

American College of Emergency Physicians Scope of Practice Toolkit

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Talking Points

The following talking points were developed to support members in the creation of any materials crafted to address the overarching issue of Scope of Practice. Please feel free to utilize and further customize these points for use in social media posts, interviews with news media, industry speaking engagements or thought leadership activations.

1. The value of emergency care

Access to emergency care is a patient priority.

- One in three people visit the [emergency department](#) each year, for a total of more than [150 million visits](#).
Nine in ten adults say it is an “essential” or “high” priority for people to have 24/7 access to the ER, the highest of any utility or service that communities provide, according to an [ACEP/Morning Consult poll](#).
- More than half of adults who sought immediate medical care chose to go to an emergency department because urgent care was unavailable, or they were referred by a medical provider.
- Another 40% went because their injury or ailment appeared too severe for urgent care, according to an [ACEP/Morning Consult poll](#).

An emergency physician should be leading every emergency care team in the country. Emergency physicians are the most highly trained and qualified health care professionals able to make medical decisions in an emergency.

2. Who are Emergency Physicians?

Despite a growing reliance on emergency medicine, many people do not get a chance to get to know the professionals who take care of them during some of life’s scariest moments.

Emergency physicians are the doctors in charge of the care teams on duty 24/7 in thousands of emergency departments across the country.

- No appointments are necessary, and no one will be turned away from an emergency department when they need medical attention—that’s the law. ([EMTALA](#))
- Emergency physicians are [medical professionals](#) who are dedicated to saving lives and providing the highest quality of care to all their patients—regardless of their insurance status or ability to pay.

3. Patients prefer emergency physician-led care teams

When it matters most, patients want the most qualified health care professionals in the room. There is no substitute for a licensed, trained, and board-certified emergency physician.

- Patients [overwhelmingly trust emergency physicians](#) to lead their care in the emergency department and [prefer to see a physician when they're having an emergency](#), according to an ACEP/Morning Consult poll.
- Nearly 80% of adults trust a physician to deliver their medical care in an emergency, compared to a nurse practitioner (6%), physician assistant (5%) or registered nurse (8%), according to an ACEP/Morning Consult poll.

Patients deserve access to the most highly trained experts available.

- Shifts in the emergency department are exhilarating and unpredictable, but a licensed and board-certified emergency physician completes thousands of hours of training, and more than a decade of expert-level education, so that they are prepared in a moment's notice for any challenge that comes their way.
- An emergency physician is required to complete 11 or more years of training and is the only member of a care team that completes a medical residency. In comparison:
 - Registered nurse: 4 years of training
 - Nurse practitioner: 5-8 years of training
 - Physician assistant: 7 years of training
- Emergency physicians also have significantly more hands-on training with real patients than the other professionals on their team.
 - A nurse practitioner is required to clock at least 500 clinical hours. For a physician that requirement is at least 12,000 hours.

Each member of the emergency care team is a highly trained professional who serves a vital and distinct role. But the level of training and education for an NP or PA is nowhere close to the requirements that physicians must meet.

- As the leader of a care team, emergency physicians work closely together with nurses, nurse practitioners, physician assistants and others. Each team member has unique skills and training that allows them to make important contributions to the team.
- Each member of the care team is an indispensable partner, but there are meaningful differences in the training that each member of the care team receives so that they can do their jobs.

People have difficulty identifying who leads their care while they are in the emergency department. While they prefer to be treated by an emergency physician, they are often not clear about the roles of each team member or who is leading their care.

- Patients will use a variety of unreliable criteria to make assumptions about whether they are being treated by a physician. According to the ACEP/Morning Consult poll, 20% of younger adults (ages 18-34) would use the color of a health care provider's scrubs to determine if they are a physician. However, different facilities have different rules about scrub colors, which makes that an unreliable indicator of a person's role.
- One quarter of adults (ages 35-44) make assumptions about job roles based on how colleagues interact with each other, which may not account for leadership styles, personality traits or individual biases.

There should be less ambiguity about the distinctions between different members of a care team, especially in an emergency.

- The laws that determine who can practice medicine without supervision vary across the country, so it is understandable that a patient can get confused about who manages their care.
- Hospitals are increasingly having non-physicians—like physician assistants and nurse practitioners—perform complex medical procedures.
- Allowing non-physicians to perform surgeries, administer diagnostic tests, prescribe medicines, or give medical advice that they are not trained for can have consequences.

