



The Abaris Group

# The TAG Line

The Abaris Group | *Innovative Solutions for the Emergency Care Field*  
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## Welcome

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Welcome to the inaugural issue of The Abaris Group (TAG) newsletter *The TAG Line*.

The *TAG Line* is designed to help keep you informed of recent emergency services news—regulatory changes, recently published studies,

new best practice strategies and more.

In this issue we look at a new project of The Robert Wood Johnson Foundation, the emergency care impacts of the recently-passed Medicare drug benefit, and several new and interesting

studies relating to emergency departments (EDs), trauma, and the ambulance industry.

Enjoy, and please email any questions or comments to [subscriptions@abarisgroup.com](mailto:subscriptions@abarisgroup.com).

## Robert Wood Johnson Initiative Addresses ED Crowding

The Abaris Group is proud to be among the senior faculty of a new \$4.6 million initiative of The Robert Wood Johnson Foundation called *Urgent Matters*.

*Urgent Matters* has three goals: to improve emergency departments' ability to respond to increasing volumes, to highlight the state of the health care safety nets in selected communities, and to publicize the program's findings to a wider audience.

To meet these goals, 10 communities across the country were selected to

receive funding and work with program faculty to increase understanding of their health care safety net and improve emergency department (ED) efficiency.

These communities are midway through their programs and have shown significant progress.

At the conclusion of this phase of program, the experiences of the participating communities will be shared with other communities across the country. A variety of on-line resources will be available, including



discussion groups, grantee reports, and detailed descriptions of successful innovations.

More information about *Urgent Matters* is available at [www.urgentmatters.org](http://www.urgentmatters.org). Or contact The Abaris Group faculty members on the project: Trish Carlson, RN, BS, CEN, at [tcarlson@abarisgroup.com](mailto:tcarlson@abarisgroup.com), Bev Ness, RN, BS, CEN, at [bness@abarisgroup.com](mailto:bness@abarisgroup.com), and Mike Williams, MPA/HSA, at [mwilliams@abarisgroup.com](mailto:mwilliams@abarisgroup.com).

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# Medicare Bill Implications for Emergency Care: \$1 Billion for Emergency Care to Undocumented Immigrants Among Provisions

The Medicare legislation signed into law on Dec. 8 is best known for creating a Medicare prescription drug benefit. However, it includes an abundance of other provisions, including many that specifically impact emergency medicine.

For example, the law, officially named the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, provides \$1 billion over the next four years to reimburse care for undocumented immigrants. These funds will be available from 2005 through 2008 to providers who were not otherwise reimbursed for emergency care to undocumented immigrants, subject to a formula that takes into consideration the estimated number of undocumented immigrants in each state and allots a portion of the funds to the six states with the greatest number of undocumented immigrants.

Other provisions of the law with an impact on emergency care:

- Provides a 2 percent rural rate increase for ground ambulance transport, a 1 percent rate increase for all other areas, an increased base rate for

trips originating in rural areas, and a 50 percent bonus for all trips over 50 miles no matter what the origination

- Offers ground ambulance payment using the national fee schedule or a blend of the national and regional schedules during a seven-year transition period
- Assures reimbursement for air medical transport at the air rate when such transport is needed
- Places a moratorium on development of physician-owned specialty hospitals and bans new development for 18 months while congressional studies are conducted
- Creates an EMTALA (Emergency Medical Treatment and Labor Act) Technical Advisory Group and makes other EMTALA modifications, including reforming procedures for hospitals and physicians facing EMTALA violations
- Adjusts the physician services fee schedule, replacing a scheduled 4.5 percent decrease in 2004 with a 1.5 percent increase, and replacing a projected decrease in 2005 with another 1.5 percent increase

- Provides an additional 5 percent payment increase to physicians in areas with physician scarcity from 2005 through 2007
- Increases the work geographic index for areas with costs below the national average to the national average level from 2004 through 2006
- Promotes expansion of residency programs in rural areas, small urban areas, and large urban areas in which a program is the only program for that specialty in the state
- Provides incentive payments to physicians participating in the new PPO program (Part C) who write prescriptions electronically
- Provides direction on how and when development of new Evaluation and Management (E&M) documentation guidelines may be implemented, ensuring physician involvement

Find additional information, including the complete text of the legislation, at [www.cms.hhs.gov/medicarereform](http://www.cms.hhs.gov/medicarereform).



