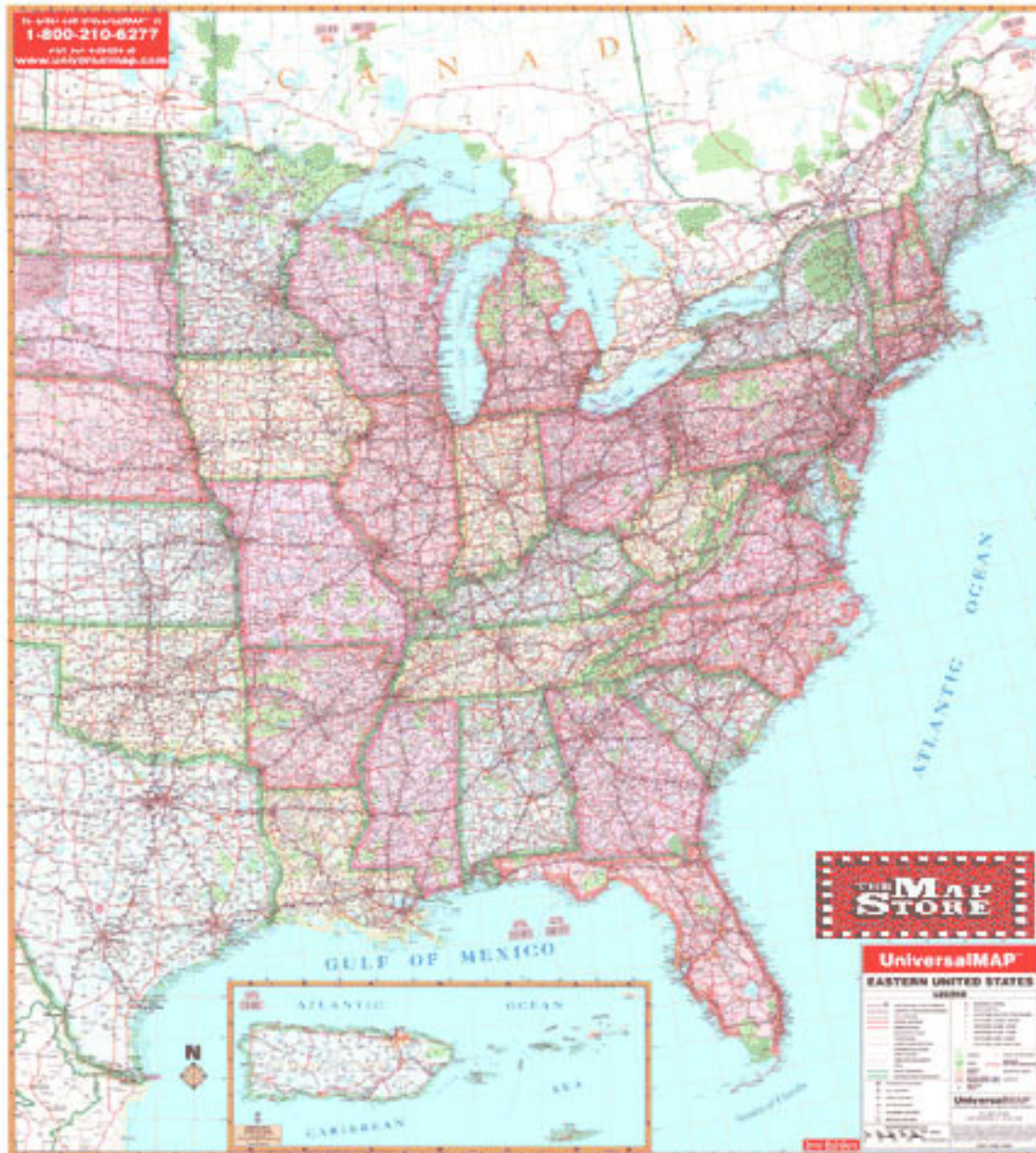




The Changing Nature (and Importance) of Emergency Medicine

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JSB and Italy





EM Changes and Importance

□ Current Global Status of EM

■ Two models: Anglophone; Continental

□ Anglophone

- Single entrance to system
 - Specialist in 1st hour of anything
 - Simplicity/efficiency
 - Attractive to the patient
-

