



EMERGENCY DEPARTMENT --- CHALLENGES AND TRENDS

2010 SURVEY OF: HOSPITAL EMERGENCY DEPARTMENT ADMINISTRATORS



200 Corporate Blvd. Suite 201 | Lafayette, LA 70508 | 800-893-9698
www.schumachergroup.com

A Survey of Emergency Department Administrators Nationwide



EMERGENCY DEPARTMENT CHALLENGES AND TRENDS

2010 SURVEY OF: HOSPITAL EMERGENCY DEPARTMENT ADMINISTRATORS

IN THIS REPORT:

INTRODUCTION 4
METHODOLOGY 5
SUMMARY STATEMENT 5
KEY FINDINGS OF THE SURVEY 6-14
TRENDS AND OBSERVATIONS 15-17
CONCLUSION 18

INTRODUCTION

The nation's hospital emergency departments (EDs) play a vital and increasingly important role in providing healthcare to some 120 million patient visitors every year. Emergency departments serve as the front line of care for the injured and severely ill, and often are the only accessible source of care for uninsured patients or those who otherwise lack access to medical services. By virtue of the Emergency Medical Treatment and Labor Act (EMTALA), the federal law obliging hospital personnel to see all patients who present to the emergency department, hospital emergency departments are the de facto healthcare safety net for millions of patients throughout the country.

Schumacher Group, one of the largest emergency department management firms in the United States, is committed to tracking challenges and trends affecting hospital emergency departments. In an effort to monitor strategic, operational and staffing issues of importance to emergency medicine delivery, Schumacher Group conducts periodic surveys of emergency department administrators nationwide.

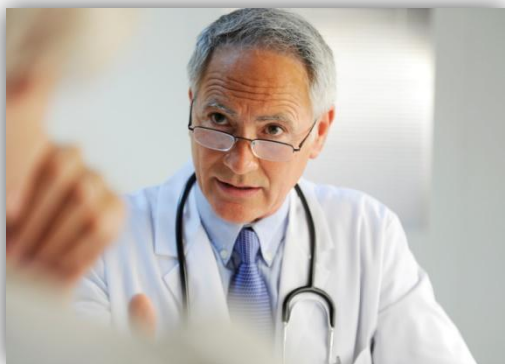
EMERGENCY DEPARTMENT CHALLENGES AND TRENDS, 2010 SURVEY OF HOSPITAL EMERGENCY DEPARTMENT ADMINISTRATORS reflects how hospital emergency department administrators view a variety of emerging concerns and ongoing issues. In particular, the survey examines how hospital emergency department administrators believe health reform will affect quality and access to care at hospital emergency departments.

Additional issues examined in the survey include the impact of the shortage of specialty physicians available to cover the emergency department, the impact of electronic medical records on the emergency department, and the inability of some emergency departments to treat patients in a timely manner. The survey further asks emergency department managers to rank their priorities and concerns for the next 12 months.

The survey is offered as an informational resource for healthcare professionals who monitor hospital quality, staffing and strategic trends, and also may be of interest to policy makers, journalists and members of the public interested in the quality and accessibility of healthcare services provided in the hospital setting.

ABOUT SCHUMACHER GROUP

Founded in 1994, Schumacher Group is the third largest emergency department management firm in the United States. Schumacher Group is responsible for the clinical staffing and operation of over 180 acute care hospital emergency departments, providing care to more than three million emergency department patients annually. A physician-owned and mission-driven company, Schumacher Group is dedicated to enhancing the quality and accessibility of emergency medical care nationwide. More information about Schumacher Group is available at www.schumachergroup.com.



SCHUMACHER GROUP PROVIDES CONTINUOUSLY IMPROVING QUALITY HEALTH CARE TO ALL PATIENTS IN A COST EFFECTIVE MANNER AND MAINTAINS THE HIGHEST ETHICAL STANDARDS BY UPHOLDING THE PATIENTS' RIGHTS, TREATING THEM WITH DIGNITY AND RESPECT.

METHODOLOGY

Throughout June, July and August of 2010, Schumacher Group's *2010 Survey of Emergency Department Administrators* was sent by mail to approximately 6,075 hospital emergency department administrators/managers in 50 states. Of those mailed, approximately 4,049 also received the survey via email.

Six hundred and three completed surveys were received by September, 2010, yielding a response rate of 10%.

SUMMARY STATEMENT

Schumacher Group's *2010 Survey of Emergency Department Administrators* suggests that health reform, though providing medical insurance to over 30 million previously uninsured patients, will not decrease patient visits to hospital emergency departments. Indeed, most hospital emergency department administrators indicated the reverse will be true and that patient volume at their facilities will increase as health reform is implemented. The majority believe their emergency departments will see more patients unable to access primary care and specialists post-reform than they did prior to reform. Most emergency department administrators also believe that lack of physician specialists available to cover the emergency department poses risks to emergency department patients – a “very significant risk” in some cases.

While most hospitals have invested in electronic medical records (EMR) in their emergency departments, the majority of emergency department administrators indicated that to date the investment has not been worth the cost. Of the various concerns facing emergency department administrators over the next 12 months, reimbursement issues are deemed the most important, followed by health reform.

