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The Abaris Group

The TAG Line

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In this Issue

> A California ballot initiative would fund emergency care through a phone tax.

> *Urgent Matters* reports the results of their study on patient crowding and the health care safety net.

> Maryland introduces a fund to reimburse trauma physicians and some trauma center expenses.

> The IOM applies their rigorous study process to the future of emergency care.

> CMS issues new guidance on EMTALA, including on-call coverage requirements.

> A web resource from CMS provides policy guidance for providers.

Enjoy, and please email any questions or comments to subscriptions@abarisgroup.com.

Proposed Phone Tax Would Fund Emergency Care

A California ballot initiative slated for the November election will ask voters whether they support increasing their phone bill to fund emergency care.

The initiative would increase the 911 tax on phone calls made within California to 3.7 percent. The tax would be capped at 50 cents for residential telephone customers, and seniors and low-income customers would be exempt.

The tax is projected to generate about $550 million annually. The funding would be divided among a number of groups, including 911 dispatch, emergency departments, trauma centers, emergency physicians, urgent care clinics, and prehospital providers.

Leading the support of the measure is a group called the *Coalition to Preserve Emergency Care*, which is comprised of organizations representing emergency care providers. The California Hospital Association was an early supporter but dropped its support in response to internal polls indicating a lack of public support.

“Failure to adequately fund the emergency care system will inevitably lead to its collapse,” said Wesley Fields, MD, president of the California chapter of the American College of Emergency Physicians.

The telecommunications industry has come out in strong opposition, running advertisements against the initiative and arguing that it is a case of one industry taxing another. They have formed their own coalition, called *Stop the Phone Tax*.

The outcome of the initiative promises to have a significant impact on California’s emergency care network and to provide a measure of the public’s future willingness to support emergency care with higher taxes.

In related news: Maryland has established a fund to support trauma care with a tax on vehicle registration fees [see story on page 2].

Inside this issue:

Urgent Matters Reports Results

The Robert Wood Johnson Foundation's *Urgent Matters Project* has completed its first phase and is now making its findings available.

As reported in our Jan/Feb issue, *Urgent Matters* spent the past year helping hospitals in 10 communities reduce overcrowding and helping communities understand the challenges facing the health care safety net.

A sample of these hospitals will report the results of their efforts during two webcasts on July 1 and July 22, 2004. These two webcasts are supported by funding from The Robert Wood Johnson Foundation and will be available at no charge. More information will be available at www.urgentmatters.org in the near future.

"We showed that hospitals can make huge improvements in patient flow, without breaking the bank. It's about focus, not money," says Bruce Siegel, MD, MPH, Director of the *Urgent Matters* National Program Office.

Also now available are safety net assessments that were developed for each of the 10 participating communities. Individual reports and a national summary report are available here.

In the coming months, Urgent Matters will develop additional tools to share the best practices developed, including a series of workshops and a tool kit.

For more information, visit www.urgentmatters.org.

"We showed that hospitals can make huge improvements in patient flow, without breaking the bank."
- Bruce Siegel, MD, MPH

Improving Patient Flow and Reducing ED Crowding: Findings from 10 Hospitals
Urgent Matters webcasts presented free of charge
July 1 & July 22, 2004, 1:00-2:30 PM EST
Visit www.urgentmatters.org for more information.

Maryland Implements Trauma Fund

In June 2003, Maryland passed a law establishing the "Maryland Trauma Physician Services Fund." The fund provides for increased trauma physician reimbursement and helps trauma centers pay for coverage. More than $8 million will be distributed from the fund in the coming weeks.

The fund provides for the following:

> Reimbursement to trauma physicians for trauma services provided to uninsured patients at up to 100 percent of the Medicare rate

> Reimbursement for trauma services provided to Medicaid patients at up to 100 percent of the Medicare rate

> Reimbursement to Level II and Level III trauma centers for on-call stipends associated with maintaining trauma specific physicians

In addition, the law authorized inclusion of trauma physician stand-by costs in the hospital's Health Services Cost Review Commission (HSCRC) recognized rate.

