2023 State of the Emergency Medicine Employer Market

Leon Adelman, MD, MBA, FACEP
Ivy Clinicians
February 2023
Introduction

Emergency physicians, physicians assistants (PAs), and nurse practitioners (NPs) have long struggled to identify which medical practice staffs each of the 5,500+ emergency departments (EDs) in the United States. Until now, a unified database connecting EDs with the practice employing physicians, PAs, and NPs at that site has not existed.

Based on an 18-month search process, Ivy Clinicians has filled this gap by matching every ED with its emergency medicine (EM) practice counterpart*. This publication uses that data to report on the state of the emergency medicine employer market in America. More information can be found on the collection and analysis process in the methods section.

Labor market transparency has become increasingly important to emergency clinicians due to practice ownership structure shifts. In the past, most emergency clinicians worked either in physician-owned practices or academic faculty groups. However, over the last several decades, large private equity-owned clinician employer firms and health system practices have grown rapidly. Private equity giants KKR and Blackstone own the two largest EM employers: Envision Physician Services and TeamHealth respectively. By 2020, only 28% of emergency physicians were practice owners, per an American Medical Association survey – and that number is steadily declining.¹

The last several years have also seen escalating EM burnout rates. Emergency physicians have the highest burnout rate of all specialties.² Similarly, job satisfaction ratings for emergency physicians and PAs are among the lowest in the industry.³⁴ While many factors play a role in these metrics, the major one we will address in this publication is the opacity of the EM employer market. Barriers to changing jobs, including difficulty identifying potential employers' identities, likely contribute to dissatisfaction and lack of fulfillment in EM jobs.⁵

This report aims to clear the fog from the EM employer landscape. Ivy’s carefully collected data, current as of December 2022, is used to examine practices across various metrics (e.g., rurality, insurance rates, residency sites, clinician shortages) by employer type - including clinician partnerships, private equity-owned organizations, and health system-employed structures.

*Individual ED-employer pairs can be found at https://ivyclinicians.io/.
Findings

Emergency Departments Staffed Per Employer

Ivy Clinicians identified 5,582 EDs in the United States. Forty-four employers of emergency physicians, PAs, and nurse practitioners (NPs) have fifteen or more EDs under management.
**TeamHealth is the largest provider of EM services by the number of EDs staffed.** TeamHealth manages the ED providers at 481 EDs (8.6%). Founded in 1979 by Dr. Lynn Massengale in Knoxville, TN, TeamHealth is a multispecialty medical group with over 15,000 contracted clinicians. The private equity firm Blackstone purchased TeamHealth in 2017 for $6.1b.  

Envision Physician Services, a subsidiary of Envision Healthcare, staffs the second largest number of EDs in the United States. Envision manages 462 EDs (8.3%). Envision, which includes the prior entities EmCare and Sheridan Healthcare, was purchased by the private equity company KKR in 2018 for $9.9b.  

Four of the six largest EM staffing companies by number of EDs - TeamHealth, Envision, SCP Health, and American Physician Partners - are majority-owned by private equity companies. Private equity-owned firms staff 1,379 EDs (24.7%).

**The largest clinician-owned EM staffing group is US Acute Care Solutions (USACS),** which manages 275 EDs (4.9%). USACS recently merged with Alteon Health and VEP Healthcare. Vituity, the second largest physician-owned EM staffing group, manages 217 EDs (3.9%). Vituity was formed in 2018 with the merger of CEP America and MedAmerica. Clinician partnerships staff a total of 2,203 emergency departments in the US (39.5%).

The Department of Veterans Affairs staffs 72 EDs (1.3%) across the country, while the military manages 35 EDs (0.6%). The Indian Health Service employs emergency physicians at 28 EDs (0.5%). SignatureCare Emergency Centers, which staff 21 EDs (0.4%), is the largest group managing solely freestanding EDs.

Nutex Health, which operates microhospitals, staffs 18 EDs (0.3%). Nutex went public in 2022 (NUTX). As of December 5, 2022, Nutex had a market capitalization of $1.2b.
EM Residency Teaching Sites Staffed Per Employer

407 EDs in the United States are training facilities. Many EDs that train EM residents are staffed by clinician practices, not employed by the health system.

TeamHealth staffs the largest number of EM teaching sites, with 41 EDs (10.1%). Envision manages 30 residency training EDs (7.4%). Vituity has the most EM training sites among physician-owned groups, with 17 teaching sites (4.2%).

