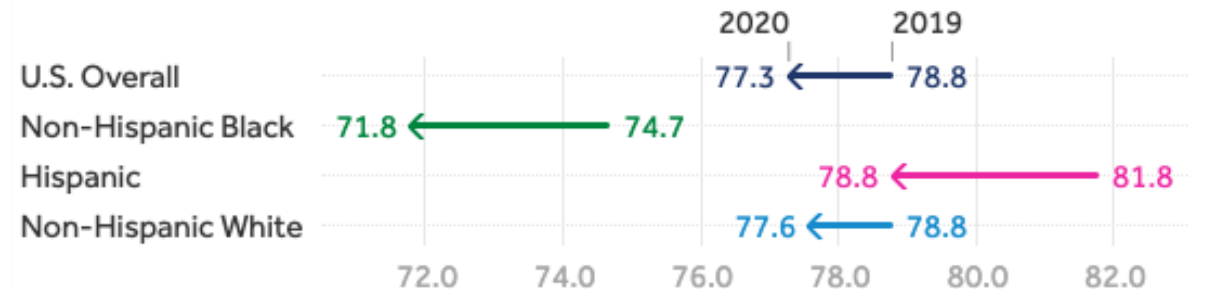
### US Health Expenditures, 1970 - 2020



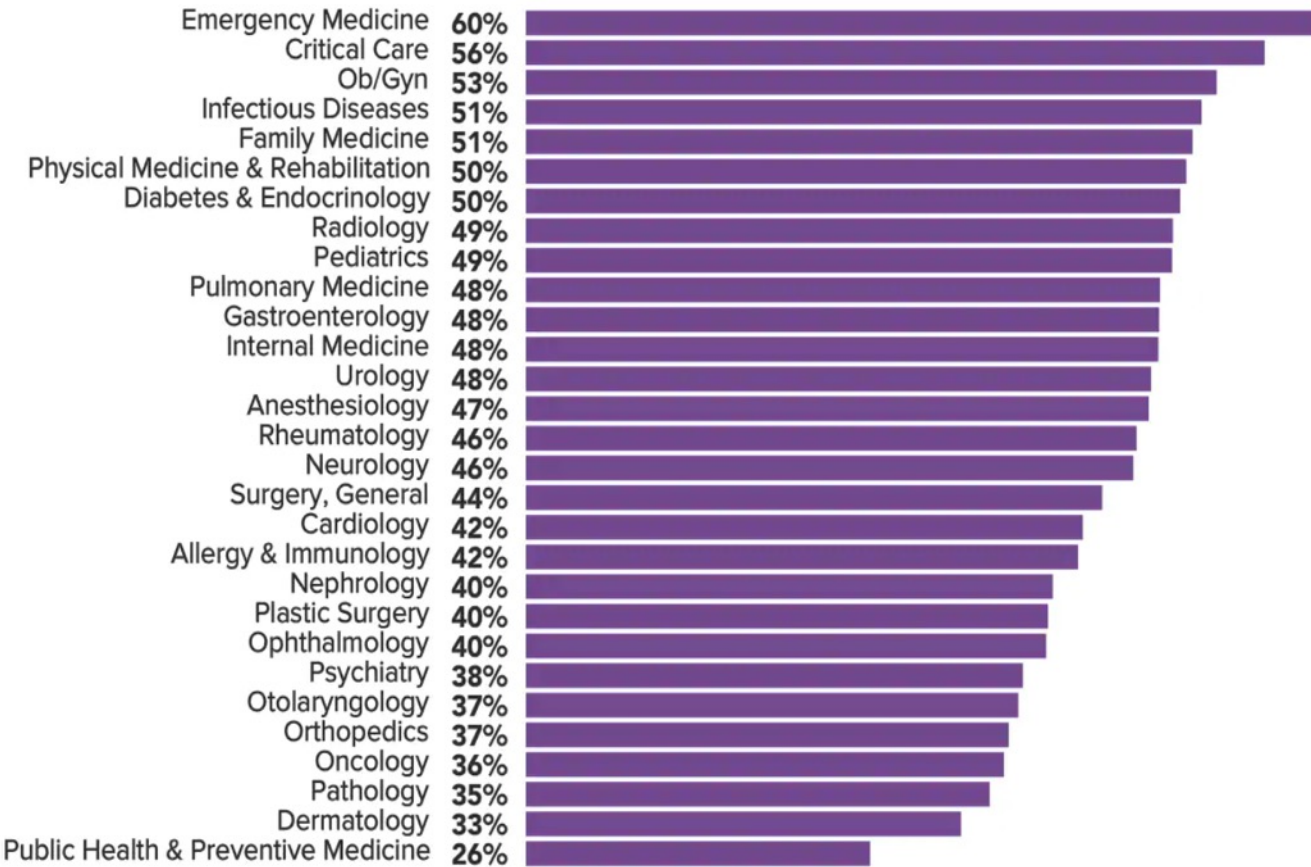
### Life expectancy at birth in years, 1980-2020



