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REVIEW ARTICLE

Freestanding emergency departments: opportunities, challenges, and implications for emergency care delivery in the Middle East: a review

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ABSTRACT

Freestanding emergency departments (FSEDs) have become increasingly important in healthcare, especially in rural and hospital-consolidated areas. This review evaluates their impact on emergency care, focusing on patient satisfaction, the work environment for healthcare professionals, and their potential to reduce overcrowding in hospital-based emergency departments. It acknowledges the challenges in these areas, particularly in ensuring standardized, high-quality care. The review advocates for state-level legislation to establish uniform standards for FSEDs, incorporating criteria from the American College of Emergency Physicians. It also addresses the need for FSEDs in underserved areas, noting their current tendency to be located in more affluent regions. Additionally, the review highlights the necessity for increased price transparency to differentiate FSEDs from other acute care options and to avoid contributing to higher healthcare costs. By addressing these issues and implementing recommended changes, FSEDs can enhance healthcare access while maintaining quality and efficiency in emergency care delivery.

Keywords: Freestanding emergency departments, healthcare access, emergency care delivery, patient satisfaction, standardized regulations.

Introduction

Freestanding emergency departments (FSEDs) are medical facilities that provide emergency care services independently of a hospital setting. The ACEP defines an FSED as "an emergency facility that is not physically connected to inpatient services" [1]. These facilities first emerged in the United States in the 1970s in response to the increasing demand for emergency care and the need to reduce overcrowding in hospital-based emergency departments (H-EDs). Since its inception, FSEDs have evolved to provide specialized services and expand access to care in various regions worldwide.

The concept of FSEDs was born out of the recognition that emergency care could be delivered more efficiently and effectively in a dedicated setting. FSEDs differ from H-EDs in several ways [2]. One of the most apparent differences is their physical location. While traditional H-EDs are situated within a hospital and have direct access to a wide range of inpatient and outpatient services, FSEDs operate independently from hospitals and are usually found in stand-alone buildings or as part of larger outpatient centers. This separation allows FSEDs to focus exclusively on emergency care, potentially resulting in more efficient operations and improved patient outcomes. Another key difference between FSEDs and traditional H-EDs is their operational structure and scope of services. FSEDs typically provide a narrower range of services compared to H-EDs, focusing primarily on emergency care, diagnostic imaging, and laboratory services [3]. This specialization enables FSEDs to concentrate resources, equipment, and staff on the most critical aspects of emergency care, leading to faster treatment times and reduced wait times for patients [4]. On the other hand, H-EDs must cater to a broader range of medical needs, which can result in longer wait times, overcrowding, and potential delays in care for patients with urgent medical issues (Table 1).

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Table 1. *Difference between FSEDs and H-EDs.*

Feature	FSEDs	H-EDs
Location	Separate from hospitals, often in convenient locations	Located within hospitals
Access	Usually easier access, less crowded	Can be crowded, especially in large urban hospitals
Services provided	Limited to emergency care services	A full range of hospital services is available
Treatment capacity	Primarily minor to moderate emergencies	Can handle minor to severe emergencies
Specialist availability	Limited availability of specialists	A wide range of specialists is available
Diagnostic services	Basic diagnostic services, e.g., X-ray, ultrasound	Comprehensive diagnostic services, e.g., MRI, CT scan
Inpatient services	Typically unavailable	Available
Operating rooms	Not available	Available
Transfer to hospital	May require transfer to a hospital for advanced care	No transfer is needed, as care is provided within
Wait times	Generally shorter wait times	Often longer wait times
Cost	Potentially higher costs for patients	Costs may vary depending on the hospital
Coordination with hospitals	May face challenges in coordination	Seamless coordination between departments

MRI, Magnetic Resonance Imaging; CT, Computed Tomography; FSEDs, Free-standing Emergency Departments; H-EDs, Hospital-based Emergency Departments.

