EMERGENCY MEDICINE

THE "SAFETY NET" OF AMERICAN HEALTH CARE

FLORIDA COLLEGE OF EMERGENCY PHYSICIANS
A CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

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The "Safety Net" of American Health Care

The emergency departments of Florida's hospitals provide the "Safety Net" for the health care system. Emergency physicians see all patients who present for help, regardless of their ability to pay. Nationwide, one in three Americans will seek care in an emergency department, often because they cannot be seen elsewhere. Data from an article published in the ***Annals of Emergency Medicine*** in October of this year indicate that emergency physicians in Florida are one of the major providers of care for the underinsured and uninsured.

As a group, emergency physicians often confront emerging social problems such as gang violence, elder abandonment or abuse, drug and alcohol abuse and domestic violence long before the general population is aware of the problem. Because of this exposure, emergency physicians have been among the first to advocate improved access to care for all citizens, drug and alcohol treatment centers, domestic violence intervention programs and greater societal support for the elderly.

The Florida College of Emergency Physicians, established in 1971, is a chapter of the American College which represents over 25,000 practicing emergency physicians in this country. These physicians are trained to provide initial evaluation and treatment of minor to severe medical/surgical problems for patients of every age. This treatment is available 24 hours a day, 7 days a week.

There are many challenges facing emergency physicians. Urban emergency departments are overcrowded and unable to provide the services their patients need. Funding for trauma and EMS programs is in jeopardy.

Unfunded and underinsured patients seek care at emergency departments because of their inability to be seen in a reasonable period at state-funded clinics. Many patients have difficulty obtaining appointments to be seen at a private physician's office. Since other physicians are not required to see non-paying patients, these patients often have no alternative other than seeking care in the Emergency Department. Emergency physicians are, in fact, the "Safety Net" of the healthcare system.

Perhaps noted health economist Ewe Reinhardt stated the emergency physicians' contribution best in his 1991 Christmas card greeting, "America has 1,000 points of light that radiate private charity; of these, 995 are located in the emergency departments of America's hospitals."

What is Emergency Medicine?

- Emergency Medicine is the "**safety net**" for America's health care system, seeing **all patients regardless of complaint, time of day, or ability to pay.**

- Approximately **one in three Americans seek care per year** in the Emergency Department, sometimes because they cannot gain access to health care elsewhere (92 million visits per year).

- Emergency Medicine may be defined as:

  A primary care specialty with additional expertise in the management of critically ill patients.

  OR:

  A critical care specialty that treats 50 million primary care patients per year because they have no other place to go for care.

- **Emergency Medicine is a recognized specialty** of medicine with a formal certification process.

- The specialty of Emergency Medicine is designed to **provide care 24 hours per day, every day of the year.**

- The practitioners of Emergency Medicine have daily "**front line**" **exposure to many social problems** including drug and alcohol abuse, gang violence, child abuse and elder abandonment, domestic violence, infectious disease epidemics and sexually transmitted diseases.

> **"America has 1,000 points of light that radiate private charity; of these, 995 are located in the emergency departments of America's hospitals."** - *Ewe Reinhardt.*

Who are the emergency physicians?

- Emergency physicians have **unrelenting dedication** to the needs of patients - this is the bedrock of our values.
- Emergency physicians are patient advocates who believe that **basic medical care is a fundamental right.**
- Emergency professionals provide **intervention and referral** for patients needing public health services, such as alcohol or drug detoxification.
- Emergency doctors actively practice and promote **injury and disease prevention.**
- Emergency physicians are the only specialists who see **all patients** regardless of complaint, time of day, or ability to pay.
- Emergency physicians are trained to **provide initial evaluation and treatment** of medical and surgical problems for patients of every age.
- Many emergency doctors have **three to four years of residency training** following their medical school training.
- Emergency professionals are <u>NOT</u> interns, hospital housestaff, or rotating medical staff.
- E.D. physicians are **based at the hospital** but are <u>NOT</u> generally hospital employees.
- Emergency specialists do <u>NOT</u> **have private office practices.**
- The American College of Emergency Physicians represents over 25,000 emergency physicians in this country, 750 who are members of the Florida College of Emergency Physicians.
- Emergency physicians of Florida provide a high percentage of primary care to **Medicaid patients and the working poor.**

Who goes to the Emergency Department?

- Kids, adults, and seniors needing primary care
- Mothers who are ready to deliver their babies
- People with cuts and bruises
- Citizens involved in major accidents
- Patients with heart attacks and cardiac arrests
- Friends with severe breathing problems
- Kids and adults with fevers
- Folks with broken bones or burns
- Relatives with high blood pressure and strokes
- Associates with back pain or abdominal pain
- People with toothaches and infections
- Persons with internal bleeding
- Adults and adolescents with overdoses or suicides
- You and your family

What societal problems are addressed daily?

- Drug and alcohol abuse
- Child and spouse abuse
- Elder abuse or abandonment
- AIDS patients
- Gang and domestic violence
- The homeless
- The working poor
- Suicide
- Sexually transmitted diseases

What is the problem?

