

MISSOURI EPIC

EMERGENCY PHYSICIANS INTERIM COMMUNIQUE

Missouri College of Emergency Physicians

Winter 2009

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President's Message

Why is MoCEP important to Emergency Physicians in Missouri? What does the group do for me, my specialty, and the patients I care for?

Those were questions I had when I found out I was member of MoCEP after becoming an ACEP member here in Missouri. Every Emergency Physician, Emergency Medicine Resident, and medical student who is an ACEP member in Missouri, automatically become MoCEP members. ACEP works well at the national level but does not have the resources to always influence change at the state and local level. The 50 individual state chapters serve as eye and ears as well as a means to make significant changes on behalf of emergency physicians and patients.

MoCEP is a small to medium size chapter with over 400 current members. The MoCEP board consists of 12 volunteer Emergency Physicians and 3 volunteer emergency residents, one each from the 3 programs in the state. We soon will have a 4th resident member as Saint Louis University Hospital starts up the 4th Emergency Medicine residency here in Missouri this coming July. Despite MoCEP's smaller size compared with other states and having one of the lower dues rates in the nation, we play an increasingly significant role on behalf of Missouri Emergency Physicians.

Why is MoCEP important to you? I could fill up several newsletters detailing all our activities over the past several years. Instead, I will highlight a few. Under the guidance of the late Dr. Bill Jermyn (see his memorial resolution in this issue), Missouri is one of the first states in the nation to enact legislation focusing on time critical diagnosis and treatment for our patients. Efforts to organize, streamline, speed-up, and improve treatment delivered to Missouri patients suffering trauma, strokes, and MIs are actively ongoing in Jefferson City as this issue goes to press.

MoCEP has fought for many years to increase Emergency Physician Missouri Medicaid (now known as Missouri HealthNet) payments bringing us up to parity among all physicians. EM physicians gained much with recent enacted state legislation, increasing our Medicaid reimbursement up to 65% of Medicare rates. Previously, Missouri EM physician reimbursement was significantly lower as a percentage of Medicare when compared with most other specialties in our state. In fact, Missouri EM physicians went from being ranked in the bottom 10 states in the nation for Medicaid reimbursement to now having average reimbursement, with future plans towards moving into the top third of reimbursement among states. The Medicaid payment increases over the last 2 years alone (see Dr. Brian Robb's article in this EPIC) have resulted in an average increase of \$10,000-\$20,000.00 yearly for every Emergency Physician in Missouri. These are desperately needed resources allowing us to provide the best emergency care possible to all patients seeking our care regardless of their ability to pay or insurance status.

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MoCEP Members Who are Serving on ACEP Committees:

EDUCATION COMMITTEE: Douglas Mark Char, MD, FACEP - COMMITTEE MEMBER 2008 2009

EMS COMMITTEE: Jacob Keeperman, MD - COMMITTEE MEMBER EMRA 2008 2009

FEDERAL GOV'T AFFAIRS COMMITTEE 1: Chet D Schrader, MD - COMMITTEE MEMBER EMRA 2008 2009

MEMBERSHIP COMMITTEE 1: John Cannon Vandover, MD - COMMITTEE MEMBER 2008 2009

EMERGENCY MEDICINE PRACTICE 1: Jennifer L Wiler, MD, MBA - COMMITTEE MEMBER 2008 2009

WELL-BEING COMMITTEE 2: Juliah C Tiedemann, MD - COMMITTEE MEMBER 2008 2009

Dennis E Hughes, DO - COMMITTEE MEMBER 2008 2009

REIMBURSEMENT COMMITTEE 1: Jennifer L Wiler, MD, MBA - COMMITTEE MEMBER 2008 2009

MEDICAL LEGAL COMMITTEE 1: Howard Allen Peth, Jr, MD, JD - COMMITTEE MEMBER 2008 2009

DISASTER PREPAREDNESS & RESPON 1: Joseph F Waeckerle, MD, FACEP - COMMITTEE MEMBER 2008 2009

TCD (Time Critical Diagnosis) Update

Missouri enacted new legislation (HB 1790) that creates the Time Critical Diagnosis System. The system is being designed to do quick assessment, diagnosis, and treatment of trauma, stroke or ST-elevation myocardial infarctions. The system is being built from the trauma system framework. It is a voluntary system to create a comprehensive, coordinated statewide and regional network under one system rather than 3 separate systems. This allows resource sharing and coordination of services at many different levels while supporting the distinct care required by each condition.