There has been a significant increase in the number of FSEDs in the United States (US) [5]. Data from the National Emergency Department Inventory (NEDI)-USA showed that, in 2001, FSEDs represented 1% of all US H-EDs [6]. However, by 2016, the medicare payment advisory commission (MedPAC) reported that FSEDs constituted 11% of all emergency departments across the country [7]. This growth highlights the expanding role of FSEDs within the US healthcare system. The Middle East is a region characterized by rapid population growth, urbanization, and a rising prevalence of chronic diseases and acute medical conditions [8]. As a result, there is an increasing demand for accessible, high-quality emergency care. FSEDs have the potential to address this need by offering an alternative to the often overcrowded and under-resourced H-EDs that currently serve the region. In many Middle Eastern countries, traditional H-EDs face challenges such as limited capacity, long wait times, and a lack of specialized services, which can negatively impact patient outcomes [9]. FSEDs can help address these issues by providing a dedicated space for emergency care, with the necessary resources and staff to manage patient needs efficiently. Additionally, FSEDs can be strategically located to serve areas with limited access to H-EDs, improving healthcare access and potentially reducing healthcare disparities in the region [10,11].

One of the pressing problems in the Middle East is the uneven distribution of healthcare facilities, particularly emergency care services. Many remote and rural areas suffer from a lack of access to timely emergency care, leading to increased morbidity and mortality rates [8]. FSEDs can be strategically established in these underserved areas to provide immediate and accessible emergency care, thereby reducing healthcare disparities and improving overall health outcomes. Their stand-alone nature allows for more flexibility in site selection, making it easier to bring emergency care closer to communities with limited access to H-EDs.

Another challenge in the Middle East is the rapidly increasing incidence of non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, and cancer [8]. The growing burden of NCDs places significant strain on healthcare systems and emergency care services, as these conditions often require urgent medical attention. FSEDs can help address this challenge by offering specialized emergency care services tailored to the needs of patients with NCDs. Through targeted diagnostic and therapeutic interventions, FSEDs can contribute to more effective management of NCD-related emergencies, reducing the load on traditional H-EDs and ultimately improving patient outcomes. In this review article, we aimed to shed light on the FSEDs, their advantages, strategies to apply in the Middle East, challenges, limitations,

Advantages of FSEDs

Faster treatment and reduced wait times

One of the primary advantages of FSEDs is their ability to provide more efficient care compared to H-EDs. FSEDs focus exclusively on emergency services, allowing them to allocate resources, staff, and equipment specifically for this purpose. This specialization streamlines their operations, enabling them to process patients more quickly and minimize the time spent waiting for treatment [4]. As a result, patients can receive the urgent care they need in a timelier manner, which is crucial for improving health outcomes in emergency situations [12].

Several studies have demonstrated that FSEDs are associated with reduced wait times and faster treatment. Dark et al. [13] compared between FSEDs and H-EDs in terms of waiting for time and length of stay (LOS). The study findings suggest that FSEDs demonstrated significantly shorter waiting times and LOS compared to H-EDs. At FSEDs, the median LOS for all patients was 26% shorter (35.8 minutes less), the LOS for released patients was 20% shorter (24.3 minutes less), the door-to-bed time was 50% shorter (4.0 minutes less), the door-to-doctor time was 31% shorter (5.0 minutes less), compared to H-EDs [13]. These findings indicate that FSEDs are more efficient in terms of patient waiting times and overall

experience, offering a potential advantage over traditional H-EDs. Pines et al. [14] found that the LOS for FSED visits was 46% shorter (60 minutes) than for H-ED patients. The study compared the demographics and diagnoses of FSED and H-ED patients, as well as the differences in LOS. The results indicated that FSEDs had a shorter wait time compared to H-EDs [12]. This reduction in the LOS not only benefits patients by providing faster care but also allows FSEDs to treat a higher volume of patients, further increasing their capacity to address the growing demand for emergency services.

Although time-based metrics are frequently used to evaluate the "quality" of care in emergency medicine, it is crucial to carefully consider these measures, as they may not truly reflect quality from the patient's point of view. As a result, it is important to be mindful when applying these findings to make a comprehensive comparison of the care provided at FSEDs and HBEDs. Additionally, within the healthcare sector, it can be difficult to ascertain whether offering "less" care actually results in improved outcomes or higher overall quality in healthcare.

