

The State of Emergency Medicine & ACEP's 2025 Focus

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Vision

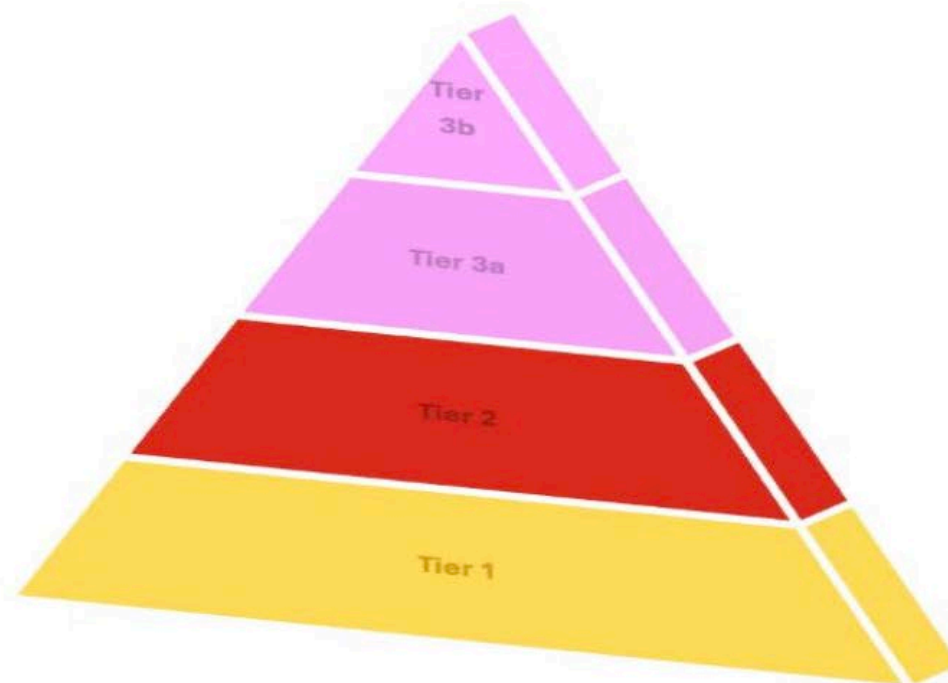
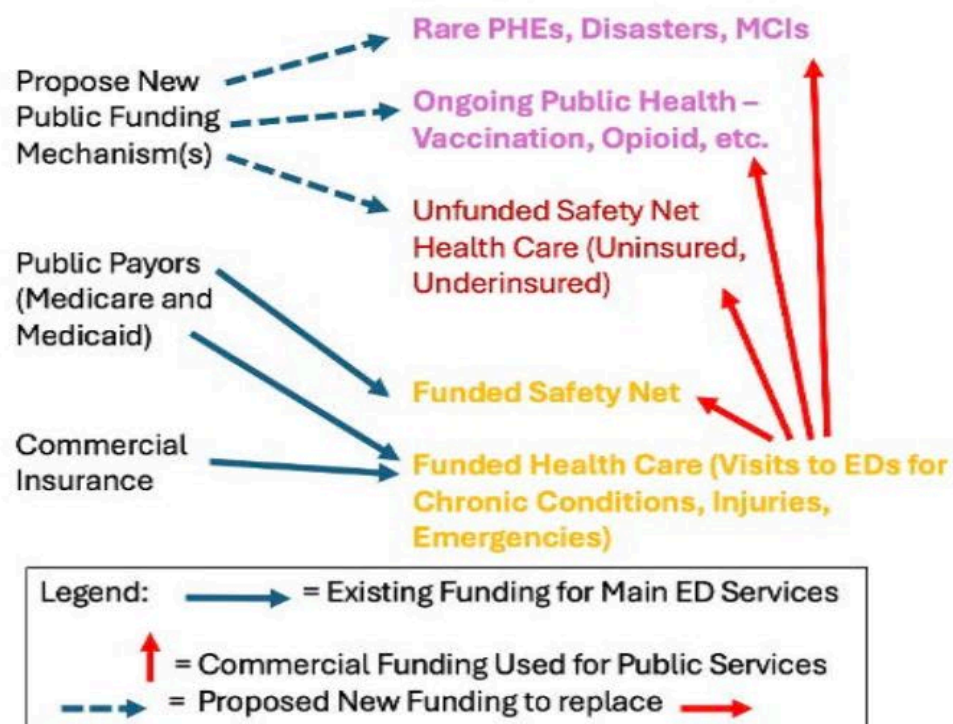
To help people live happier, healthier lives.

Mission

To elevate the impact & visibility of
emergency medicine and physicians through
insight & innovation.

Figure S.1. Mapping Existing Funding to Each ED Value

Funding Each ED Value Layer



NOTE: MCI = mass casualty incident; PHE = public health emergency.