The current meetings are separated into three groups: pre-hospital, stroke, and STEMI. Each group is working on the services, resources, and requirements of each entity to meet the needs of the system. The pre-hospital group is working on response, dispatch, and transport issues, while the stroke and STEMI groups work on the framework for the system as well as participation criteria for the hospitals. The pre-hospital and stroke group met on December 2, 2008 to discuss the framework. Rules and regulations for this part of the project will be drafted in the near future.

We need emergency physician input in all of these groups so if you can join us, please do. The next meeting is January 6th, 2009. The meeting place has not been decided on but I will get the information to the MoCEP office or you can call DHSS at 573-526-0723 for information.

Lindy Andrews DO MHA FACEP
Chair, State Advisory Council on EMS

Resident Grant News

MoCEP would like to congratulate the two emergency medicine resident recipients of this year's MoCEP research grants. Dr. Stacey House's research proposal titled "Development of Fibroblast Growth Factor 2 as a Potential Novel Therapeutic for Acute Myocardial Infarction" and Dr. Michael Lohmeier's research proposal "Motion Analysis of Extraction Techniques" were both selected to receive grants towards these studies. We look forward to seeing the poster presentations from these projects at the future MoCEP Combined Clinical Conference in August.

***MoCEP WOULD LIKE TO EXTEND A WARM WELCOME
TO ALL OF OUR NEW MEMBERS***

NEW MEMBERS:

Sarah C. Farnan
Gerardo Gutierrez, MD
Jacob Keeperman, MD
William Kruse, MD
Ketan Patel
Tricia Falgiani, MD
Dustin Smith
Srikala Subramanian, MD
Melanie Sutter
Tina Khosla
Beth L. Schissel, MD
Beth A. Schmitz, MD
Beau Admire
Jeffersy C. Ashburn
Aaron Barksdale, MD
Rebecca A. Bavolek, MD
Leah Bekrowitz
Stephen Brenner, MD
Betty Chen, MD
Joy L. English, MD
Krysta Fluman, MD

Ralph G. Johnson, MD
Lindsay Joyce
Dawn Lewis, MD
Suzanne M. Rhodes
Matthew R. Treaster, MD
Thomas Belanger
Sameta Fairchild, MD
Jonathan Heidt, MD
Randall A. Howell, DO,FACEP
Jennifer von Fintel
Hawnwan P. Moy, MD
Michael Wiliam Riker, MD
Jennifer Stuth
Stephanie Bakey
Thomas G Hartmann, MD
Jennifer Shaw
Kimberly A wall Lederman, MD
Stacey L. House, MD
Greg Hammons, DO
Dana R. Hendry, MD

ACEP MEMBERS MOVED INTO MISSOURI:

Carrie Becker
Kevin O'Rourke, MD
Martha Bauder, MD, FACEP
Brian G. Cohn, MD
Samir K. Doshi, MD
Karl F. Kauffman, MD
J. David Keitz, DO
Catherine Bridgetts, MD
Derrick D. Creighton, MD
Rachelle J. Douglass, MD
Nicholas D. Rathert, MD
Angela Clay-Adamson, MD
Jake A. Roberts, DO
Sebastian A. Rueckert, MD,FACEP
M. Julia Casner, DO
Frank L. Frederick, DO
Robert L. Spence, MD
Laura J. Steines, MD
Juliah C. Tiedemann, MD
Dale W. Kesl, DO,FACEP
Irena Vitkovitsky, MD
Scott H. Burner, MD,FACEP