- The present HRS Clinic system is **overloaded; therefore, it cannot provide the acute and follow-up care** necessary. This leads to a direct increase in the Emergency Department patient volume across Florida.
- **Emergency physicians are required by law to examine and treat all** patients who arrive for evaluation and treatment. The resultant **overcrowding jeopardizes the care of critically ill** or injured patients.
- The volume of patients presenting to Florida's Emergency Departments requires more physician coverage than can be provided at today's reimbursement levels.
- These emergency physicians, who have historically provided a **very large percentage of primary care** to the Medicaid patients, have had a significant reduction in reimbursement.
- Reduced payments to emergency physicians will <u>NOT</u> reduce Medicaid patient volume. Unfortunately, it reduces the quantity and quality of both physician and physician extender coverage in Florida's Emergency Departments. This directly leads to **diminished access to emergency care for all of us.**

What has occurred?

- Effective January 1, 1992, there was a 30% reduction for all codes except primary care office visits, obstetrical fees and immunizations.
- The **only** primary care specialty affected by this 30% reduction is Emergency Medicine.
- **New CPT** (Current Procedural Terminology) **codes** became effective March 1, 1992 resulting in **up to 48% lower payments** compared to the 1991 levels.

  Note: The payment level for these new codes, termed Evaluation and Management codes (E/M codes 99281 to 99285), was determined by combining the 1991 new emergency visit codes (90500 to 90520) with the 1991 established visit codes (90530 to 90580) resulting in much lower reimbursement level as compared to the 1991 new visit codes.

Background information

- Emergency physicians are significant **Primary Care Providers** for the working poor, indigent, and Medicaid population of Florida due to lack of other medical access.
- 75% of Emergency Department Medicaid visits have historically been for **Primary Care problems.**
- **Medicaid** patients comprise **10 to 35% of total patient volume** in Florida's Emergency Departments.
- Unfunded patients represent an **additional 20 to 60%** of total patient volume.
- Emergency Medicine is the only specialty with **100% acceptance of Medicare assignment.**

Why do Medicaid patients visit local Emergency Departments?

- Most patients **perceive their condition as an emergency.**
- There are **significant delays** in being seen at the state supported public health neighborhood clinics. These delays have increased with budget reductions.
- Insufficient physician coverage coupled with large patient volume results in an inability to provide timely **follow-up appointments** by public health clinics.
- Very few **private physicians** accept the Medicaid patients into their practice. Accordingly, patients are unable to access either **initial or follow-up care.** Lack of the private physician involvement results in an **ever increasing E.D. patient volume.**

The emergency physicians' desire for all citizens, including the working poor, medically indigent, and the Medicaid patient is to have access to care. Preventative care is the ideal, but is not currently available in our present system. Preventative and follow-up care are more appropriately provided by private physicians or neighborhood clinics. Acute care is most effectively provided by the emergency physicians. The "Safety Net" of Florida's healthcare, the Emergency Department, cannot survive without reasonable and adequate funding.

What are the effects of the current Medicaid decision?

- There is an **inability to provide the necessary staffing** at many Emergency Departments because of reliance on Medicaid reimbursement to help defray staffing costs.
- There is a **reduced ability to recruit and retain qualified emergency physicians** in Florida.
- The overall effect is a **decreased access to care** for not only the Medicaid, medically indigent, and working poor, but also for the remainder of patients seeking emergency care.

What needs to be done?

- Retroactive to January 1, 1992, reimburse emergency physicians for the service codes 90500 to 90520 at the level of payment in existence in 1991.
- Directly equate the 1991 new patient CPT exam codes 90505, 90510, 90515, 90517 and 90520 with the new 1992 CPT Evaluation and Management codes 99281, 99282, 99283, 99284 and 99285 as follows:

1992 CPT E/M Codes	Payment Level
99281	$ 28.00
99282	$ 34.00
99283	$ 45.00
99284	$ 65.00
99285	$ 75.00

- Emergency physicians accept the present 30% reduction for all procedure codes (excluding the Evaluation and Management codes 99281 through 99285).

Why do emergency physicians need a higher reimbursement rate?

1. Stress Factors

- Five to ten percent of emergency patients require life-saving procedures that result from cardiac or respiratory arrest or major trauma.
- Emergency physicians have limited or no access to a patient's past history and must, therefore, take a complete history with each visit..
- Fewer and fewer private physicians accept Medicaid patients. Resources for referrals are scarce.
- Increasing patient census in ED's lead to long waiting times. Patients are angry and frustrated and display a lack of trust for the system that fails to meet their needs.
- Emergency physicians have limited time to establish rapport with patients because of the increasing volumes and severity of presenting conditions.
- Emergency physicians are repeatedly exposed to life's most painful traumas - child, elder and spouse abuse, AIDS, violence and untimely death.

2. Financial considerations

- The emergency physicians have the **same overhead as office based practitioners** in the following areas:

  Physician group offices

  Staff secretaries, attorneys, accountants and managers

  Office supplies, furnishings and equipment

- **Recruitment expenses** are usually higher, often approaching $18,000 to $20,000 per physician.

- **Malpractice** rates are three (3) times greater than other primary care providers such as pediatricians or family physicians.