A sign that reads "One Big Beautiful Bill Act" is seen by a desk after the the U.S. House of Representatives passed President Donald Trump's tax bill at the U.S. Capitol in Washington, D.C., on July 3, 2025.
(Getty/AFP/Alex Wroblewski)

More to come in January 2026



Boarding



Consequences of Boarding

Patient

- Delays in care
- Increased mortality and medical errors
- Decreased satisfaction
- Higher risks in vulnerable populations
 - ▶ Delirium in the elderly
 - ▶ Prolonged boarding for pts with psychiatric dx

Staff

- Burnout
- Moral Injury
- Violence

Society

- Higher costs
- EMS delays
- Loss of crisis capacity

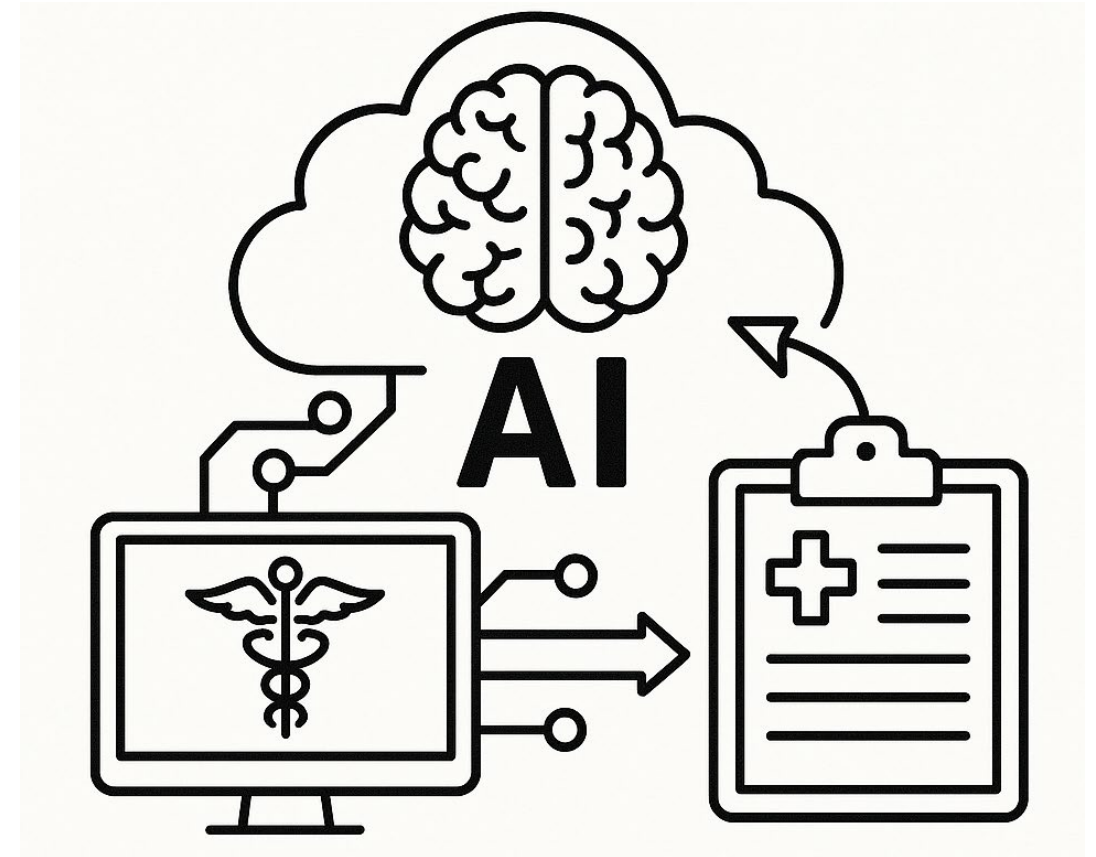
Health care system more fragmented, complex

- Fewer specialists in the rural area = increased transfers – OB, General Surgery, Orthopedics
- Critical Access Hospitals becoming Rural Emergency Hospitals = Emergency Department with a small observation unit
- Super specialists – focused on one disease or injury
- Multiple specialists
 - ▶ Challenges with access due to insurance



Team care

- Expanding physician led teams
 - ▶ NPs/PA
 - ▶ Social work
 - ▶ Pharmacists
 - ▶ Physical Therapy
- Complex, verbose electronic medical records
 - ▶ Starting to enter the future of generative AI in the EMR
 - ▶ AI replacing scribes in some hospitals



