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The Abaris Group

The TAG Line

The Abaris Group | *Innovative Solutions for the Emergency Care Field*
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Inside this issue:

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New Survey Highlights Differences In On-Call Coverage Compensation

A new survey conducted by the Medical Group Management Association (MGMA) highlights the disparity in physician specialist emergency department (ED) on-call compensation. The survey found that 62 percent of on-call providers do receive additional compensation for on-call coverage. In addition, the survey discovered a wide array of compensation rates by region, by specialty, and by composition of the specialty group.

Specifically, neurosurgeons had the highest daily compensation with an average of $2,000 for surveys returned, while pediatricians and urologists were compensated on average at $895 and $500, respectively. A physician also received higher compensation if they were in a multi-specialty group rather than a single-specialty group.

The regional discrepancies in compensation also varied by specialty. For example, neurosurgeons in the Eastern US received 71 percent more than those in the West. But, general surgeons in the Midwest received double the rate of those in the East.

According to MGMA consultant Jeffrey Milburn, "Historically, on-call duties have been sporadically compensated by hospitals. However, we're seeing more hospitals compensating physicians and we're seeing hospitals paying more."

The Abaris Group has conducted many of its own physician on-call compensation surveys in the past and has revealed similar compensation rates for the US. In a 2007 survey, TAG found the following average daily compensation rates:

- Neurosurgeon: $1,593
- General Surgery: $1,006
- Pediatrics: $290

In a 2008 survey, TAG found that, in California, trauma surgeons receive an average of $2,000 per day, orthopedic surgeons receive $1,400, and neurosurgeons receive an average of $1,290 for a call day. In some cases, neurosurgeons receive as much as $3,200 in daily compensation. The substantially higher neurosurgeon stipend is largely driven by a drought in that specialty in the state. Despite these averages, there were still a few California hospitals who compensated on-call physicians below the national average or provided no compensation.

In spite of the MGMA survey data, The Abaris Group finds that

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Upcoming Webinars:

No Webinars Are Currently Scheduled for 2009.

View the Products section of our website for CDs of previous Webinars.

Ask Abaris Column:

This new section of our newsletter will publish one question from a TAG Line reader, to be answered by one of our senior healthcare consultants. Send an email with your question to: askabaris@abarisgroup.com

Emergency Department Designed Specially for Seniors

In November 2008, a new type of ED opened in Silver Spring, Maryland that is specifically designed for elderly patients. Holy Cross Hospital built the new geriatric ED adjacent to the hospital's main ED as an ED with its own entrance. The facility accepts all patients that are 65 and older, unless they are trauma patients.

Prior to construction, consideration was given to the smaller details, including choosing wall paint colors that are easier on aging eyes, and extra thick mattresses to reduce pressure for patients while they are in the ED's bed. The patients are monitored on smaller cell phone-sized heart monitors that provide better maneuverability.

In addition to the specialized design aspects of the ED, it also contains specialized staff. Doctors and nurses are trained in geriatric care and there is also a full time geriatric social worker.

The social worker checks on each patient's comfort and ensures that they receive all of the necessary information regarding their care while at the ED. In addition, the social worker will often call a patient the day after discharge to ensure that the patient is clear about the doctor's discharge orders.

Elderly patients make up a large portion of hospital visits and Holy Cross argues that the high-speed care in most ED is not conducive to the needs of the elderly. While a large number of elderly patients present in the ED with acute issues such as heart attacks or strokes, a number of them also have chronic conditions that require more care. It is in the latter cases that the Holy Cross senior ED comes into play. Where many EDs may have the propensity to treat the patient's acute issue and then discharge them, the senior ED has the ability to devote more time to those elderly patients with chronic conditions and potentially reduce readmission.

The senior ED is the first of its kind in the US. Only time and research will inform us of the longevity, the ability to generalize, and effectiveness of such a specialized ED.

Additional information can be found on the Holy Cross Hospital website.

