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Freestanding “ER’s” Come at a Cost

Krystal Whitenight

INTRODUCTION

A freestanding ER is an emergency department that is either hospital-affiliated or independently owned and is physically separate from the hospital setting (Pines, 2019, p. 1297). Freestanding ER’s provide emergency services to stabilize patients and have properly trained emergency staffing but lack the accessibility to in-house specialties. According to Pines (2019), the idea of freestanding ER’s are becoming increasingly popular due to the following reasons:

- increase demand for emergency care,
- the desire for healthcare systems to open satellite locations,
- the increase in health care entrepreneurship, and
- the dramatic overcrowding of traditional hospital-based emergency departments.

Although the idea of freestanding ER’s were created to enhance and improve patient centered care, people have many concerns regarding the costs. Freestanding ER’s are out of network with local insurers and many locations do not accept insurance; ultimately leaving people with potentially avoided medical bills. Policymakers and insurers are concerned that the rise of freestanding ER’s will raise the cost for general emergency care (Pines, 2019, p. 1298). The question is, are freestanding ER’s the answer to overcrowded ER’s?

SIGNIFICANCE

The addition of freestanding ER’s has impacted the healthcare system in the following ways:

- Increasing costs for both patients and systems through charging annual fixed payments to keep them afloat on top of their standard charges (Pines, 2019, p. 1298).
- Decreasing the rate of hospital admissions by approximately 37% compared to hospital-based ER’s (Pines, Zocchi, & Black, 2018, p. 549). This is thought to be because freestanding ER’s are not physically attached to a hospital and independently owned freestanding ER’s do not have the same financial incentive to admit (Pines, 2019, p. 1297).

POSITION STATEMENT

Freestanding ER’s are not the solution to overcrowded ER’s.

SUPPORT FOR POSITION

The overwhelming cost patients are left with after visiting a freestanding ER is too big of a burden to be the solution to overcrowded ER’s.

- Independently owned freestanding ER’s are not recognized by the Centers for Medicare and Medicaid Services, meaning they cannot accept Medicare or Medicaid as form of payment (Pines et al., 2018, p. 539). According to the United States Census Bureau (2018), 17.8% of the population is currently using Medicare or Medicaid services.
- Freestanding ER’s generally see a lower acuity of patients yet charge a greater rate than hospital-based emergency departments by adding addition fees on top of standard charges.
- Freestanding ER’s are also generally located in higher-income, urban areas, which entails a population of private insured patients and draws the more profitable patients away from the hospital setting. (Pines et al., 2018, p. 539).