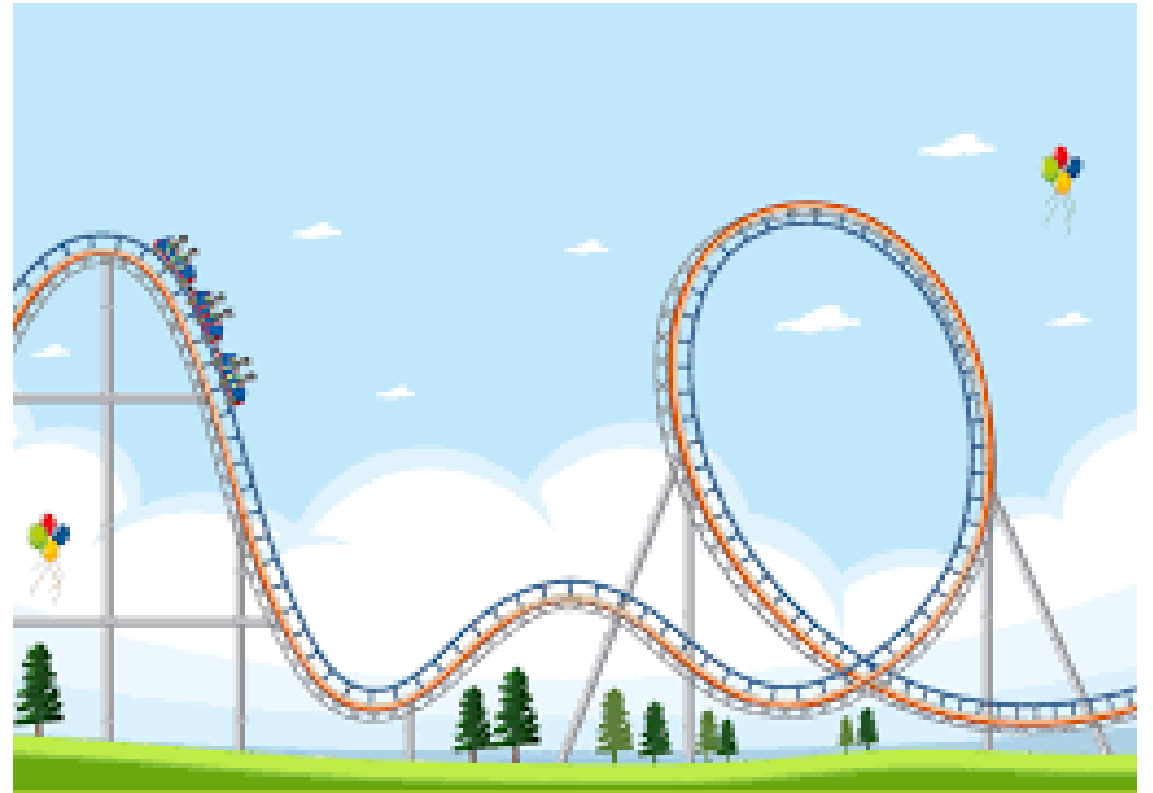
Emergency Physicians

- Still a young specialty, our doctors are young and diverse
- Increasing consolidation of EM employers with diverse employment models
 - ▶ Hospital employee
 - ▶ Contracted group
 - ▶ Large, multi-specialty
 - ▶ Small as one hospital
- Nearly all have ADHD
 - ▶ Like things in sound bites, bullets
 - ▶ Podcasts, micro ed
 - ▶ Hands on >> passive
- Shift work 24/7/365



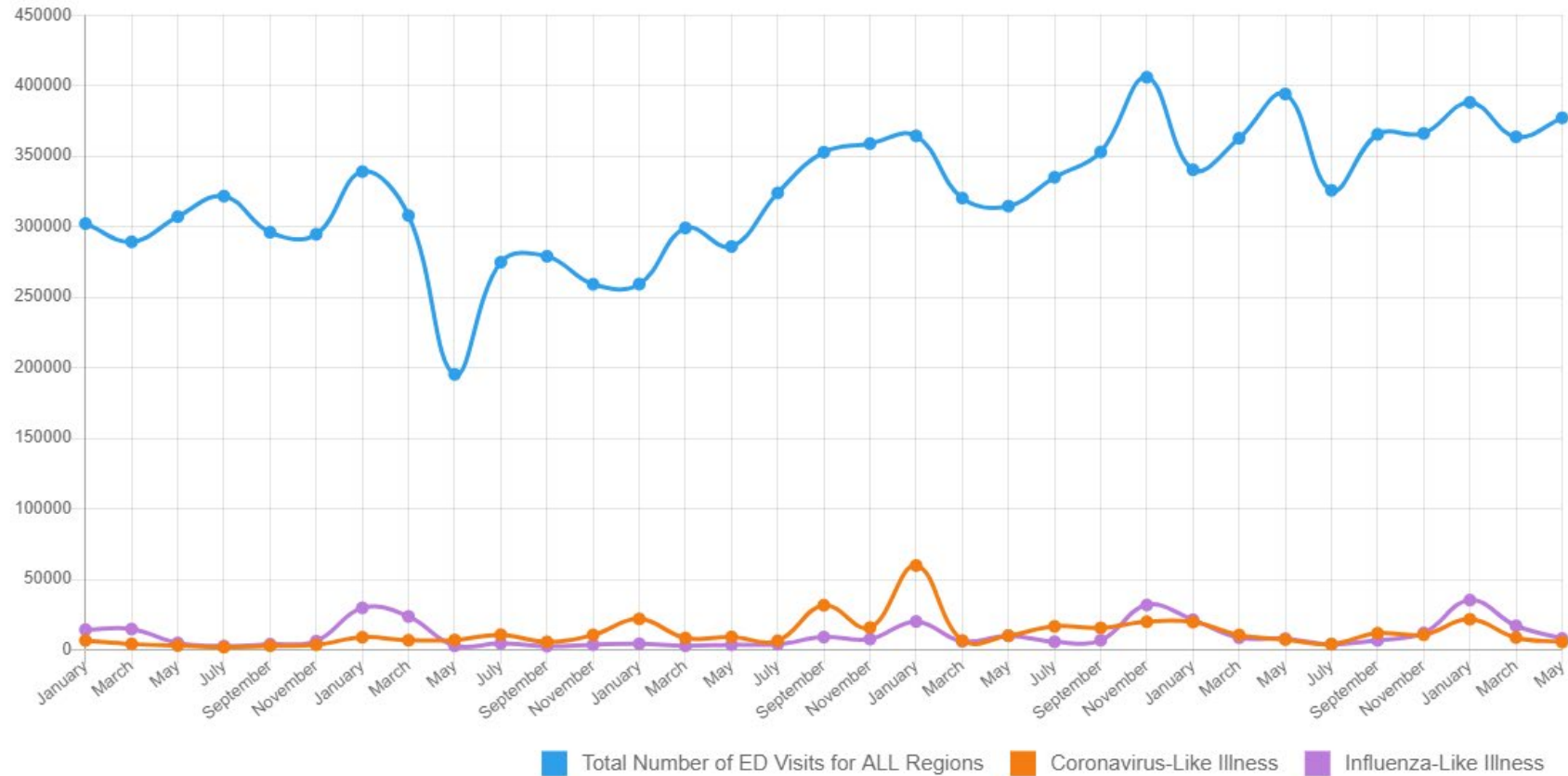
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EM and Chronic Illness