### Life expectancy at birth, by race and ethnicity, U.S., 2019-2020



## Which Physicians Are Most Burned Out?



## PHYSICIANS REPORTING AT LEAST ONE BURNOUT SYMPTOM RISES FROM 38.2% IN 2020 TO 62.8% IN 2021

- The proportion of physicians who reported they would choose to become a physician again if they could reconsider their career choice decreased from 72.2% in 2020 to 57.1% in 2021





workforce ED violence Medicaid  
claim denials firearm injuries  
liability reform quality metrics  
pandemic response consolidation  
social determinants accreditation  
scope of practice boarding physician autonomy opioids  
stigma employment rights diversity  
transparency reproductive rights  
career network adequacy rural access  
No Surprises Act private equity  
CURES Act ED closures telemedicine  
MOC COVID EHR





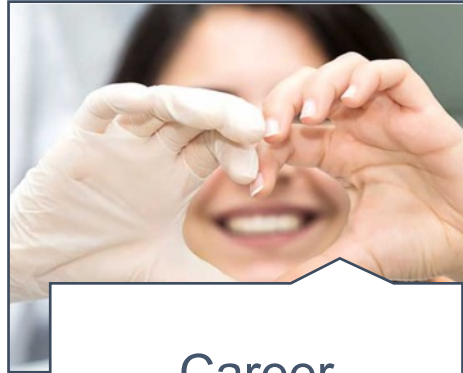
**Our mission is resolute.** To promote the highest quality of emergency care and serve as the leading advocate for emergency physicians, their patients, and the public.



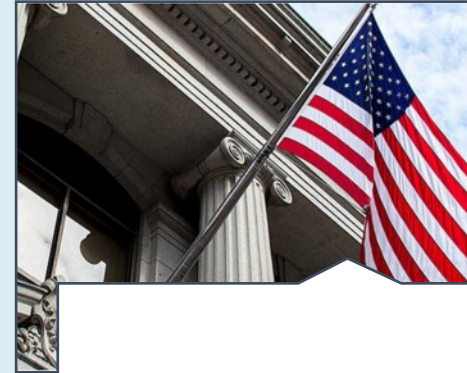
**Our vision is clear.** To ensure emergency physicians believe that ACEP is their home and community for career fulfillment and professional identity.