Access to specialized care and equipment

FSEDs often provide a range of specialized services tailored to address the specific needs of the communities they serve. For instance, some FSEDs may focus on treating patients with particular medical conditions, such as cardiovascular diseases, stroke, or traumatic injuries, while others may concentrate on pediatric emergency care. In these facilities, specialized equipment and personnel are readily available to provide prompt and targeted care, improving patient outcomes and reducing the need for transfers to other facilities [14]. In comparison to H-EDs, FSEDs can sometimes offer a more focused and efficient approach to specialized care. H-EDs must cater to a wide variety of medical conditions, often stretching their resources and staff thin, which can lead to delays in the delivery of specialized care. FSEDs, on the other hand, can concentrate their resources on specific areas of expertise, ensuring that patients receive the appropriate care without delay. Moreover, FSEDs are designed to optimize the flow of patients through the facility, enabling faster access to essential diagnostic tools, such as CT scanners and MRI machines, which can be critical in managing certain emergencies [15,16].

It is essential to note, however, that FSEDs are not a one-size-fits-all solution for specialized care. The degree to which they can provide specialized services depends on factors such as the size of the facility, the needs of the community, and the availability of resources. In some cases, traditional H-EDs may still be better equipped to handle a broader range of medical emergencies, particularly those requiring complex interventions or immediate access to inpatient services. Nevertheless, FSEDs play an important role in complementing and enhancing the overall emergency care landscape by providing targeted, specialized care in areas where it is needed most (Table 2).

Healthcare costs and resource utilization

The comparison of costs and resource utilization between FSEDs and H-EDs can be complex, and there is no definitive answer as to which one is associated with lower costs and resource use. Factors such as location, patient population, and services offered can influence costs and resource utilization in each type of ED. FSEDs have the potential to reduce costs associated with emergency care for both patients and healthcare systems. FSEDs can achieve cost savings through their operational efficiency. By focusing exclusively on emergency care, FSEDs can streamline their processes, minimizing overhead costs and reducing the resources required to maintain a full-scale hospital facility. This leaner operational model enables FSEDs to pass the cost savings on to patients, who may experience lower out-of-pocket expenses for emergency care compared to traditional H-EDs [17,18].

Another factor contributing to cost savings is the more targeted allocation of resources in FSEDs. By concentrating on specific areas of expertise, FSEDs can optimize the use of specialized equipment and personnel, ensuring that they are utilized to their fullest potential. This focused approach reduces waste and improves overall cost efficiency. In contrast, traditional H-EDs often have to maintain a wide array of resources to cater to diverse medical needs, which can result in higher operational costs and less efficient use of equipment and staff [19].

It is essential to consider, however, that cost reduction is not guaranteed in all FSEDs. Factors such as location, size, and patient population can impact the cost-effectiveness of these facilities. Some studies have suggested that FSEDs may be associated with higher costs per visit compared to H-EDs. Ho et al. showed that Texas experienced a substantial 236% increase in FSED utilization between 2012 and 2015 [20]. Although FSEDs initially had lower

Table 2. *Advantages and limitations of FSEDs.*

Advantages	Limitations
Accessibility: conveniently located	Service range: limited to minor and moderate emergencies
Time efficiency: shorter wait times	Expertise: limited availability of specialists
Community-centered: addresses local needs	Diagnostics: basic diagnostic tools only
Alleviates H-ED burden: reduces demand on hospital-based emergency departments	Inpatient care: absent, necessitating transfer to a hospital
Adaptability: can be tailored to suit a community's requirements	Surgical facilities: unavailable, requiring transfers for surgical procedures
	Expense: potentially higher costs for patients
	Integration: coordination challenges with hospitals

average visit costs compared to H-EDs in 2012, by 2015, their costs were almost comparable. However, costs for patients with the same diagnosis were, on average, nearly 10 times higher at both FSEDs and HBEDs compared to urgent care centers [20]. Another study demonstrated that FSEDs contribute to increased healthcare expenditures, as they tend to treat a higher proportion of lower acuity patients compared to H-EDs. Despite this, FSEDs charge facility fees, which can lead to higher healthcare costs. To address this issue, policymakers and third-party payers should consider reforming the reimbursement system for FSEDs, taking into account the acuity levels of patients' conditions [21]. These discrepancies highlight the need for further research and analysis to determine the factors that contribute to cost savings in FSEDs and to develop strategies for optimizing their cost-effectiveness. Nevertheless, FSEDs represent a promising alternative to traditional H-EDs, offering the potential for more efficient and cost-effective emergency care in certain contexts.