The great majority of emergency department administrators indicated their facilities are at times unable to transfer mental/behavioral health patients to inpatient facilities in a timely manner. This poses risks to patients and underlines a growing crisis in mental healthcare in which hospital emergency departments must “house” mental health patients who have few or no inpatient options.



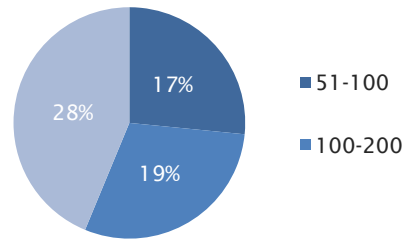
KEY FINDINGS OF THE SURVEY

- ⑤ The majority of hospital emergency department (ED) administrators (66%) believe health reform will cause patient volume at their EDs to increase, while only 5% believe ED patient volume will decrease because of health reform.
- ⑤ 64% of ED administrators said that due to health reform their EDs will see more patients who cannot access primary care doctors in a timely manner. Only 7% said their EDs will see fewer patients who cannot access a primary care physician in a timely manner due to health reform.
- ⑤ 55% of ED administrators said that due to health reform their EDs will see more patients who cannot access specialist physicians in a timely manner. Only 3% said their EDs will see fewer patients who cannot access a specialist physician in a timely manner due to health reform.
- ⑤ Close to three-fourths of ED administrators (74%) indicated that lack of specialist physicians available to cover the ED posed at least a moderate risk to patients at their facilities. 38% indicated that lack of specialist coverage posed either a significant risk to patients or a very significant risk.
- ⑤ ED administrators cited orthopedic surgeons and neurosurgeons as the types of specialists providing coverage in their facilities in shortest supply, followed by neurologists, cardiologists, general surgeons, otolaryngologists and cardiovascular surgeons.
- ⑤ About one-third of ED administrators (36%) pay specialists to provide coverage to their EDs.
- ⑤ The majority of ED administrators (at least 70%) believe reimbursement from Medicaid, Medicare and commercial insurance to their EDs will decrease under health reform.
- ⑤ The great majority of ED administrators (86%) indicated they are often or sometimes unable to transfer mental/behavioral patients to inpatient facilities in a timely manner.
- ⑤ Over 70% of ED administrators report mental/behavioral patients boarding for 24 hours or longer. 10% said they have boarding times for mental/behavioral patients as long as one week or more.
- ⑤ 60% of ED administrators believe patient care at their EDs has been compromised due to delays in transferring mental/behavioral patients to inpatient facilities.
- ⑤ While 73% of ED administrators said their hospital has invested in electronic medical records in the ED, 56% said that to date the investment has not been worth the cost. However, 76% said that eventually the investment would justify the cost.
- ⑤ Uncompensated care and reimbursement for services rank as the two issues of most importance to ED administrators over the next 12 months, followed by health reform.

QUESTIONS ASKED AND RESPONSES RECEIVED

1. Number of beds at your hospital?

| | |
|-------------|-----|
| 0-50 | 36% |
| 51-100 | 17% |
| 100-200 | 19% |
| 201 or more | 28% |



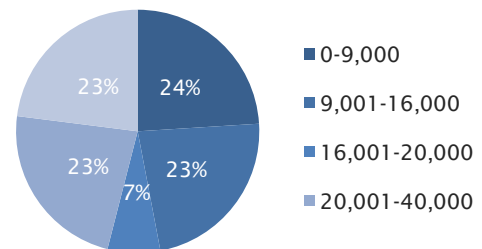
2. State in which your facility is located?

States participating were:

| | | | | | | | | | |
|-----------|------------|----|----|----|----|----|----|----|----|
| TX | 11% | GA | 3% | NE | 2% | NM | 1% | MS | 1% |
| CA | 5% | IA | 3% | WI | 2% | SD | 1% | WV | 1% |
| IL | 5% | MN | 3% | AR | 2% | UT | 1% | ND | 0% |
| LA | 5% | PA | 3% | MD | 1% | NH | 1% | ME | 0% |
| NC | 4% | OK | 2% | OR | 1% | SC | 1% | HI | 0% |
| OH | 3% | IN | 2% | WA | 1% | VA | 1% | NV | 0% |
| MO | 3% | NY | 2% | CO | 1% | WY | 1% | RI | 0% |
| AL | 3% | NJ | 2% | TN | 1% | MA | 1% | | |
| FL | 3% | KS | 2% | AZ | 1% | CT | 1% | | |
| MI | 3% | KY | 2% | MT | 1% | ID | 1% | | |

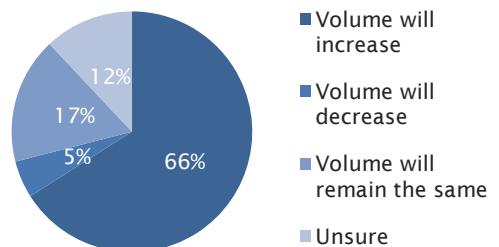
3. How many patients do you see in your Emergency Department per year?

| | |
|---------------------|-----|
| 0-9,000 | 24% |
| 9,001-16,000 | 23% |
| 16,001-20,000 | 7% |
| 20,001-40,000 | 23% |
| Greater than 40,000 | 23% |



