



Transcript of KCAA Radio Interview with Prentice Tom, M.D. and Rodney Borger M.D., 11/21/08

The following is the on-air transcript of a radio podcast on radio station KCAA in San Bernardino, CA, featuring Dr. Prentice Tom, Chief Medical Officer for CEP America, and Dr. Rodney Borger, Medical Director of Arrowhead Regional Medical Center. The discussion focused on the challenges of emergency room overcrowding and how CEP America and Arrowhead are finding solutions.

Interviewer: Patient overcrowding in emergency rooms has become a major issue. A 2001 American Hospital Association report showed that nearly half of all emergency rooms were over or at capacity. Arrowhead Regional Medical Center, in the Inland Empire, is one of the busiest hospitals in California. Arrowhead has approximately 100,000 emergency patients treated every year.

With us are Dr. Prentice Tom, Chief Medical Officer for CEP America, and Dr. Rodney Borger of Arrowhead Regional Medical Center. Dr. Tom, tell us what CEP America is all about:

Dr. Tom: CEP America is a physician partnership providing emergency medicine across the state. We are one of the largest emergency services partnerships in the country and one of the largest providers of emergency services in the state of California.

Interviewer: What are we seeing in Southern California emergency departments, Dr. Borger?

Dr. Borger: The number of emergency department beds is shrinking due to hospital closings across the country. There were 60,000 patients last year and we are moving toward 130,000 patients next year.

Interviewer: We have a gap due to a lack of insurance; emergency rooms have been used as a place to go for simple colds. How can we assure that ERs are used for emergencies on a global level?

Dr. Borger: This is a major problem. How do we take care of our sicker patients? Even if everyone had insurance tomorrow, I don't think it would do much for the over-crowded ER issue.

We've made several changes at Arrowhead that are making a substantial difference. We've changed the way we process patients in the ER. We see everyone up front immediately, and then a physician will treat and release those with relatively minor problems to free up time to take care of the sicker patients.

We changed the triage by putting a physician on the front end with the nursing staff and we also have midlevel practitioners that can see patients quickly. In doing this, we have decreased waiting times from what used to be 3-4 hours to an average wait time of thirty minutes.

Interviewer: Dr. Tom, what kind of methods do you see in the future that might increase efficiency of ER departments?

Dr. Tom: What Dr. Borger is talking about is exactly what we're doing across the state. Arrowhead is one of the hospitals CEP America staffs.

We determine the appropriate level of resources for varying levels of patient acuity. After appropriate but rapid evaluation, we release patients who don't need emergency care to free up ERs for sicker patients. A major issue impacting the flow of patients to the ER is over-crowding. It isn't an issue of non-insured patients not having access; it's an issue of an aging population with complex medical problems requiring different levels of technology and resources. Across the state we have implemented the Rapid Medical Evaluation (RME) program, where a physician or midlevel provider sees patients immediately and rapidly evaluates them. If someone has a condition in which we can discharge them, we will actually treat them and discharge them without putting them in a hospital bed. If there are intermediate illnesses, we'll order diagnosis studies and then have them wait for a bed if necessary. Our highest acuity patients are still immediately bedded.

Across the state we've found that we're able to decrease the time to a physician to approximately 30 minutes, and considering the national average is about 50-60 minutes, this has been a dramatic improvement.

Interviewer: Yes, I'm seeing average wait times went anywhere from 60-80 minutes to around 20-30 minutes, so that is a tremendous increase in efficiency. In terms of the increase in patient volumes, you just talked about the geriatrics situation we're facing. What are you seeing as a major stumbling block in the aging process here in the Inland Empire?

Dr. Borger: Elderly patients are being seen in the ER a lot more. Reimbursement for primary care physicians is getting more scarce and difficult through Medicare or Medicaid. When someone comes in with anything remotely complex these primary care clinic physicians can't handle it anymore. Often times they send people to emergency care departments because they need a more complex evaluation.

Interviewer: That's the question; financially, physicians can't take what Medicare and Medicaid is paying, so a lot of them just aren't accepting these elderly patients. What should we do?

Dr. Borger: Medicare and Medicaid reimburse someone around \$20, so that needs to cover many things such as; physicians, electricity, etc. This is not sustainable at this rate. Years ago with Medicare and Medicaid, you could get in to see a primary care physician but now you have to go to an ER.

Interviewer: What puts more of a burden on an ER?

Dr. Borger: Financing is just one aspect. What we're seeing is a large number of patients who need to use the ER as their access to the hospital. Patient issues are becoming more complex. Technology has advanced to where we can keep patients out of hospitals and so when they become ill they become ill more acutely and require use of multiple types of technologies. Those technologies are not available in physician offices.

Interviewer: Dr. Tom, tell us about your background. What is CEP America?

Dr. Tom: CEP America is an Emergency Physicians partnership. We staff hospitals primarily in California but are also in a number of other states such as Texas, Georgia, Oregon, Arizona, and Illinois. Physicians in the state of California don't work for hospitals, they are private practice physicians. We contract with hospitals to provide the physician component to Emergency department care.

Interviewer: So you are the go-to guys for emergency rooms. What kind of suggestion can you make for those people who need to see a doctor, and when is the right or wrong time to go to the emergency room?

Dr. Tom: We don't want to discourage anyone from using emergency rooms. Emergency departments and emergency physicians would prefer that patients come in if they think they have an acute problem that needs to be treated. We'd rather see 200-300 chest pain cases and not miss a mild heart attack then visa versa. We all are trying to maximize our resources and we are doing what we can to improve the system and make it as functional as possible. However, occasionally there will be wait times due to the volume of patients coming through the doors.

Final Interviewer Comment: Sounds like you are making tremendous progress on cutting down that wait time and seeing people sooner with your new triage process.

Thanks Dr. Borger and D. Tom!