Now almost 5 years since COVID NO DATA since end of January

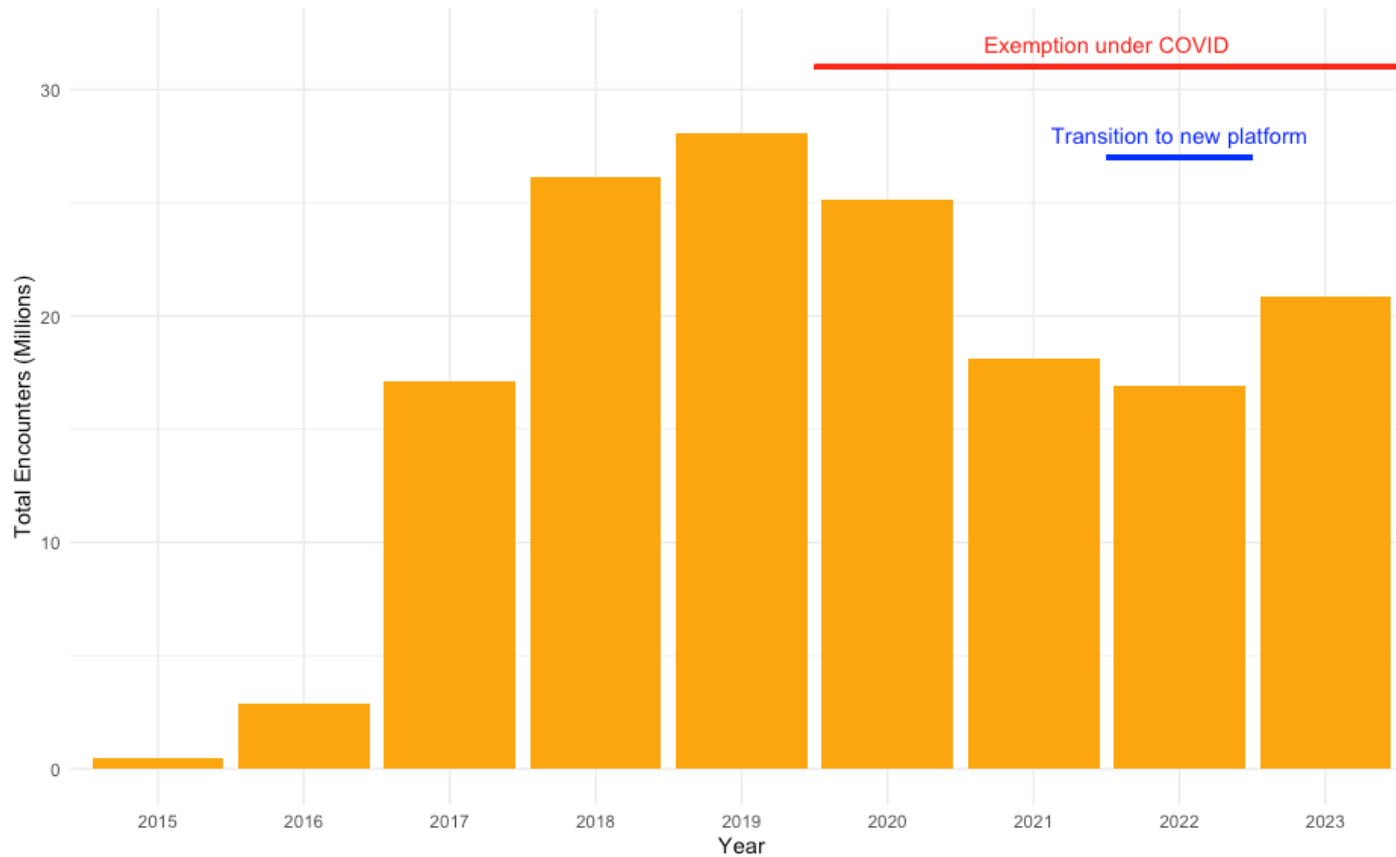
- Dip in ED visits is now gone



150+ Million visits – who are they?