MoCEP Combined Clinical Conference dates set for August 11-14, 2009

MARK YOUR CALENDARS. The next **MoCEP Combined Clinical Conference on Emergency Care**, our summer CME conference, will again be held at the TanTarA Resort at the Lake of the Ozarks from August 11 – 14, 2009. As in the past several years, we will continue to have the LLSA review sessions that will cover all of the articles for 2009. We will also offer the FAST and ultrasound guided venous access class and lab for those of you who need the review and practice or for those interested in learning these skills. Speakers presenting topics of current interest and importance to Emergency Medicine will be included in this value packed program. Poster presentations for those of you involved in research are also a new addition for our participants. You will not find a better program and offerings for the cost of this conference. We look forward to seeing you there. Please do not hesitate to contact us with any ideas or observations. Your MoCEP representatives to the Combined Clinical Conference Planning Committee are Dr. Charles Sheppard (Springfield), Dr. Greg Polites (St. Louis), and Dr. Ted McMurry (Springfield).

Volume 31 Number 17

<http://www.dss.mo.gov/mhd>

September 24, 2008

PHYSICIAN BULLETIN**PHYSICIAN, PHYSICIAN ASSISTANT AND NURSE PRACTITIONER SERVICES****CONTENTS**

- **BILLING FOR PHYSICIAN ASSISTANT SERVICES**
- **PHYSICIAN ASSISTANT SERVICES IN THE HOSPITAL SETTING**
- **BILLING FOR NURSE PRACTITIONER SERVICES**
- **NURSE PRACTITIONER SERVICES IN THE HOSPITAL SETTING**

BILLING FOR PHYSICIAN ASSISTANT SERVICES

Effective for dates of service on or after November 1, 2008, physician assistant services must be billed by a supervising physician using modifier AR (Physician provider services in a physician scarcity area/physician assistant services). This will allow the MO HealthNet Division (MHD) to track the volume and type of services provided by physician assistants.

Supervising physicians must be present a minimum of 66% of the clinic's hours for practice supervision and collaboration, and physician assistants must practice within 30 miles of the supervising physician. The supervising physician must be readily available in person or via telecommunication during the time the physician assistant is providing patient care.

PHYSICIAN ASSISTANT SERVICES IN THE HOSPITAL SETTING

Effective for dates of service on or after November 1, 2008, physician assistant services will be reimbursed when provided in a hospital setting. The services must be billed using modifier AR by a supervising physician. The supervising physician must be in the same facility 66% of the time for practice supervision and collaboration, and physician assistants must practice within 30 miles of the supervising physician. The supervising physician must be readily available in person or via telecommunication during the time the physician assistant is providing patient care.

BILLING FOR NURSE PRACTITIONERS

Effective for dates of service on or after November 1, 2008, nurse practitioner services billed by a supervising physician must be billed using modifier SA (Nurse practitioner rendering services in collaboration with a physician). This will allow the MO HealthNet Division (MHD) to track the volume and type of services provided by nurse practitioners billed by a supervising physician. Nurse practitioner services billed by a supervising physician are only billable when there is direct personal supervision by the physician. Direct personal supervision does not mean that the physician must be present in the same room with the auxiliary personnel. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the nurse practitioner is performing the service.

Nurse practitioners may enroll as providers with MHD. The policy above is only for those nurse practitioner services billed by a supervising physician.

NURSE PRACTITIONER SERVICES IN THE HOSPITAL SETTING

Effective for dates of service on or after November 1, 2008, nurse practitioner services being billed by a supervising physician will be reimbursed when provided in a hospital setting. The services must be billed using modifier SA by the supervising physician. The supervision guidelines are similar to those in the office setting. The supervising physician must be on the hospital grounds and immediately available to provide assistance and direction throughout the time the nurse practitioner is performing the service.

Nurse practitioners may enroll as providers with MHD. The policy above is only for those nurse practitioner services billed by a supervising physician.

