The Emergency Care Workforce in the United States

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Emergency care systems in the United States include pre-hospital emergency services, emergency departments (EDs) in hospitals, freestanding urgent care centers, and teams dispatched by local, state, or federal governments or volunteer organizations such as the Red Cross in response to widespread emergency or disaster. These systems employ physicians, registered nurses (RNs), physician assistants (PAs), advanced practice nurses (APNs), emergency medical technicians (EMTs) and paramedics, and emergency medical dispatchers. Volunteers are used in pre-hospital settings as well, which contributes to the difficulty of estimating the number of providers.

- In 2002, there were 25,500 self-identified emergency medicine physicians in the U.S.,[1] although not all work in EDs. Many additional physicians are employed in EDs practicing a specialty other than emergency medicine.
- Approximately 95,000 RNs and 4,500 APNs (primarily nurse practitioners and clinical nurse specialists) worked in EDs nationwide in 2000.[2]
- There were an estimated 2,325 PAs in the emergency care workforce in 2003.[3]
- In 2003, State Offices of Emergency Medical Services reported approximately 757,000 individuals throughout the country licensed as EMTs or paramedics.[4]
- There were approximately 90,000 emergency medical dispatchers in the U.S. in 2003.[5]

Key Findings

Shortages in the emergency care workforce are likely. Given the increases in projected demand for emergency medical care services in the United States resulting from a variety of factors, the supply of emergency care workers may not be sufficient.

- Emergency care services are currently affected by the shortage of RNs. Some studies indicate that EDs are one of the most common locations of RN openings in hospitals. This will worsen as RN shortages continue.
- The supply of board-certified emergency physicians may not be adequate to meet demand.

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[1] American Medical Association, 2004. *Physician characteristics and distribution in the US.* AMA Press.
[2] U.S. Department of Health and Human Services. 2000. *National Sample Survey of Registered Nurses.* Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis. Rockville, MD: HRSA.
[3] American Association of Physician Assistants, 2003. *AAPA Masterfile Data*. (This figure does not include PAs working in a non-urgent setting who reported family practice with urgent care as a specialty.)
[4] Emergency Medical Services magazine. 2004. *2004 Emergency Medical Services State and Province Survey*. (Includes licensed EMTs not actively working as EMTs.) http://www.emsmagazine.com/SURVEY/index.html
[5] Bureau of Labor Statistics. 2004. *2002 National, State, Metropolitan Area, and Industry-Specific Occupational Employment and Wage Estimates*.

    - An annual survey of residents completing training in New York in Emergency Medicine indicates a strong job market relative to other specialties, implying employer competition for EM graduates.
    - Studies of physicians in New York and New Mexico show that many physicians in rural EDs are not board-certified in EM.
    - Nearly 20% of physicians reporting their specialty as EM worked as independent contractors, compared to 4% of all physicians. The practicing of hiring contract physicians for EDs is especially prevalent in rural areas.
- While EMTs are not generally seen as being in short supply, a 2004 survey of EMS directors in rural areas indicates that high rates of turnover make recruitment and retention of EMTs a continuing concern.

Future issues. There are a number of issues with potential to substantially affect future demand for emergency care services and workers.

- There is a growing concern about the potential for mass casualty incidents or bioterrorism threats, leading to more focused efforts in emergency preparedness planning. An effective response to such events may require more personnel and different strategies for providing care. These personnel also need training in new and different skills to prepare them for scenarios that they may never have encountered in training or in practice.
- The aging of America will lead to a growing cohort of the population placing new demands on the emergency care system.
    - Older adults use more emergency services than younger adults: 50 emergency visits per 100 persons for those 65 and over, compared to 42 visits for those ages 18 through 44 in 2000.[6]
    - Older adults also need different types of emergency services than young adults and children. They are much more likely to need emergency care as a result of chronic conditions, and are more likely to suffer from co-occurring conditions.
- By federal law, hospital EDs must provide care to all patients, regardless of ability to pay. Higher rates of underinsurance and uninsurance lead to increasing use of EDs for non-emergency care.
- Current health workforce shortages and geographic maldistribution of health care workers may worsen.
- Increasing numbers of hospitals are closing their emergency departments.
- The development and use of new health care technologies may potentially increase the efficiency and effectiveness of emergency medical care, but may also require new skills of emergency care personnel.

[6] U.S. Department of Health and Human Services. 2003. Freid, VM, K Prager, AP MacKay, and H Xia. *Chartbook on Trends in the Health of Americans. Health, United States, 2003*. Hyattsville, MD: National Center for Health Statistics.