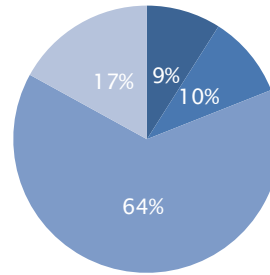
4. Consider the new health care reform law. How do you believe reform will affect patient volume at your ED?

| | |
|-------------------------------------|-----|
| Patient volume will increase | 66% |
| Patient volume will decrease | 5% |
| Patient volume will remain the same | 17% |
| Unsure | 12% |



5. How do you believe health reform will affect quality of care delivered by your ED?

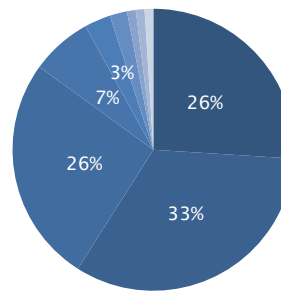
| | |
|---|------------|
| Quality of care will improve | 9% |
| Quality of care will decline | 10% |
| Quality of care will remain the same | 64% |
| Unsure | 17% |



- Quality of care will improve
- Quality of care will decline
- Quality of care will remain the same
- Unsure

6. What percent of patients presenting to your ED are uninsured?

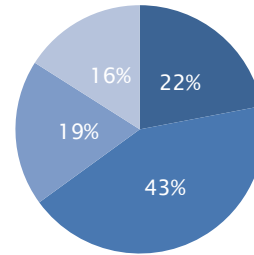
| | |
|---------------|------------|
| 0-10% | 26% |
| 11-20% | 33% |
| 21-30% | 26% |
| 31-40% | 7% |
| 41-50% | 3% |
| 51-60% | 2% |
| 61-70% | 1% |
| 71-80% | 1% |
| 81-90% | <1% |
| N/A | 1% |



- 0-10% Uninsured
- 11-20% Uninsured
- 21-30% Uninsured
- 31-40% Uninsured
- 41-50% Uninsured
- 51-60% Uninsured
- 61-70% Uninsured
- 71-80% Uninsured
- 81-90% Uninsured
- N/A

7. How do you believe this number will change as health reform is implemented?

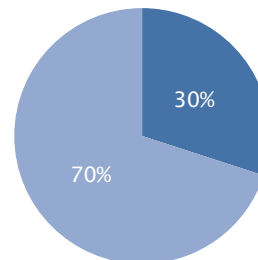
| | |
|--|------------|
| Will see more uninsured patients in our ED | 22% |
| Will see fewer uninsured patients in our ED | 43% |
| There will be little to no change in the number of uninsured patients we see | 19% |
| Unsure | 16% |



- More uninsured patients in our ED
- Fewer uninsured patients in our ED
- No change in number of uninsured patients in ED
- Unsure

8. A recent study suggests that uninsured patients DO NOT use the ED more than insured patients. Do you agree or disagree?

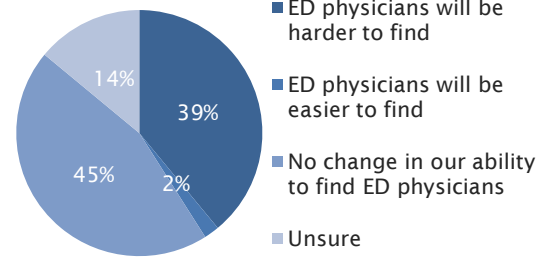
| | |
|-----------------|------------|
| Agree | 30% |
| Disagree | 70% |



- Agree
- Disagree

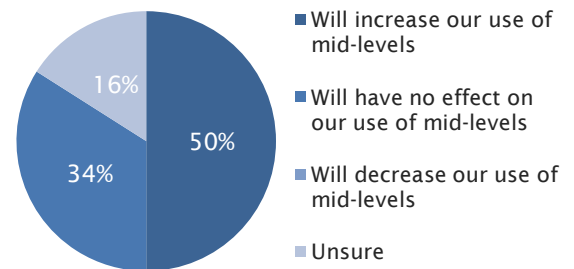
9. How do you believe health reform will affect your facility's ability to find physicians for the ED?

| | |
|---|------------|
| ED physicians will be harder to find | 39% |
| ED physicians will be easier to find | 2% |
| There will be no change in our ability to find ED physicians | 45% |
| Unsure | 14% |



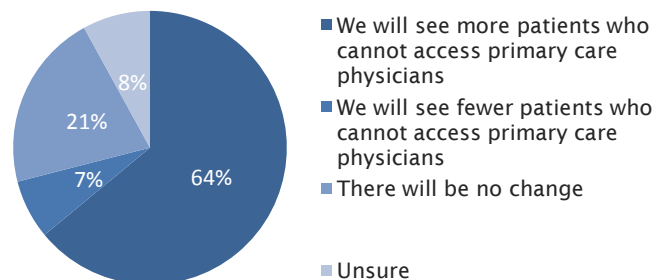
10. How will health reform affect staffing of mid-level practitioners (NPs and PAs) in your ED?

| | |
|--|------------|
| Will increase our use of mid-levels | 50% |
| Will have no effect on our use of mid-levels | 34% |
| Will decrease our use of mid-levels | <1% |
| Unsure | 16% |