Health systems manage 167 EM residency teaching sites (41.0%), while clinician partnerships staff 149 EM residency teaching sites (36.6%) and private equity-owned firms manage 86 (21.1%).
The United States has 1,599 designated trauma centers (levels 1-4). 259 of those centers are designated level one.\textsuperscript{13}
Envision Physician Services staffs the largest number of trauma center EDs, with 114 under management (7.1%). Of those, 20 are level-one trauma centers. TeamHealth manages the second-largest number, with 104 trauma center EDs (6.5%) and 11 level-one EDs.

US Acute Care Solutions employs EM clinicians at 64 (4.0%) trauma centers and seven (2.7%) level-one trauma centers, the most among clinician-owned firms.

Health systems manage the EM group at 726 (45.4%) trauma center EDs, 142 (54.8%) of which are level one. Clinician partnerships staff 458 (28.6%) trauma center EDs, with 78 (30.1%) being level one*. Private equity-owned companies staff the EM clinicians at 285 (17.8%) trauma centers and 38 (15.1%) level-one trauma centers.

Brooke Army Medical Center in San Antonio, TX is the only government-staffed level 1 trauma center in the United States. Gallup Indian Medical Center in Gallup, NM is the only trauma center staffed by the Indian Health Service.14
The American College of Emergency Physicians defines freestanding EDs (FSEDs) as “a licensed facility that is structurally separate and distinct from a hospital and provides emergency care.”

There are two distinct types of FSEDs: a hospital outpatient department also referred to as an off-site hospital-based or satellite emergency department, and independent freestanding emergency centers.¹⁵

The US has 676 FSEDs. 278 (41.1%) of the FSED are located in Texas and 103 (15.2%) are in Florida.
Envision manages the EM clinicians at the largest number of FSEDs with 90 under management (13.3%). TeamHealth staffs 55 FSEDs (8.1%) and USACS manages 45 (6.7%).

The largest groups that solely manage clinicians at freestanding EDs are SignatureCare Emergency Centers (21), Surepoint Emergency Centers (14), and Complete Care (13).

Clinic partnership staffs the clinicians at 419 (62.0%) freestanding EDs in the US, while private equity-owned groups manage 184 (27.2%) and health systems manage 73 (10.8%).
Count-Level Per Capita Income by EM Employer

Per the US Bureau of Economic Analysis, the median 2021 annual personal income in the United States was $59,404. According to the chart below, the average per capita annual income of the county each hospital is located in is shown.
Of EM employers with 15 or more EDs under management, Northwell Health has the highest average personal income in their EDs’ counties, at $105,165. Northwell Health is the largest health system in New York, with 4,200 physicians on staff and over 81,000 employees.

Permanente Medical Group’s EDs, the clinician arm of Kaiser Permanente, have the second-highest average county-level income, at $84,142. Emergent Medical Associates and Steward Medical Group have the next greatest average county-level incomes.

The average personal income in counties staffed by TeamHealth and Envision are $57,929 and $59,744 respectively. Both are similar to the national average of $59,404.

For clinician partnerships as a whole, the 2021 average per capita county-level income was $61,5901. Counties with health system-staffed EDs had an average income of $59,064. For all private equity-owned firms, the average was $56,357.
In 2020, the most recent year the US Census Bureau provided county-level data, 11.5% of people below the age of 65 in the United States lacked health insurance.20
Of EM employers with over 15 EDs under management, **Southwest Medical Associates has the highest county-level average uninsurance rate**, at 21.9%. Southwest staffs EDs in Texas and specializes in rural facilities.\(^2\) As of December 2022, Texas and 11 other states have not expanded Medicaid as part of the Affordable Care Act.\(^2\)

SignatureCare Emergency Centers has the second-highest county-level uninsurance rate, at 19.0%. Non-hospital affiliated freestanding EDs in Texas have more regulatory flexibility than in most other states.\(^2\)

TeamHealth and Envision have average county-level uninsurance rates of 11.7% and 13.1% respectively.

For private equity-owned firms that manage EM clinicians, the average county-level uninsurance rate is 12.6%, while clinician partnerships come in at 11.6% and health system ED employers at 10.4%.
County-Level Rurality by EM Employer

The Economic Research Service of the US Department of Agriculture determines the level of each county’s rurality on a 1-9 scale. One is the most urban (counties in metro areas of 1 million population or more) and nine is the most rural (completely rural or less than 2,500 urban population, not adjacent to a metro area).
Of EM clinician employers with 15 or more EDs under management, **Avera is the most rural** with a county-level rurality score at 7.4. Avera is an integrated health system based in Sioux Falls, South Dakota.26

The next most rural EM groups are CHI Health (7.1), Sanford Health (6.9), and Status Health Partners (6.1). Status was formed by a recent merger of Acute Care, Inc. and ERx Group. The average county with an Indian Health Service ED has a rurality score of 5.8.

