Introduction to the American College of Emergency Physicians

Presented by:
Rebecca Parker, MD, FACEP
Chair, ACEP Board of Directors
Your Questions Answered:
Today’s Agenda

- Why does ACEP Matter?
- What are the issues ACEP is working on?
- How is ACEP making an impact?
- What is the value of my membership?
ACEP’s Mission Statement

- The American College of Emergency Physicians promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients, and the public.
Why Does ACEP Matter?

- The health care landscape is changing.
- ACEP has been, and continues to be, involved in shaping the future of Emergency Medicine.
  - Health care reform and regulatory implementation
  - Letters to CMS and other high-level agencies
  - Residency slots and GME re-distribution
  - Loan forgiveness options
ER Visits Mostly by Medicare, Medicaid Recipients
But government study also shows uninsured accounted for almost 1 out of 5 ER patients

FRIDAY, July 31 (HealthDay News) -- An estimated 50 million, or 42 percent, of the 120 million visits made in 2006 to U.S. hospital emergency departments were billed to the Medicaid and Medicare programs, according to a U.S. government report released Thursday.

Uninsured patients accounted for nearly 18 percent of emergency department visits nationally, 34 percent were billed to private insurance, and 6 percent were billed to worker's compensation, military health plan administrator Tricare, and other payers, according to the latest News and Numbers from the U.S. Agency for Healthcare Research and Quality.
### Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Worker Contribution</th>
<th>Employer Contribution</th>
<th>Total Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>$1,543</td>
<td>$4,247</td>
<td>$5,791</td>
</tr>
<tr>
<td>2000</td>
<td>$1,619</td>
<td>$4,819*</td>
<td>$6,438*</td>
</tr>
<tr>
<td>2001</td>
<td>$1,787*</td>
<td>$5,269*</td>
<td>$7,061*</td>
</tr>
<tr>
<td>2002</td>
<td>$2,137*</td>
<td>$5,866*</td>
<td>$8,003*</td>
</tr>
<tr>
<td>2003</td>
<td>$2,412*</td>
<td>$6,657*</td>
<td>$9,068*</td>
</tr>
<tr>
<td>2004</td>
<td>$2,661*</td>
<td>$7,289*</td>
<td>$9,950*</td>
</tr>
<tr>
<td>2005</td>
<td>$2,713</td>
<td>$8,167*</td>
<td>$10,880*</td>
</tr>
<tr>
<td>2006</td>
<td>$2,973*</td>
<td>$8,508*</td>
<td>$11,480*</td>
</tr>
<tr>
<td>2007</td>
<td>$3,281*</td>
<td>$8,824</td>
<td>$12,106*</td>
</tr>
<tr>
<td>2008</td>
<td>$3,354</td>
<td>$9,325*</td>
<td>$12,680*</td>
</tr>
<tr>
<td>2009</td>
<td>$3,515</td>
<td>$9,860*</td>
<td>$13,375*</td>
</tr>
<tr>
<td>2010</td>
<td>$3,997*</td>
<td>$9,773</td>
<td>$13,770*</td>
</tr>
</tbody>
</table>

* Estimate is statistically different from estimate for the previous year shown (p<.05).

ACA passed 2010
Why Does ACEP Matter?

-- Health Care Reform

- The Health Care Reform law -- ACEP worked hard to get specific items included:
  - Prudent layperson language extended to group plans
  - No more “prior approval” needed
  - Expansion of research opportunities
  - Regionalization projects
WASHINGTON – The Obama administration on Wednesday asked the Supreme Court to decide the constitutionality of a requirement that most Americans buy health insurance by 2014, paving the way for a ruling in the middle of the 2012 presidential election campaign.

Separately, 26 states and the National Federation of Independent Business, which have challenged the mandate as exceeding federal power, urged the justices to intervene and strike it down.

The new filings all but guarantee the justices will revisit the law that is at the heart of President Obama’s domestic agenda and that has become a flashpoint in the race for the Republican nomination. All the major Republican presidential candidates have vowed to overturn the law.

The justices, who open a new term on Monday, would likely act on the pending appeals this fall and hold oral arguments in early 2012.
Why Does ACEP Matter?
-- Letters to Regulatory Agencies

- Anesthesia guidelines revised (Jan. 2011)
- Quality measures (PQRI)
- Accountable care organizations
- Value-based purchasing
- Demonstrate the specialty's value
- Preserve EM practice models
What are the issues that ACEP is working on?

