

MISSOURI EPIC

EMERGENCY PHYSICIANS INTERIM COMMUNIQUE
Missouri College of Emergency Physicians

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It's Your Government, So Get Involved!

By Betsy Morgan

A representative form of government rules us in America. This means that our government is only as good as those individuals who choose to participate in its processes.

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This participation can occur in many ways beyond actually running for a political office or working for government. Participation is also possible through your interaction with government. This interaction can occur on many different levels and in many different degrees.

You already participate in government through your membership with MoCEP. MoCEP is involved in the political process in two ways. First of all, MoCEP participates in government through their lobbyists. These individuals carry the concerns and desires of MoCEP members to the legislators and bureaucrats who make decisions that affect emergency physicians every day.

Secondly, MoCEP participates in state government via EMPAC, or the Emergency Medicine Political Action Committee. This is a fund that you, as members, can contribute to. This fund is used only for political contributions to candidates running for office in Missouri.

While your participation in MoCEP is very important to our organization. It is even more important for you to personally participate in the political process in this state. There are three easy ways for you to do this. They are all important and all require different commitments as to time and money. Everyone who reads this newsletter should be able to participate in government in at least one, if not more, of these three ways.

Get to Know Your Legislator

When the next legislative session begins in January 2003, there will be many new faces, approximately 90 to be exact. Term limits have taken effect and because of this these new faces will be newly elected members of the Missouri House and Senate.

While your involvement with the political process has always been extremely important, term limits makes this involvement critical. These new legislators come

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from the communities in which you live. These new legislators will want to help, but they can only help when they know the issues and how these issues affect you, their constituents. What better way to learn the issues than from those members of their communities and districts who work in emergency medicine every day? You are our best contact with these individuals.

For our voice to be heard it is imperative that you meet the candidates in your area. Get to know them and let them get to know you. When January comes their first thought should be to call you when legislation comes across their desk affecting emergency medicine.

This task may sound daunting to many of you, but remember they need you right now just as much as you need them. Don't be intimidated—your ideas are important. Remember no one knows more about the field of emergency medicine than you.

So get out and meet your candidates. Call them for lunch or visit with them at the next community event. Time invested now will reap great benefits during the coming session.

Contribute to EMPAC

If you feel you don't have the time to go out and begin a relationship with your legislator, you can become involved through your donation to EMPAC. We realize that the idea of contributing to EMPAC might be met with some skepticism. Are we buying influence with this money, you might wonder. We, at MoCEP, would like you to think of it in a different way.

When you need help, who do you call upon? A stranger you see on the street or your friends? We, as human beings count on our friends. This is how you should think of EMPAC. It costs money to run an election. We support candidates that share our same views. Like it or not, it takes money to win and we cannot ignore that fact. TV, newspapers and mailings are not free. If our friends cannot afford these they cannot win, because their opponent will have friends that will support them.

It's perfectly legal and completely above board as contributions are reported in full to elections officials and the Missouri Ethics Commission—and it's a way to come to our legislative friends' aid, just as they have come to our aid on issues such as prompt pay reform and opposing the repeal of Missouri's motorcycle helmet law.

Contributions from a political PAC is just helping a friend in need. Won't you join us? If you could give at least one hour's pay, or approximately \$100.00, EMPAC could build the funds to make our voice heard in these numerous upcoming elections and in the coming legislative session.

Get out and Vote

The easiest way to get involved in the political process is to exercise your right to vote. As the old adage goes, "one vote can make a difference." This was never more evident than in the primary elections where several of the races were won with 30 or fewer votes. Do your research, find out about the candidates and where they are on the issues that are important to you. If you have any questions, regarding races in your area, feel free to call our office for assistance in contacting the campaign offices.

No matter how you decide to get active, either by meeting with the candidates or legislators in your area, contributing to EMPAC or exercising your vote, the most important thing is to do something. Be an active participant in your government and make sure your voice and the voices of emergency physicians are heard.

Remember, like most things in life, you get out what you put into it. The same goes for the legislative processes that, along with the executive and judicial branches, govern our lives in this great nation.

Your Ideas can Generate Dollars for the Chapter!

Do you have a terrific idea for a project that you'd like to the chapter to fund? Are there chapter needs that you think we could meet, if only we had the dollars to do them?

If so, get in touch with the chapter today. Your ideas could bring dollars to the chapter through the chapter grant program.

The Board of Directors of ACEP approved \$45,000 for this year's chapter grant program, of which up to \$13,500 is earmarked for chapter development grants.

ACEP President-Elect Michael L. Carius, MD, FACEP, said "I strongly encourage your chapter to submit applications for the chapter grant program. Many innovative ideas that help advance the specialty of emergency medicine have come from chapters through the chapter grant program over the last 19 years since it began. During the 19 years of the chapter grant program, a total of \$540,518 was awarded to chapters."

The chapter grant packets were mailed in July to chapter presidents and executive directors to allow time for the chapters to work with members to develop ideas and submit them as letters of intent.

Contact the chapter office or chapter president for the application or receive it by ACEP on FAX (800-406-2237) or download it from the Internet at ACEP's home page (<http://www.acep.org>). The postmark deadline for all letters of intent is **January 4, 2003**.