Role of FSEDs in mass gatherings

Mass gatherings, defined as events attended by a large number of people, can pose unique challenges to healthcare systems due to the increased risk of medical emergencies, trauma, and communicable diseases [22]. FSEDs have the potential to play a crucial role in providing timely and efficient emergency care during such events. FSEDs can be strategically located near mass gathering venues to ensure rapid access to medical care. This proximity can be particularly beneficial in cases of acute injuries, heat-related illnesses, or sudden cardiac events, where timely intervention can make a significant difference in patient outcomes [23]. Furthermore, FSEDs can help reduce the burden on nearby H-EDs, which may become overwhelmed by the sudden influx of patients during mass gatherings [24,25].

In addition to their strategic location, FSEDs can be equipped with the necessary resources to manage the types of medical emergencies typically encountered during mass gatherings. This may include having a sufficient supply of medical equipment, pharmaceuticals, and trained personnel to address common issues such as dehydration, heat exhaustion, and minor injuries [26]. By being well-prepared, FSEDs can provide an essential first line of response to emergencies that may arise during large events.

Collaboration between FSEDs, local hospitals, and event organizers is essential for effective mass-gathering medical management. This collaboration can help ensure seamless communication, patient transport, and resource allocation during the event [27]. FSEDs can also be integrated into the overall emergency response plan, which may involve coordination with local law enforcement, public health agencies, and emergency medical services.

Challenges of FSEDs

Regulations and legal frameworks

FSEDs face various regulatory and legal challenges in the Middle East. One key challenge is navigating the complex and varied regulatory landscape across different countries in the region. Each country has its own set of rules and regulations governing the establishment and operation of healthcare facilities, including FSEDs. These regulations may cover aspects such as licensing, staffing, facility design, and quality assurance. Navigating these different regulatory frameworks can be time-consuming and resource-intensive for FSED operators seeking to establish or expand their presence in the region [28].

Furthermore, regulations related to FSEDs in the Middle East may be less established or less comprehensive than those in countries with more mature FSED markets, such as the US. This lack of clear guidance can create uncertainty for FSED operators, who may face challenges in interpreting and adhering to existing regulations. As FSEDs become more prevalent in the region, it is essential for regulatory bodies to develop clear and consistent guidelines to ensure the safe and effective operation of these facilities [29,30].

One example of a specific regulatory issue faced by FSEDs in the Middle East is the requirement for a formal affiliation with a full-service hospital. In some countries, FSEDs must maintain a formal relationship with a nearby hospital to facilitate the seamless transfer of patients requiring more advanced care. This requirement can present logistical and administrative challenges for FSED operators, particularly if suitable hospital partners are not readily available or if the affiliation process is complex and time-consuming [31].

Another legal challenge faced by FSEDs in the Middle East is the potential for increased scrutiny and liability. As FSEDs represent a relatively new model of care in the region, they may be subject to closer regulatory oversight to ensure that they meet the necessary standards for patient care and safety. This increased scrutiny can place additional pressure on FSED operators to demonstrate compliance with all relevant regulations and can expose them to greater legal liability in the event of adverse patient outcomes or regulatory breaches [32,33].

Integration with other healthcare facilities

Successful integration of FSEDs into the broader healthcare system is crucial to ensure continuity of care and optimal patient outcomes. One way to achieve this integration is through the establishment of formal agreements and partnerships with nearby hospitals and other healthcare facilities [19]. These agreements can facilitate the seamless transfer of patients requiring more advanced or specialized care, ensuring that they receive the appropriate treatment in a timely manner. In addition, FSEDs can collaborate with primary care providers and other community-based health services to coordinate follow-up care and support patients in managing their health after an emergency visit 19.

However, there are several challenges associated with integrating FSEDs into the broader healthcare system in the Middle East. One key challenge is the variability in healthcare infrastructure and resources across different countries in the region. Some areas may have limited access to hospitals or other healthcare facilities, making it difficult for FSEDs to establish the necessary

partnerships and referral networks. In these situations, FSEDs may need to invest in additional resources, such as telemedicine capabilities, to ensure that patients can access the care they need.

Another challenge is the potential for competition between FSEDs and traditional H-EDs or other healthcare facilities. The introduction of FSEDs into the healthcare market may be perceived as a threat to existing providers, potentially leading to resistance and reluctance to collaborate. To overcome this challenge, FSED operators must work closely with local stakeholders, including healthcare providers, regulators, and community leaders, to develop a shared understanding of the role and value of FSEDs in the healthcare system. This collaborative approach can help foster trust and cooperation between FSEDs and other healthcare facilities, facilitating their integration into the broader healthcare landscape [34].