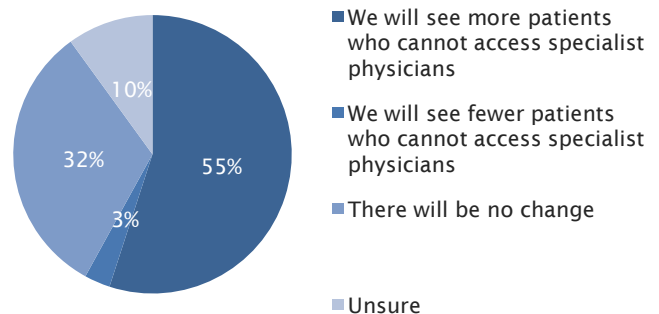
11. Some patients come to the ED because they cannot access PRIMARY CARE physicians in a timely manner. How do you believe health reform will affect this trend at your ED?

| | |
|--|------------|
| We will see more patients who cannot access primary care physicians | 64% |
| We will see fewer patients who cannot access primary care physicians | 7% |
| There will be no change | 21% |
| Unsure | 8% |



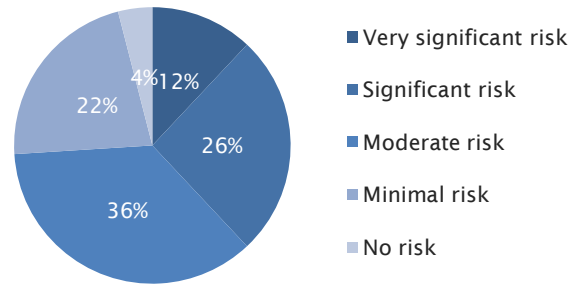
12. Some patients come to the ED because they cannot access SPECIALIST physicians in a timely manner. How do you believe health reform will affect this trend at your ED?

| | |
|--|------------|
| We will see more patients who cannot access specialist physicians | 55% |
| We will see fewer patients who cannot access specialist physicians | 3% |
| There will be no change | 32% |
| Unsure | 10% |



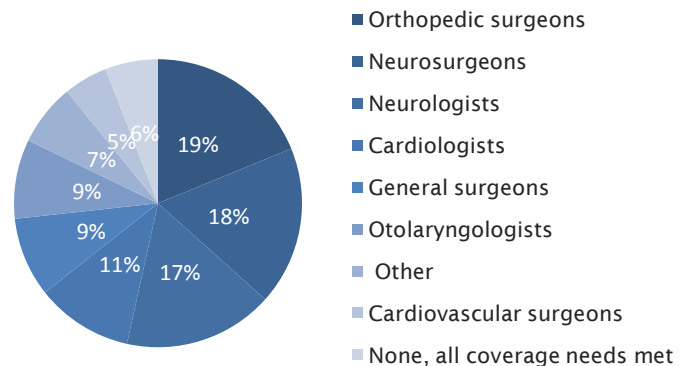
13. Rate the level of risk that lack of specialty coverage poses to patients in your ED.

| | |
|-----------------------|------------|
| Very significant risk | 12% |
| Significant risk | 26% |
| Moderate risk | 36% |
| Minimal risk | 22% |
| No risk | 4% |



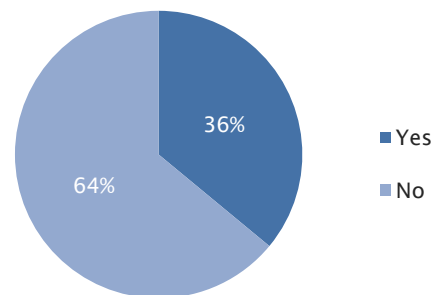
14. Which types of specialist coverage is in the shortest supply at your facility? Pick TWO ONLY.

| | |
|------------------------------|------------|
| Orthopedic surgeons | 19% |
| Neurosurgeons | 18% |
| Neurologists | 17% |
| Cardiologists | 11% |
| General surgeons | 9% |
| Otolaryngologists | 9% |
| Other | 7% |
| Cardiovascular surgeons | 5% |
| None, all coverage needs met | 6% |



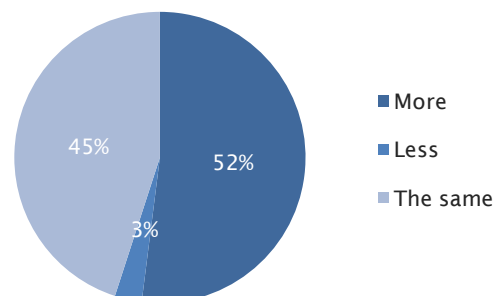
15. Do you currently pay specialists to cover the ED?