If you submit your ideas now, our chapter will meet that deadline. Call, write, email or fax your suggestions today to



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Emergency Department Overcrowding

New program aims to relieve ED crowding, improve care delivery!!

The Robert Wood Johnson Foundation today unveiled a new program, "Urgent Matters," geared to reduce emergency department crowding and to assess the condition of the health care safety net. The \$4.6 million program will provide up to 10 sites with technical assistance resources and grants of \$125,000 each to develop plans to reduce ED overcrowding. Additionally, resources will be available to assess safety services in their surrounding areas and conduct community education about safety net services and ED crowding. Of the 10 projects, up to four will receive grants of up to \$250,000 each to implement a specific innovation. For more information.

Go to <http://www.rwjf.org> , or <http://www.urgentmatters.org>

Just the Facts on the Cigarette Tax

What will this initiative do?

This initiative will improve the health care of Missouri residents. If voters approve this measure, significant progress will occur on several important health fronts.

- reduced smoking rate among children and teenagers
- access to adequate emergency medical and trauma care services across the state
- improved health care for low-income children and the elderly, including prescription-drug assistance for senior citizens
- a healthy start in life for children born in Missouri
- continued world-class medical and life sciences research in Missouri so that progress can be made in finding cures for diseases and protecting the food supply

How will the initiative do that?

The initiative will advance these health care issues by:

- increasing the excise tax on cigarettes by 55 cents
- increasing the excise tax on other tobacco products, such as cigars, pipe tobacco, chewing tobacco, etc., by an additional 20 percent
- creating a Healthy Families Trust Fund to hold and protect the proceeds from this tax
- dedicating the proceeds for five purposes:
 - hospital trauma care and emergency preparedness
 - health care treatment and access, including prescription-drug assistance for senior citizens and health care initiatives for women, minorities, children and low-income citizens
 - life sciences research, including medical research
 - smoking-prevention programs
 - early childhood care and education

How much revenue will the initiative generate?

The initiative is estimated to generate \$342.6 million. The cigarette portion is estimated to generate \$324.5 million, and the portion from other tobacco products is estimated to generate \$18 million.

How is the revenue allocated among the five dedicated purposes?

The revenue is divided among the following health care priorities.

- Hospital trauma care and emergency preparedness would receive 29 percent, or \$99.3 million, of the revenue.
- Health care treatment and access, including prescription-drug assistance for senior citizens and health care initiatives for women, minorities, children and low-income citizens, would receive 43 percent, or \$147.3 million, of the revenue.
- Life sciences research, including medical research, would receive 14 percent, or \$47.9 million, of the revenue.
- Smoking-prevention programs would receive 7 percent, or \$23.9 million, of the revenue.
- Early childhood care and education would receive 7 percent, or \$23.9 million, of the revenue

The Malpractice Crisis in Nevada

By: David Slattery, MD, FACEP, President of Nevada Chapter

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I am writing to you today from Carson City, Nevada. This small mountain town is contrary to most everyone’s mental picture of Nevada (dry, hot deserts, and neon-lit casinos). It is calm, beautiful, green and cool. Carson City is also the capitol of our state that is located more than 400 miles north of the “ground zero” of Nevada’s professional liability insurance (PLI) crisis (Las Vegas).

I am currently sitting in our state legislative building where a special session is underway. This special session of the Nevada Legislature was called by the Governor to solve our state’s current PLI crisis. I was asked to write an article about our crisis, but I am afraid that there is nothing unique about our story. For those more than 30 other states with similar PLI crises, many of this will sound very similar. In fact, the more that you learn about this issue, the more it is apparent that this is a national, rather than an individual state problem.

I believe strongly that the ultimate fix to this problem will be National PLI reform that mirrors MICRA in California. A strict, MICRA-like federal law is what is needed to break through the impregnable stronghold that the Plaintiff’s bar currently has on our states’ legislatures. Until this occurs, we must continue to fight for meaningful PLI reform at the state level.

An overview of Nevada’s crisis

Nevada’s PLI crisis didn’t begin this year, in fact this crisis is cyclical, occurring about every ten years. It’s interesting that “Tort reform” has been introduced and killed at the committee level in our Legislature every year since 1975. During many sessions, it hasn’t even been allowed to get into committee. We are indeed fortunate to have a special legislative session devoted solely to this issue.

Our emergency medicine group was one of the first to be hit with the skyrocketing insurance rates. In a single year, we were notified that our insurance was going to be increased 400%. In fact, in the past two years our PLI costs for our group have increased 10 fold! I really think our insurance company thought we would just go away, but as we quickly found out, no one was willing to write for ‘high risk specialties’ (emergency medicine is now considered a high risk specialty) such as ours in Nevada. We shot out a flare to the medical community, but no one saw it. It was only a few months later, when other specialties began having similar problems renewing their insurance, that the medical community got worried.