- Acutely ill and injured
- Very young and very old
- Uninsured/underinsured
- Disenfranchised with chronic disease
- Can't see their PCP within a reasonable time period

Registry Growth



150M+
Visits

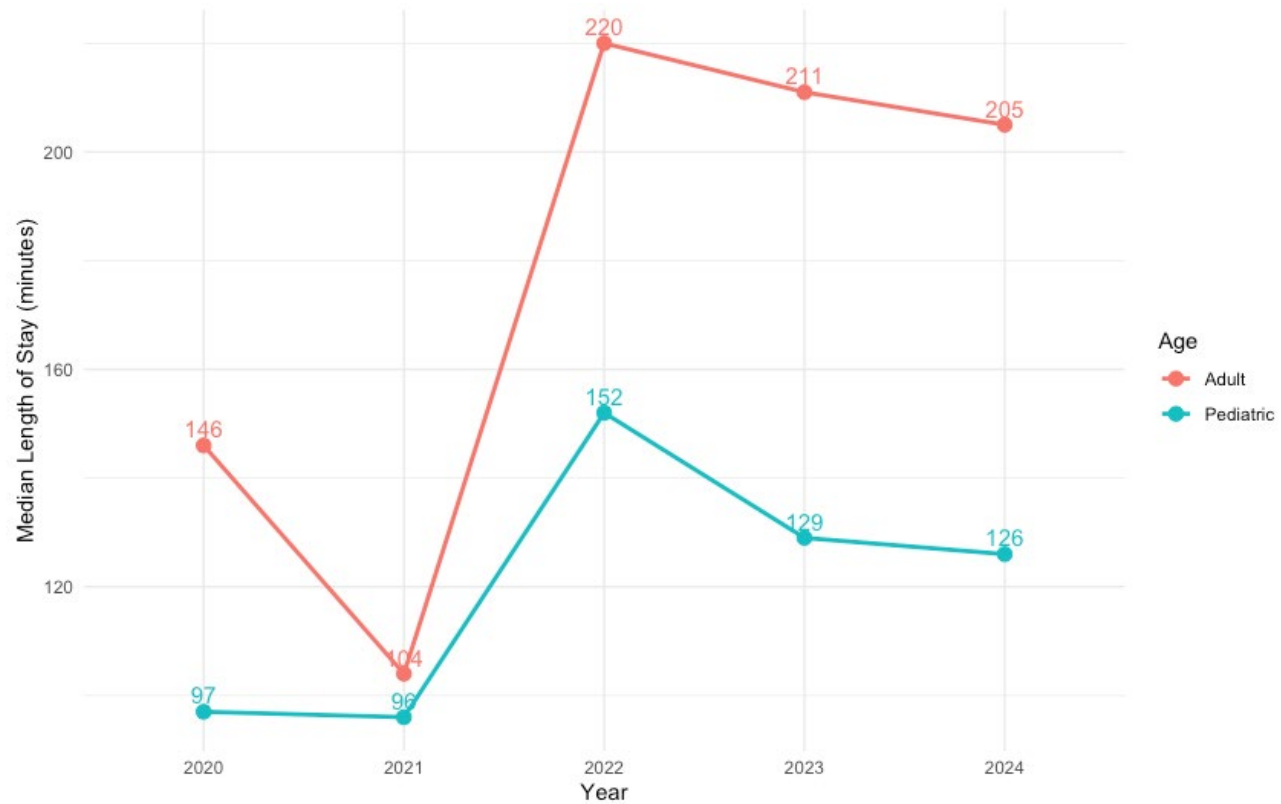
45M+
Patients

Breath of our data



Routinely captured and statistically validated

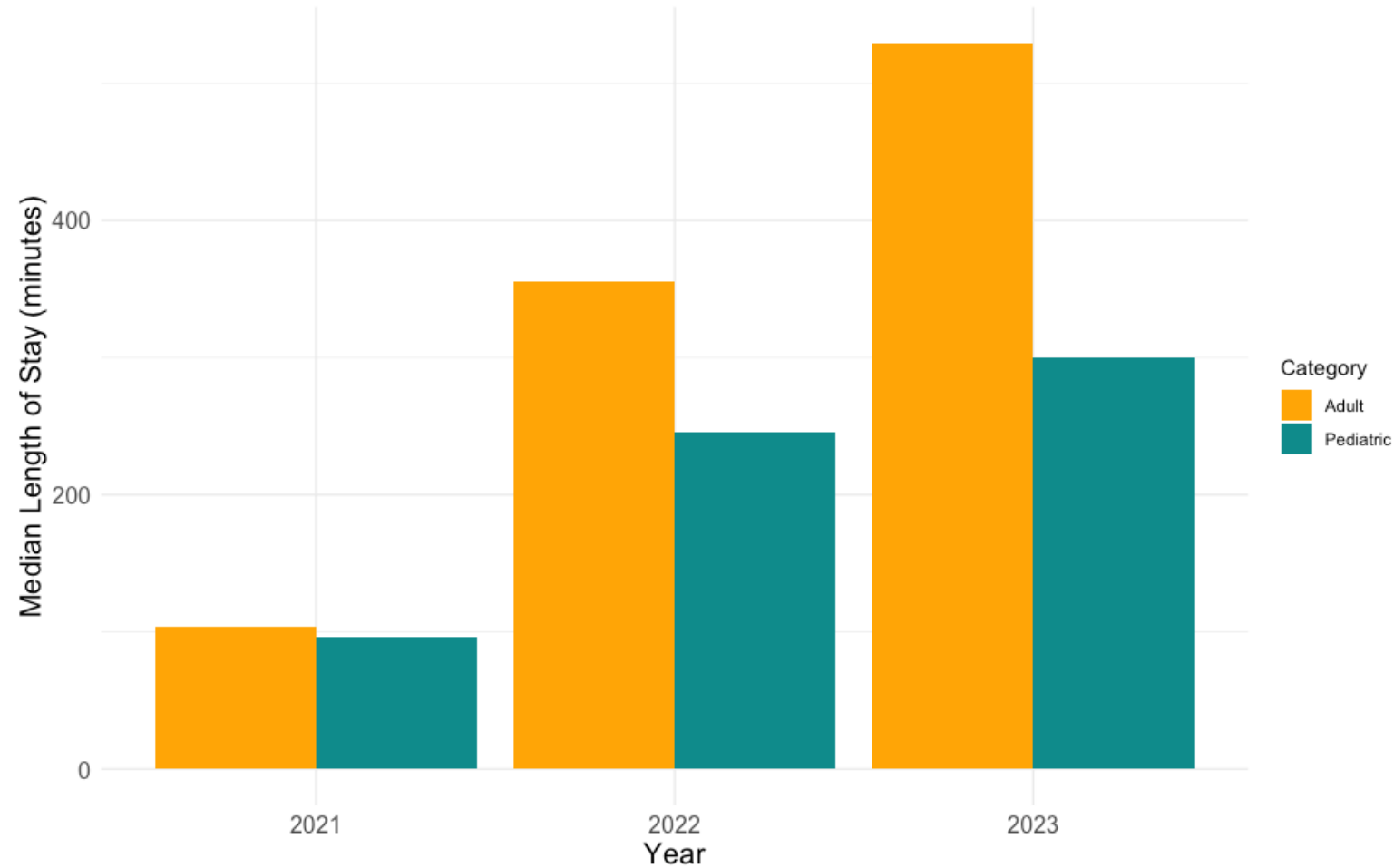
Median length of stay (minutes) by year



Top 10 ED Diagnoses

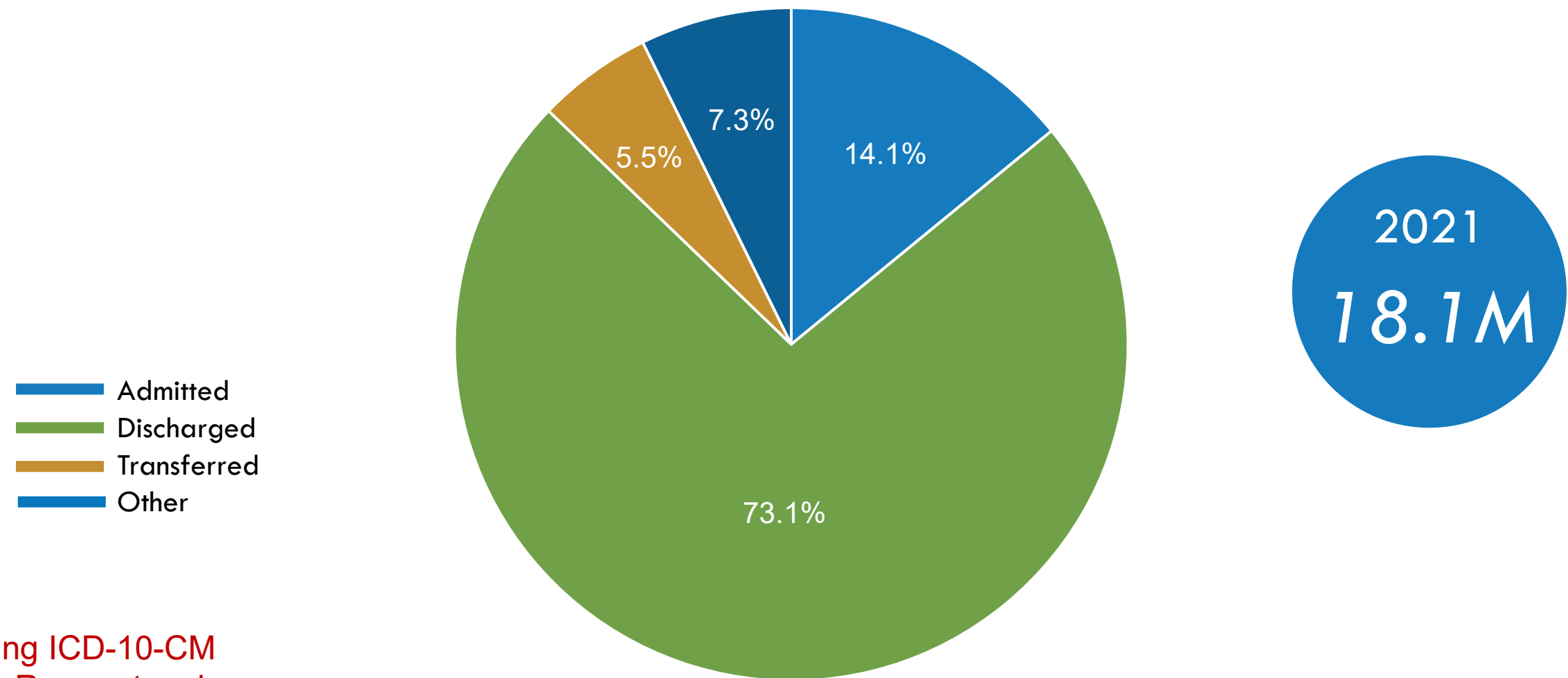
2022 Diagnosis	% Visits	2023 Diagnosis	% Visits	2024 Diagnosis	% Visits
Contact with COVID-19	11.1%	Contact with COVID-19	6.57%	Chest pain	8.64%
Essential hypertension	4.2%	Essential hypertension	4.65%	Fever	6.68%
Chest pain	3.5%	Chest pain	4.08%	Essential hypertension	6.63%
COVID-19	2.8%	Nausea with vomiting	3.45%	Nausea with vomiting	4.29%
Nausea with vomiting	2.6%	Headache	2.97%	Shortness of breath	3.53%
Headache	2.4%	Shortness of breath	2.82%	Contact with COVID-19	3.45%
Shortness of breath	2.4%	Chest pain	2.64%	Abdominal pain	3.16%
Fever	2.3%	Fever	2.55%	Dizziness and giddiness	2.91%
Cough	2.2%	Dizziness & giddiness	2.24%	Urinary tract infection	2.82%
Abdominal pain	1.9%	Cough	2.08%	Long term drug therapy	2.59%

Median Length of Stay



From ACEP 50/51,
CMS-approved
measures.

Length of Stay – Mental Health Diagnoses (2021)



