

# Get to Know Ohio's Emergency Physicians

## Who We Are

Representing more than 1,500 emergency physicians, residents, and medical students across the state, Ohio ACEP is Ohio's leading voice for emergency medicine.

We are medicine's "problem-solvers," the doctors who do more with less and thrive in hectic environments.

Ohio  
ACEP

American College of Emergency Physicians

Advocacy | Education | Leadership



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## Why You Need to Know Ohio's Emergency Physicians

**One in five people** will visit the emergency department (ED) this year, and **two-thirds of ED visits** happen *after* primary care office hours.

### Protecting Patient Access to Care

- + When patients call their family doctors about a sudden medical issue, four out of five get the same advice: "Go to the ED"
- + Emergency doctors have the facilities and expertise to care for severely ill or injured patients and do complex diagnostic workups that can't be done in physician offices
- + EDs can treat patients at any time because **emergency physicians have special hours: All day. All night. All year.**

### Emergency Physicians: Our Nation's Healthcare Safety Net

- + Operating under the federal law EMTALA, we are the *only* physicians who treat all patients who come through our doors—regardless of their insurance status or ability to pay
- + In fact, ED doctors handle 50% of all Medicaid and CHIP recipients and 67% of all uninsured patients

### Providing High-Value, Low-Cost Care

Despite the myth that emergency medicine is a major driver of health costs, **emergency care actually makes up less than 2% of healthcare spending**

# Our Advocacy Agenda

## Working to End the Prescription Opioid and Heroin Epidemic

While EDs are ground zero for treating the victims of the epidemic, you might be surprised how few opioids are actually prescribed there: Even though 45% of ED visits are related to pain, **emergency physicians account for less than 5% of all opioid prescriptions.**

Ohio ACEP's **NIX Opiates** campaign brings emergency physicians into Ohio schools to speak with students and parents about addiction, drug abuse, and overdose. To date, NIX Opiates has visited **22 high schools and organizations, reaching more than 10,000 students and parents.**

## Advocating for Patients

### + Fair Coverage for Emergency Care:

Insurance companies are issuing more high-deductible plans while narrowing provider networks—and our patients are paying the price. Patients can't choose where and when they will need emergency care, so they should not be financially punished for having medical emergencies. **We support fair coverage for out-of-network (OON) care and taking patients out of billing disputes between providers and insurers.**

### + Protecting Our Patients from Having to Be Their Own Doctor:

Ohio ACEP opposes efforts by health insurers—including Anthem Ohio—to deny claims for patients who visit the ED for a problem later deemed to have not been an emergency. This is a clear violation of the federal Prudent Layperson Standard and puts our patients in the dangerous position of diagnosing themselves before seeking care. According to the *Journal of the American Medical Association*, there is a nearly 90% overlap in symptoms between emergencies and non-emergencies. **No patient should be expected to know whether their chest pain is indigestion or a heart attack.**

### + Opposing Counterproductive Medicaid Copays:

Though reducing Medicaid costs and encouraging appropriate ED use are important, studies show that state Medicaid programs that have implemented copays for emergency department visits have not decreased “non-emergent” ED use or the overall cost of Medicaid. In fact, such policies often make care *more* expensive. These copays are either so low they would actually cost the provider more to collect payment, or are high enough that they discourage patients from seeking emergency care when they need it, leading to more severe conditions and the need for costlier treatment down the road.

## Taking on Overcrowding and Psychiatric Boarding

ED crowding causes increased wait times, compromises quality of patient care, and even increases morbidity and mortality for patients. And the lack of access to psychiatric inpatient beds means patients experiencing mental health emergencies could spend days in the ED, which isn't designed for long term care of high-risk patients. **84% of emergency physicians report psychiatric patients being boarded at their ED**, and nine in ten said the practice has led to distracted staff, bed shortages, and even violent behavior from patients in severe distress.