

Position Statement: Freestanding Emergency Departments

Freestanding emergency departments (FSED) have the potential to address several intractable problems in emergency medicine, especially overcrowding and lack of access to emergency care, a loss of autonomy for emergency physicians, and widespread violation of emergency physician practice rights at hospitals. FSEDs serve emergency medicine as an innovative practice model, expanding the reach of emergency medicine into many communities.

Overcrowding and lack of access to emergency care largely resulted from several incompatible trends. Specifically, in the past 20 years (1) emergency department (ED) census increased by more than 30%, (2) the number of emergency departments decreased by 20%, and the number of inpatient hospital beds decreased by more than 200,000. As a result, admitted patients often wait many hours in emergency departments for an available inpatient bed. This results in ED congestion and delays access to emergency care for other patients. General population growth and decreasing access to primary care will exacerbate the overcrowding problems in hospital emergency departments.

Furthermore, emergency physicians often practice in an environment where they cannot adequately advocate for their patients because of a denial of fair hearing rights and a number of other constraints on their professional rights. Many hospitals contract with lay corporations that often operate in violation of state corporate practice of medicine laws, exposing emergency physicians to illegal employment contracts and fee-splitting.

FSEDs represent an evolution in market forces. FSEDs have the potential to relieve ED overcrowding by utilizing an innovative practice model, while increasing capacity and access to emergency care. They also have the potential to free emergency physicians from those hospitals that violate physician practice rights, and from lay corporations that expose physicians to illegal practice models.

Therefore, the American Academy of Emergency Medicine (the Academy) hereby expresses its support of legislation enabling the formation of FSEDs. The Academy supports the integration of FSEDs in community EMS systems. Integration within the community requires FSEDs to provide screening examinations and stabilizing care to any individuals who come to the FSED and a request is made on their behalf for an examination. Like hospital-based practices, FSEDs should provide fair practice environments, allowing unencumbered access to high quality emergency medical care. Such an environment includes provisions for due process and the absence of restrictive covenants. The practice and management structure of FSEDs should not violate state corporate practice of medicine laws or involve illegal fee-splitting.

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