Furthermore, the integration of FSEDs into the healthcare system in the Middle East may be hampered by differences in clinical practices and cultural expectations. FSED operators must be mindful of local norms and preferences when developing their care models and service offerings, ensuring that they are culturally appropriate and responsive to the needs of the communities they serve. This may require FSED operators to invest in cultural competency training for staff and to adapt their clinical protocols to align with local standards and expectations.

Staffing and training

Staffing is a critical component of the successful operation of FSEDs. To ensure the delivery of high-quality emergency care, FSEDs require a diverse range of healthcare professionals, including physicians, nurses, radiology technicians, and support staff. In addition to having the necessary clinical skills and expertise, these professionals must also possess the ability to work in a fast-paced, high-pressure environment, making staffing decisions particularly crucial for FSEDs.

One of the primary challenges in finding and training staff for FSEDs in the Middle East is the limited availability of healthcare professionals with the requisite skills and experience [30,35]. Many countries in the region face shortages of healthcare workers, particularly in the field of emergency medicine. This shortage can be attributed to factors such as the rapid growth of the healthcare sector, an aging population, and increased demand for specialized care. FSED operators may need to invest in recruitment efforts both within the region and internationally to attract qualified professionals to their facilities [36,37].

Another challenge associated with staffing FSEDs in the Middle East is the need for ongoing training and professional development [38]. As emergency medicine is a rapidly evolving field, FSED staff must stay up-to-date on the latest clinical guidelines, best practices, and technological advancements to ensure the delivery of optimal care. This requires FSED operators to invest in continuing education and training programs, which can be both time-consuming and costly. Moreover, there may be limited availability of locally relevant training programs, necessitating the development of new curricula or the adaptation of existing programs to meet the needs of FSEDs in the region [39].

Cultural and language barriers can also present challenges in staffing and training FSEDs in the Middle East [40]. Healthcare professionals from diverse backgrounds may need to develop cultural competency skills to effectively communicate and collaborate with patients and colleagues from different cultural backgrounds. In addition, language proficiency is essential for ensuring clear and accurate communication among staff and with patients. FSED operators must address these challenges by providing appropriate language and cultural competency training, as well as creating an inclusive and supportive work environment that encourages collaboration and mutual understanding among staff [41].

Strategies for Establishing and Operating Successful FSEDs

Site selection and facility planning

Selecting the right location for an FSED is crucial for its long-term success. The chosen site should be easily accessible to the target population and situated in an area with a high demand for emergency care services. To identify the most suitable location, FSED operators should conduct thorough market research, taking into account factors such as population density, demographics, existing healthcare infrastructure, and the prevalence of emergency medical conditions in the area [42]. Moreover, proximity to other healthcare facilities, such as hospitals and primary care providers, should be considered, as this can facilitate smoother integration into the broader healthcare system [43].

In addition to choosing the right location, careful attention must be paid to the design and layout of the FSED facility to ensure efficient patient flow and optimal use of resources. The facility should be designed to accommodate the specific needs of an emergency department, such as separate entrances for ambulances and walk-in patients, adequate space for triage and registration, and sufficient treatment and examination rooms [44]. The layout should facilitate smooth patient movement through the various stages of care, from initial assessment to treatment and discharge or transfer. Furthermore, the facility design should incorporate features that promote patient safety and comfort, such as infection control measures, noise reduction strategies, and private spaces for patient consultations. By prioritizing site selection and facility planning, FSED operators can create an environment that is conducive to providing high-quality emergency care and meeting the needs of the communities they serve [45].

The feasibility of establishing FSEDs within the Holy Mosque (AlHaram) in Makkah presents both potential benefits and challenges. The immense influx of pilgrims during the Hajj season and Umrah leads to increased demand for emergency medical services in the region [46]. In addition, the unique nature of the rituals performed, the large crowd sizes, and the heat stress experienced

by pilgrims create a specific set of emergency cases that could potentially be better managed with FSEDs on-site [47]. Furthermore, the establishment of FSEDs within AlHaram could help mitigate the pressure on local hospitals and provide immediate and specialized care, ultimately improving the overall healthcare experience for pilgrims [48].

