Emergency Physicians Professional Association

BY LINDA PICONE

After 50 years of providing services to hospitals and patients, EPPA is still growing.

In 1969, emergency medicine was not a recognized specialty; emergency departments might be staffed by whatever physicians were available at that moment, whether their training was in dermatology or orthopedic surgery or pediatrics. As emergency department visits increased, so did the pressure to better deliver patient care in the unique setting and, often, time constraints of the hospital emergency room.

In March of that year, four Twin Cities physicians—Jim Anderson, Reuben David, Charles Kelly and Solomon Zak—created an independent medical group to provide trained emergency physicians to hospitals across the Metro area. Today, Emergency Physicians Professional Association (EPPA) is not only still a leader in emergency medicine, it is increasing its scope of services.

“The early development of the specialty of emergency medicine took vision, and a passion for creating better medical outcomes for patients suffering an emergency,” says Rob Thomas, MD, president and CEO of EPPA. “The founders of our group had that vision and passion to create something better. Those attributes remain at the core of our group.”

Emergency medicine is a specialty today, with appropriate training—and EPPA was part of the lobbying efforts to make that so. Within two years of the founding of EPPA, Hennepin County Medical Center started a residency program focused on emergency medicine, only the second in the country at the time. EPPA hired graduates as soon as they finished their training.

EPPA is the largest independent, physician-led group to provide emergency room services in Minnesota; several smaller independent groups provide similar services. Some hospitals choose to contract with national companies—or to employ their own emergency medicine physicians.

The first hospital to contract with EPPA for emergency department services was Methodist Hospital in St. Louis Park. EPPA now delivers emergency services in 11 locations, from some of the largest hospitals in the Metro area and central Minnesota, such as Fairview Southdale Hospital, CentraCare Health St. Cloud Hospital and HealthPartners Park Nicollet Methodist Hospital to two regional hospitals, Allina Health Buffalo Hospital and Allina Health Cambridge Medical Center. EPPA also operates three Urgency Rooms, freestanding emergency facilities, in Vadnais Heights, Eagan and Woodbury.

In 2018, EPPA clinicians were involved in approximately 450,000 patients. In 2019, the organization anticipates that number to grow to 560,000.

The first Urgency Room was built in 2010. As the number of visits to emer-
gancy departments kept growing. EPPA leaders considered that only 70 percent of patients who visit an emergency department need to be admitted to the hospital and decided to develop an alternative. “The idea was originally met with skepticism because no one had ever done anything like it before in the United States,” says Thomas.

In 2008, EPPA began a remote scribe program that provides scribe support to both EPPA and non-EPPA hospitals and clinics. Today, there are more than 300 scribes in the program handling more than 40,000 patient charts each month. Minnesota Medicine asked Thomas to reflect on the organization’s history and future.

What is unique about an emergency room physician? An emergency physician’s training shapes their approach to health care. We necessarily are programmed to rapidly risk-stratify our patients based on signs and symptoms that could be life-, limb- or organ-threatening. We must excel at diagnostics, resuscitation and communication with diverse care teams and patients. We enjoy being the health care safety net for our communities. We will see any patient that presents to our emergency departments, no questions asked. For many people, we are their only medical resource.

How do the EPPA staff at a particular location connect with the other physicians at that location? Even though EPPA is an independent contractor with a hospital, we are an integral part of the hospital’s medical staff. We are also integral members of hospital care and quality committees, and have had multiple EPPA physicians serve as hospital chief of staff. Our medical directors, in conjunction with hospital-employed leadership, lead the care that is provided in each hospital’s emergency departments. While we are working within the hospital, EPPA physicians are vital members of the hospital’s team. Since the hospital and EPPA have the same goal of providing the best care for our shared patients, we don’t feel that we are on separate teams.

Is the Urgency Room a model for health care as we move forward, comparable to free-standing surgery centers, etc? We believe there is significant future potential for the Urgency Rooms. Care at the URs for intermediate- and high-acuity patients meets the triple aim of lower cost, highest quality and excellent patient experience. When you consider that the EPPA and UR clinicians also enjoy their professional work environment, you have a recipe for future success.

How is EPPA positioned to face potential changes in health care? Does it offer efficiencies—the kind that are increasingly important to insurers and the government—that can be replicated in other ways? We are highly engaged clinicians who are used to a steady dose of change. As a result, we are well positioned to adapt to health care changes. We believe that we must better understand our clinical and operational data in order to thrive in the future. Fortunately, we have a great team of clinicians and non-clinicians who are ready to learn from our data and develop health care innovations that will improve the value we deliver to patients, payers and health systems.

How long, on average, does a physician work for EPPA? What are the main reasons they choose to work for EPPA—and to stay? What are the typical reasons they would move on? An average physician career with EPPA is over 20 years. We have had multiple physicians retire after over 30 years. The longevity of an EPPA physician is fundamentally due to the support and flexibility they receive as a member of our group. If a physician leaves EPPA, it is generally to move closer to family in another state. They may have come to Minnesota for medical school or residency from another state. Once they begin to start a family of their own, they often will move back to where they grew up. This also works to our advantage. Physicians who left Minnesota for their medical degree or emergency medicine training may return to be closer to their roots in Minnesota.

Fifty years is a long time, obviously, but what does the next, say, 10 years look like? The health care landscape is shifting, and the challenges to an independent physician group are rife. However, we believe that by focusing on caring for the clinician, caring for the community and striving for clinical excellence, EPPA will remain a strong, innovative and impactful group of ambitious independent clinicians. MM

— Linda Picone, editor of Minnesota Medicine