A New Way To Track Performance Through ACEP's ED Data Institute

The American College of Emergency Physicians (ACEP) has recently developed a data collection and analysis program to allow hospitals to track their performance and compare with other hospitals in the US.

The ED Data Institute (EDDI) will provide participating hospitals with monthly performance reports on a quarterly basis. These reports will include data on throughput, length of stay , volume, and resource utilization. In addition, the hospitals will be able to compare their performance, staffing ratios, and payer mix with other similar hospitals.

To participate in the program, hospitals must send ACEP two days worth of charts each month and fill out baseline and monthly surveys. The cost of service is $600 per month plus $4 per chart that is abstracted for the two-day-per-month sample.

ACEP's president, Nick Jouriles, MD, hopes that the EDDI program will provide a credible comparison between hospitals and allows best practices to stand out for others to emulate.

Further information regarding the EDDI program can be found here.

Source: "ACEP's New Emergency Department Data Institute Helps EDs Track Their Performance." ACEP News, February 2009.

EDDI
Emergency Department Data Institute
Measure – Compare – Excel

Georgians Lobby For More Trauma Funding

On February 23rd, Georgia's state capital was met with hundreds of residents, emergency medical service providers, and trauma survivors who rallied for more funding for a statewide trauma network. Rally participants attempted to sway state legislators to vote for measures that would help expand the current trauma system.

The Medical Association of Georgia has expressed that the state is in need of 25 to 30 trauma centers and has supported three measures to fund the expansion. The three bills that the Georgia state legislature will consider, involve fees for automobile license plate, phone services, wireless devices, and additional fines for speeding motorists. Supporters believe that these fees will generate approximately $100 million, which can assist in maintaining the current system, while additional funding sources can be generated.

A recent survey of the public by the University of Georgia Survey Research Center discovered that 69 percent of the respondents were willing to pay $25 per year to help fund the trauma system. In addition, 88 percent believed that the state government was responsible for maintaining a trauma system.

New The Abaris Group Website To Be Launched Soon

In the coming months The Abaris Group will launch a new website with a new look. The new website will be complete with past reports and projects, video clips, a blog to facilitate discussions on issues important to our clients and TAG Line readers, and a secure retail site to purchase TAG products.

Stay tuned for its release!

Ask Abaris

Welcome to the TAG Line column where our senior consultants answer your questions

If you have a healthcare question for one of our consultants, send an email with your question to: askabaris@abarisgroup.com

Minnesota Begins First Community Paramedic Course In US

In an effort to expand the scope of rural paramedics, the Community Healthcare and Emergency Cooperative (CHEC) teamed up to create the first "community paramedic course." The CHEC is comprised of EMS and rural health leaders from Minnesota, Nebraska, Australia, and Canada. The collaborative was formed with the goal of developing a new community health provider model for rural and underserved communities.

The program has designed modules in primary care, public health, disease management, prevention and wellness, mental health, and dental care. Community paramedics that take these courses can broaden their knowledge in other areas of healthcare while filling a healthcare gap in the community. According to Anne Willaert, MS, who helped to develop the curriculum, the CHEC "interviewed EMTs and paramedics from rural communities...Many said they were the 'go-to' person in the community...and want to do more than quick emergency treatment."

Ten paramedics, with varying backgrounds and occupations, have enrolled in the programs' pilot project at Hennepin Technical College. The collaborative will use the pilot to evaluate the effectiveness of the program.

The programs' website states that the curriculum can be adapted to meet the needs of other communities and can thrive "through the combined efforts of those that have a stake in maintaining the health and well-being of its residents."

More information can be found on the CHECs Community Paramedic website.

Access To Emergency Medical Services Act Reintroduced

Lawmakers have recently come together to reintroduce the Access to Emergency Services Act (AESA) to Congress. Attempts to pass a similar bill in 2007 failed. The legislation, if passed, would create a commission to evaluate factors that affect emergency care and ask the Centers for Medicare and Medicaid Services (CMS) to develop standards, guidelines, and measure to address both boarding and diversion. In addition, the lawmakers included a provision that would increase Medicare reimbursement for ED staff by 10 percent. On-call specialists would also benefit from the 10 percent increase.