**See What We're Doing**  
[www.acep.org/strategicplan](http://www.acep.org/strategicplan)



Career  
Fulfillment



Advocacy



Practice  
Innovation

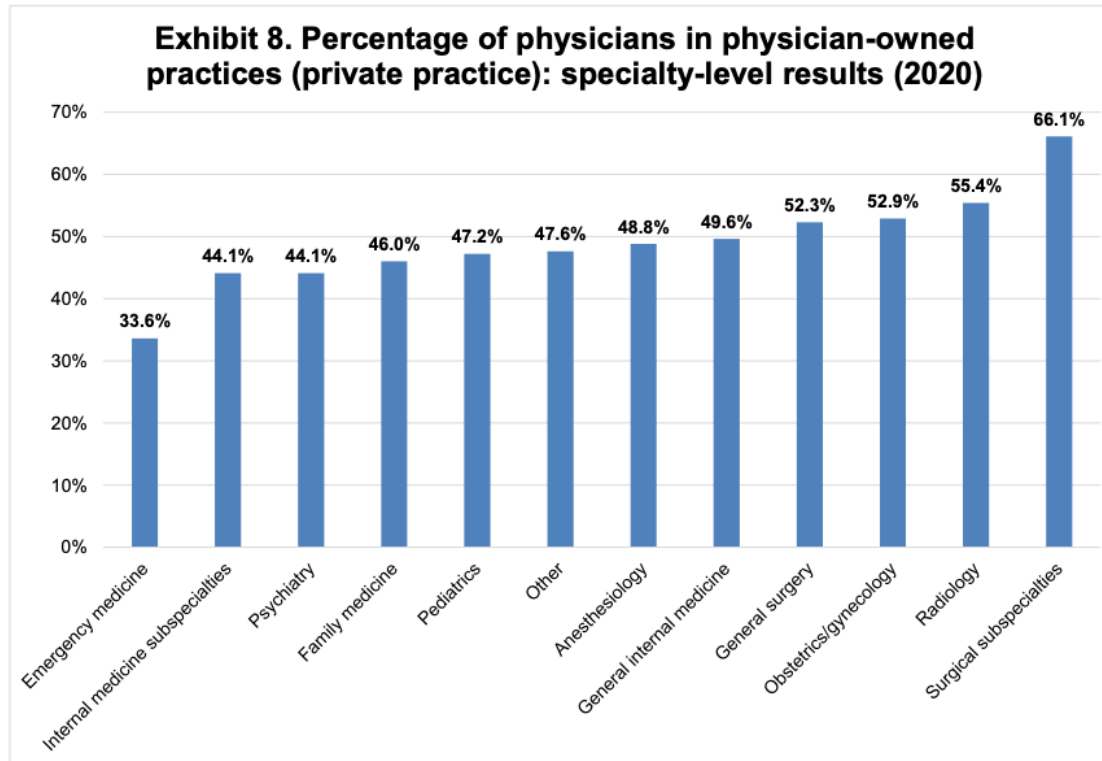


Member  
Engagement &  
Trust



Resources &  
Accountability

# Well-being and career fulfillment



Source: AMA 2020 Physician Practice Benchmark Survey

Annals of Emergency Medicine  
An International Journal

## The Emergency Medicine Physician Workforce: Projections for 2030

Catherine A. Marco, MD • D. Mark Courtney, MD, MSc • Louis J. Ling, MD • ...

Dian Dowling Evans, PhD, ENP-C • Nathan Vafaie, MD, MBA • Chelsea Richwine, PhD, MA • Show all authors

Open Access • Published: August 02, 2021 • DOI: <https://doi.org/10.1016/j.annemergmed.2021.05.029>



