America's Emergency Care Environment, A State-by-State Report Card

2014 Edition

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Executive Summary

NATIONAL GRADE BY CATEGORY	
ACCESS TO EMERGENCY CARE	D-
QUALITY & PATIENT SAFETY ENVIRONMENT	C
MEDICAL LIABILITY ENVIRONMENT	C-
PUBLIC HEALTH & INJURY PREVENTION	C
DISASTER PREPAREDNESS	C-
OVERALL	D+

For millions of Americans who experience sudden, serious illness or injury every year—and in the increasing scores of communities that must respond to disasters and mass casualty events—immediate access to quality emergency care is essential to saving life and limb. But the availability of that care is threatened by a wide range of factors, including shrinking capacity and an ever-increasing demand for services. Even as more and more Americans come to rely on emergency departments for their acute care needs, particularly aging and sick Boomers and people newly enrolled in Medicaid, such care will increasingly become harder to access.

This national Report Card rates the overall environment in which the emergency care system operates with a near-failing grade of D+. This is a poorer grade than the one earned in 2009, a C-. Overall state rankings have changed since the 2009 Report Card, with the District of Columbia now ranking first and Wyoming ranking last in the nation.

These findings are the result of a comprehensive and focused study of the emergency care environment nationwide and state-by-state. The American College of Emergency Physicians (ACEP) convened a blue-ribbon task force of experts to produce this third edition of a national report card. It builds on previous work to provide a comprehensive look at the nation's emergency medical system in five categories. Despite hoped-for changes and improvements, the environment has not improved; it has, in fact, gotten worse.

The five categories are based on 136 objective measures that reflect the most current data available from reliable public sources, including the U.S. Centers for Disease Control and Prevention, the National Highway Traffic Safety Administration, and the Centers for Medicare and Medicaid Services, as well as other sources, such as the American Medical Association. The 136 measures were selected because they represent factors vital to life-saving emergency care and meet the key criteria of relevance, reliability, validity, reproducibility, and consistency across all states.

Access to Emergency Care D-

This important category represents 30% of the total grade and includes four subcategories: access to providers, access to treatment centers, financial barriers, and hospital capacity. It also includes access to specialists, such as neurosurgeons, orthopedists, and plastic surgeons.

Access to emergency care is fundamental and complex—and essential. Several factors affect people's access, such as the availability of emergency departments, the capacity of those departments, and the workforce available to staff those departments. In addition, the environment is affected by an unfunded government mandate, the Emergency Medical Treatment and Labor Act (EMTALA), that requires emergency departments to screen and stabilize anyone who presents with an emergency medical condition, which means that all patients are seen, regardless of ability to pay.

This failing grade reflects trouble for a nation that has too few emergency departments to meet the needs of a growing, aging population, and of the increasing number of people now insured as a result of the Affordable Care Act. For more than 20 years, emergency visit rates have increased at twice the rate of the growth of the U.S. population, totaling 130 million in 2010. And that growth in demand is poised to continue.

Quality & Patient Safety Environment C

This category represents 20% of the total grade and includes subcategories reflecting state systems and institutions that can support the emergency care environment. Measuring this environment is essential, as is examining how better-quality systems and technologies can help improve care and prevent injuries. Federal agencies, state governments, and private institutions have made advancements in developing and implementing indicators of health care quality. ACEP continues to monitor direct state investments in improving quality and safety, such as funding for emergency medical services (EMS) medical directors and development and implementation of destination and triage policies that allow EMS to bypass local hospitals to take patients to appropriate hospital specialty centers. Institutional improvements include advances, such as the use of computerized practitioner order entry and attention to addressing racial and ethnic disparities in care.

Medical Liability Environment C-

This category represents 20% of the total grade and includes subcategories that describe the legal atmosphere, insurance availability, and tort reform across the states.