The lawmakers intend to fund the Act through the cost savings that are estimated to occur through the Economic Stimulus Act. According to the Congressional Budget Office (CBO), the government could save at least $12 billion if health facilities adopt the electronic health record and health IT provisions which has incentives in the stimulus law. The supporters of the AESA hope that those savings will help to balance the costs of the law.

For further detail regarding the proposed legislation, click here.

New Emergency Care Coordination Center Established

In a positive move toward achieving improved emergency care in the US, the Department of Health and Human Services (DHHS) established the Emergency Care Coordination Center (ECCC). The new branch of the DHHS will work primarily to improve the government's coordination of hospital emergency medical care.

The ECCC will also be responsible for leading efforts to promote and fund emergency and trauma medicine research, promote more effective emergency medical systems, and promote local, regional, and state emergency preparedness.

Also, within the ECCC, a Council on Emergency Medical Care (CEMC) was established to jump start collaboration and coordination with other federal agencies. The council will also provide policy guidance regarding the nation's emergency medical care. The CEMC contains emergency medical system experts as well as government representatives.

Further detail is provided on the DHHS website.

Alternative Sources of Grant Funding For Fire Departments

In a recent article from EMSResponder.com, Brian Vickers, a leading financial planning and grant consultant, discusses lesser known grant sources that fire departments can take advantage of. According to Vickers, only one in six grant applications get funded and most organizations are focusing on the big players, such as Assistance to Firefighters Grant Program (AFG), Fire Prevention and Safety (FPS), and Staffing for Adequate Fire and Emergency Response (SAFER).

In addition to those grant programs, there are plenty of other funding programs to assist with funding a fire organization, including:

- US Department of Agriculture—Rural Community Development Program
- US Department of Housing and Urban Development—Community Block Development Grants
- US Department of Forestry
- Other private foundations

The article also mentions that more recently insurance companies are providing assistance to fire services.

Despite marginal economic progress nationally, the recession is still hitting hard in most communities and is expected to continue for some time. Some communities have already begun cutting funds for fire services and more may follow. In these times, organizations may need to find creative solutions to attain the funds they need to provide quality services to their community.

For the EMSResponder article, click here.

Below are links for other grant programs:

- FEMA Assistance to Firefighter, Fire Prevention & Safety and SAFER grants
- U.S. Department of Agriculture - Rural Community Development Program
- U.S. Department of Housing and Urban Development - Community Block Development Grants

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On-Call Compensation, *continued*

(Continued from page 1)

as you go from east to west and that the on-call compensation rates increase. So from southern California to northern California, with northern California hospitals paying some of the highest rates for on-call specialists in the country.

Further detail on the MGMA can be found here.
The MGMA survey can be purchased here.

Grant Funding, *continued*

(Continued from page 4)

- U.S. Department of Forestry Volunteer Fire Assistance and Rural Fire Assistance Program
- Foundation Center
- Fireman's Fund Heritage Program
- The Wal-Mart Foundation
- Microsoft Grants
- FM Global Fire Prevention Grant Program
- General Electric Grants

Recent Webinars:

Audio CDs Now Available For:

Optimizing ED & Trauma Center Payments

Are EDs and Trauma centers doomed to be classic hospital money losers or are they simply *designed* to lose money?

Medicare's 2009 Changes for EDs and Trauma Centers

In November, the CMS released the final changes for the 2009 outpatient fee schedule for Emergency Departments and Trauma Centers. This Webinar evaluates the impact and strategies for adapting to the changes.

For more detail on purchasing these CDs and to register for future webinars, please
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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.

For more information, visit www.abarisgroup.com or email subscriptions@abarisgroup.com.

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