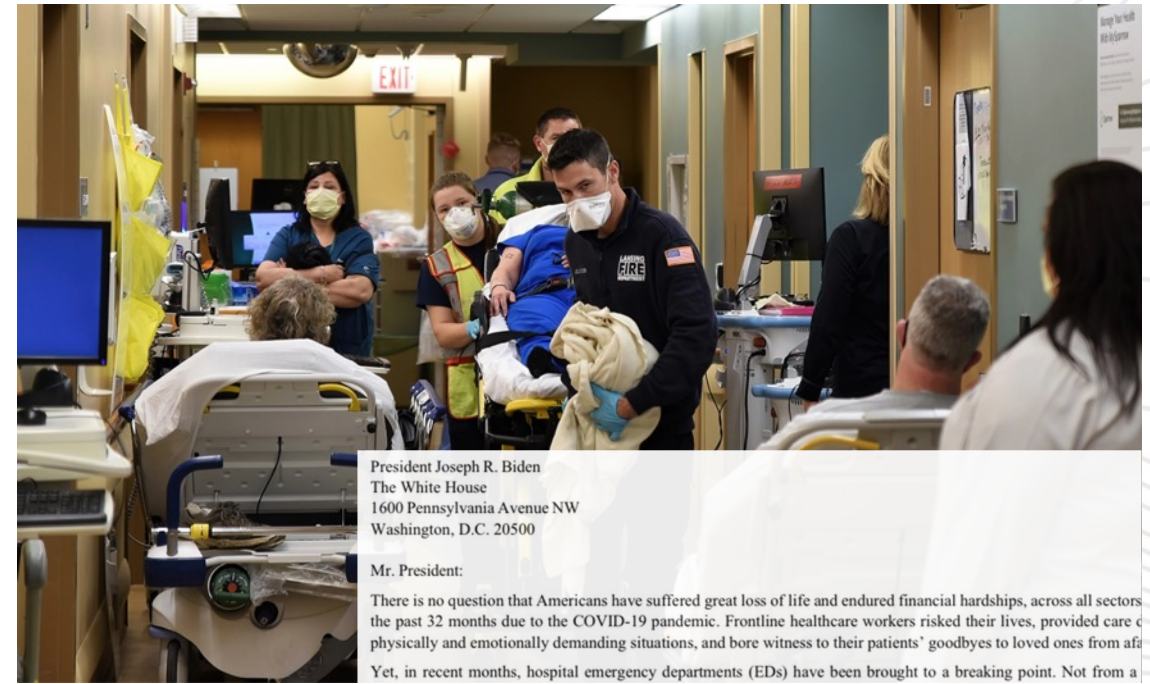
# Seeking solutions



## A BILL

To address behavioral health and well-being among health care professionals.

- 1 *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*
- 2 *SECTION 1. SHORT TITLE.*
- 3
- 4 This Act may be cited as the “Dr. Lorna Breen
- 5 Health Care Provider Protection Act”.



President Joseph R. Biden  
The White House  
1600 Pennsylvania Avenue NW  
Washington, D.C. 20500

Mr. President:

There is no question that Americans have suffered great loss of life and endured financial hardships, across all sectors the past 32 months due to the COVID-19 pandemic. Frontline healthcare workers risked their lives, provided care in physically and emotionally demanding situations, and bore witness to their patients’ goodbyes to loved ones from afar. Yet, in recent months, hospital emergency departments (EDs) have been brought to a breaking point. Not from a problem – rather, from a decades-long, unresolved problem known as patient “boarding.” While the causes of ED boarding are multifactorial, unprecedented and rising staffing shortages throughout the health care system have recently brought the issue to a crisis point, further spiraling the stress and burnout driving the current exodus of excellent physicians, nurses, and other health care professionals.

**Boarding has become its own public health emergency.** Our nation’s safety net is on the verge of breaking beyond repair. EDs are gridlocked and overwhelmed with patients waiting – waiting to be seen; waiting for admission to an inpatient bed in the hospital; waiting to be transferred to psychiatric, skilled nursing, or other specialized facilities; or, waiting simply to return to their nursing home. And this breaking point is entirely outside the control of the highly skilled emergency physicians, nurses, and other ED staff doing their best to keep everyone attended to and alive.

