

MISSOURI EPIC

EMERGENCY PHYSICIANS INTERIM COMMUNIQUE
Missouri College of Emergency Physicians

Spring 2003

“The Times They Are A Changing”
1st Annual Dr. Tom Steele Emergency Care Symposium
Saturday, April 26, 2003
St. John’s Hammons Heart Institute
St. John’s Regional Health Center
Springfield, Missouri

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7:00a.m.—7:30a.m.	Registration and Continental Breakfast/Exhibits
7:30a.m.—7:45a.m.	Welcome and Announcement. Moderator-Ted McMurry, MD, FACEP
7:45a.m.—8:45a.m.	Human Interaction: Practical Ways to Prevent Malpractice Gregory L. Henry, MD, FACEP
8:50a.m.—9:50a.m.	Myths in Emergency Medicine Charles Sheppard, MD, FACEP
9:50a.m.—10:05a.m.	Break/Exhibits
10:05a.m.—11:05a.m.	The Rapid Neurologic Examination in the Emergency Department Gregory L. Henry, MD, FACEP
11:10a.m.—12:10p.m.	Event Planning as a Function of Professional Medical Preparedness-Addressing Vulnerabilities Daniel Baker, Ed.D; PhD
12:10p.m.—1:40p.m.	Lunch Presentation/Exhibits Emergency Medicine in Ancient Egypt: Things Your Mummy Never Told You Gregory L. Henry, MD, FACEP
1:40p.m.—2:40p.m.	Riding the Waves-Capnography in EMS Bob Page, AAS, NREMT-P, CCEMT-P, I/C
2:45p.m.—3:45p.m.	New Drug Therapies for Advanced Cardiac Life Support Edgar Gonzales, PharmD, FASHP, FASCP
3:45p.m.—4:00p.m.	Break/Exhibits
4:00p.m.—5:00p.m.	Consequence Management-Asking the Right Question to Provide Better Response in Medical Emergency Management Daniel Baker, Ed.D, PhD
5:00p.m.—5:10p.m.	Evaluation and Adjournment

Study Shows Declining Trend In Emergency Department Payments

A study in the March 2003 issue of *Annals of Emergency Medicine* shows an overall declining trend in emergency care payments, with the most significant payment decline noted among the privately insured. (Declining Payments for Emergency Department Care, 1996-1998, p. 299)

“The study shows that only a little more than half of all emergency department visits are paid, and these payments continue to spiral downwards,” said Rita K. Cydulka, M, MS, of Case Western Reserve University in Cleveland, Ohio, and a co-author of the study. “Declining overall payment rates increasingly threaten the ability of emergency departments to provide emergency care to all regardless of ability to pay—as America’s health care safety net.”

Based on data from the Medical Expenditure Panel Survey, a nationally representative survey of the U.S. population conducted by the U.S. Agency for Healthcare Research and Quality (AHRQ), researchers found that from 1996 to 1998, the rate of payment for emergency department charges declined from 60.3 percent to 53 percent. In 1998, of \$30.6 billion charged for emergency care only \$16.2 billion was paid, compared with \$17 billion paid out of \$28.1 billion charged in 1996.

The largest decrease in payments was among the privately insured, who paid 75.1 percent of charges in 1996 and 63.4 percent in 1998. Total proportion of charges paid by Medicaid (34.5 percent), Medicare (43.9 percent), and the uninsured (47.7 percent) remained constant during this time.

“The study indicates that the ability to recover losses from uninsured patients by ‘cost shifting’ to other payers is becoming more difficult, largely because managed care has eliminated the financial margin previously used for this purpose,” said Dr. Cydulka. “The problem likely will become worse, since the number of uninsured patients is increasing.

“In addition, while we did not study whether charges reflect increases in true resource costs, we know from other research that patients seeking emergency care are sicker than ever before and require more emergency department resources, which would result in increased charges,” added Dr. Cydulka. “If this is the case, the declining overall payment rate further illustrated the fiscal health of emergency departments is worsening.”