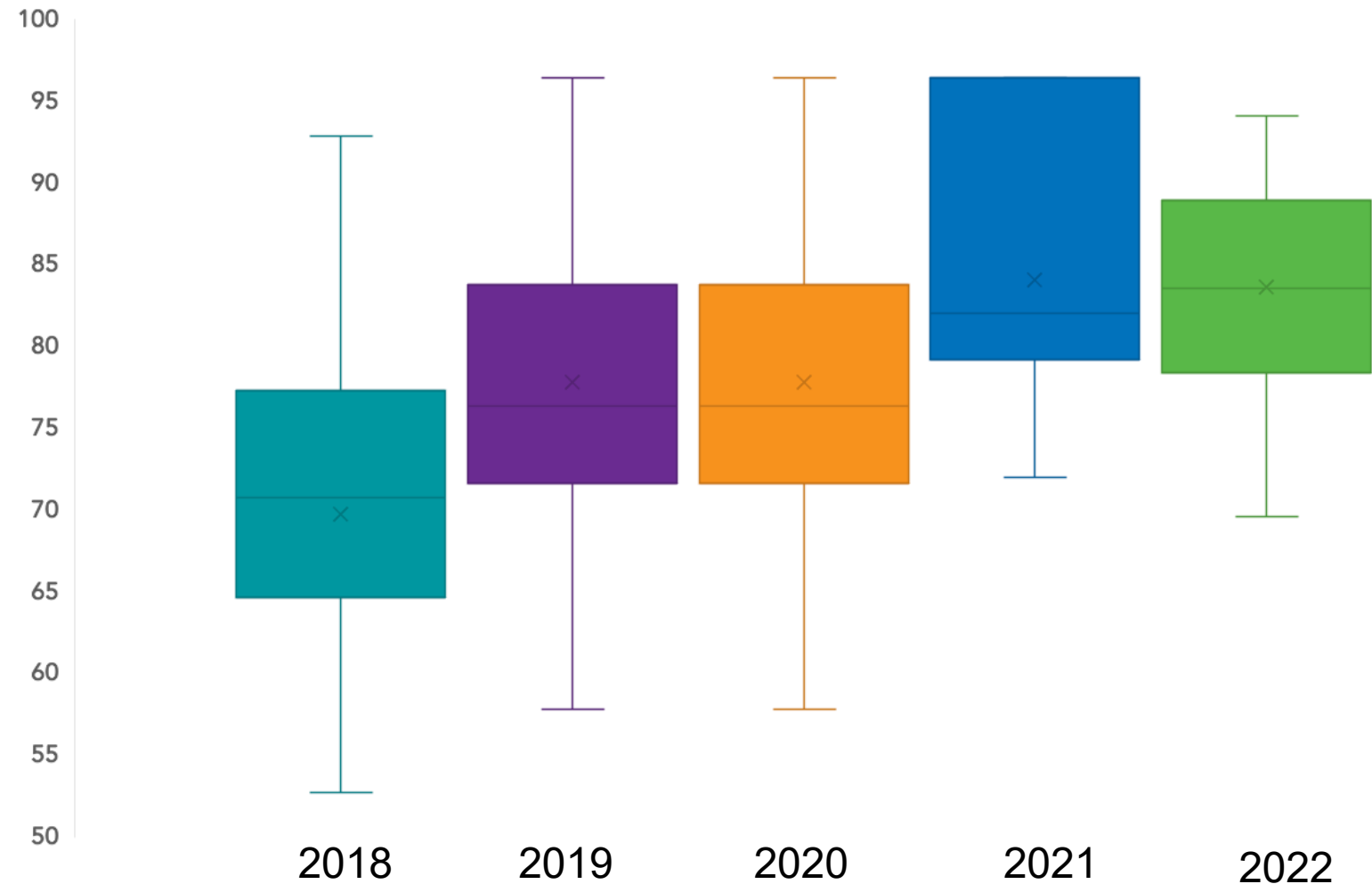
Using ICD-10-CM
F & R parent codes

5-Year Septic Shock Performance

Percent of ED visits with septic shock + elevated serum lactate result

AND subsequent serum lactate level measurement performed with a lactate clearance rate of $\geq 10\%$

From ACEP 30,
CMS-approved
measure.



ACEP

- 38,000 members – residents, attendings, international
- Staff of about 150 Dallas, DC and remote

- ACEP.org

53 Chapters

Chapters in every state –plus Puerto Rico, the District of Columbia, and Government Services – increase advocacy reach and connect physicians at the local level.

40 Sections

Sections allow ACEP members to connect on topics of interest which advance the clinical or administrative practice of emergency medicine.

31 Committees

Committees encompass areas including clinical care, physician wellness, advocacy, EMS, practice management, and many more.

How ACEP Supports & Educates Emergency Physicians



ACEP Emergency Department Accreditation Program

**Learn More About ACEP's
ED Accreditation Program**

JOIN THE INTEREST LIST



Pilot Sites

- The University of Alabama at Birmingham (UAB), Alabama - teaching hospital - **Level 1 Accreditation awarded February 27, 2025**
- University of Maryland Medical Center, Maryland - teaching hospital
- John Peter Smith Hospital (JPS), Texas - safety net hospital
- Novant Health Forsyth
- Holy Cross Medical Center, New Mexico - critical access hospital





ACEP ACCELERATE

January 18-23, 2026
San Diego, CA Manchester
Grand Hyatt



Pediatric EM Assembly



Reimbursement & Coding



ED Directors Academy



Teaching Fellowship

Go Down a Rabbit Hole That Actually Leads Somewhere



40+

PODCASTS



60+

PUBLICATIONS



850+