There is evidence that granting too much independence to non-physicians can lead to overprescribing and overutilization of diagnostic imaging, or other services.

- Nurse practitioners [prescribed more opioids](#) than physicians, according to one analysis. In states that allow independent prescribing, nurse practitioners were 20 times more likely to overprescribe opioids than those in prescription-restricted states.
- Non-physicians [ordered more imaging](#) over a 12-year period, according to another study. Scans increased more than 400% by non-physicians, primarily nurse practitioners and physician assistants.

Op-Ed Template

The following is a template op-ed for you to tailor and submit to your local paper of record. Most publications provide guidance on how to submit op-eds on their website. When possible, use an anecdote or story to add a powerful emotional element. Please be mindful of word count parameters specific to the publication to which you are pitching the op-ed.

[Example introduction and initial impact of proposed legislation: Imagine you or, worse, your child is hurt. You go to the emergency department, and you're given a choice: See a healthcare provider with more than a decade of education and thousands of hours of training or another with a fraction of that experience. Who do you choose?

What if you don't have that choice? And your only option is that healthcare provider with the lesser education and training?

Legislation currently in the **[name of governmental chamber]** could do just that by **[placeholder: expanding the scope of practice for nurse practitioners and physician assistants in the emergency department]**. It would not only shortchange patient care by cutting their access to the most highly trained expert available, it also could potentially put them at risk.]

[Placeholder: Include here background on the legislation, including the bill number, lawmakers backing it and any relevant lobbying or interest groups.]

[Example for background on state's status quo: Currently, emergency departments in **[state]** must have a physician leading the team. **[Name of organization]** fully supports keeping in place that model of care. Why? Because there is no substitute for a licensed, trained, and board-certified emergency physician, and when it matters most, patients want the most qualified health care professionals in the room. Nearly 80% of adults trust a physician in an emergency, whereas only **[placeholder: 6% would be comfortable turning to a nurse practitioner OR placeholder: 5% would be comfortable turning to a physician assistant PR placeholder: 8% would be comfortable turning to a registered nurse]**, according to an ACEP/Morning Consult poll.

Despite this, hospitals **[placeholder: in nearby states, in other states]** are increasingly having non-physicians, including **[placeholder: nurse practitioners and physician assistants]**, perform complex medical procedures. Granting too much independence to non-physicians is dangerous and short-sighted as it puts patients in the care of health care professionals with a fraction of the training of emergency physicians. And when non-physicians are not trained for difficult procedures, complex diagnosis or even providing medical advice, patients face the consequences.

We've seen evidence that giving too much independence to non-physicians can lead to overprescribing and overutilization of diagnostic imaging. For instance, nurse practitioners [prescribed more opioids](#) than physicians, according to one analysis. In states that allow independent prescribing, nurse practitioners were 20 times more likely to overprescribe opioids than those in prescription-restricted states. Non-physicians also [ordered more imaging](#) over a 12-year period, according to another study. Scans increased more than 400% by non-physicians, primarily nurse practitioners and physician assistants.

It's clear: Policy makers can best protect patients by **[placeholder: voting against this measure]** and safeguarding emergency physicians' role as the leader of the emergency department's care team. Emergency physicians are, by far, the most highly trained and qualified health care professionals in the emergency department and, at patients' most critical moments, we must ensure that they continue to oversee these life-changing medical decisions.

Social Media

The following are template social media posts for members to use on Facebook and Twitter. When appropriate, tag state lawmakers and make sure you follow @EmergencyDocs on Twitter and Facebook and share our posts about Scope of Practice.

Focus area: Training and Education

Facebook: *Compared to others in the #EmergencyDepartment, physicians have the most hands-on training with real patients and must clock at least 12,000 clinical hours — the equivalent of 500 consecutive days! Proposed legislation could cut off patients from this experienced oversight by allowing non-physicians to work independently. Learn more about why the unique expertise of physicians makes their leadership critical: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: *In the #EmergencyDepartment, physicians have the most training with real patients and must clock thousands of clinical hours. Proposed legislation could cut patients off from this experienced oversight. Learn more about the unique expertise of physicians: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Focus area: Consequences of Improper Training