MoCEP Board Meeting

The next MoCEP Board Meeting will be

April 25, 2003

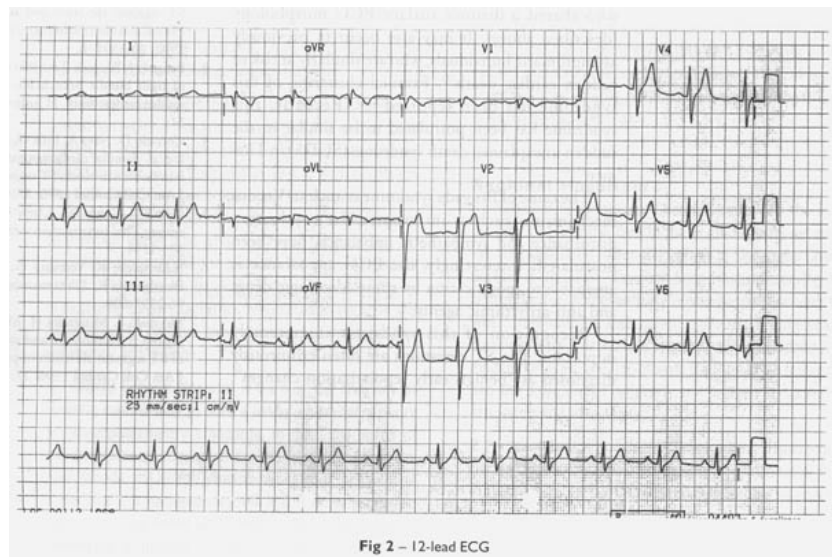
3 p.m.

Cabin Room, Bass Pro Shop

Springfield, Missouri

Case Presentation

31 year-old soccer player presents to the with post-exertional syncope. He is asymptomatic at the point of ED evaluation and has an unremarkable physical examination. An ECG is obtained and appears below. What occurred to this patient on the soccer field and why?



Discussion

In 1991/1992, on the basis of a small patient series, the brothers Pedro and Josep Brugada described a new syndrome – the "Brugada-Brugada syndrome". The patients all had a sudden cardiac arrest and were successfully resuscitated. They displayed two common features: a typical ECG pattern and no evidence of underlying structural heart disease. The typical ECG of Brugada syndrome shows a right bundle branch block-like picture with characteristic ST segment elevations in right precordial leads V1-V3 (R' with saddle- or tent-shaped descending ST segment elevation). It should be borne in mind that the ECG changes may be of varying degree and only intermittent. They can be revealed or amplified by intravenous administration of class Ia antiarrhythmic agents.

The etiology and pathophysiology are still unclear. Some authors believe Brugada syndrome to be a form of arrhythmogenic right ventricular cardiomyopathy. Recent investigations in molecular genetics point to a disturbance of a myocardial sodium channel, SCN5A. This mutation results in total loss of function of the sodium channel or in acceleration of the recovery from activation of the sodium channel. The presence of both normal and mutated sodium channels creates a heterogeneous refractory period. Ventricular tachycardia or ventricular fibrillation result.

Brugada et al. recently published the latest data from long-term observation of the now 63 patients recorded worldwide. In the course of 34 ± 32 months 34% of the symptomatic patients (syncope or survived cardiac arrest) and 27% of the asymptomatic patients (only typical ECG) had a relevant arrhythmic event. Mortality was nil after implantation of a defibrillator (ICD), 26% under drug therapy with antiarrhythmic agents (amiodarone and/or beta blockers) alone, and 31% in untreated patients. Although no prospective studies have been published, it must be concluded from these data that in Brugada syndrome ICD implantation is the therapy of choice in both symptomatic and asymptomatic patients. We have certainly not heard the last of this new entity. And Brugada syndrome appears to be commoner than was at first thought. For the present it is of decisive importance that this special ECG picture be known to as many emergency physicians as possible and those patients with suspected Brugada syndrome be diagnosed and promptly consulted by a cardiologist.

Cron TA, Osswald S, Borggreffe M: Das Brugada-Brugada-Syndrom – eine EKG-Blickdiagnose!
Schweiz Med Wochenschr 1998;128:1965.