See link for changes in Medicaid reimbursement for physician assistant services in a hospital setting.

http://www.dss.mo.gov/mhd/providers/pdf/bulletin31-17_2008sep24.pdf

This is an excerpt from the bulletin by the Department of Social Services, MO HealthNet. For the full content of the bulletin please see the web site listed.

MoDOT News Release October 01, 2008

Teens Still not Making it Click—Teen Seat Belt Survey Reveals Little Change

JEFFERSON CITY - It's still not clicking with Missouri teens that wearing a seat belt provides the single best chance for survival in a car crash.

The Missouri Coalition for Roadway Safety released results today from a spring survey, showing only 62 percent of teens are wearing their seat belts -a very modest increase from last year's 61 percent. Even less likely to buckle up are teens in pickup trucks - less than 50 percent. The teen usage rate continues to be dramatically lower than the overall state seat belt usage rate of 77 percent.

There is no doubt that this behavior is affecting lives. In the past three years, 415 young vehicle occupants (ages 15-19) died in Missouri traffic crashes - *80 percent of these teens were not wearing seat belts.*

"Teenagers need to understand that we're talking about the difference between life and death," said Leanna Depue, chair of the executive committee of the coalition. "It's frightening to think how many young people still don't wear a seat belt and are dying in traffic crashes. With all of the educational and enforcement activities going on to reach them, it's disappointing to not see more young drivers making a responsible and life-saving choice."

Activities reaching out to teens are at an all-time high. Beginning this month, the *Never Made It* campaign focuses on the real-life consequences of young drivers who fail to buckle up. The campaign features messages airing on radio, cable television and through Internet banners and games. Advertising culminates Oct. 19-25, a week designated as National Teen Driver Safety Week.

The Coalition also reaches out to teens with programs like Battle of the Belt, a high school seat belt challenge that kicked off in mid-September and runs through Nov. 21. More than 80 schools participated last year with surprise seat belt checks at each high school and student-planned educational campaigns on the importance of seat belt use.

"We want all of our young people to make it to homecoming, graduation and into old age," said Depue. "We're working together with hundreds of safety advocates across the state and we'll continue to do everything we can to increase the number of Missouri teens buckling up."

The coalition continues to encourage passage of a Primary Safety Belt Law, which would save approximately 90 lives each year and dramatically reduce injuries from traffic crashes. The coalition considers passage of this law to be the single most effective way to reduce Missouri traffic-related fatalities and injuries.

For more information, please visit <http://www.savemoyouth.com/>. Buckle Up to Arrive Alive.

Missouri Teen Drivers Seat Belt Use by Vehicle Type (percentage)

	2004	2005	2006	2007	2008
Car	58.2	60.8	61.7	65.2	64.3
Van	64.6	64.8	65	69.9	74.6
SUV	55.1	58.3	62.9	62.5	65.3
Truck	34.3	39.3	40.9	44.9	49.5

Presidents's Message Continued from Page 1

MoCEP received one of the largest ACEP state chapter grants (\$25,000.00) in history back in 1992 to explore the development of a Museum (named the YouZeum) that focuses on public health education. This past May, the fruits of this grant were realized when the multi-million dollar state-of-the-art YouZeum opened in Columbia, Missouri. A mock interactive Emergency Department in the YouZeum serves to educate the public about Emergency Medicine and show behind the scenes, what we do by allowing them to participate in interactive computerized patient video encounters.

These are just very few examples why MoCEP is important to you, your patients, and emergency medicine here in Missouri. Please consider becoming more involved with MoCEP and its various activities. Encourage your emergency medicine colleagues who are not current ACEP/MoCEP members to join. Together we will continue the advancement of Emergency Medicine to the betterment of all citizens in Missouri!