*Funds will be available to providers who were not otherwise reimbursed for emergency care to undocumented immigrants...*



## Recent Studies & Reports

### Insured Patients Driving ED Volume Increase

Contrary to prevalent thinking, privately insured patients are driving recent increases in ED visits much more than uninsured patients, according to a recent study by the Center for Studying Health System Change.

The study reports that nationwide emergency de-

partment visits increased 16 percent from 1996-97 to 2000-01, reaching 108 million per year. Over that period, privately insured patient visits increased the most at 24 percent, Medicare visits increased 10 percent, uninsured visits increased 10 percent, and the number of

Medicaid visits was unchanged. Overall, 75 percent of the increase in ED visits was due to increased utilization per person rather than increased population.

The report is available online at [www.hschange.com/CONTENT/613](http://www.hschange.com/CONTENT/613).

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*Privately insured patient visits increased the most at 24 percent...*

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### Substantial Under-triage of Trauma Found in California

Nearly half of California patients in need of trauma center treatment are not receiving it, according to a recent study published in the November 2003 issue of the Journal of the American College of Surgeons.

The study estimated the need for trauma center care by computing Abbreviated Injury Scale (AIS) scores from discharge diagnoses and factoring in patient age and type of injury. Based on this meth-

odology, researchers found that between 1995 and 1997 only 56 percent of patients needing trauma center care were treated at a trauma center.

Among the study's other findings:

- 59 percent of those who needed trauma center care but did not receive it were within counties with designated trauma centers.

- Among patients ages 55 and older, only 40 percent of those who required

trauma center care received it (compared to 62 percent for those under 55 years of age).

- Among patients ages 55 and older with brain injuries, only 44 percent of those who required trauma center care received it (compared to 66 percent for those under 55 years of age).

- Efforts to understand why substantial under-triage is occurring are limited by

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*"Among patients ages 55 and older, only 40 percent of those who required trauma center care received it."*

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### Ambulance Industry Report Released by The Abaris Group

The Abaris Group has released a third Ambulance Industry Report. The new report, published in June 2003, includes a broadened analysis of the industry across the spectrum of provider types –

private, public, volunteer and others.

The report again looks at the industry's two largest providers, as well as the perennial "private v. public" debate. The report also takes a look at what the

future may hold for the industry.

The report is available for purchase at [abarigroup.com](http://abarigroup.com) or by calling toll-free (888) 367-0911.





## Study Finds Substantial Under-triage of Trauma in California

*(Continued from page 3)*

fragmented systems of care, inadequate data, and limited reporting from non-trauma centers.

A recent trauma system study by The Abaris Group found that potential limitations of the above methodology include the following:

- Patients may have not initially met

trauma triage criteria despite their discharge diagnoses.

- Patients may have had injuries that required transport to the nearest facility.

- Patients may have been transported to a non-trauma center hospital by private vehicle.

- Patients may have had injuries not

requiring trauma center care that the model failed to exclude (the model did exclude patients ages 55 and older with isolated hip fractures or falls not from a height).

More information on the study is available at [www.journalacs.org](http://www.journalacs.org).

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## About Us

The Abaris Group is a consulting firm that specializes in emergency and outpatient services. We provide clients with help on a wide range of topics including strategic planning, operational improvement, and financial enhancement to help them achieve their goals.

We pride ourselves on delivering value to our clients in the form of quality recommendations and strategies that work. To achieve this, we conduct detailed analyses, blending insight and experience from all spectrums of the healthcare and emergency care fields to meet our client's unique needs.

Whether it is evaluation of new programs, studies of existing ones or assistance with implementation, we will extend this superior level of service to you and your organization.

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