Statement for Clarification: Emergency Department Challenges and Primary Care Deficiency in Canada are Two Distinct Crises Needing Urgent, but Different Solutions

For Immediate Release

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The Canadian Association of Emergency Physicians (CAEP) acknowledge the recent discussions within the medical community and thank the Canadian Medical Association (CMA) for their support to highlight emergency department (ED) challenges. We also support the effort to improve primary care; we know the problems in health care are multifaceted and complex. However, we also recognize the challenges faced by the emergency care system and in primary care are **two distinct crises**, with distinct solutions. While safe emergency and primary care in Canada are both critical situations that need attention urgently, primary care is not the sole or even a major cause of the emergency department overcrowding and access block.

There are many concurrent issues affecting emergency healthcare, including the Emergency Department Overcrowding (EDOC) and access to primary care. These two issues, though interconnected, have unique challenges, and addressing one does not resolve the other. It is crucial to recognize and address both problems in a complementary and thorough manner.

The consequences of the crisis in emergency medicine have been growing rapidly for years: a lack of hospital beds to serve a growing population, an overworked workforce facing burnout, an aging population needing more complex care, and challenges within vulnerable communities. **Emergency department services have become all things to all people at all times**, and the default resource for systems under strain. Addressing this requires a comprehensive approach to the root causes through healthcare system reform, workforce development, improved access to mental health services, care for the elderly frail, and targeted interventions to support vulnerable populations. ED crowding is a direct result of hospital crowding for seriously ill patients needing admission to hospital, not from low acuity illness or injury. It is an outflow problem not an inflow issue.

CAEP would like to echo statements in Andre Picard's recent op-ed "while bureaucrats may think minor illness and inappropriate patient visits are to blame, they are not." Emergency department teams can handle "busy"; it is crowding that kills.

We'd also like to address concerns our organization has about the accuracy of data reported in the media, specifically related to physician initial assessment (PIA) times. There is a need for clear understanding and transparency in reporting, including differentiating between triage to bed times and PIA times.

The issues of pre-triage wait times and the potential manipulation of data for performance incentives have also been highlighted in the media, emphasizing the need for a inclusive, uniform and accurate representation of the challenges faced by emergency departments.

As advocates for the provision of high-quality emergency care, and the association that represents emergency medicine in Canada, CAEP emphasizes the need for collaborative efforts between several system stakeholders to address these challenges. We want to highlight that as advocates for emergency medicine, we hold expertise in this field, our

specialization lies in emergency medicine and its complexity. Other specialties unrelated to emergency medicine do not have the necessary level of emergency clinical and leadership expertise when determining the solutions for this national crisis.

When we met with Provincial Ministers of Health in October*, we asked them to join us to move together with the following:

1. Immediate Action: Create a National Forum in Partnership with CAEP. This will provide an ongoing opportunity to share ideas on a national basis, produce a state of the union and a template to guide through the multitude of problems we face. There are many highly trained, and knowledgeable experts invested in the health of health care. We can all work to ensure that every Canadian receives timely and high-quality emergency care when they need it the most.
2. CAEP is committed to fostering ongoing dialogue, research, and collaboration to develop innovative and sustainable solutions to hospital crowding and ED closures. But we need a barometer to measure how we can, together, say with authority what needs changing and how to meet these goals. We need an evidence-based approach that incorporates our extensive experience in EM leadership and clinical care. The upcoming release of our EM:POWER report on the Future of Emergency Care in Canada will be integral for all of us, and help guide the revival of Canada's broken health care system.

**We have yet to hear from the governments at all levels on these requests*.

About CAEP:

As the national voice of emergency medicine (EM), CAEP provides continuing medical education, advocates on behalf of emergency physicians and their patients, supports research and strengthens the EM community. In co-operation with other specialties and committees, CAEP also plays a vital role in the development of national standards and clinical guidelines.

CAEP keeps Canadian emergency physicians informed of developments in the clinical practice of EM and addresses political and societal changes, that affect the delivery of emergency health care.

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