| | |
|-----------|------------|
| Yes | 36% |
| No | 64% |

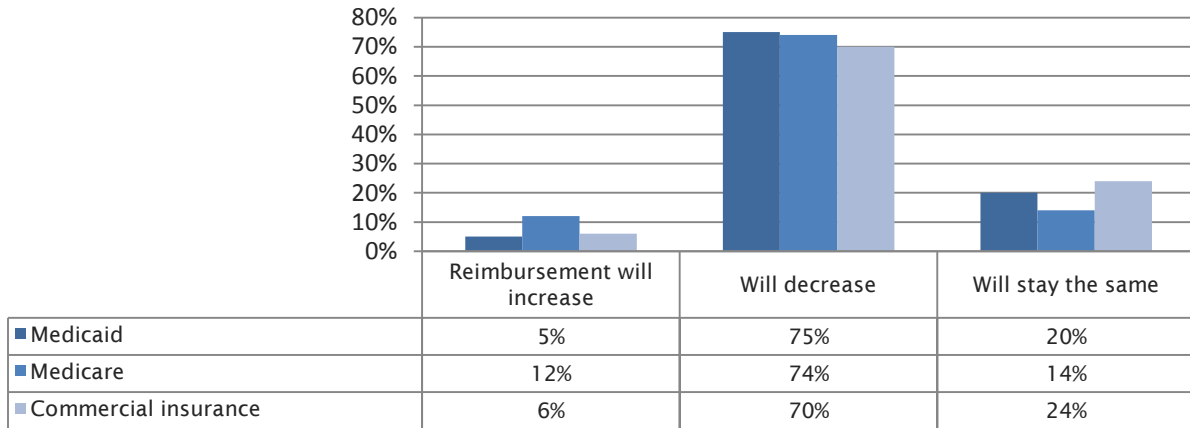


16. If yes, with the implementation of health reform, do you expect to pay specialist physicians more, less or the same amount to cover your ED?

| | |
|-------------|------------|
| More | 52% |
| Less | 3% |
| The same | 45% |

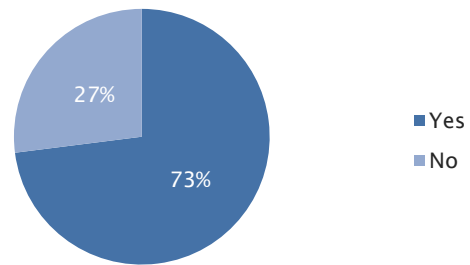


17. Under health reform, where do you anticipate reimbursement to your ED is heading for the following payors?



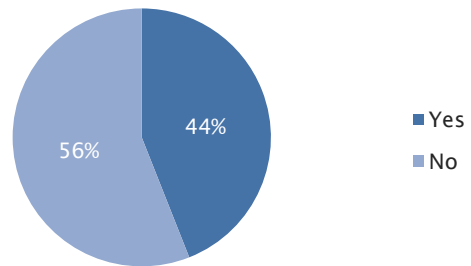
18. Has your hospital invested in electronic medical records within the ED?

| | |
|-----|-----|
| Yes | 73% |
| No | 27% |



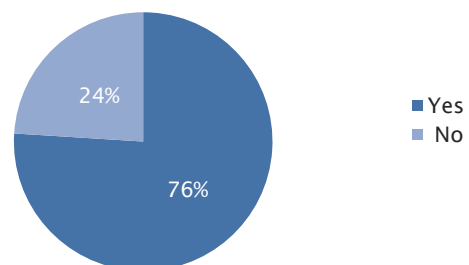
19. If yes, has your return on investment TO THIS DATE been worth the cost?

| | |
|-----|-----|
| Yes | 44% |
| No | 56% |



20. Do you believe your return on EMR investment will EVENTUALLY be worth the cost?

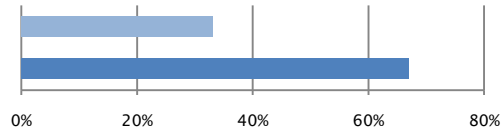
| | |
|-----|-----|
| Yes | 76% |
| No | 24% |



21. Please indicate whether you agree or disagree with the following statements regarding the impact of EMR within your ED.

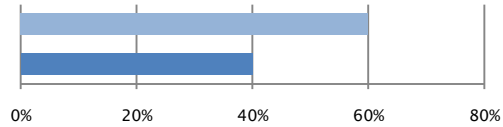
EMR reduces length of stay in our ED:

| | |
|----------|-----|
| Agree | 33% |
| Disagree | 67% |



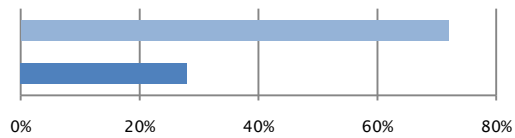
EMR improves provider efficiency within our ED:

| | |
|----------|-----|
| Agree | 60% |
| Disagree | 40% |



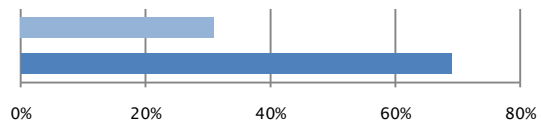
EMR improves overall quality within our ED:

| | |
|----------|-----|
| Agree | 72% |
| Disagree | 28% |



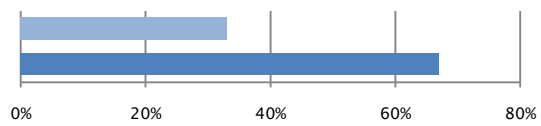
EMR improves patient satisfaction within our ED:

| | |
|----------|-----|
| Agree | 31% |
| Disagree | 69% |



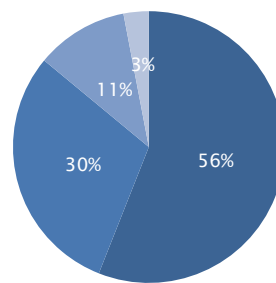
EMR reduces cost of care within our ED:

| | |
|----------|-----|
| Agree | 33% |
| Disagree | 67% |



22. Are there times when your facility is UNABLE to transfer mental/behavioral patients to inpatient facilities in a timely manner?

