

## Losing some wait

### More hospitals begin advertising wait times for their ERs, emphasizing that the target patients aren't the true emergency cases

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Whether by Droid, website, text message or billboard, hospitals are advertising the wait times in their emergency rooms with greater visibility than ever, as consumers press for ways to comparison shop for all types of care.

But as the practice of advertising ER wait times has spread from highly competitive healthcare markets such as South Florida to regions across the country, critics say the trend is somewhat troubling because the wait times can confuse consumers while benefiting hospitals' bottom lines.

The most frequently cited concern is that a patient with a true medical emergency such as a stroke or chest pains might choose to go to a hospital farther from home based on the ads—even though such clearly emergent patients would get first priority in any ER.

Proponents say the ads are intended to attract those cases that hover in a gray zone between needing ER care and a clinic visit after normal business hours, such as sprained ankles and sore throats. Not coincidentally, those quasi-emergency cases also are likely to be patients who have insurance or other means of paying for their care.

The ER advertising trend also comes at a curious time. Average ER wait times are as high as ever, according to studies, and hospital administrators have said in numerous hospital association surveys that the emergency room care required by a larger population of uninsured patients has driven many into financial turmoil.

But the challenges of ER care is no news flash. It was only four years ago that a study by the Institute of Medicine, Hospital-based Emergency Care at the Breaking Point, concluded that hospital emergency department overcrowding was brewing into a national crisis.

“Conventional wisdom holds that EDs are the most expensive source of ambulatory care and that every effort should be made to divert non-emergent care from hospital EDs,” according to a 2001 TrendWatch report from the American Hospital Association on growing concerns about ER overcrowding.

So if emergency care is expensive, and hospital administrators have been complaining about ER overuse for years, why are hospitals in Arizona, Florida, Michigan, Virginia and elsewhere advertising to capture a larger market share?

Observers say financial considerations are at play, both in the struggle to keep admitting greater numbers of hospital inpatients through ERs, and with the ongoing struggle with non-aligned urgent-care clinics.

“In general this is an interesting idea. But let's get it straight. It's about getting those patients who really have the option of going somewhere else. This is not about getting patients who have true emergencies,” says

Sandra Schneider, a physician in emergency medicine in Rochester, N.Y., and president of the American College of Emergency Physicians. “This is their way of competing with urgent care. Emergency departments see a lot of patients that urgent care could see.”

Proponents of such advertising say struggles for market share or financial gains are only part of the story, saying that balancing the loads at various ERs, improving transparency and giving patients more choice are the real drivers.

Jack Mitstifer, chairman of emergency medicine at 490-bed Akron (Ohio) General Medical Center, says the hospital's parent system this year began advertising wait times on billboards and sending out the information on smart-phone applications as a way to even out the load between its Akron-area ERs.

Akron General Health System has an ER at its main hospital campus in downtown Akron and two other emergency departments in the metro area, all of which are listed on the system's website side-by-side.

“This is for people who would like to see us, but they want to go to the place with the least wait time,” Mitstifer says.

In particular, the wait times might persuade some patients to visit the outlying emergency departments, where the “vast majority” of business is from drive-in traffic, he says. At the downtown ER, upward of 20% of the patients come in ambulances and typically take precedence through triage, regardless of posted wait times.

## Dial 911

Mitstifer acknowledged concerns that such ER advertising could cause patients with serious emergencies to consider driving farther out of their way, which is why the Akron General website contains a bold disclaimer in red letters urging patients to use 911 and “when time is of the essence, be sure to get to the closest ER for quick evaluation and treatment.”

“You have to promote the use of 911 at the same time that you promote ER wait times,” Mitstifer says.

At six-hospital Detroit Medical Center, officials had similar load-balancing goals when they started their ER wait time advertising blitz, including billboards, smart-phone apps, traditional text messages and continually updated estimates on the DMC website. Diana Marx Prosi, vice president of marketing and business for the Detroit system, says communicating with the public about ER wait times is nothing new for DMC.

“We've been running a 29-minute ER guarantee since 2005,” Prosi says. “No one ever got well in a waiting room. People make a decision to come see you, and it's our mission to see you as quickly as possible.”

Neither Akron General nor Detroit Medical has studied whether the information campaign has affected consumer behavior by attracting more patients or load-shifting consumers to less-busy rooms.

But as one measure of whether the public was engaged, Prosi noted that more than 1,000 people have already downloaded the iPhone app that displays DMC wait times since the free program was posted in May. The system added its Droid app last week.

Given the national statistics on ER use and wait times, it might seem surprising that hospitals would have to

advertise at all to attract emergency patients.

While the total number of hospitals—and therefore the number of ERs—has been dropping since 1983, the number of people visiting emergency departments has slowly grown. [View chart, "The rise of emergency care"\(PDF\)](#). Taken together, those two factors doubled the average number of annual visitors to each ER between 1983 and 2008, according to a *Modern Healthcare* review of the most recent statistics from the American Hospital Association. [\(Read the Aug. 2, 2010, story "Booster Shot."\)](#)

Meanwhile, a study in the *Journal of the American Medical Association* in August found that the increase in ER utilization seen between 1997 and 2007 was about double what researchers would have expected from population increases alone.

But a different study, published in the February 2010 *Annals of Emergency Medicine*, found that only less than a third of ERs achieved the goal of having 90% of their patients being treated by a physician within the time recommended at triage. Only 14% of the ERs met the goal of having 90% of patients see a doctor within one hour when one hour was the amount of time recommended by a triage nurse.

Given all those factors, several observers say hospitals' motivations for aggressively advertising their ER services probably has much to do with the high rate at which ER patients are admitted to the hospital for full-blown care.

Schneider says between 40% and 50% of hospital admissions come from the ER, while up to 70% of intensive-care unit admissions arrive via the ER.

Linda Quick, president of the South Florida Hospital & Healthcare Association—whose members were among the nation's first to adopt ER wait-time advertising—says the main reason to advertise an ER despite all the literature on overcrowding is to attract the right kinds of patients.

"They clearly want people who have resources to use their emergency department, versus someone else's emergency department," Quick says. "On the other hand, not so much do they want people to use them who don't actually have an emergency service need, or who don't have coverage or the wherewithal to pay."

## Help for consumers

Others say hospital transparency is the key motive. That includes Adam Rudd, who formerly served as vice president of emergency services for the west Florida division of HCA, the for-profit hospital chain that is among the widest adopters of ER advertising strategies.

Rudd—who today is chief operating officer at HCA's 221-bed Grand Strand Regional Medical Center in Myrtle Beach, S.C.—says the ER advertising is a way to publicize the advances that HCA hospitals have made in emergency department throughput. For example, HCA has worked to decrease patient "boarding" time in ER hallways, while getting needed lab testing and imaging results to physicians quicker to speed care delivery.

The result has been a 40% decrease in wait time to see an emergency physician at Grand Strand—a fact the hospital wants to advertise, Rudd says.

"We are trying to provide all of our customers and patients with as much information as possible to make

decisions, and one key part of that is how long they have to wait if they come to one of our emergency rooms,” Rudd says. “In all cases, if it’s an emergency situation, they need to go to the closest emergency room ... but if they can make a choice, we want them to make the best choice for them.”