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TO: ACEP Now Magazine

RE: CER 258, "Diagnostic Errors in the Emergency Department: A Systematic Review."

*ACEP Now Magazine has requested comments from authors of the Agency for Healthcare Research and Quality (AHRQ) evidence report CER 258, "Diagnostic Errors in the Emergency Department: A Systematic Review." Unfortunately, there was not time before their deadline to respond to all nine of their questions provided shortly before their intended article publication date. A "Frequently Asked Questions" document that is forthcoming from our team will incorporate answers to these and other methodological queries about the report. In response to their question, "**How would you respond to the emergency medicine community that feels criticized and targeted by the report?**" the authors offer the following statement.*

To the Emergency Medicine Community:

The nation is very fortunate to have emergency physicians dedicated to providing the highest quality care for their patients under extremely challenging circumstances, which have worsened since the pandemic. At the same time, diagnostic errors occur in every healthcare setting, including the ED. The report makes clear that estimated diagnostic error and harm rates in the ED (the pre-defined scope of the study by AHRQ) are very similar to those reported in other clinical settings, including inpatient and primary care.

Our goal in conducting the systematic review was to summarize existing research on diagnostic accuracy and error in order to elevate this important public health issue and help identify a path forward for systems-level change. Raising awareness of this safety concern could help promote policy and resource allocation decisions that more broadly support ED care, which is currently operating under severe resource constraints. There are no one-size-fits-all solutions to the problem of diagnostic error, but findings from this report suggest that aggressively tackling a few high-risk-for-harm clinical conditions with higher error rates could substantially reduce serious misdiagnosis-related harms. To accomplish this, we must deploy new resources and redesign systems of care to support emergency clinicians so that diagnostic excellence results from routine care processes rather than individual clinical heroism.

We understand this [AHRQ evidence review](#) has led many in the emergency medicine community to feel criticized or targeted—this after they have put their lives at risk to battle the COVID-19 pandemic and are now facing unprecedented ED overcrowding. Our intent was not to criticize or target. As we state in the report, **“The ED is one of the most challenging clinical settings to practice medicine. That just 5.7 percent of patients would be misdiagnosed, just 2.0 percent would suffer some sort of adverse event as a result, and just 0.3 percent of patients would suffer serious harms from diagnostic error is a testament to the skill and capability of practicing emergency physicians.”** We recognize that the existing literature base is imperfect, and additional confirmatory studies are warranted. Still, the degree of variation we found in diagnostic accuracy by disease, presenting symptom, demographic group, and specific hospital indicates there is room for improvement in current diagnostic performance.

Since its publication, we have received a number of questions and concerns about the provenance, methods, or conclusions of the 744-page-long report. Some of these are fair critiques that deserve a thorough response; others are based on misunderstandings that can be answered through clarifying our approach and findings. We are currently compiling a list of the most frequently asked questions and comments, including those we did not have time to address prior to publication of the ACEP Now article. We expect to make a document with responses to these questions available in the coming weeks.

Amidst the controversy over the report, our emergency medicine physician co-authors have been bolstered by comments they have received from like-minded emergency medicine physicians who have shared their interest in tackling the challenge of diagnostic errors in the ED. The [American College of Emergency Physicians’ stated mission](#) is **“To promote the highest quality of emergency care and serve as the leading advocate for emergency physicians, their patients, and the public.”** The authors of the AHRQ evidence report also support this mission. It is our view that providing the highest quality emergency care requires reducing diagnostic health disparities and wide practice variation across hospitals. As the field of emergency medicine continues to rise to the challenge of addressing diagnostic errors, we are confident that emergency medicine physicians, their patients, and the public will all benefit from the effort.

Respectfully,

The Authors of [CER 258](#)