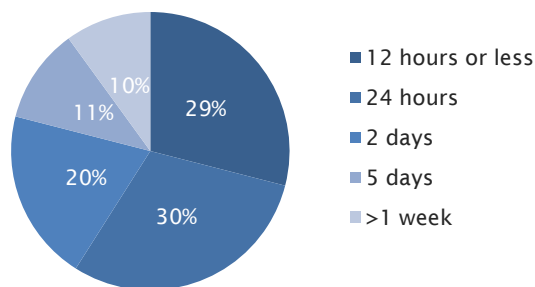
| | |
|--|-----|
| We are often unable to do so | 56% |
| We are sometimes unable to do so | 30% |
| We are rarely unable to do so | 11% |
| We are always able to transfer mental/behavioral patients in a timely manner | 3% |



- We are often unable to do so
- We are sometimes unable to do so
- We are rarely unable to do so
- We are always able to transfer mental/behavioral patients in a timely manner

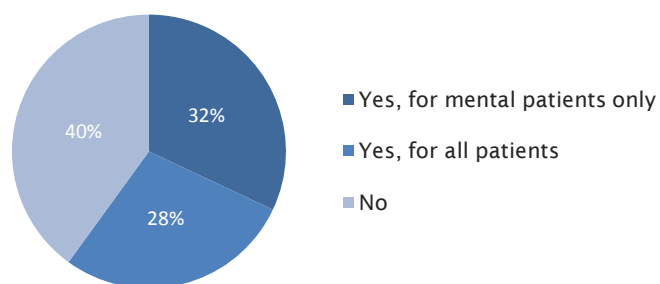
23. What are the LONGEST boarding times for mental/behavioral patients at your facility?

| | |
|------------------|------------|
| 12 hours or less | 29% |
| 24 hours | 30% |
| 2 days | 20% |
| 5 days | 11% |
| >1 week | 10% |



24. Is patient care ever compromised at your facility due to delays in transferring mental/behavioral patients to inpatient facilities?

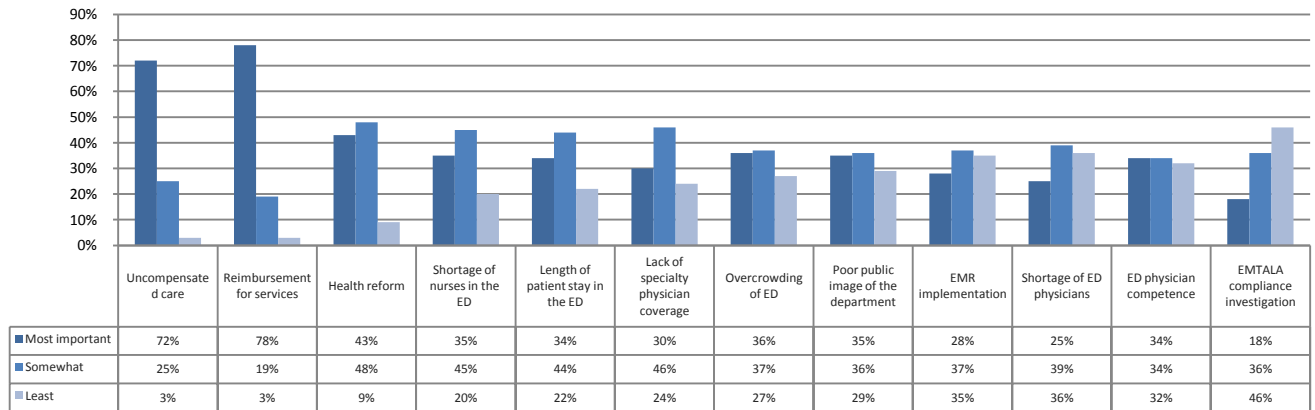
| | |
|-------------------------------|------------|
| Yes, for mental patients only | 32% |
| Yes, for all patients | 28% |
| No | 40% |



25. How would you rank the following concerns/priorities facing your ED in the next 12 months?

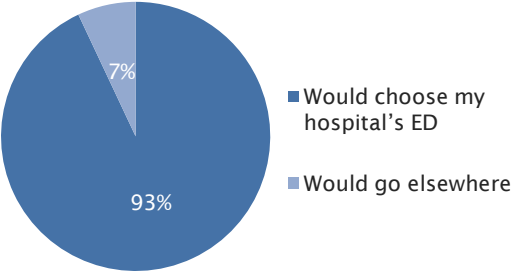
| | Most important | Somewhat | Least |
|--------------------------------------|----------------|----------|-------|
| Uncompensated care | 72% | 25% | 3% |
| Reimbursement for services | 78% | 19% | 3% |
| Health reform | 43% | 48% | 9% |
| Shortage of nurses in the ED | 35% | 45% | 20% |
| Length of patient stay in the ED | 34% | 44% | 22% |
| Lack of specialty physician coverage | 30% | 46% | 24% |
| Overcrowding of ED | 36% | 37% | 27% |
| Poor public image of the department | 35% | 36% | 29% |
| EMR implementation | 28% | 37% | 35% |
| Shortage of ED physicians | 25% | 39% | 36% |
| ED physician competence | 34% | 34% | 32% |
| EMTALA compliance investigation | 18% | 36% | 46% |

