

David Anthony Miranda M.D. explains the premise of freestanding emergency rooms

Emergency locum physician Dr. David Anthony Miranda looks at the role of freestanding ERs in Texas and across the U.S.

WEST LAKE HILLS, TEXAS, UNITED STATES, January 24, 2019 /EINPresswire.com/ -- Broadly defined as an emergency room which is not physically attached to an existing hospital, freestanding ERs are distinct from traditional hospital emergency rooms chiefly insofar as that they are perfectly suited to serving more remote, often medically underserved communities and populations. Becoming increasingly prevalent in recent years, Texas-based locum physician [David Anthony Miranda M.D.](#), who specializes in emergency care, shares more about freestanding ERs and their place in medicine, both in the Lone Star State and across the wider U.S.

"Freestanding emergency rooms have all the usual benefits of traditional hospital-based ERs," explains Dr. Miranda, "providing high-quality care and making use of the latest medical technologies."



Both, he says, are also equally well suited to treating the same kinds of critical conditions, each operating 24 hours a day, always with doctors on site, and simultaneously providing each and every admission with the required medical screening, regardless of their ability, presumed or otherwise, to pay. "Freestanding emergency rooms are just as sensitive to patients' financial concerns as hospital-based emergency rooms," adds the physician.

Any freestanding facility which furnishes emergency health care services and which is not integrated within an existing department of a hospital is largely considered a freestanding ER. To be deemed truly freestanding, such facilities must be physically separate from any existing, established hospital, but may exist on the campus of a hospital where they remain unattached and do not represent a department of the hospital in question.

"The majority of freestanding emergency rooms, however," Dr. Miranda points out, "and those which are most valuable, are located some distance away from the nearest existing hospital facility or facilities."

Based in San Antonio and specializing in care in rural areas and settings for over 30 years, [David Anthony Miranda M.D.](#) is a keen proponent of freestanding emergency facilities, particularly within medically underserved communities. Also known as medically underserved areas and medically underserved populations, these are particular geographic locations wherein which

residents suffer from a lack of, or reduced access to, both routine and emergency medical care services and facilities.

"Freestanding emergency rooms have become a key part of critical care, both here in Texas and across more rural and otherwise isolated areas of the United States," he adds, wrapping up, "and are today an essential and much called upon aspect of the country's emergency medical care infrastructure, vital to the health and well-being of our nation."

[David Anthony Miranda](#) M.D. is a partner of Fit-Life MD, a physician-owned medical wellness and fitness center in San Antonio, Texas. Dr. Miranda's personal interests include investing in the stock market, particularly publicly-traded healthcare stocks, as well as enjoying theater, film, and music.

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