Any emergency patient can find themselves boarded, regardless of their condition, age, insurance coverage, income,



# Career Fulfillment

- **Address issues that hinder wellness and career satisfaction**
  - ▶ Expanding physician wellness resources, in person and on demand
  - ▶ Drew national awareness to physician mental health via Lorna Breen Act
- **Solve challenges and support well workplaces**
  - ▶ Exploring viability of ED accreditation
  - ▶ Protecting you from workplace violence
  - ▶ Leading for national action on boarding
- **Educate and assist in finding career fulfilling opportunities**
  - ▶ Launched a new emCareers.org platform to match your career goals with traditional and non-traditional opportunities
  - ▶ Pushing employer transparency to you make informed decisions and raise the bar on employer policies and accountability
- **Remain diligent in studying and addressing workforce solutions**



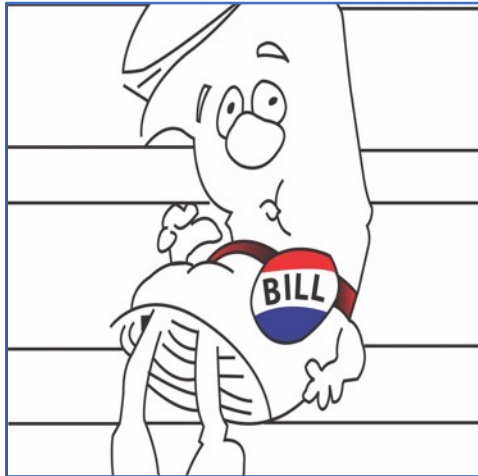
ACEP supports you in addressing your career frustrations and seeking avenues for greater career fulfillment and commits to addressing tough issues head-on.

**See What We're Doing**

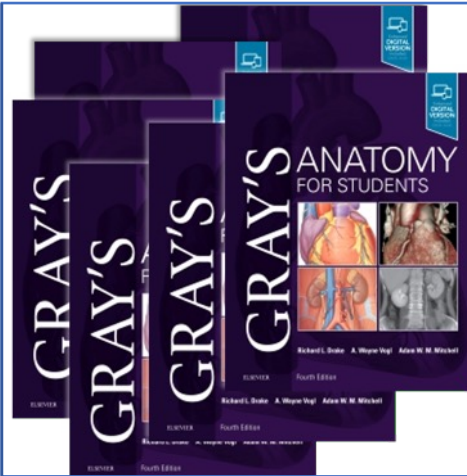
[www.acep.org/strategicplan/career-fulfillment](http://www.acep.org/strategicplan/career-fulfillment)



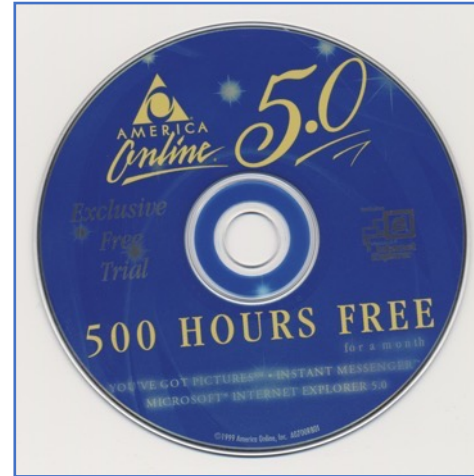
## Advocacy – Anywhere. Anyone. Anytime.



**16,168**  
bills and  
resolutions  
monitored



**6,845**  
pages  
of federal  
regulations read  
and analyzed



**500+**  
hours of meetings  
with legislators or  
their staff



**320**  
pages of comments to  
regulators and letters  
to Congress

# Advocacy

- **Increase advocacy at the state level**
  - ▶ Extended grassroots tools for state use
  - ▶ Tripled funding and resources to support states
- **Provide members tools to advocate for themselves**
  - ▶ [acep.org/acep4u](http://acep.org/acep4u)
  - ▶ [acep.org/regsandeggs](http://acep.org/regsandeggs)
  - ▶ 911 Network
- **Create awareness around the business of EM**
  - ▶ Held inaugural Independent EM Master Class
  - ▶ Brought feedback about consolidation to the FTC
- **Take action on tough conversations**
  - ▶ Sued the government over interpretation of the No Surprises Act
  - ▶ Fighting for due process and protecting physician autonomy
  - ▶ Fighting scope of practice with public and legislative outreach
  - ▶ Upholding EMTALA amidst changing state laws on reproductive rights



ACEP fights for your rights across all landscapes and levels, including federal, state, local, facility, and administrative.