Ranking of concerns/priorities facing EDs in the next 12 months:



26. If you were seriously hurt and had a variety of options to choose from, would you go to your own hospital's ED, or would you choose to go elsewhere in hopes of obtaining better care?

| | |
|--------------------------------------|------------|
| Would choose my hospital's ED | 93% |
| Would go elsewhere | 7% |



TRENDS AND OBSERVATIONS

Schumacher Group's *2010 Survey of Hospital Emergency Department Administrators* highlights a number of issues of concern to those who manage the nation's hospital emergency departments. It also touches on trends of importance to the millions of patients who visit hospital emergency departments each year. Among these is the question of access to the emergency department, which, like many other facets of healthcare delivery, is likely to be influenced by healthcare reform. This issue, and several others highlighted by the survey, is addressed below.

HEALTHCARE REFORM AND PATIENT VOLUME

Under ideal circumstances, hospital emergency departments (EDs) would serve only those patients who are injured or seriously ill. Because circumstances are not ideal, however, EDs see a wide variety of patients, both emergent and the non-emergent, insured and uninsured. By law, hospital personnel must see all patients who present to the ED, regardless of health status or ability to pay. As a result, the ED has become a default option for patients without insurance and for those who may have insurance but may lack immediate or convenient access to care. Partly for this reason, the number of annual ED visits in the United States has grown in recent years, from 90.3 million in 1996 to 119 million in 2006.*

One of the goals of the Patient Protection and Affordable Care Act (i.e., "health reform") is to decrease the ranks of the uninsured and thereby reduce the number of patients seeking the relatively expensive option of care in the ED.

The *2010 Survey of Hospital Emergency Department Administrators* suggests that the majority of ED administrators do not believe this will take place and that the opposite will occur. About two-thirds of those surveyed (66%) said that health reform will cause patient volume in their emergency departments to increase. Only 5% said that health reform will cause patient volume at their EDs to decrease.

The assumption ED administrators appear to be making is that health reform will not increase access to non-emergent care even though it may increase access to healthcare insurance. It can be foreseen that the newly insured will seek care, only to find long lines at physician offices. They will then turn to the ED in even greater numbers. This pattern was evident in Massachusetts after the 2006 passage of a health reform bill that in many ways is a model for national health reform. ED visits in Massachusetts grew by 7% between 2005 and 2007, according to one study, while ED visits at Boston-area hospitals also grew from 2006 to 2008 despite a drop in the number of uninsured.**

About two-thirds of those surveyed (66%) said that health reform will cause patient volume in their emergency departments to increase.

Most ED administrators (64%) said their facilities will see more patients who cannot access primary care physicians in a timely manner due to health reform, while over half (55%) said their facilities will see more patients who cannot see a specialist in a timely manner due to health reform. As a consequence, the survey suggests some ED administrators believe demand for ED physicians will increase and recruiting ED physicians will be more difficult. Thirty-nine percent of those surveyed said finding physicians for the ED will be harder due to health reform, while only 2% said finding physicians for the ED will be easier. In response, many administrators (50%) said that they will increase the use of mid-level practitioners such as physician assistants and nurse practitioners at their facilities.

*Centers for Disease Control and Prevention

**Boston Globe, April 24, 2009

THE SHORTAGE OF SPECIALISTS

The shortage of primary care physicians has been widely documented and is one reason why a growing number of patients are turning to the ED for care. However, there also is a growing shortage of physicians in a variety of specialties, making it more difficult for hospitals to find specialists ready or willing to cover the ED. Over one-third of ED administrators surveyed (36%) are paying specialists to cover the ED, and a growing number of hospitals are employing specialists in part to ensure ED coverage.



Nevertheless, the great majority of those surveyed (86%) said that lack of specialty coverage of their EDs poses at least a “moderate risk” to patients, while 38% said lack of specialty coverage poses a “significant risk” or a “very significant” risk to patients. When specialists are not available to treat injured or severely ill patients, such patients may have to be transferred to other facilities, often losing the “golden hour” during which treatment of emergency patients is most effective. Lack of ED specialty coverage can lead to patient complications and even death.

ED administrators were asked to identify the types of specialists in shortest supply at their facilities. Orthopedic surgeons and neurosurgeons, who often are called upon to treat trauma patients, were at the top of the list, followed by cardiologists, general surgeons, otolaryngologists and cardiovascular surgeons.