The Perfect Storm: Health Care Braces for a Crisis

- Operational Costs
  - Nurse Shortage
  - Technology
  - On-call
  - Liability
  - Inflation
- Foreign Nationals
- EMTALA
- ED Volume Increases
- Revenue
  - Medicaid / Medicare
  - Managed care
  - Uncompensated care
  - Stock market
- On-Call Specialty Physician Shortage
- Inpatient Bed Shortage
- Balanced Budget Act of 1997
- Ambulance Diversion
- EMTALA

American College of Emergency Physicians
ADVANCING EMERGENCY CARE
**What are the issues that ACEP is working on?**

--- **EMTALA**

**EMTALA costs physicians billions in unreimbursed care**

Doctors seek better compensation to make up for the bad debt they incur caring for patients in emergency settings.

*Markian Hawryluk*  
AMNEWS STAFF

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Physicians Affected</th>
<th>Average Bad Debt from EMTALA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Med</td>
<td>100%</td>
<td>$138,300</td>
</tr>
<tr>
<td>General Surgery</td>
<td>76%</td>
<td>$25,600</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>69%</td>
<td>$16,500</td>
</tr>
<tr>
<td>OB\GYN</td>
<td>52%</td>
<td>$4,100</td>
</tr>
<tr>
<td>Radiology</td>
<td>47%</td>
<td>$22,000</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>34%</td>
<td>$7,000</td>
</tr>
<tr>
<td>Gen \ Family Prac</td>
<td>31%</td>
<td>$4,700</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>23%</td>
<td>$2,400</td>
</tr>
<tr>
<td>Pathology</td>
<td>13%</td>
<td>$3,400</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>11%</td>
<td>$1,200</td>
</tr>
<tr>
<td>Other Specialties</td>
<td>5%</td>
<td>$4,500</td>
</tr>
<tr>
<td>All Physicians</td>
<td>42%</td>
<td>$12,300</td>
</tr>
</tbody>
</table>

*Source: American Medical Association*
What are the issues that ACEP is working on? -- ED as the Safety Net
What are the issues that ACEP is working on?
--- ED as the Hub of the Enterprise

The Hub of the Enterprise
Appreciating the ED’s Many Spheres of Influence

Integrating the ED into the Overall Spectrum of Care Coordination

“...the ED largely has been left out of the current national discussion about better coordination of care, with much of the focus on the way PCPs follow their patients and how they fare as hospital inpatients. But that is destined to change if coordinated care models such as accountable care organizations become widespread, as called for by the federal health care reform law. The whole idea of coordinated care is to ensure that patients are treated in the most appropriate setting, minimizing waste and maximizing quality of care.”

Physician, President of the American Academy of Family Physicians

Source: Greene J. “The Barriers to Care Coordination: Study Probes Why Emergency Physicians and Primary Care Physicians Don’t Talk to One Another,” Annals of Emergency Medicine, 2011: 56; Clinical Advisory Board interviews and analysis.
What are the issues that ACEP is working on?

-- Reimbursement

Even if you belong to ACEP for no other reason than to support reimbursement efforts, your membership has more than paid for itself

- ACEP has the only EM representative on the RUC

- ACEP filed compliance disputes against Anthem/Wellpoint and Humana to stop bundling separately billable services in the ED E/M codes.

- After California prohibited balance billing, ACEP rapidly created model legislation for states to fight balance billing prohibition laws. The fiscal impact to you = about 30% of revenue comes from balance billing charges for non-contracted payers.
What are the issues that ACEP is working on? -- Reimbursement

- Replace the flawed Medicare payment formula
- Enact stable, annual physician payment updates

<table>
<thead>
<tr>
<th>Procedure</th>
<th>1990 Average</th>
<th>2006 Average</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open treatment nose fracture</td>
<td>$1,044</td>
<td>$720</td>
<td>-31%</td>
</tr>
<tr>
<td>Open treatment eye socket fracture</td>
<td>$888</td>
<td>$714</td>
<td>-20%</td>
</tr>
<tr>
<td>Open treatment humerus fracture</td>
<td>$833</td>
<td>$751</td>
<td>-10%</td>
</tr>
<tr>
<td>Repair heart wound</td>
<td>$1,203</td>
<td>$1,129</td>
<td>-6%</td>
</tr>
<tr>
<td>Repair ruptured abdominal aneurysm</td>
<td>$2,535</td>
<td>$2,243</td>
<td>-12%</td>
</tr>
<tr>
<td>Burr hole for hematoma</td>
<td>$1,526</td>
<td>$1,087</td>
<td>-29%</td>
</tr>
<tr>
<td>Craniotomy for hematoma</td>
<td>$2,245</td>
<td>$1,749</td>
<td>-22%</td>
</tr>
<tr>
<td>Repair retinal detachment</td>
<td>$2,760</td>
<td>$1,375</td>
<td>-50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT</th>
<th>2006 Work RVU</th>
<th>2007 Proposed Work RVU</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>0.33</td>
<td>0.45</td>
<td>36.4%</td>
</tr>
<tr>
<td>99282</td>
<td>0.55</td>
<td>0.88</td>
<td>60.0%</td>
</tr>
<tr>
<td>99283</td>
<td>1.24</td>
<td>1.34</td>
<td>8.1%</td>
</tr>
<tr>
<td>99284</td>
<td>1.95</td>
<td>2.56</td>
<td>31.3%</td>
</tr>
<tr>
<td>99285</td>
<td>3.06</td>
<td>3.80</td>
<td>24.2%</td>
</tr>
<tr>
<td>99291</td>
<td>3.99</td>
<td>4.50</td>
<td>12.8%</td>
</tr>
<tr>
<td>99292</td>
<td>2.00</td>
<td>2.25</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
What are the issues that ACEP is working on?
-- Medical Liability Reform