Medical Liability Crisis

Submitted by Liza Halcomb

Ten selected facts (with reference) about the medical liability crisis courtesy of the American Tort Reform Association and the AMA.

1. 57% of medical malpractice premiums goes toward attorneys' fees, according to the Health Care Liability Alliance. The Charlotte Observer, January 21, 2002.
2. Data compiled by the Physician Insurers Association of America show that nearly 70 percent of all medical malpractice claims result in no payment to plaintiffs. The median cost of defending such a case - one where the jury rules the defendant not guilty - was \$66,767 in 2002. The Charlotte Observer, January 21, 2002.
3. To fend off litigation and cope with steep liability premiums, doctors ultimately are being forced to practice defensive medicine. A nationwide study in the Quarterly Journal of Economics found defensive medicine costs an additional \$50 billion per year. York Daily Record, January 20, 2002.
4. New York has the highest [medical liability] payouts at \$632,996,221. Pennsylvania is the second-worst state in the country for total payouts for medical malpractice. During the fiscal year 2000, combined judgments and settlements in Pennsylvania amounted to \$352 million--or
5. Nationwide, one out of every 12 doctors gets sued each year, while in Florida it's one out of every six, said Bob White, chief operating officer of Jacksonville-based First Professionals Insurance Co., the state's largest provider of medical malpractice insurance with about 33 percent of the market. "Litigation was and always will be the problem in Florida until there are caps on economic damages," said White, whose company raised rates an average of 10.6 percent in 2001 and 27.7 percent this year. Orlando Sentinel, January 20, 2002.
6. The problem is particularly acute in Texas, where 51.7 percent of all physicians in 2000 had claims filed against them, according to the Texas Medical Examiners Board. Although no concrete numbers are available as a comparison, several industry experts say the frequency is twice the national average. The Dallas Morning News, January 20, 2002.
7. According to recent reports, from 1999-2000, the number of malpractice lawsuits faced by Mississippi physicians increased 24 percent, with an additional 23 percent increase in the first five months of 2001. Delta Democrat Times, June 24, 2001
8. Indeed, claims against physicians have increased in the last decade, though they fluctuate widely from year to year. Patients filed 4,501 claims in 2000, up 51 percent from 1990, according to the Texas Medical Examiners Board. More troublesome is the rise in expenses involved in resolving a case. Each claim cost an average of \$68,681 to litigate in 2000, compared with \$46,079 in 1995. The figure does not include the amount of settlement or award. The Dallas Morning News, January 20, 2002.
9. Driving premiums through the roof are excessive sums awarded in malpractice suits. According to data from the National Practitioner Databank, medical malpractice payments for physicians in 2000 totaled \$3,908,113,303. York Daily Record, January 20, 2002.
10. Nationally, median malpractice jury awards rose from \$500,000 in 1995 to \$800,000 in 1999, the latest figures available, reports Jury Verdict Research of Horsham, Pa. Malpractice awards rank second to product liability payouts, with median awards of \$1.8 million. The TampaTribune, December 19, 2001.

RESPONSE to Medical Liability Crisis

Submitted by Liza Halcomb

As a response to the malpractice crisis, 800 Missouri physicians went down to Jefferson City on January 29th to discuss their situations with legislators. Obstetricians and physicians from underserved areas have been particularly hard hit. One primary care doctor reported that his malpractice had just been cancelled and he had two weeks to find a replacement or he had to close his doors. Another OB-Gyn stated that she and her partner were unable to hire any new physicians out of residency because the premiums were too high. Older, more experienced physicians are retiring early, leaving a huge patient load on doctors in the middle of their careers.

Trauma is another area of concern. Trauma victims are frequently uninsured and their care is extraordinarily expensive. Litigation has driven many surgeons to leave trauma and practice general surgery instead. This has led to the closure of many trauma centers and has added an enormous strain on the limited resources of tertiary care centers like Barnes.

How does this affect you, the average ER doctor?