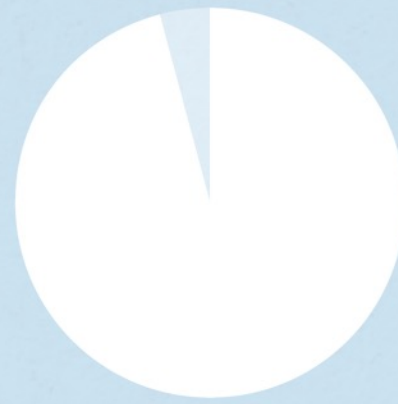
**See What We're Doing**

[www.acep.org/strategicplan/advocacy](http://www.acep.org/strategicplan/advocacy)



# It's okay to ask for a physician when you visit the Emergency Department. Here's why.

Emergency Physicians clock  
12,000 clinical hours of hands-on  
training with real patients.  
That's compared to 500 clinical  
hours from nurse practitioners.



*7 years*  
nurse practitioners



*5-8 years*  
physician assistants



*11 years*  
emergency physicians



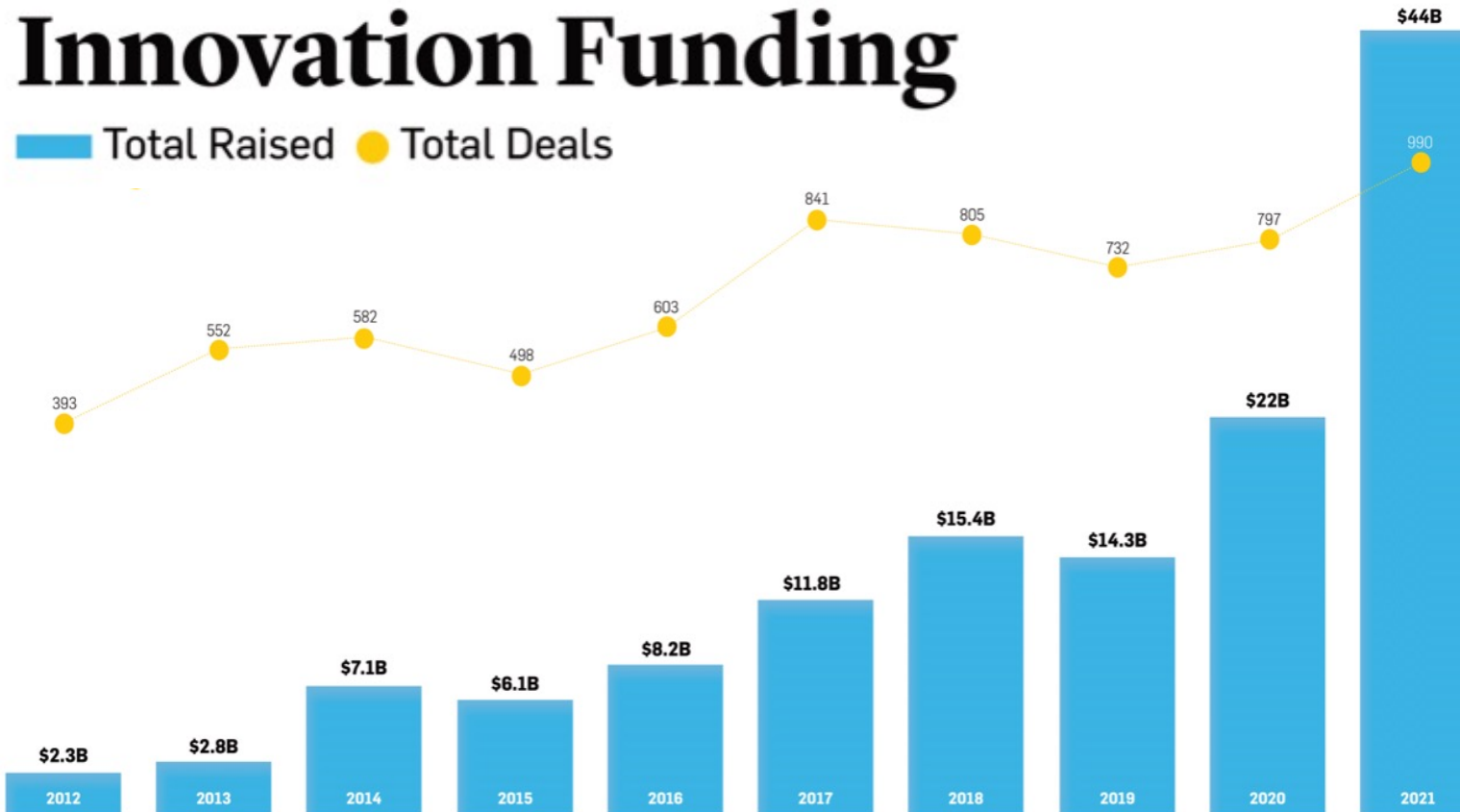
Emergency Physicians undergo 11+ years of formal education before leading an emergency care team.