- Medicare agrees with the above and has assigned a **46.8% overhead rate for emergency physicians** in the November, 1991 ***Federal Register.***

- Emergency physician groups must pay the physicians for **"Stand By Time"** during the early hours of the morning (2 am to 5 am) when volume is low or non-existent. **This expense far overshadows the expense of the office based physician's nursing personnel.**

3. High volume of uncompensated care

- Private physicians have a 95% collection rate. Emergency physicians collect less than 50% of outstanding debts.

- Many private physicians often refuse care to the working poor or uninsured. They simply refer these patients directly back to Emergency Departments!

- As stated in ***The Annals of Emergency Medicine,*** October, 1992, each Florida emergency physician provides $103,700 of uncompensated care per year.

What is happening with this significant decrease in physician revenue?

- There are **diminishing numbers of emergency physicians and physician extenders** to staff the Emergency Departments of our state.
- **Many rural hospitals have closed** leaving large groups of people with no emergency care. These facilities cannot provide inpatient care or afford to financially help the emergency group maintain coverage in their Emergency Departments.
- **The Emergency Department at a major Florida teaching hospital has lost funding for one full-time and all part-time clinical faculty.**
- Many Emergency Departments have **closed "fast track" sections (areas to treat mild to moderate illness or injury)** because of inability to pay physicians or physician extenders.
- The ability for emergency physician groups to **provide double coverage physicians or physicians assistants (P.A.'s) is decreasing significantly.**
- **The practice quality of life is diminishing** for emergency physicians thus **forcing many to leave or not come to Florida.**
- **Decreasing hourly wage** makes it more **difficult to recruit and retain emergency physicians.** These doctors can choose another state with more reasonable reimbursement rates.

How is access to care being affected by these changes?

- With **no fast track or double coverage** in the non-academic centers, there is an ever increasing waiting time for all patients.
- Since the academic centers and county facilities are **losing faculty and resident positions,** the already long waiting times are continuing to increase.
- All citizens, due to diminished physician staffing, are included in this diminished access.

  Rescue patients wait longer with an increased chance of morbidity or mortality.

  Waiting time for ambulatory patients in may arenas is approaching or exceeding 10 to 12 hours.

This crisis affects all Floridians!

- Legislators; the fully insured; the working public, rich and poor; children; the elderly; and Medicaid recipients all have less access to care for themselves and their families. This affects you and me.

Where will you go or how long will you or your family have to wait when the following happens to you or your loved ones?

- Your heart attack
- Your son's auto accident
- When you cut yourself at home
- The next time your son, daughter or grandchildren develop a significant fever or falls receiving an obvious fracture

The "safety net" for Florida healthcare is being destroyed- Help us preserve it for all Floridians.

LEGISLATIVE BRIEF

Medicaid payment for Emergency Department patients

Emergency departments and **the provision of emergency care** to many Floridians and visitors to the state **have been critically affected** by recent cuts in Medicaid reimbursement for emergency physicians. If left unchanged, these budget cuts will result in a substantial decrease in the public access to quality emergency care. **All citizens will be affected.**

The recent cuts have resulted in approximately a **one third to one half decrease in Medicaid reimbursement for emergency physicians.** These cuts must be considered in the entire context of emergency medicine.

Emergency departments treat a significant number of the medically indigent and working poor. Emergency physicians have **historically received payment for less than half of all care provided** prior to this reduction.

The percentage of **Medicaid patients** treated in emergency departments is very high **(10 to 35%)** with most of this care being **primary care.**

Emergency physicians are always available to treat patients in need of care, even when **public health clinics are over capacity** and unable to provide care, or when patients are **unable to find private physicians** who will accept Medicaid. The acute and follow-up care for the Medicaid patient is a growing problem.

Emergency Departments provide care for the ill and injured 24 hours a day/365 days per year. Emergency physicians care for all persons **regardless of their ability to pay.**

If the recent cuts are not restored, the results will be an inability to afford to provide coverage at Florida's Emergency Departments with qualified emergency physicians. **Access to emergency care will be decreased for all persons in need of such care.** Waiting times for patients in need of emergency care will increase. The provision of emergency care will be jeopardized throughout the state.

The following amendment is proposed for incorporation into the budget:

SUGGESTED AMENDMENT:

Increase the appropriation from the General Revenue Fund by $5.5 million.

Proviso Language: Increase the reimbursement for the Evaluation and Management (E/M) codes included in the Emergency Department Services section of the 1992 Physician's Current Procedural Terminology (CPT) to rates equivalent to the December 31, 1991 rates.

The proposed methodology will be to equate:

The 1991 CPT Exam Code 90505 to the 1992 Evaluation/ Management Code 99281; **90505 = 99281**
The 1991 CPT Exam Code 90510 to the 1992 Evaluation/Management Code 99282; **90510 = 99282**
The 1991 CPT Exam Code 90515 to the 1992 Evaluation/Management Code 99283; **90515 = 99283**
The 1991 CPT Exam Code 90517 to the 1992 Evaluation/Management Code 99284; **90517 = 99284**
The 1991 CPT Exam Code 90520 tot he 1992 Evaluation/Management Code 99285. **90520 = 99285**

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