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## Easing emergency room crowding starts far from hospital

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BALTIMORE (AP) - The solution to emergency room crowding lies far from the emergency room, health care experts said at a conference Thursday.

Prevention, drug addiction treatment and end-of-life planning all can help reduce crowding in the state's emergency rooms, participants said.

Patients wait an average of four hours and seven minutes to be seen in Maryland emergency rooms, one of the longest wait times in the nation, the Maryland Chapter of American College of Emergency Physicians said earlier this year.

Dr. Dan Morhaim, an emergency physician and a member of the House of Delegates, said he and other lawmakers are also working to expand health coverage to the 780,000 uninsured Marylanders, many of whom use emergency rooms because they lack primary care physicians. At the first meeting of the Joint Committee on Health Care Delivery and Financing last month, Morhaim and co-chairman Sen. Robert Garagiola said the state must create a health care fund as part of its budget balancing, either during a special session this year or when the legislature reconvenes in January.

Morhaim also encouraged Marylanders to complete advance directives, which dictate what kind of treatment is wanted or not wanted in the event the person can't speak for themselves. That would make clear what kind of treatment is wanted if that person arrives at an emergency room.

Dr. Linda DeFeo, an emergency medicine physician and consultant, said prevention is a key, particularly considering the aging baby boomer population, which accounts for about a third of the population.

"Unless we do some of the preventive stuff, unless we do something at the front end to prevent disease and injury, it's going to keep getting worse," DeFeo said at the conference sponsored by the University of Maryland-Baltimore County Department of Public Policy and the Center for Health Program Development and Management.

Pamela Barclay, director of the Center for Hospital Services at the Maryland Health Care Commission, noted emergency room use is increasing. Emergency room visits rose 18 percent between 1990 and 1999 and 23 percent between 2000 and 2006.

Morhaim said the problem is bigger than merely building more emergency rooms, or other single-focus solutions.

"I think we need a broad-based fix in health care in general," Morhaim said.

The issue is of importance to lawmakers and others because health care spending is rising faster than the pace of inflation, affecting the ability of companies to hire employees and pay for health-care and pensions, and emergency room use is among the most expensive health care options. Total health care spending represented 16 percent of the gross domestic product of the United States in 2005, the latest year for which figures are available, according to the National Coalition on Health Care, a nonprofit health-care improvement coalition.

Barclay said 19 percent of emergency room visits were by the uninsured, with those on Medicaid accounting for another 18 percent. Morhaim noted that addiction is responsible for 80 percent of uncompensated care in emergency rooms.

If policy makers could address addiction, injury and disease prevention and end-of-life issues, "you decompress the whole system," Morhaim said.

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