**Northwell Health is the most urban**, with a rurality score of 1.0. Steward Medical Group, Permanente Medical Group, and Baylor Scott & White have the next lowest county-level rurality score for EM employers.

TeamHealth and Envision have average rurality scores of 2.5 and 2.3 respectively.

Health system-staffed EDs have an average rurality score of 4.3. Counties with a private equity-owned firm score an average of 2.7, while clinician partnership counties are slightly more urban, scoring an average of 2.6.
The US Health Resource & Service Administration has designated 2,007 of the 3,143 US counties (63.9%) as whole-county health professional shortage areas (HPSAs) for primary care.²⁷
The US Health Resource & Service Administration has designated 2,007 of the 3,143 US counties (63.9%) as whole-county HPSAs for primary care.²⁸

Of EM staffing groups with 15 or more EDs under contract, Southwest Medical Associates has the highest percentage in HPSA counties, at 100%. SouthlandMD, Indiana University Health (IU Health), and Concord Medical Group have the next highest HPSA rates, at 95%, 94%, and 91% respectively. Northwell Health, Permanente Medical Group, and Emergent Medical Associates have the lowest county-level HPSA rates, with 7%, 13%, and 14% respectively.

Sixty-seven percent of TeamHealth’s EDs and 60% of Envision’s are in HPSAs. For all private equity-owned EM staffing firms, 66.4% are in HPSAs, just below 66.9% for health system groups. Clinician partnerships report 58.5% in HPSAs.
Conclusion

This report presents the first comprehensive tally of EM employers in the United States. EM staffing companies are diverse in structure, ranging from single-site, physician-owned groups to private-equity owned, large, multi-speciality firms to government-owned entities. The purpose of this publication is to share important market information with the healthcare industry, not to competitively compare and contrast employer types, or provide value judgments on the data.

Five key learnings from this EM market report:

1. Consolidation has led to 44 EM employers staffing 15 or more EDs in the US.

2. Private equity-owned firms manage the clinicians at 24.6% of US EDs, 21.1% of EM residency teaching sites, 17.8% of trauma center EDs, and 28.1% of freestanding EDs.

3. In aggregate, private equity-owned firms staff less economically desirable EDs than do emergency clinician partnerships. Private equity-owned firms’ staffed EDs are in lower income, higher uninsurance, and more rural counties.

4. The US has 676 freestanding EDs. This number is likely to increase more rapidly than the number of hospital-based EDs.

5. Of employers with 15 or more EDs under management, Northwell Health staffs counties with the highest average per capita income, while SouthlandMD’s facilities are in the lowest average income areas.

To explore more of the data fueling this report, head to ivyclinicians.io

Author Contact: Leon Adelman, MD, MBA; leon@ivyclinicians.com
Methods

Data was collected by Leon Adelman, MD, MBA, and the Ivy Clinicians team. Data collection was conducted between July 2021 and December 2022.

The following process was used to pair EM employers with the EDs they staff:

1. Obtain a list of EDs from the Centers for Medicare and Medicaid Services (CMS).

2. Determine the entity billing Medicare for EM professional services at each ED via Medicare’s Care Compare website.  

3. If the Medicare search did not determine the staffing entity, search for an NPI that corresponds with EM professional services at the ED’s address.

4. If the NPI search did not determine the EM staffing entity, search Google.


Other data collection processes included:

- Residency teaching sites were determined through the Society for Academic Emergency Medicine’s Residency Directory.  

- Trauma center designation was determined via the American College of Surgeons list.  

- The median 2021 per capita annual personal income by county was determined through the US Bureau of Economic Analysis (data released November 16, 2022).

- County-level uninsurance rates were determined via the US Census Bureau’s Small Area Health Insurance Estimates. The most recent data was from 2020.

- Rural-Urban Continuum Codes (RUCC) were determined via the Economic Research Service of the US Department of Agriculture. The latest update was released on 12/10/2020. RUCC scores range from one to nine, with one being the most urban and nine being the most rural.

- Health Professional Shortage Areas were determined via the Rural Health Information Hub, accessed on December 5, 2022.
References


