On-Call Specialist Coverage in U.S. Emergency Department ACEP Survey of Emergency Department Directors – April 2006

- “2,343 hospitals the large majority of respondents were from non-teaching community hospitals (92%)”
- “The findings indicate that on-call coverage in the nation’s emergency departments has deteriorated and public policymakers should take note new evidence of further strain on an already frayed system”

On-Call Specialist Coverage in U.S. Emergency Department ACEP Survey of Emergency Department Directors – April 2006

“Does your ED have a problem with inadequate on-call coverage by specialist physicians?”

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>67%</td>
</tr>
<tr>
<td>2005</td>
<td>73%</td>
</tr>
</tbody>
</table>

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On-Call Specialist Coverage in U.S. Emergency Department ACEP Survey of Emergency Department Directors – April 2006

- “Despite the inducement of stipends, emergency physicians say they continue to spend more time seeking specialists to come to the hospital to care for emergency department patients, further straining resources.”
“Two-thirds of emergency department directors in level I and II trauma centers say that over half of all patient transfers are made because of lack of timely access to specialty physicians at the sending hospital.”

“Responsibility for on-call coverage remains with the nation’s hospitals, but despite increased financial incentives offered by hospitals, the services appear to be falling short of the need for coverage.”
Changing Landscapes

- Physicians
  - Rising percentage of un/under insured
  - Declining reimbursements
  - Escalating cost
- Hospitals
  - Shortage of Specialist
  - Increase demands on ER coverage
  - Decreasing margins
  - Physician demands
  - Competing ventures

Trends

- Stipend / Per Diems
  - Exponentially expensive
- Hospitalist
  - Some help but not a total solution
- Employment
  - Promising results
- Non-qualified deferred compensation
  - A new approach with “win-win” benefits

Deferred Compensation

- Common platform for …
  - Recruiting
  - Retaining
  - Recovery of Cost
  - Discriminatory and Customizable
  - Short implementation period
  - Predictable and stable budget
  - Achieves alignment
  - Legally permissible
  - Long term
  - Cost effective – Saving 15% to 40%
1. Reversing qualified plan “discrimination”
2. Asset protection
3. Link to life event
4. Tax-deferred impact on market performance
5. Rabbi Trust Protection

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**Physician**

- Aligns call coverage
- Enhances physician / hospital relationships
- Long-term solution for on-call compensation
- Managed externally
- Physician directed
- Cost effective

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**Hospital**

- Aligns call coverage
- Enhances physician / hospital relationships
- Long-term solution for on-call compensation
- Managed externally
- Physician directed
- Cost effective

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O’Malley, S., Draper, Debra A., Felland, Laurie E.; “Hospital emergency on-call coverage: Is there a doctor in the house?” Center for Studying Health System Change’s (HSC) November 2007

- “There is evidence that specialist physicians’ reluctance to provide emergency on-call coverage is contributing to adverse patient outcomes. Twenty-one percent of patient deaths or permanent injuries related to ED treatment delays are attributed to lack of availability of physician specialists.”