THE CRISIS IN MENTAL HEALTH

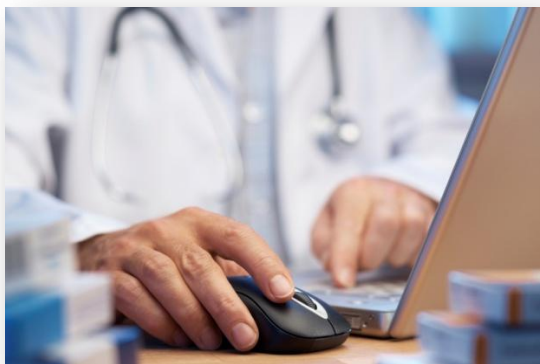
Hospital EDs can serve as a barometer for wider trends in healthcare delivery, and that is the case in mental/behavioral healthcare. As services to mental health patients have been reduced in recent years, frequently at the state level through Medicaid cuts, a growing number of mental health patients have been unable to obtain drugs and other treatments. Their conditions have become acute and many are admitted to hospital EDs as a response to self-destructive or anti-social behavior. These patients may require admission to inpatient mental health facilities, but beds at such facilities are lacking. As a consequence, an increasing number of mental health patients are “housed” in the ED until such time as inpatient beds at mental health facilities become available.

ED administrators surveyed indicated that this is a common occurrence at their facilities. Eighty-six percent said they are either “sometimes” or “often” unable to transfer mental health patients to inpatient facilities in a timely manner. Only 3% said they are always able to transfer mental health patients to inpatient facilities in a timely manner.

For 29% of those surveyed, the longest “board time” they are experiencing with mental health patients is 12 hours or less. However, 41% of those surveyed are seeing board times of up to two days or greater, while 10% are seeing board times of up to one week or more.

Sixty-percent of ED administrators said that long board times for mental health patients have compromised quality of care, in some cases for mental health care patients only and in some cases for all patients. Long boarding times can lead to ED crowding, extended wait times and hospital admission times for all patients. Traditionally, extended economic downturns have increased the incidence of mental health problems and have reduced treatment resources. This is occurring today, and the evidence of a wide-spread breakdown in mental health services is becoming increasingly apparent in the nation’s EDs.

EMR – A PROMISE NOT YET DELIVERED



About three-quarters of ED administrators surveyed (73%) said their hospitals have invested in electronic medical records (EMR) within their hospital's ED. Of these, the majority (56%) indicated that their investment in EMR to date has not been worth the cost, while 44% said their investment has been worth the cost.

The majority of those surveyed indicated that EMR has not achieved objectives in several areas. Sixty-seven percent said EMR has not reduced patient length of stay in the ED, 69% said EMR has not improved ED patient

satisfaction, and 67% said EMR has not reduced cost of care in the ED. By contrast, 60% said EMR does improve the efficiency of physicians and other providers in the ED and 72% said EMR improves overall quality of care in the ED.

Though the rating of EMR in the ED to date is at best mixed, the majority of ED administrators indicated EMR holds potential for the future. Seventy-six percent of those surveyed believe the return on their EMR investment will eventually be worth the cost.

REIMBURSEMENT – THE EVER PRESENT CONCERN

ED Administrators were asked to rank the top concerns and priorities facing their EDs in the next 12 months. "Uncompensated care" was ranked as "most important" or "somewhat important" by more respondents than any other factor. Seventy-four percent of those surveyed indicated that at least 11% of patients presenting to their EDs are uninsured. Large numbers of uninsured patients are a major reason why most hospitals lose money on their EDs and why financial considerations are a top priority for ED administrators.

"Uncompensated care" was ranked as "most important" or "somewhat important" by more respondents than any other factor.

The survey suggests that the majority of ED administrators do not believe healthcare reform will alleviate their financial challenges. Though 43% project that their EDs will see fewer uninsured patients due to health reform, the majority anticipate that reimbursement to their EDs by the primary payors will decrease. Seventy-five percent project Medicaid reimbursement will decrease under reform, 74% project Medicare reimbursement will decrease, and 70% project reimbursement from commercial insurance will decrease. Not surprisingly, "reimbursement for services" was ranked the second highest priority by ED administrators, followed by "health reform," "shortage of nurses," "length of patient stay," and "lack of specialty coverage."

CONCLUSION

Hospital emergency departments in the United States bear an increasingly large burden of responsibility for providing care to the injured, the very ill, the uninsured and others who lack access to medical services. The survey suggests that most hospital emergency department administrators believe the burden will not be relieved by health reform, but will in fact be exacerbated by it. Inadequate access to medical specialty services in the emergency department poses risks to patients, the great majority of hospital emergency department administrators indicated, in some cases a very significant risk. Lack of services for mental health patients is reflected in hospital emergency departments, where many mental health patients must wait days to be transferred to inpatient facilities. Electronic medical records have yet to yield universal dividends in the emergency department, and ED administrators continue to be challenged by reimbursement issues, provider shortages and the uncertainty of health reform.



SCHUMACHERGROUP®

www.schumachergroup.com

Property of Schumacher Group. Copyright © 2010. All rights reserved.

For more information about this survey or about Schumacher Group, contact:

Alida Alleman | Communications Liaison

200 Corporate Blvd. Suite 201 | Lafayette, LA 70508 | 800-893-9698 ext. 1152

Direct Line: 337-354-1152 | Fax: 337-262-7353 | Email: alida_alleman@schumachergroup.com
www.schumachergroup.com