You will be delivering more high risk babies in the ER. This translates into a 21-year liability for you. You will become the primary care physician for the underserved and uninsured and you will be expected to provide the same level of care as a PMD. You will assume liability for these patients who will only be going to the doctor when they're very sick because they can't afford the hospital bill. You will be the only doctor around trying to stabilize a trauma. ICUs will be on diversion so your ER will be the ICU.

In the meantime, you and your nursing staff will be expected to provide efficient care for the coughs, runny noses, lacerations, chest pains, tummyaches, twisted ankles, etc. Think about it, write your legislator today.

LEGISLATIVE REPORT**GAMBLE & SCHLEMEIER GOVERNMENTAL CONSULTANTS**

Jorgen Schlemeier & Betsy Morgan

March 27, 2003

Well, Missouri is halfway through the session and no solution in sight for the budgetary crisis. This year has a relatively low number of bills. The Medicaid budget is still on the chopping block, even though Bush has proposed a one-time block grant increasing the funds to states for Medicaid for this year only, however, the bill will then reduce over the following three years an amount equal to the increase. Medical malpractice in the Missouri Senate has passed, however, the bill now must go to the House where it will be supported, but the temptation to increase the protections for physicians will be great. The Senate will not approve a version with any more restrictions than what they initially passed.

Medical Malpractice

SB 0280 - Scott - Enacts various tort reform measures. This bill was passed out of the Fiscal Oversight Committee after it was perfected on the Senate floor. The bill was then third read and sent over to the House. It is our hope that the House will take this bill as is, since a different version or a conference report would face much opposition on the Senate floor.

SB 0658 - Cauthorn - Creates the Missouri Physicians Mutual Insurance Company Act. This bill would create a

Continued on page 6

LEGISLATIVE REPORT *continued from page 5*

Memic type organization to provide malpractice insurance to Missouri physicians. The bill was heard by the Senate Small Business Committee, which is very pro-insurance.

Physician Reimbursement

HB460 -- Pearce, David (121) -Prohibits health carriers from changing health services codes without the permission of the physician. This bill was supposed to be heard by the Financial Services, but was cancelled due to lack of time. Bill is rescheduled for the week of April 1st.

SB 0695 - Goode - Modifies the law relating to the funding of Medicaid services. This act stipulates that funding for Medicaid services shall be limited to the appropriations made available for the services. A hearing was conducted by the Governmental Accountability & Fiscal Oversight Committee, no further action was taken.

Bills Affecting Physicians

HB560 - Parker, Sherman (012) -Creates the Comprehensive Patient Education and Healthcare Cost Improvement Pilot Program in the Department of Health and Senior Services. This bill was heard by the Financial Services Committee. This bill is being promoted by the company that produces this software. The Missouri Hospital Association and the Missouri State Medical Association testified in opposition to the bill. They had reservations about the reporting requirements.

SB 0595 - Steelman - Establishes the comprehensive patient education and healthcare cost improvement pilot program. This bill is exactly like HB 560. It was scheduled for a hearing in Senate Aging, but the hearing was cancelled.

HB507-Hubbard—An act to provide a immunization system for first responders. HB507 was heard by the House Health Care Policy Committee. Representative Hubbard was joined by the Missouri State Troopers Association and the Department of Health and Human Services in testifying on behalf of the legislation. Proponents stated the language was a compromise that helped to assuage the fears of individuals that may object to immunization. Missouri First, a civil rights organization, testified in partial opposition to the legislation citing reservations regarding personal freedoms.

Other Bills of Interest

HB700 --Behnen, Bob (002) Modifies provisions relating to the licensing of advanced practice registered nurses and the practice of nursing. This bill revises all licensure requirements for advances practice registered nurses. The bill has not been assigned to a committee, but it will go to Professional Registration, chaired by the sponsor.

SB 0391 - Shields - Establishes the Missouri State Advisory Council on Pain and Symptom Management. This bill was passed out of the Senate as a consent bill. It was scheduled for a hearing in the House Health Policy Committee. That hearing was cancelled and has not been rescheduled.

HB 0321 - Wilson - Modifies various provisions of the workers' compensation law. This bill was heard by the Senate Small Business, Insurance and Industrial Relations Committee, no further action was taken.