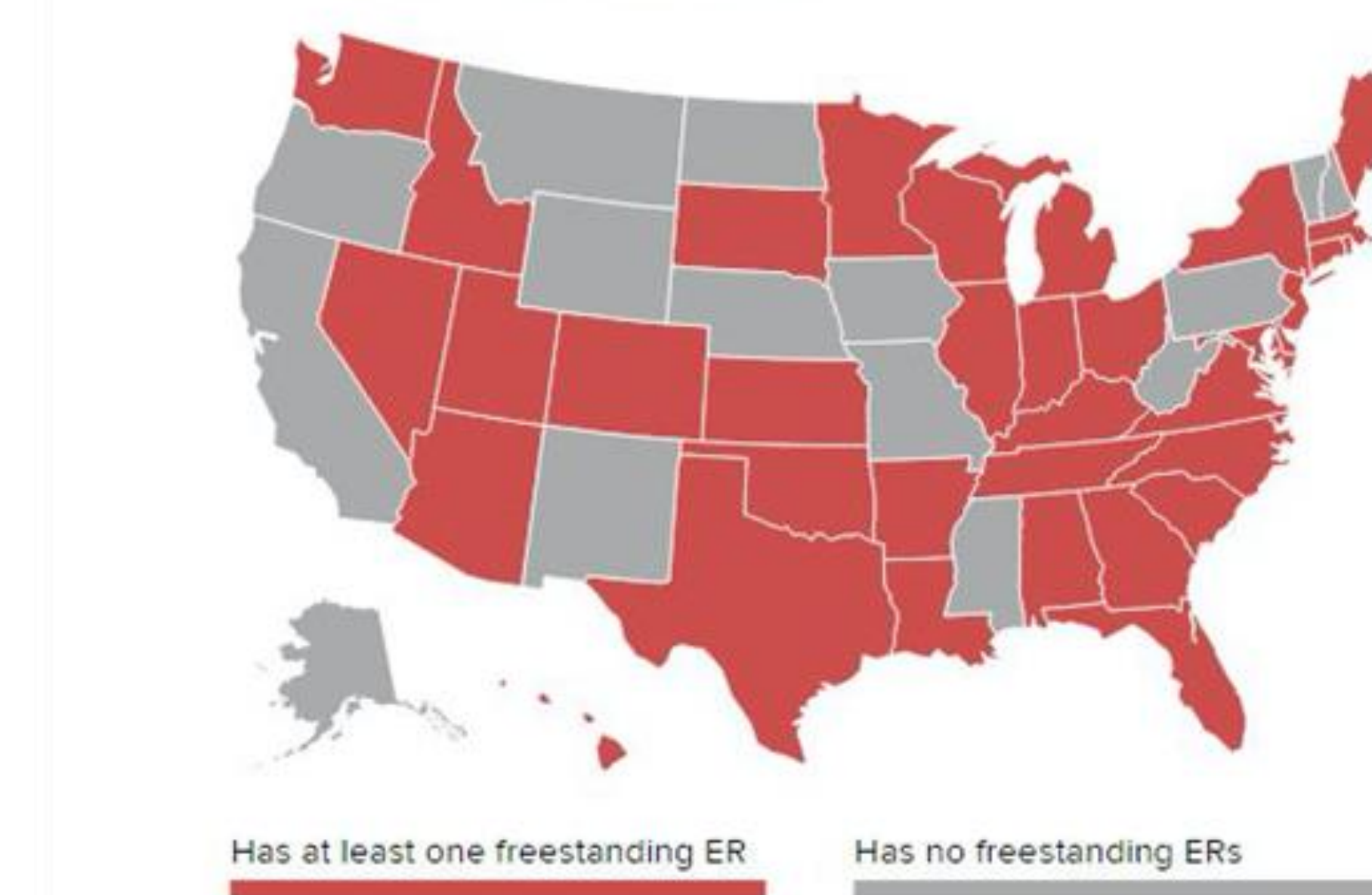
Marketers use the idea of alleviating the stress off hospital-based ER’s and providing care to people with limited access as their advantage. What they forget to include in their pitch is the locations of freestanding ER’s and how they tend to care for a more prosperous population who already have access to health care (Alexander & Dark, 2019, p. 325).

Based off an article by Alexander and Dark (2019), the number of hospital-based ER visits rose from 123 million to 137 million between 2008 and 2015. When comparing data later stated in the article, the amount of freestanding ER locations have been rising also between the years of 2007 and 2015 going from 80 operational freestanding ER’s to 599 in the United States (Alexander & Dark, 2019, p. 326). With the dramatic rise of freestanding ER locations and the continuous rise of hospital-based ER visits, it is evident that the freestanding ER’s are not solving the overcrowded ER issue.

IMPLICATIONS FOR PRACTICE

Although very similar, freestanding ER’s and hospital-based ER’s differ greatly. They provide similar care, but freestanding ER’s are far less busy than hospital-based ER’s on a given day. As of 2017, the Center for Disease Control (CDC) reported about 139 million people visit a hospital-based emergency department each year. Whereas, freestanding ER’s range from seeing around 20 to 100 patients per day (MedPAC, 2017, p. 248). With these statistics, it is evident to state that the nurses’ role in a freestanding ER compared to a hospital-based ER would differ greatly as well. It is known that working in an emergency department requires a wide array of skills and a nurse must be a fast-paced worker able to concentrate in high intensity situations. A freestanding ER may still require a high qualified registered nurse in emergency medicine, but the fast-paced work environment may be absent. The nurse to patient ratio in standard hospital-based ER’s is 1:4. In a freestanding ER, although there are no regulations on staffing requirements, in order to fulfill the quality patient-centered care claim, the ratio must be lower than hospital-based ER’s. Therefore, a lower nurse to patient ratio accompanies a lower work-load on a nurse.

Which States Have Freestanding Emergency Rooms?
35 states have at least one freestanding ER



NBC NEWS

NBC News (2017)

CONCLUSION

Overall, the pro’s do not outweigh the con’s for freestanding ER’s. The added cost they put on patients does not make them worth the benefits. Along with costs, studies have shown that the addition of freestanding ER’s have not decreased the amount of hospital-based ER visits, rather they have increased. In conclusion, with all evidence gathered, freestanding ER’s are not the answer to overcrowded ER’s.

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