EM Changes and Importance

- Two models

- Continental/ Franco German

- Multiple specialty clinics

- Multiple entrances

- Patient not knowledgeable; often moved from place to place

EM Change and Importance

- Anglophone model will prevail
 - Better serves the needs of the patient and the institution
 - Strong specialty development in North America and now in Australia and UK/Ireland
 - Links prehospital/disaster to hospital system
-

EM Change and Importance

- Origin of Anglophone model
 - “Accident and Emergency” (UK)
 - Emergency “Room” (US)
 - Stage 1—No physician (1930/40)
 - Stage 2---General Practitioner (1950/60)
 - Stage 3---Speciality recognized
 - Trauma
 - Toxicology
 - Respiratory failure
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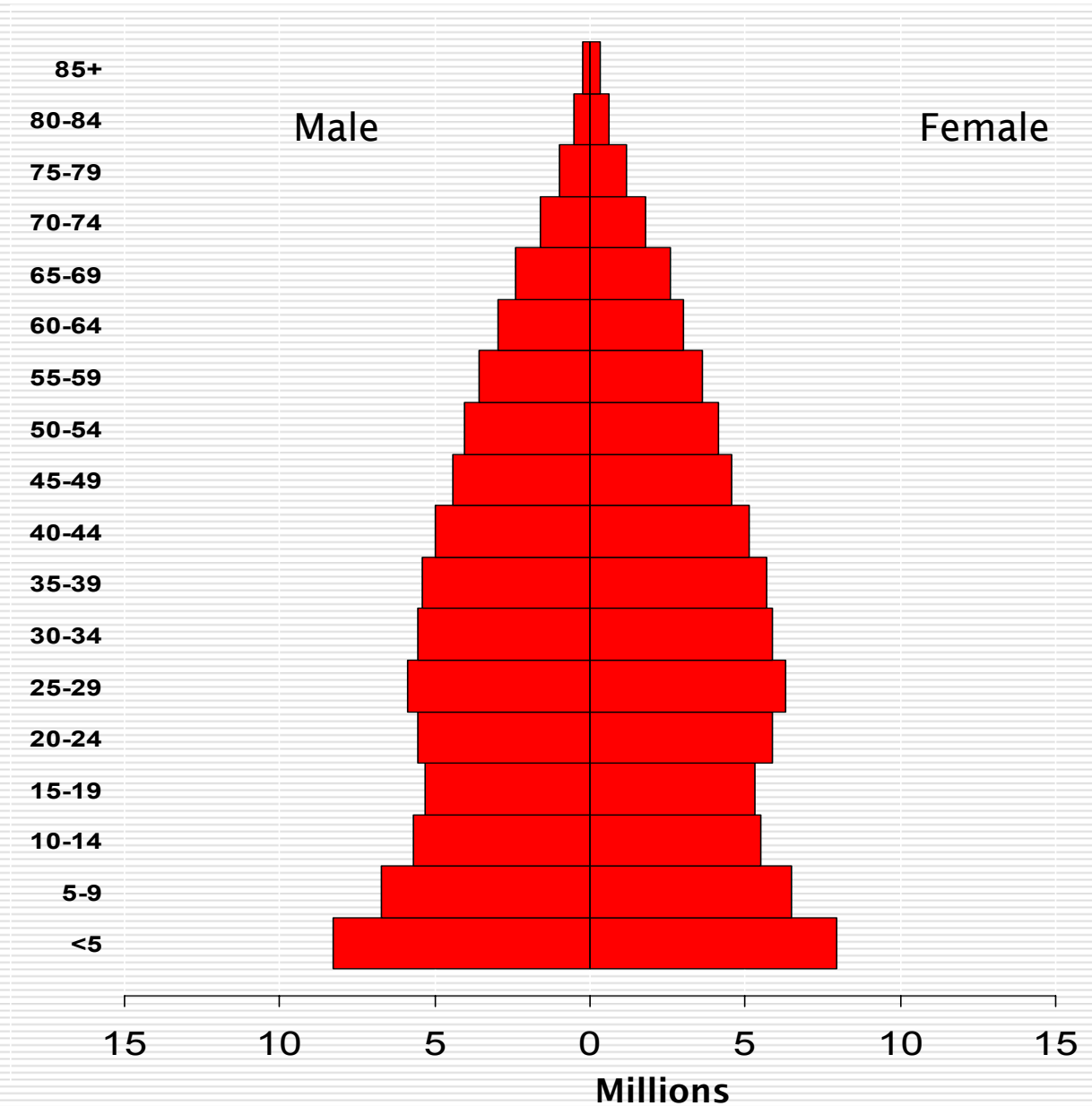
EM Change and Importance