**HR 157 -- Health Care Safety Net Enhancement Act**

- Would amend the Public Health Service Act to deem ED physicians as Public Health Service employees for purposes of lawsuits stemming from EMTALA-related services.

- Specifically addresses the unique environment of the emergency department.

- ACEP is working with a coalition of on-call specialty societies to achieve this goal.
How does ACEP’s PAC rank?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA</td>
<td>n/c</td>
<td></td>
<td>$1,297,809</td>
<td>39.8%</td>
<td>$1,297,809</td>
<td>-</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>1</td>
<td>n/c</td>
<td>$1,671,221</td>
<td>53.6%</td>
<td>$1,916,439</td>
<td>-$245,218</td>
</tr>
<tr>
<td>AAOS PAC</td>
<td>2</td>
<td>n/c</td>
<td>$1,634,902</td>
<td>68.9%</td>
<td>$1,155,809</td>
<td>$479,093</td>
</tr>
<tr>
<td>Radiologists</td>
<td>3</td>
<td>n/c</td>
<td>$1,032,593</td>
<td>60.7%</td>
<td>$818,731</td>
<td>$213,862</td>
</tr>
<tr>
<td>Emergency Physicians</td>
<td>4</td>
<td>(+) 1</td>
<td>$1,026,318</td>
<td>61.0%</td>
<td>$748,210</td>
<td>$278,108</td>
</tr>
<tr>
<td>Pathologists</td>
<td>5</td>
<td>(+) 2</td>
<td>$687,510</td>
<td>63.9%</td>
<td>$468,167</td>
<td>$219,343</td>
</tr>
<tr>
<td>Ophthalmologists</td>
<td>6</td>
<td>(-) 2</td>
<td>$661,391</td>
<td>39.0%</td>
<td>$659,269</td>
<td>$2,122</td>
</tr>
<tr>
<td>Cardiologists</td>
<td>7</td>
<td>(+) 2</td>
<td>$534,241</td>
<td>68.0%</td>
<td>$370,228</td>
<td>$164,013</td>
</tr>
<tr>
<td>Am. College of Surgeons</td>
<td>8</td>
<td>(-) 1</td>
<td>$436,779</td>
<td>41.0%</td>
<td>$511,215</td>
<td>-$74,436</td>
</tr>
<tr>
<td>Osteopaths</td>
<td>9</td>
<td>(-) 1</td>
<td>$417,104</td>
<td>47.8%</td>
<td>$431,245</td>
<td>-$14,141</td>
</tr>
<tr>
<td>Urologists</td>
<td>10</td>
<td>(+) 5</td>
<td>$363,090</td>
<td>79.7%</td>
<td>$207,394</td>
<td>$155,696</td>
</tr>
<tr>
<td>OBGYNs</td>
<td>11</td>
<td>(-) 1</td>
<td>$333,769</td>
<td>51.1%</td>
<td>$317,851</td>
<td>$15,918</td>
</tr>
<tr>
<td>Dermatologists (SkinPAC)</td>
<td>12</td>
<td>(-) 1</td>
<td>$300,276</td>
<td>47.8%</td>
<td>$353,236</td>
<td>-$52,960</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>13</td>
<td>(-) 1</td>
<td>$233,673</td>
<td>37.5%</td>
<td>$308,807</td>
<td>-$75,134</td>
</tr>
<tr>
<td>Otolaryngologists</td>
<td>14</td>
<td>(+) 3</td>
<td>$210,614</td>
<td>57.7%</td>
<td>$181,661</td>
<td>$28,953</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surg</td>
<td>15</td>
<td>(-) 2</td>
<td>$194,564</td>
<td>36.5%</td>
<td>$277,351</td>
<td>-$82,787</td>
</tr>
</tbody>
</table>
How can ACEP members make an impact? Join the 911 Network

- The 911 Network goes into action when there are critical bills pending and support is needed.