What happens when  
the wrong person is  
leading your care?

# 10 Years of Global Health Innovation Funding

Total Raised ● Total Deals



Source: StartUp Health Insights | startuphealth.com/insights

## 2021 TOP FUNDED VALUE PROPOSITIONS 2017-2021; numbers equate to funding rank



	2017	2018	2019	2020	2021
RESEARCH & DEVELOPMENT	\$0.8B 3	\$1.3B 2	\$0.8B 6	\$2.3B 2	\$5.8B 1
ON-DEMAND HEALTHCARE	\$0.6B 5	\$1.6B 1	\$1.4B 1	\$3.2B 1	\$4.5B 2
TREATMENT OF DISEASE	\$0.3B 12	\$0.9B 7	\$1.0B 3	\$1.7B 4	\$4.5B 3
FITNESS & WELLNESS	\$0.8B 2	\$1.2B 3	\$1.3B 2	\$1.8B 3	\$4.3B 4

## 2021 TOP FUNDED CLINICAL INDICATIONS 2017-2021; numbers equate to funding rank

	2017	2018	2019	2020	2021
MENTAL HEALTH	\$0.5B 2	\$1.4B 1	\$1.0B 1	\$2.7B 1	\$5.1B 1
DIABETES	\$0.3B 4	\$0.4B 4	\$0.5B 4	\$0.8B 6	\$1.8B 2
CARDIO-VASCULAR	\$0.5B 1	\$0.6B 3	\$0.6B 3	\$1.1B 4	\$1.8B 3
PRIMARY CARE	\$0.1B 15	\$1.0B 2	\$0.5B 5	\$1.7B 2	\$1.6B 4

Source: <https://rockhealth.com/insights/2021-year-end-digital-health-funding-seismic-shifts-beneath-the-surface>

# Practice Innovation

- **Systematically identify viable career options that expand the practice of acute, unscheduled care**
  - ▶ Phase one review nearly complete by the New Practice Models Task Force
- **Evolve CEDR into an Emergency Medicine Data Institute**
  - ▶ Expand ACEP's data science, analytics and research capabilities
- **Host HackED!**
  - ▶ Innovating EM solutions for wearable health data, hospital at home, and tools for health care surveillance