- Emergency “Room” → “Department”
 - Stage 4----Time to Treatment (1995-pres.)
 - MI
 - Stroke
 - Sepsis
-

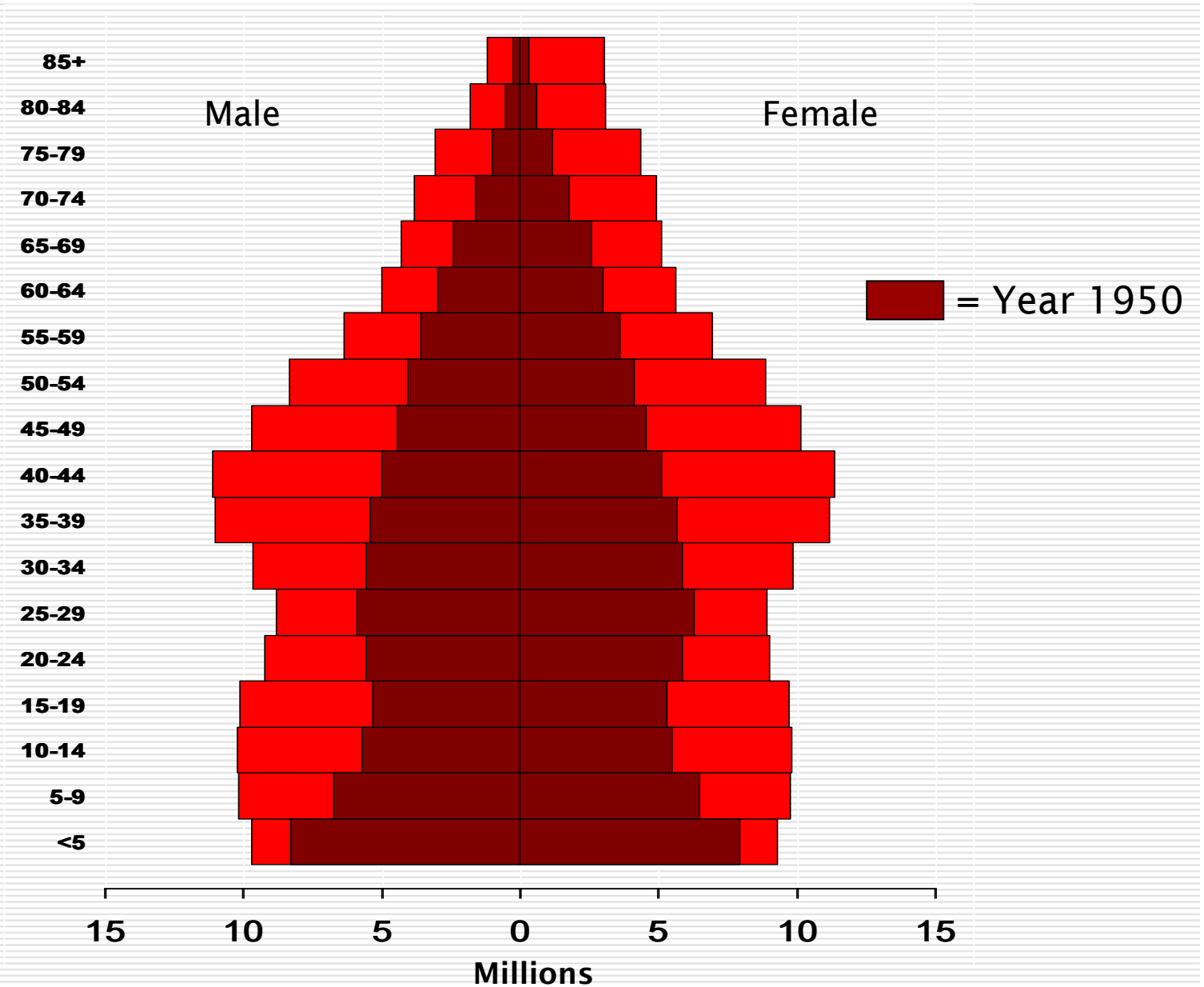
EM Change and Importance

- In the background medicine was changing
 - Growth in specialties
 - Better diagnostics/imaging
 - Decline in US of primary care