VIDEOS



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Acute Aortic Syndrome – The Ritter Score

Dec 2023

Acute aortic syndrome refers to three diagnoses:
acute aortic dissection, intramural hematoma and...

- **Tick bite (Lyme disease post-exposure prophylaxis prescribed):**

- You came to the Emergency Department (ED) after being bitten by a tick. Some tick bites can cause tickborne disease. Because you live in or visited an area where Lyme disease is common and the tick was engorged with blood, we prescribed you a single dose of doxycycline to reduce the risk of Lyme disease. Testing specific for tickborne diseases was not indicated during this visit.

- Steps to take at home:

- **Tick bite (Lyme disease post-exposure prophylaxis prescribed):**

진드기 물림 (라임병 예방약을 처방한 경우):

- You came to the Emergency Department (ED) after being bitten by a tick. Some tick bites can cause tickborne disease. Because you live in or visited an area where Lyme disease is common and the tick was engorged with blood, we prescribed you a single dose of doxycycline to reduce the risk of Lyme disease. Testing specific for tickborne diseases was not indicated during this visit.

당신은 진드기 물림 때문에 응급실에 오셨습니다. 진드기에 물린 경우 일부 진드기 매개 질병을 발병할 수 있습니다. 당신은 라임병이 흔한 지역에 거주하시거나 지역을 방문하셨고 그 진드기가 피를 빨아먹은 흔적이 있기 때문에 라임병 발병 리스크를 고려해서 독시사이클린(doxycycline)을 처방했습니다. 진드기 매개 질병에 대한 특별한 검사는 이번 내원에서는 필요하지 않습니다.

- Steps to take at home:

집에서 주의할 사항:

EQUAL Learning Collaborative

- Identify gap
- Gather baseline data
- Educational intervention
- Remeasure gap
- MOC credit for certification

Data CEDR/EMDI

- 120 million patient records
- Starts from entry to ED and goes until the patient leaves the ED
- Data you saw earlier was from EMDI

Thank You