However, several challenges need to be considered when evaluating the feasibility of FSEDs in AlHaram. The crowded nature of the area, especially during peak religious seasons, might pose logistical and architectural difficulties in constructing and maintaining such facilities [49]. There is also the potential concern of allocating adequate medical resources, including skilled healthcare professionals, to ensure the optimal operation of these FSEDs. Furthermore, cultural and religious sensitivities surrounding construction within AlHaram must be respected and taken into account. Therefore, while the establishment of FSEDs in AlHaram could significantly improve emergency medical care for pilgrims, careful planning and consideration of various factors must be undertaken to ensure the success and feasibility of such an initiative.

Community engagement and awareness

Building strong relationships with local communities is essential for the success of FSEDs. By fostering trust and understanding, FSED operators can ensure that community members view their facility as a valuable resource for emergency care. This can be achieved through various initiatives, such as hosting community events, providing educational resources, and engaging with local stakeholders, including community leaders, schools, and businesses. FSEDs can also collaborate with community-based organizations to address broader health concerns and promote overall wellness within the communities they serve [50].

Promoting FSEDs as a vital component of the healthcare system requires a targeted public awareness campaign that highlights the unique benefits and services they offer. By educating the public about the advantages of FSEDs, such as shorter wait times, specialized care, and convenient access to emergency services, FSED operators can increase the utilization of their facilities and strengthen their position within the healthcare landscape. This can be achieved through various marketing and communication strategies, such as social media campaigns, print advertisements, and targeted outreach, to specific demographic groups most likely to benefit from FSED services [51].

Quality assurance and performance improvement

Implementing quality improvement initiatives in FSEDs is critical for ensuring the delivery of high-quality, patient-centered care. By adopting evidence-based practices and continuously monitoring clinical outcomes, FSED operators can identify areas for improvement and develop targeted interventions to address these gaps [52]. Quality improvement initiatives can take various forms, such as implementing standardized clinical protocols, providing staff training in best practices, and conducting regular audits to ensure adherence to established guidelines. FSEDs should also seek accreditation from recognized organizations, such as The Joint Commission, as a way to demonstrate their commitment to quality care and patient safety [53,54].

Monitoring and evaluating performance metrics are crucial for ensuring patient safety and satisfaction in FSEDs. By tracking key performance indicators, such as patient wait times, LOS, readmission rates, and patient satisfaction scores, FSED operators can gain valuable insights into the effectiveness of their care delivery processes and identify areas for improvement. Regularly reviewing these metrics allows FSEDs to make data-driven decisions and implement targeted interventions to address identified issues, ultimately leading to better patient outcomes and satisfaction. In addition, sharing performance data with staff and stakeholders can foster a culture of transparency and accountability, encouraging continuous improvement and innovation within the organization [55,3].

Privatization of FSEDs

The privatization of FSEDs has become an increasingly popular trend in recent years. This shift in ownership and operation can have a significant impact on the delivery of emergency care services, resource allocation, and overall patient satisfaction. In this context, understanding the implications of privatization in FSEDs is essential for ensuring high-quality care and maintaining the efficiency of the healthcare system [56].

Privatization of FSEDs can lead to increased competition among healthcare providers, which may result in the development of innovative solutions to improve patient care. Private ownership can enable FSEDs to adopt new technologies and best practices more quickly, allowing them to deliver care that is more efficient and tailored to the needs of patients [3]. Moreover, the competitive environment created by privatization can drive FSEDs to improve their services and provide a better patient experience. This can include shorter waiting times, more convenient locations, and enhanced communication between healthcare providers and patients [57].

However, privatization can also give rise to concerns about the accessibility and affordability of emergency care services. As private FSEDs primarily aim to generate profit, they may be more inclined to locate their facilities in affluent areas where patients have higher disposable incomes and greater access to health insurance [6]. This can potentially exacerbate existing healthcare disparities, limiting access to emergency care for those in underserved communities who may be most in need of these services. Additionally, the cost of care in private FSEDs can be significantly higher than in their public counterparts, which may lead to increased out-of-pocket expenses for patients and higher overall healthcare costs [58].

Another aspect to consider is the potential impact of privatization on the quality of care provided by FSEDs. While private FSEDs can introduce innovative practices and technologies, the profit-driven nature of these facilities may also result in cost-cutting measures that can

compromise patient care. This could include understaffing, inadequate training, and reduced availability of essential equipment and medications [4]. To maintain the quality of care in a privatized FSED environment, it is crucial to establish and enforce robust regulatory frameworks and accreditation standards that promote accountability and ensure consistent care delivery across all facilities.

