



Having a physician on site is best way to deliver emergency care

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Physicians are best equipped to assess, stabilize and arrange for transfer the patients who arrive at hospital emergency departments (EDs). But rural and remote facilities may not always be able to have a physician on site, according to an AMA Board of Trustees report adopted at the 2024 AMA Interim Meeting.

“Without the availability of a physician’s expertise, patient safety is put at risk,” says the report, whose recommendations support physician-led care in all health care settings while addressing the special needs of rural emergency departments.

“Developing hard-and-fast criteria for the proper applicability of these rural exceptions is difficult to do at the national level,” the report adds. “The unique needs of each state should be considered when determining how to apply any rural exceptions.”

To ensure the preservation of physician supervision in the emergency department while acknowledging the needs and realities of rural EDs, the AMA House of Delegates adopted new policy to:

- Recognize that the preferred model of emergency care is the on-site presence of a physician in the emergency department whose primary duty is to provide care in that ED, and support state and federal legislation or regulation requiring that a hospital with an ED must have a physician on-site and on duty who is primarily responsible for the emergency department at all times.
- Support state medical associations in developing appropriate rural exceptions in legislation with an on-site physician requirement if, based on the needs of their states, the association chooses to pursue certain alternative supervision models for care provided in EDs in remote rural areas that cannot meet such a requirement due to workforce limitations, ensuring that



exceptions only apply where needed. These exceptions shall preserve 24/7 physician supervision of the ED and provide for the availability of a physician to provide on-site care.

The AMA is fighting scope creep, defending the practice of medicine against scope of practice expansions that threaten patient safety.

Address the ED boarding crisis

In a separate action concerning the boarding of patients in the ED for extended periods of time—which increase stress and burnout among emergency department staff—delegates also called on the AMA to:

- Collaborate with appropriate parties such as hospitals, insurance companies, the Centers for Medicare & Medicaid Services and The Joint Commission, to address emergency department overcrowding and boarding.
- Advocate strongly that all patients admitted to the hospital or awaiting transfer be cared for with sufficient resources including patients physically located in the emergency department.

Delegates also directed the AMA to issue a report at the 2025 AMA Interim Meeting on the progress made to address and reduce patient boarding in emergency departments.

Read about the other highlights from the 2024 AMA Interim Meeting.

Stay up to date on fight against scope creep

See how the AMA defends against scope of practice expansions that threaten patient safety.

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