Before I close, I wanted to extend special thanks to Dr. Randy Jotte, our past-president of MoCEP. Randy's dedication, leadership, and hard work on behalf of MoCEP over the past 2 years played a large role advancing our organization's prominence in Missouri. Randy is a fantastic mentor and I can only hope to live up to his past leadership of MoCEP. An organization is only as strong as its members and board. We have an incredibly devoted, selfless, and motivated board of directors who also deserve great thanks for all they do. MoCEP would not be where it is today without these individuals who have dedicated countless hours working on behalf of Emergency Physicians and patients throughout Missouri. I am truly honored and humbled to be the current president of MoCEP. Feel free to contact me with any ideas, suggestions, or issues you may want to discuss.

HAPPY HOLIDAYS!

Rob Poirier M.D., FACEP

Medicare Releases Final Payment Regulations for 2009

Physician Fee Schedule Give Emergency Physicians a 4% Raise

Congress provided a 1.1% raise in 2009 and directed CMS to change how the Medicare fee schedule budget neutrality adjustment is made. The combination of the legislative provision and the increased physician work values on E/M codes from the RUC recommendations in 2007 gave emergency medicine the biggest pay raise across specialties. ACEP's efforts - both staff and members on the advocacy side and at the RUC - directly contributed to this outcome. Bonuses and penalties for e-prescribing included in MIPPA 2008 will exclude emergency physicians.

Hospital Outpatient System Sets Facility Payment Levels for Type B Emergency Departments

After two years of data collection, CMS created four new APCs for payment of EDs that aren't open 24/7. Rates are set between clinic and ED payments. It's year two after a hard-fought effort to remove restrictions on payment for observation. This year, composite payment for 8003 is set at \$674 per episode of observation.

Highlights of both regulations, including more information on quality measures, physician enrollment, and e-prescribing is posted on the ACEP web site. Contact btomar@acep.org for more information.

Missouri State Medical Association's
151st Annual Convention
April 3-5, 2009, at the Westin Crown Center,
Kansas City, Missouri

A MoCEP meeting is scheduled to be held at this convention on Saturday, April 4, 2009 from 10am—noon

MISSOURI ELECTION SYNOPSIS

With Democrats winning all statewide offices except for Lt. Gov, you might have expected the Republican count in the legislature to diminish extensively. In fact, in the Missouri Senate there is a gain of 3 seats making the total count 23 Republicans and 11 Democrats. Democrats in the House picked off 2 incumbents and 2 open seats held by Republicans, but Republicans gained a seat in north Missouri. Final House of Representatives tally is Republicans 89, maintaining their majority, to Democrat 74, leaving them in the minority.

The biggest surprise was the upset in the Columbia 19th Senatorial district where Democrat Senator Chuck Graham lost to Republican Kurt Schaefer. Cass County elected Republican David Pearce over Democrat Chris Benjamin. The St. Louis South County District 1 elected Republican Jim Lembke over Democrat Joan Barry.

Both of those seats were held previously by Democrats. In the House, upsets included Republican Ed Robb losing to Chris Kelly and St. Charles area Republican Vicki Schneider losing to Republican Kenny Biermann. Two St. Louis County area seats previously held by Republicans now go to the Democrats.

Newly elected legislators and incumbents will gather in Jefferson City to finalize their respective leadership selections. Senate Republicans have a contest for Majority Floor Leader, otherwise there is little question that Senator Charlie Shields, St. Joseph, will be the Senate President Pro-Tem. House Republicans have already chosen Rep. Ron Richard, Joplin, as Speaker Elect, Rep. Steve Tilley, Perryville, Floor Leader and Rep. Bryan Pratt, Blue Springs, as Speaker Pro-Tem. Committee make-up will change somewhat as vacated positions are filled, however, it will be January before those are officially disclosed. In the meantime the Nixon transition team will be working on a budget and selecting top department positions. Time will tell how successful Governor-Elect Nixon will be in working with a Republican controlled legislature.