The funding is financed through a $5 surcharge added to vehicle registration renewal fees. The physician funding is available only to physicians treating patients listed in the Maryland Trauma Registry.

More information is available here.

IOM Study Looks at Future of Emergency Care

As reported in our Mar/Apr issue, the Institute of Medicine (IOM) of the National Academies has undertaken a study entitled "The Future of Emergency Care in the United States Health System." *The TAG Line* recently spoke with project co-director Shari Erickson to learn more about the scope of the project and the IOM's study process.

The Scope

Initially the project was to be conducted by one committee. However, at the request of the project's sponsors, the scope has been expanded to include three subcommittees focusing on pediatric, prehospital, and hospital emergency care issues.

Under the current scope, the subcommittees will deal with their specific topic areas, while the main committee will address broad system issues and tie together the common threads identified by the subcommittees, such as rural care or financing issues.

Ultimately, each of the four committees will produce a report on their findings.

The Process

Under the IOM program model, the committees receive information to develop an evidence base, analyze this information, develop draft versions of their findings, and then have their drafts peer reviewed before final versions are released.

During the information gathering stage, the program invites both formal and informal input from interested parties [see note below on contacting the project co-directors]. In addition, literature reviews are conducted and white papers are commissioned to provide further review of the literature or primary research if needed. Efforts are made to pull together the evidence base wherever it exists.

When the committee meets, there are open sessions for public input and participation, but committee discussion occurs behind closed doors to promote the confidential and candid nature of the process. Committee members are encouraged to represent their own views rather than those of the organization they work for.

Reports are completed several months in advance of their final release. At this stage, the reports are provided to anonymous peer review committees which mirror the expertise of the project committees. The project committees respond to every comment received before issuing their final reports. The peer review process serves both to ensure the credibility of the reports and determine whether anything should be added or reconsidered.

The Result

According to Erickson, the work of the committees is expected to result in reports that "will explore the strengths, limitations, and future challenges of the emergency care system in the U.S., describe a desired vision of that system, and recommend the strategies required to achieve that vision."

The committees' reports are expected to be released in late 2005 and early 2006.

Presentations Available

In the meantime, all of the presentations given to the committees are available for download from the project web site. Among these is a presentation on local EMS systems given by Mike Williams, president of The Abaris Group. Click here to access the agendas and presentations for each meeting.

Share Your Perspective

Anyone interested in providing input for the study may contact the project co-directors at serickson@nas.edu or rgiffin@nas.edu.

For additional information, visit the project web site at www.iom.edu/emergencycare.

EMTALA Interpretive Guidelines Released

On May 13, 2004, CMS released Interpretive Guidelines for its surveyors to use in enforcing the new EMTALA regulations released in November 2003. The Guidelines include clarification of several points regarding on-call coverage:

> Hospitals must have policies to provide back-up coverage for instances when the on-call physician cannot respond; plans for appropriate transfer may be substituted when back up call in not feasible.

> If an on-call physician takes call selectively or otherwise fails to arrive when called, both the physician and the hospital may be in violation of EMTALA.

(Continued on page 4)

EMTALA Interpretive Guidelines Released

(Continued from page 3)

> Hospitals are responsible for ensuring that on-call physicians arrive within a reasonable amount of time, and the expected response time should be stated in minutes in the hospital's policies.

> On-call physicians may not have patients redirected to their offices in place of the physician coming to the ED except under limited circumstances when it is medically necessary and the office is at the same facility.

> If an on-call physician requests that a non-physician practitioner see a patient on their behalf, the on-call physician nonetheless remains ultimately responsible for the patient.

> Telemedicine may be used by an on-call physician only when it is not possible to reach a patient due to geography.

The complete interpretive guidelines are available here.

A further detailed analysis of the Guidelines is available from the law firm of Foley & Lardner LLP here.

Medicare Policy Guidance Available Online

The Medicare Learning Network (Medlearn) provides a web site "for training and to expand provider and physician awareness of growing issues." Articles designed to help providers understand new or changed Medicare policy are available. Click here to access the site.

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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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