 - Changes in Europe do not parallel US but will later
 - GP's
 - Population
 - Capacity of System/Workforce issues
 - Visits to ED grow from 90 million in 1995 to 120 million in 2007 (38/100/yr)
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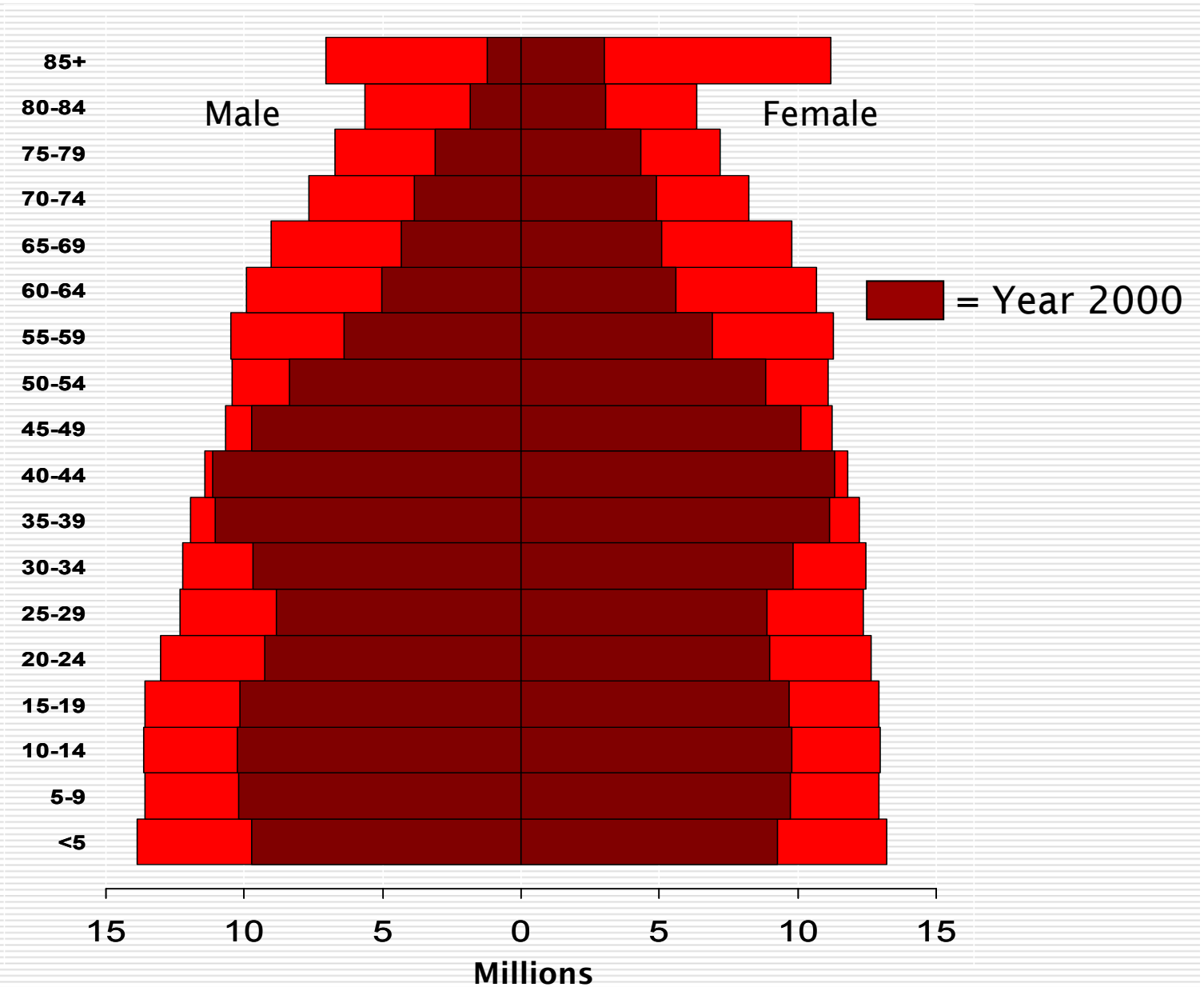
Age Distribution of the U.S. Population, by Sex: 1950