Initially, the importance of presenting a united voice was not realized. Each physician initially worried about how these increases were going to affect their individual situation. We heard from various specialists who told of the hardship that these increases were having on their ability to run their practices. The initial focus from each of these physicians was not based on patient access to care issues, but, rather on how the gouging affected their business.

I vividly recall one of the first meetings we had when this crisis erupted in February 2002. It was the first time in the history of Nevada medicine that so many physicians were together in the same room at the same time. It was a start, but we did not have a united voice. Our focus was self-centered. Every specialty and physician was worried about his/her special interests. It was clear that we needed a united voice and a patient focus. Despite all the emotion and anger that was expressed, it was significant to have everyone in the same auditorium talking about the same thing.

The next bump in the road came when the obstetricians in our community, because of the cost of their PLI, made the decision not to take on any new OB patients. Some reported an increase of their insurance premiums from \$80,000 per year to \$240,000 whenever they went over 120 deliveries for the year. This sent up an outcry from our community, and more of the public became aware of the issue.

The crisis blew up in our community on July 3rd, when our only Level 1 trauma center in the state closed its doors. This closure left Las Vegas’ population of over a million people without a designated trauma center. Our free-standing trauma center was forced to close after all 50 orthopedic surgeons resigned from staff because of the PLI crisis. Specifically, the orthopedic surgeons felt that they were at great malpractice risk because the trauma center is covered under a \$50,000 cap (the hospital serves as the county hospital and has sovereign immunity because of this).

The orthopedic surgeons and other specialists who take call at the trauma center are not employees of the hospital and therefore are not covered by the cap. They initially vowed not to return to staff until the Legislature enacted PLI reform. For ten days, Southern Nevada had no designated trauma center, and all trauma patients were taken to the closest emergency department for care.

The Governor of our state and hospital officials were able to successfully negotiate with the orthopedic surgeons. They were made temporary part-time employees of the hospital (which allowed them protection under the cap). The trauma center re-opened its doors, and, although the community was made safer because of the re-opening, it represented only a band-aid on the problem.

Although not as highly publicized, equally troubling for our specialty was the phenomenon we observed when many other surgical specialists stopped doing procedures that were felt (by insurance companies) to be "high risk." As specialists managed their risk, or as they made the difficult decision to relocate out of state, more and more patients were presenting to our already beyond-capacity ED's. Our emergency physicians are doing an incredible job of taking care of the community, but they are getting weary. The safety net is getting very thin.

What is the problem in Nevada?

To understand the reason why our rates are so high, it is important to understand how the insurance companies determine their rates. Keep in mind that although insurance companies profits do play some role in the rates, that role is eclipsed by behavior of the personal injury attorneys has on premium rates.

The basic formula that insurance companies use to determine premium rates is:

Severity of Claims X Frequency of Claims + Insurance Company Costs and Profits = Premium Rates

A review of our claims in Nevada clearly shows that this crisis is the result of claim severity rather than frequency. Nevada's average number of claims is 11.7 claims/100,000 population, which is very close to the rate in California (11.0 claims/100,000) and the national average (9.4/100,000).

It is apparent that our frequency of claims has not been an issue. The problem lies with claim severity. In fact, Nevada, from 1986-2001 the Average Closed Claim increased by 637%! These numbers help refute the personal injury attorneys' argument that the PLI crisis is a result of:

- An increase in the number of claims because there are too many "bad doctors"
- Doctors are committing malpractice more often, or
- Physicians don't police themselves.

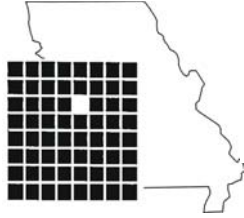
It is clear that the severity of claims has been the most prominent influence on our PLI crisis. It is obvious why severity has increased here and in the rest of the nation. Personal injury attorneys are charging exorbitant contingency fees (some as high as 50%) and they are getting rich off of the pain and suffering of their clients.

Where are we now?

In the past 7 months, the physicians of Nevada have come a long way.

First, they have united in a single voice. We formed the Nevada Medical Liability Physicians Task Force. This group has representatives from the Nevada Chapter of ACEP, ACS, ACP, the OB/GYN Society, and the state and county medical societies. In addition to the physician members, the group has retained two lobbyists, a top-notch political public relations firm, and a legal team from the medical defense bar.

Secondly, we have begun a grassroots public lobbying effort. Finally, we have become part of the political process on several fronts. We have become a political force, albeit not as strong as the trial lawyers, in a very short amount of time. We hope that our voice will be loud enough to be heard and that meaningful reform will be enacted. The problem has now been abdicated to our legislators. This will be no easy task. We will see if they will be able to effect meaningful reform.



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Just For Laughs.....

Here's the final word on nutrition and health. It's relief to know the truth after all those conflicting medical studies.

The Japanese eat very little fat and suffer fewer heart attacks than the British or the Americans.

The French eat a lot of fat and also suffer fewer heart attacks than the British or Americans.

The Japanese drink very little red wine and suffer fewer heart attacks than the British or Americans

The Italians drink large amounts of red wine and also suffer fewer heart attacks than the British or Americans.

CONCLUSION: Eat and drink what you like. Speaking English is apparently what kills you.