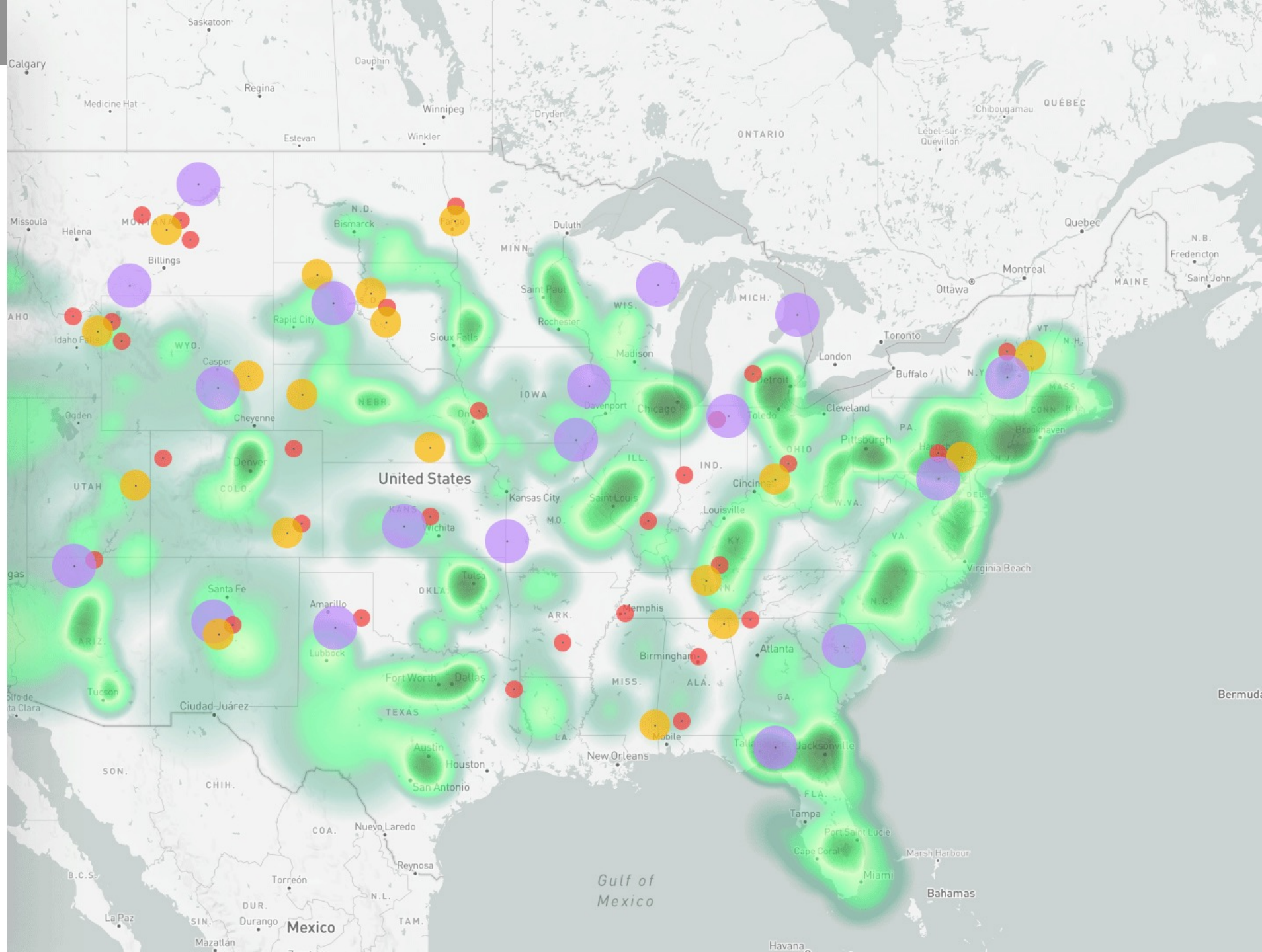
ACEP revolutionizes acute, unscheduled care to anticipate emerging trends in clinical and business practices and develops new career opportunities for emergency physicians.

**See What We're Doing**

[www.acep.org/strategicplan/practice-innovation](http://www.acep.org/strategicplan/practice-innovation)



- Population Density
- Crime Cases
- Mental Illness Cases
- 📍 ED Sites
- 📍 Mental Health Services
- Psychiatric Unit Bed Count
  - 0-17
  - 18-32
  - 35-140
- 📍 Geriatric ED Accreditation
- 📍 Pain Management ED Accreditation







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