Age Distribution of the U.S. Population, by Sex: 2000



Age Distribution of the U.S. Population, by Sex: 2050



The Future of EM / People

- Rise in visits

- VISIT RATES RISE WITH AGE

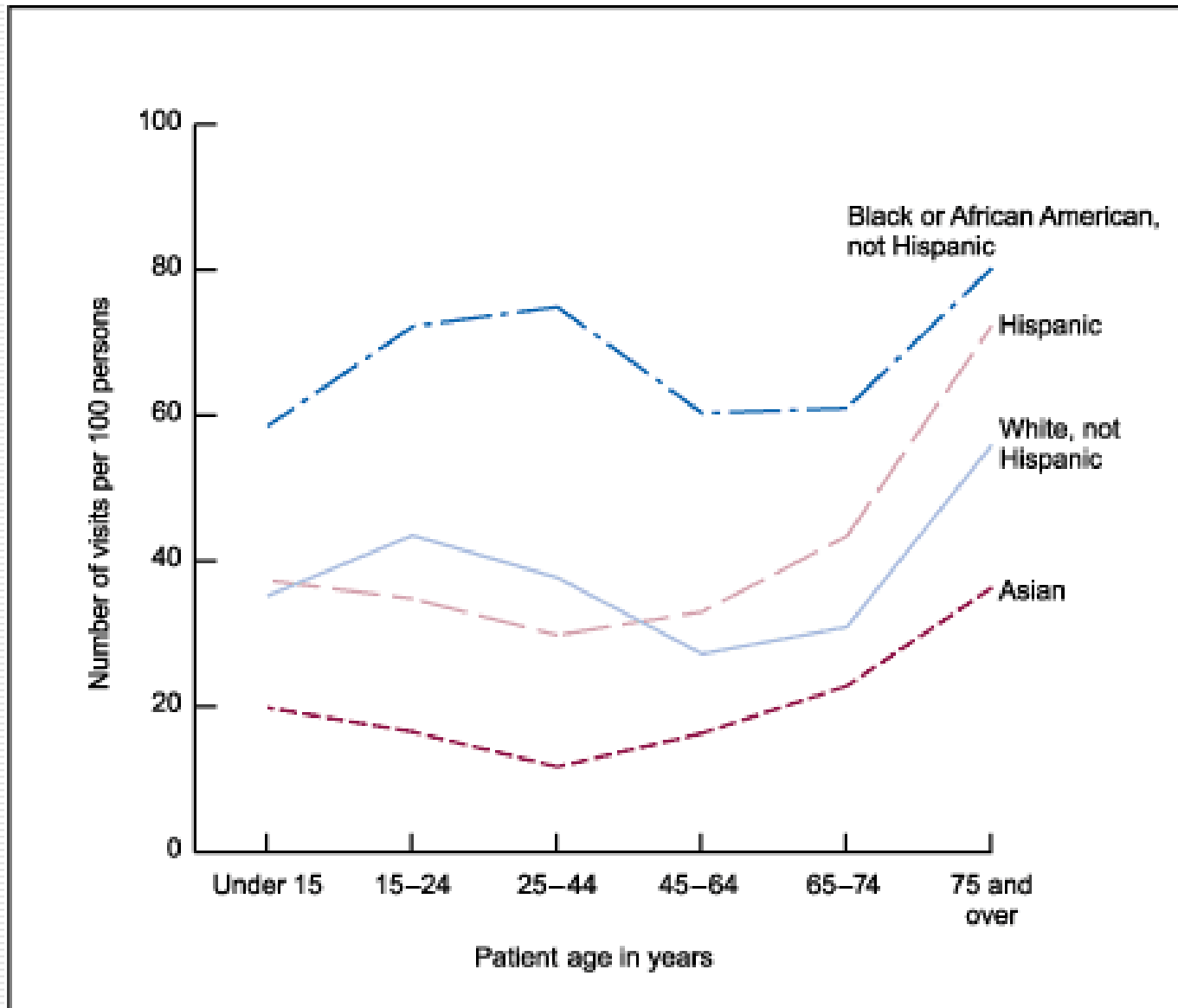
- 64/100/yr > 70yrs

- 100/100/YR FOR African
Americans > 70yrs

EVEN MORE IMPORTANT:

LOS rises with age

Visit Rates



EM Change and Importance

- Why such remarkable growth?
 - Accessibility: “I am sick”/entry to system
 - Reliability: Growth in competence/specialization
 - Availability: Diagnostics/Imaging
 - Efficiency: Day 1 and Day 2 of hospitalization
 - “When they leave they have the answer”

The demand comes not only from the patient but from physicians and the institution.

EM Change and Importance

- Is this of any importance to hospital administrators
 - Only if you want to attract more patients
 - Patients like this model---they are willing to wait five hours for the product
 - Patients feel secure when the staff is confident and knowledgeable
 - Hospital beds are used efficiently
-

EM Change and Importance

- Contrast this with visit to GP
 - “Well, maybe you have this. Let us try this medicine and if is not better then come back”
 - Come back: “Let’s get some tests. It will take a week and three visits to get the tests, then come back again”

Example: Swollen leg= infection? Clot?
Heart Failure? Blood tests, ultrasound, x ray

EM Change and Importance

- Rapid Diagnostic Units/Observation Units
 - Part of ED: patient needs further diagnostics or treatment
 - Maximum stay 24 hrs/Average stay 14 hours
 - Chest pain, asthma, cellulitis, abdominal pain in elderly
 - 80% go home
-

EM Change and Importance

- Benefits

- Length of Stay 50% of in-patient average for same condition and same treatment

- Example: Transient Ischemic Attack

- See Lancet (); Annals of Emergency Medicine

- 24 hrs vs. 67 hrs

- Costs less

- Cheaper

- Safer

- Increased patient satisfaction
-

EM Change and Importance

- ❑ 24//7 customer service
- ❑ Gateway to the hospital (25% admitted)
- ❑ Emergency Department is a
DIAGNOSTIC

unit---short stay (4hrs approx) and intermediate (24 hrs max—actually closer to 13hrs). Rapid turnover of beds—but must be operated by ED
