Emergency Department Call Coverage: A Physician’s Perspective

Key Findings from the 2010 Emergency Department Call Coverage Survey

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Payring physicians to cover unassigned patients within emergency departments (EDs) is an ever-increasing issue for both hospital administrators and the physicians themselves. While hospital administrators often believe that ED call coverage is a citizenship issue and that all members of the medical staff should participate, more and more physicians feel differently and are opting out of ED call coverage arrangements. Physicians who are not opting out are requesting/requiring some form of compensation from hospitals to offset the burden of ED call on their practice. The issues related to ED call coverage are not likely to be resolved in the foreseeable future, and hospitals and physicians will need to work together and develop strategies that recognize and reduce this burden wherever possible.

More and more physicians are opting out of ED call coverage arrangements.

While there is a growing base of knowledge related to ED call coverage payments and burden-reducing strategies, the majority of it is hospital-centric. Physicians often challenge hospital-centric data if they vary significantly from year to year, are based on a small sample size, or are not geographically or organizationally relevant. Developing a comprehensive understanding of payment rates and burden-reducing structures that is acceptable to physicians is an area of focus that is currently neglected yet is critical to the long-term success of any ED call coverage solution.

Recognizing this gap, the American Medical Group Association (AMGA) and ECG Management Consultants, Inc., developed and distributed the Emergency Department Call Coverage Survey to obtain physician perspectives and data through a series of qualitative and quantitative questions related to payment rates, call burden, and specific strategies for reducing call burden.

Key Findings

Many Specialties Are Required to Cover the ED

Most hospitals need numerous specialties to effectively cover their EDs. As identified in Figures 1 and 2, over 50% of the respondents indicated they provide call coverage for the following specialties: critical care, gastroenterology, general surgery, neurology, OB/GYN, orthopedics, otolaryngology, pediatrics, and urology.

Call Coverage Is Still an Expectation of Being on a Hospital’s Medical Staff

The vast majority of physicians (80%) indicated that hospitals expect them to provide call coverage as part of medical staff privileges. At the
same time, only 26% of respondents indicated that call coverage responsibilities are reduced or eliminated based on age and/or tenure.

Physicians Want Hospitals to Reduce the Burden of Call

The fact that call coverage negatively impacts a physician’s lifestyle is well known. It interferes with a physician’s personal and professional lives, often disrupts family activities and sleep, and requires that the doctor stay within a limited geographic area during call hours. As Table 1 highlights, the intensity of call, defined as the frequency of being called to present in the ED during the coverage period, was given the highest rating by physicians among the elements that drive the high call burden for both surgical and medical specialties.

Physicians stated that they would prefer reduced call burden over enhanced payment. When asked to choose between a reduced burden or payment for call, 58% of respondents indicated that it was more important to reduce the burden than being compensated financially for covering call.

In terms of paying for call coverage, respondents indicated that per diem stipends represent the most prevalent mechanism of paying for call, primarily due to their simplicity and ease of administration.

Hospitalists Are Beneficial to Reducing ED Call Coverage Burden

The use of traditional hospitalist services is widespread and successful in lessening call burden for many specialties, and the use of specialty hospitalist programs, such as intensivists and laborists, is on the rise and is viewed very favorably by physicians as a viable option that clearly reduces the on-call coverage burden for specific specialties.

Although infrequently used, tactics such as providing dedicated operating rooms (ORs) for call patients and preferred scheduling on the day following call were also
viewed favorably by physicians for reducing call burden.

Communication Between Hospitals and Physicians Is Critical

The majority of respondents indicated that communication from the hospital regarding call coverage issues is generally sporadic. Physicians indicated a strong interest in receiving more information from the hospital regarding relevant call coverage performance and burden metrics and statistics. Table 3 summarizes the types of ED call coverage information that physicians would like to receive.

These results indicate that physicians welcome increased communication and sharing of any type of relevant information regarding call coverage that the hospital can collect and disseminate.

Implications/Conclusions

The results of the survey demonstrate that the issues related to call coverage are not likely to be resolved in the foreseeable future and that hospitals and physicians need to work together to develop strategies and tactics to reduce call burden over the long term.

By paying physicians to cover call, hospitals may alleviate some short-term challenges; however, this practice does not address the more difficult, long-term problem of reducing call burden. Therefore, it is critical that hospitals look for both financial and nonfinancial ways to decrease the call coverage burden on physicians.

In terms of payments for call, while there are no clear standards regarding the type of coverage that should be compensated and the amount, the survey supported the notion that any payment system should take into account relative call burden.

Hospitals are continuing to implement various methods in an attempt to reduce physicians’ call coverage burden. In addition to the widespread and successful use of traditional hospitalist services, hospitals are increasing their usage of specialty hospitalist programs, including intensivists and laborists.

Larger organizations are also successfully contracting with specialized or orthopedic trauma surgeons to provide dedicated trauma expertise and reduce the call burden for other surgeons. Finally, a few institutions have addressed the call coverage burden by restructuring OR procedures to help reduce turnover.
the burden experienced physicians covering the ED.

In conclusion, the survey highlighted the fact that hospitals require various specialties to participate in covering the ED and that there is still the perception that physicians are expected to participate in covering the ED. While the call burden varies by specialty, physicians agree that this burden affects their ability to be productive after covering the ED. Finally, the survey identified the desire on the part of the physicians to better understand the underlying drivers of call coverage and work with their respective hospital partners to identify strategies that will reduce the burden on the physicians while maintain effective coverage of the ED.

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The AMGA/ECG ED Call Coverage Survey can be downloaded from the AMGA Online Bookstore at www.amga.org.

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