FEDs: Turning Business into Research Opportunities

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NEOMED / Cleveland Clinic Akron General
2018 AACEM/AAAEM Retreat
Outline

• History / FEDs today
• The AGMC experience
• Research and education
• Q & A
We have enough LIQUOR to make your In-Laws Tolerable
Trends in Emergency Care, 1994–2004

FED Background

- There are 600 - 700 FEDs across the USA
  - Mix of independent and hospital based
  - Estimated to be >10% of all USA ED’s
  - Physician owned FEDs continue to grow, especially in TX
- Some view FEDs as taking privately insured patients away from urban EDs
- FEDs are regulated by individual states
  - Many states currently prohibit privately owned facilities
- FED academic opportunities exist
Nuances of Free Standing ED Management

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The AGMC Experience
CEO Tim Stover MD FACOG

- Wellness centers

When 'I' is replaced by 'We'
Even 'illness' becomes Wellness.
The Philosophy

The Wellness Loop | Health & Wellness Centers

A health and wellness center is a multi-dimensional outpatient facility that brings together a wide range of clinical outpatient services, physicians, and retail oriented health services in an effort to improve the health and lives of the community the center serves. Common components of a health and wellness center include:

**Most Common**
- Medical Fitness Center
- Therapy Services
- Cardiopulmonary Rehab
- Spa Services
- Physician Offices
- Wellness Services

**Good Potential**
- Diagnostic Testing
- Outpatient Surgery
- Free-Standing ED
- Conference Center
- Chronic Disease Center
- Integrative Medicine
AGMC FED Model

- Hospital affiliated
- All are staffed by board-certified EM physicians
- All facilities are open 24/7/365
- All facilities have lab, radiology, CT and x-ray 24/7 with MRI and US during business hours

![Image of two people smiling]

AGMC FED Model
Our 2007 FED Goals

- Best quality care
- Outstanding patient satisfaction
- Outstanding operation metrics
- No residents
Main Campus Emergency Department

- Urban tertiary care teaching center
- ED census: 60,000
- Emergency medicine residency (43 years!)
- Akron, Ohio
Freestanding ED #1 – North Campus

- Opened July 1, 2007
- Visits per year: 20,000
- Distance from main ED: 12 miles/19 km north
- Patients arriving by ambulance: >1100

Firestone
Freestanding #2 – West Campus

- Opened August 1, 2009
- Visits per year: 19,000
- Distance from Main ED: 9.6 miles/15 km west
- Patients arriving by EMS: > 1500
- Added Urgent Care within FED July 7, 2014
  - 7000 visits per year
Freestanding #3 – South Campus

- Opened March 19, 2012
- Visits per year: 18,000
- Distance from Main ED: 11.3 miles/ 7.0 km south
- Patients arriving by EMS: 900
CCAG ED Locations

A = Main campus
1 = North campus
2 = West campus
3 = South campus
Outcomes

• Business
• Added academic opportunities
## Akron General ED Volumes

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1. Opened July 1, 2007
2. Opened August 1, 2009
3. Opened March 19, 2012
4. Urgent care opened July 8, 2014

Bath Patient Total
- 2013 – 15769
- 2014 - 18020
- 2015 - 22870
- 2016 - 24735
Outcomes

• Grew faculty from 15 to 35
• Grew residency from 18 to 33
• Doubled ED volume
• Added 4 service lines
  – FED patients back into the system
• Increased market share
• Won awards
• Added academics
  – Helped P&T for EM faculty
  – Presented at national and international meetings
Resident and Student Education

- Allows residents and students to rotate at a community site
- Single coverage
- No consultants
- Procedure exposure
- One on one with attending
FSEDs are NOT Urgent Cares
Initial Research Realities

- No funding
- No research staff
- No statistician
- No active studies from prior research director to build off of
- Need to publish and meet ACGME requirements
- Competitor resources
Research Realities

• So how do we conduct research with no resources?
• What are the key research questions about FEDs?
  – Who goes to these facilities
  – How do you handle STEMI, Trauma, Stroke?
  – How sick are these patients?
  – Why do patients chose to go to an FED?
Solution 1: Student Help
Solution 2: Resident Help
Solution 3: Summer Research Fellow Help
Solution 4: Statistician

- Local medical school
- Local Universities graduate program
- Collaboration with others who have resources
Solution 5: Get involved

- Joined the FED section of ACEP
- Became actively involved with leadership
- Made connections and formed a multicenter FED research group
- ACEP task force creating national guidelines for FEDs a potential accrediting body
Solution 6: Residency Director Support
Solution 7: (most important) EM Chair Support
Publications To Date

• Burke, R; Simon EL, Keaton B; Kukral L, Kiss TJ; Sanchez B; Jouriles N. Patient-reported reasons for seeking emergency care at a freestanding emergency department compared to a hospital-based emergency department. Am J of Emerg Med. In press.


Conclusion: FEDs provided essential core residency skills based on ACGME program requirements in areas of ED throughput, communication skills, efficiency, procedures, and multitasking.
FEDs and the EM Resident: A Valuable Part of Resident Education

• Residents viewed their FED experience as valuable to their overall education

• The FED rotation served as a valuable learning experience in several core areas of EM residency education and ACGME goals
Conclusion: Main campus [temporarily!] decreased but system wide volumes increased
Conclusion: Median transport time from FED to catheterization lab was 21 minutes (89.3% <30 minutes). 78.7% had D2B times of <90 minutes.
Conclusion: Like STEMI, our FED trauma care met ACS COT standards for the 181 patients that met Level 1 or Level 2 Trauma Team activation criteria
Conclusion: Acuity was different. Note: Main campus is adult only, trauma, STEMI, stroke, teaching
Lessons Learned

• You can turn a business project into research success
• When resources are limited, utilize every avenue of (free) help available
• Build your research niche
• Show the hospital the opportunity that has been created
Questions?

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