Finally, the privatization of FSEDs can influence the dynamics between healthcare providers and their patients. In a private setting, the focus on profit generation may lead to an emphasis on patient throughput and the efficient use of resources, which can potentially undermine the patient-provider relationship. Ensuring that the quality of care and patient satisfaction remain central to the mission of privatized FSEDs is essential for maintaining trust and fostering a positive healthcare experience.

In light of these concerns, it is crucial to strike a balance between the potential benefits and risks associated with the privatization of FSEDs. Establishing comprehensive regulatory frameworks and monitoring systems can help ensure that private FSEDs adhere to the highest standards of care, maintain transparency in their operations, and avoid practices that may disproportionately burden vulnerable populations. Additionally, encouraging collaboration and partnership between private and public entities can support the integration of FSEDs within the broader healthcare system, facilitating the sharing of resources, knowledge, and best practices to improve patient outcomes and enhance emergency care delivery.

Discussion

FSEDs play a significant role in the healthcare system. They have effectively maintained access to care in rural areas where sustaining critical-access hospitals is financially challenging. Additionally, FSEDs maintain access to emergency care in communities experiencing hospital consolidation. FSEDs have shown higher patient satisfaction compared to H-EDs, and physicians working in these facilities report a generally positive work environment, with increased career longevity, improved salary, reduced administrative burdens, and enhanced patient interactions. Other employees also express high satisfaction working at FSEDs.

FSEDs may offer staff relief from the workload and stress commonly associated with H-EDs. However, there remains room for improvement in various aspects of FSEDs' operations and integration within the broader healthcare system. By addressing these areas, FSEDs can continue to evolve and solidify their position as a vital component of emergency care delivery.

FSEDs have the potential to deliver care comparable in quality to H-EDs with greater speed and convenience. However, to maximize their value, further regulation may be necessary. Lawmakers should establish standardized requirements for FSEDs to operate. Since independent FSEDs are not currently recognized by the Centers for Medicare and Medicaid Services (CMS), and thus, CMS cannot set national criteria for them, standardizing state licensing criteria across states is crucial. The seven recommendations from the ACEP offer a solid foundation for minimum requirements that could be integrated into model legislation. By implementing these standardized regulations, FSEDs can further enhance their contributions to the healthcare system and ensure consistent, high-quality care across all facilities.

To enhance access to care, FSEDs should be situated in areas where individuals have limited access to existing emergency care services. However, FSEDs currently tend to be located in regions where patients have more financial resources and already possess adequate access to care. Encouraging FSED operators to establish facilities in underserved areas could help maintain and expand access to these communities in a more cost-effective manner compared to full-service hospitals. By addressing location disparities, FSEDs can better serve communities that need them most and further their impact on healthcare access.

The assertion that FSEDs can alleviate overcrowding in H-EDs presents certain challenges. As previously mentioned, FSEDs typically treat patients with relatively low acuity, and these discharged low-acuity patients have a minimal impact on H-ED LOS and wait times. Furthermore, implementing and enforcing increased price transparency is essential to help patients differentiate between FSEDs and alternative sources of acute, unscheduled care. Without this transparency, FSEDs may contribute to increased overall healthcare expenditures without providing a significant improvement in value. By addressing these concerns, FSEDs can work towards enhancing their role in the healthcare system and offering more substantial benefits to patients in need of emergency care.

Conclusion

FSEDs play a significant role in the healthcare system, offering access to emergency care and maintaining high patient satisfaction. However, to maximize their value, standardizing regulations across states, enhancing access in underserved areas, and increasing price transparency are crucial. By addressing these concerns, FSEDs can better serve communities in need, ensure consistent and high-quality care, and contribute to a more efficient and accessible healthcare system. Lawmakers and healthcare providers should collaborate to establish standardized requirements and improve FSED integration within the broader healthcare landscape, allowing these facilities to reach their full potential in emergency care delivery.

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List of Abbreviations

ACEP	American College of Emergency Physicians
CMS	Centers for Medicare & Medicaid Services
FSEDs	Free-standing emergency departments
H-EDs	Hospital-based emergency departments
LOS	Length of stay
NCDs	Non-communicable diseases
US	United States

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