Facebook: *Some hospitals are having non-physicians perform complex medical procedures. But when these professionals are practicing beyond their training, patients face the consequences. To learn more about why it's important to safeguard patients' access to #EmergencyPhysicians, click here: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: *Many hospitals are having non-physicians perform complex medical procedures. But when they're not trained for it, patients face the consequences. Learn about why we must safeguard patients' access to #EmergencyPhysicians: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Focus area: Opioid Overprescribing with Nurse Practitioners

Facebook: *Proposed legislation seeks to give #EmergencyDepartment nurse practitioners autonomy in treating patients and remove #EmergencyPhysicians' oversight. But too much independence has consequences: Nurse practitioners in states with independent prescribing have been shown to be more likely to over-prescribe opioids. Learn more: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: *Proposed legislation would give #EmergencyDepartment NPs autonomy in treating patients and cut #EmergencyPhysicians' oversight. But NPs in states with independent prescribing have been shown to be more likely to over-prescribe opioids. Learn more: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Focus: Patient Trust in Emergency Physicians

Facebook: *Nearly 80% of patients want an #EmergencyPhysician when it matters most. But proposed legislation seeks to expand non-physicians' roles so that they're allowed to treat medical emergencies independently. Learn about the importance of safeguarding patients' access to #EmergencyPhysicians: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: *Nearly 80% of patients want an #EmergencyPhysician when it matters most. But proposed legislation seeks to expand non-physician roles so that they're allowed to practice emergency care independently. Learn about safeguarding patients access to physicians: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Focus: Emergency Physicians Leading Care Teams

Facebook: *Physician-led #EmergencyDepartment care teams in our state give patients the best emergency care. With far more education and training than anyone else on the team, there is no substitute for a licensed, trained, and board-certified #EmergencyPhysician. That's why we must stop legislation that could erase the physician in its tracks: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: *Physician-led #EmergencyDepartment care teams in our state give patients the best care possible. With far more training than the rest of the team, there is no substitute for an #EmergencyPhysician. That's why we must protect physician-led care: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Focus: Emergency Nurses

Facebook: *Nurses practitioners are incredible, highly trained professionals with a vital role on any #EmergencyDepartment care team. But their level of training and education is not comparable to the expertise of #EmergencyPhysicians who lead care teams. That's why it's important to keep #EmergencyPhysicians' leadership and stop legislation that could threaten patient care: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: *Nurse practitioners are highly trained professionals with a vital role in the #EmergencyDepartment. But they don't have the expertise to practice independently. That's why we must protect physician-led care teams: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Focus: One in Three Americans Visit Emergency Department

Facebook: *One in three Americans visit the #EmergencyDepartment each year. When it's you or a loved one, don't you deserve the most highly trained expert available? Proposed legislation could disrupt patients' access to #EmergencyPhysicians and give non-physicians with less expertise more autonomy in treating patients. Learn more: <https://www.emergencyphysicians.org/WhoCaresForYou>*

Twitter: 1 in 3 Americans visit the #EmergencyDepartment each year. When it's you or a loved one, don't you deserve the most highly trained expert? Learn more about the importance of physician-led care teams: <https://www.emergencyphysicians.org/WhoCaresForYou>

Infographics to Help Make Your Case

We've created shareable graphics with data points about the importance of physician-led care for Facebook, Twitter, and Instagram. View the graphics below and [download here](#).

Most Trusted to Lead Care

American College of
Emergency Physicians®

It's okay to ask for a physician when you visit the Emergency Department. Here's why.

150 million visits to the Emergency Department each year.

Nearly 80% of adults most trust Emergency Physicians to lead their medical care in an emergency.

1 in 3 people in the U.S. visit the Emergency Department each year.

(cont.)

Foundation of America's Safety Net



Emergency Physicians are the foundation of America's health care safety net. Here's why.



Millions of lives saved each year by Emergency Physicians.

Emergency Physicians take a pledge (EMTALA) to provide life-saving care to anyone at any time.



zero appointments necessary.



The Best Training and Education



It's okay to ask for a physician when you visit the Emergency Department. Here's why.

Emergency Physicians clock 12,000 clinical hours of hands-on training with real patients. That's compared to 500 clinical hours from nurse practitioners.



7 years
nurse practitioners



5-8 years
physician assistants



11 years
emergency physicians



Emergency Physicians undergo 11+ years of formal education before leading an emergency care team.