PUBLIC HEALTH AND HEALTH CARE WORKERS FORM SMALLPOX RESPONSE TEAMS

Working Together to Combat Terrorism

By: Mary Kay Hager

The tragic events that took place on September 11, 2001, and the subsequent anthrax threats touched all of our lives. Daily work procedures have changed, security has increased, and we look at things differently now, both at home and at work. The times have changed.

To better protect the nation from a possible terrorist attack with smallpox, President Bush recently called upon medical and public health professionals to form Smallpox Response Teams. These teams would immediately provide vaccine and treatment in a crisis and serve as the nation's front-line defense against such an attack.

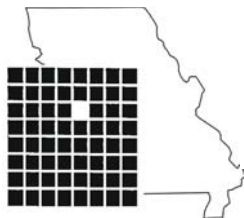
Healthcare professionals, and especially emergency room staff, are the foundation upon which this smallpox initiative will be built. Patients will come to you for advice, colleagues will consult with you, and some of you will be asked to be part of your hospital's medical response teams. In a typical year, there are more than 1.9 million visits to emergency rooms in Missouri; and we must be prepared if someday one of those persons presents with smallpox.

"We thank you for your dedication in keeping Missouri's residents safe and healthy," said Richard Dunn, director of the Department of Health and Senior Services (DHSS). "Together we can help take smallpox off the table as a potential biological agent."

As of February 3, 80 hospitals and 80 local public health agencies in Missouri have indicated their willingness to coordinate volunteers for smallpox response teams. The medical response teams will include physicians, nurses, other emergency department and intensive care staff, and specialists in dermatology, infectious diseases, pulmonary medicine and pediatrics. Staff will be trained to diagnose, manage and treat initial cases of smallpox and treat side effects of smallpox (vaccinia) vaccine. The public health response teams will include medical epidemiologists, investigators and nurses who would conduct the initial investigation, case finding and ring vaccination programs. According to information provided by these hospitals and local public health agencies, vaccinations may include more than 2,400 public health and hospital workers.

The DHSS Center for Emergency Response and Terrorism will coordinate the vaccinations throughout the state. The St. Louis County, Butler County, Springfield/Greene County, Columbia/Boone County and Kansas City health departments will administer the vaccine. On February 7, vaccinations will be offered to DHSS employees and to staff who will be administering the vaccine to others or assisting with vaccination management. Most public health and hospital workers will be vaccinated beginning in late-February through March.

For more information, call DHSS at 1-800-392-0272 or go to the department's web site at www.dhss.state.mo.us and click on Emergency/Terrorism Response. Fact sheets and other smallpox materials for health care providers are also available on CDC's website at www.bt.cdc.gov/agent/smallpox/reference/resource-kit.asp.



MISSOURI EPIC

213 E. Capitol Avenue, Suite 200
Jefferson City, MO 65101

MISSOURI EPIC

Employment Opportunity

Missouri Baptist Medical Center in St. Louis is looking to recruit one fulltime Emergency Physician. We are a growing ED that presently sees over 24,000 patients a year. We have 7 Fulltime Physicians and are looking for the right Physician to join our team. The ED admits 37% of its visits to the hospital. We see patients with complicated medical and surgical conditions, but very little trauma. The hospital has an excellent Radiology service that is available with special services 24 hours a day. Our chest pain patients have the cardiac cath lab available around the clock. We have Medical Staff backup in all specialties.

We have 48 hours of Physician coverage a day with double and triple coverage. The plans are being finalized for the new Emergency Department that will be breaking ground in the spring of 2004.

The right candidate will be an employee of MBMC and part of the BJC Health Care System. We have a competitive salary and benefit package, including 403b, pension, and expenses for CME. Two weeks of CME time is also provided. We are looking for a Physician that is Board Certified in Emergency Medicine, but will consider a Physician with Board Certification in Internal Medicine and significant ED experience.

If you have an interest in hearing more about this opportunity please contact Ella Vereen, administrative assistant at 314-996-5757, or send your CV to Dr. Leonard D Winer MD FACEP, Director of Emergency Services, 314-996-4944, or email to ldw5089@bjc.org