**Congress Passes Six Month Update for Medicare Physician Payments**

On Thursday, the U.S. House of Representatives approved the legislation (H.R.3962) that passed in the Senate last Friday, which postpones cuts to Medicare physicians’ reimbursement until November. The $6.5 billion bill, which passed in a 417-1 vote, reverses the 21% payment cut that took effect last Friday and affected all Medicare claims dated June 1 and later. The measure increases payments by 2.2% for six months, beginning retroactively on June 1. President Obama signed the bill into law this morning, and CMS plans to quickly process retroactive payment claims.
How else is ACEP Making an Impact?  
-- EM Action Fund  **EMAF**

- **What is the EM Action Fund?**
  - A collective body that can pool limited resources and work to impact health care reform's regulatory implementation.
  - Designed to allow our specialty to speak with one voice and one message

- **Why should you get involved?**
  - The 2010 health care reform law could force you to make a choice – become a hospital employee or end your practice.
  - Proposed regulatory changes could reduce your reimbursements by 20 to 40%.

- **Who is on the EM Action Fund Board?**
  - EMRA, ACEP, AAEM, ACOEP, SAEM
  - Physician groups, companies, individual emergency physicians

- [www.acep.org/EMActionFund](http://www.acep.org/EMActionFund)
How does ACEP decide what to do?

-- Democratic Representation

<table>
<thead>
<tr>
<th>30,000 ACEP members</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 Chapters</td>
</tr>
<tr>
<td>30 Sections</td>
</tr>
<tr>
<td>EMRA</td>
</tr>
<tr>
<td>AACEM</td>
</tr>
<tr>
<td>CORD</td>
</tr>
</tbody>
</table>

338 members of ACEP Council
How does ACEP decide what to do?
-- Resolutions & Council Meeting

Council

Board of Directors
How does ACEP decide what to do?
-- The Board of Directors

Alex Rosenau, FACEP
Immediate Past President
Jay Kaplan, MD, FACEP
President-Elect
Rebecca Parker, MD, FACEP
Chair Board of Directors
Paul Kivela, MD, FACEP
Vice President
John Rogers, MD, FACEP
Secretary-Treasurer
Steve Anderson, MD, FACEP
James J. Augustine, MD, FACEP
Vidor E. Friedman, MD, FACEP
John Mark Hirshon, MD, FACEP
Hans R. House, MD, FACEP
William Jaquis, MD, FACEP
Mark L. Mackey, MD, MBA, FACEP
Debra G. Perina, MD, FACEP

Michael J. Gerardi, MD, FAAP, FACEP
President
First EM physician to become AMA leader

Steven J. Stack, MD, FACEP
President Elect
Advocacy is OK, but I just want to be a Great Doc…

In addition to advocacy, what is ACEP doing to make it easier for me to practice emergency medicine and provide the highest quality care for my patients?
What is ACEP doing for me?  
-- Educational Opportunities

- **Scientific Assembly**
  - eCME

- Leadership and Advocacy Conference

- Teaching Fellowship

- EMBRS Workshop
  - Emergency Medicine Basic Research Skills

- Advanced Pediatric Emergency Medicine Assembly

- ED Directors Academy
What is ACEP doing for me?
-- Practice Resources

- Clinical Policies
- Policy Statements
- Reimbursement FAQs
- Contracts and Job Searching
- Free webinars
What is ACEP doing for me when I’m sued? -- Medical-Legal Support

- Litigation Stress Counseling
- Standard of Care Review Panel
- Online Resources
  - “So You Have Been Sued!”
  - Litigation Stress – a Primer
  - Medical-Legal policy compendium
What is ACEP doing for me?

--- Ethics

- ACEP Code of Ethics regularly reviewed for updates
- Reaffirmation Statement for use during litigation
- Formal ethics complaint process
What is ACEP doing for me?
-- Research Support

- EMF Research Grants
- Research Forum
  - Annual in conjunction with SA
- Emergency Medicine Basic Research Skills (EMBRS) Workshop

October 27-28, 2014 in Chicago, IL
www.acep.org/rf
How does ACEP support my career?
-- Become a Fellow

- Earn a mark of prestigious distinction in your specialty, become a FACEP

- Criteria include:
  - ACEP membership for three years after graduating residency
  - Board certification ABEM or AOBEM
  - Demonstrated leadership in emergency medicine (chapters, hospitals, committees)
How does ACEP support my career?
-- Networking Opportunities

- Sections, Committees & Chapters
- Conferences
  - Leadership and Advocacy
  - Scientific Assembly- follows Annual council meeting
- ACEP’s Official Blog – TheCentralLine.org
- Social Media
  - Facebook.com/ACEPfan
  - @ACEPnews
BE VOCAL! Make your opinion heard

Contact Congress

State Elected Officials
Find elected officials, including governors, state legislators, and more.

Search By ZIP Code:

Search By Last Name:

Select State:

American College of Emergency Physicians
ADVANCING EMERGENCY CARE

33
What you should do next