Time Critical Diagnosis-Trauma System Task Force

Revised Meeting Schedule and Location for Upcoming Meetings

Date and Time	Location	Proposed Agenda Items
<p>December 19, 2008 9:00-9:30 a.m. —Steering Committee 9:30 a.m.-3:00 p.m. Task Force</p>	<p>Truman Hotel Glenwood Room 1510 Jefferson Street Jefferson City, MO From HWY 54 exit at Ellis Blvd or Jefferson Street</p>	<p>Continue discussion and work Data Systems Overview Level IV Trauma Centers Common Classification Schemes Begin Work On and off-line medical control, PAI and EMD</p>
<p>January 28, 2009 9:00-9:30 am —Steering Committee 9:30 a.m.-4:00 p.m. Task Force</p>	<p>Harry S Truman Building, Room 490-492 301 West High Street Jefferson City, MO</p>	<p>Continue discussion and work Level IV Trauma Centers Common Classification Schemes On and off-line medical control Begin Discussion Protocols for air and ground transport and triage</p>
<p>February 25, 2009 9:00-9:30 a.m. —Steering Committee 9:30 a.m.-4:00 p.m. Task Force</p>	<p>Wardville Lions Club 3505 Route M Jefferson City, MO</p>	<p>Presentation to group on draft products and recommendations On and off-line medical control, PAI and EMD Protocols for transport and triage Begin Discussion QI Professional and Public Education</p>
<p>March 25, 2009 9:00-9:30 a.m. —Steering Committee 9:30 a.m.-4:00 p.m. Task Force</p> <p><i>NOTE: No April Meeting—prepare for final presentations May 27, 2008</i></p>	<p>Truman Hotel Glenwood Room 1510 Jefferson Street Jefferson City, MO From HWY 54 exit at Ellis Blvd or Jefferson Street</p>	<p>Continue discussion and work QI Professional and Public Education Discussion and Review Compile final recommendations</p>
<p>May 27, 2009 9:00-9:30 a.m. —Steering Committee 9:30 a.m.-4:00 p.m. Task Force</p>	<p>Harry S Truman Building, Room 490-492 301 West High Street Jefferson City, MO</p>	<p>Final Presentation on products and recommendations for all areas Review draft of all recommendations Discuss timeline for final report and next steps</p>

THIS RESOLUTION WAS ADOPTED AT THE 2008 ACEP COUNCIL MEETING AND THE BOARD OF DIRECTORS.



RESOLUTION:

SUBMITTED BY: Missouri College of Emergency Physicians

SUBJECT: In Memory of John William "Bill" Jermyn III, DO, FACEP,

WHEREAS, Bill Jermyn, DO, was an active and contributing member in both the Missouri College of Emergency Physicians and a national leader within the American College of Emergency Physicians until his untimely death on May 15, 2008 in Jefferson City, Missouri; and

WHEREAS, Bill Jermyn, DO, FACEP, was an Assistant Professor of Clinical Surgery at the University of Missouri, Columbia; an Attending Physician for the Emergency Physicians of Mid-Missouri; and at the time of his death an Instructor in the Division of Emergency Medicine at Washington University School of Medicine, Barnes-Jewish Hospital in St. Louis; and

WHEREAS, Dr. Bill Jermyn served since 2005 as Director of Emergency Medical Services for the Missouri Department of Health and Senior Services after being appointed to this position by the Governor of Missouri; and a few days following his death, Missouri House Bill 1790, a bill he helped create, was passed on the last day of the legislative session. This bill encourages the establishment of a coordinated emergency services system for victims of stroke and acute myocardial infarction in Missouri; and

WHEREAS, Dr. Bill Jermyn was a vital member of ACEP serving as Immediate Past Chair of both the ACEP EMS Committee and the EMS/Prehospital Section; a member of the ACEP Awards Committee and Disaster Preparedness Committee; Disaster Preparedness leader on the ACEP Report Card Task Force; and as a Missouri Councilor for many years; and

WHEREAS, Dr. Bill Jermyn also served on the Trauma Care/Injury Prevention and Council Steering Committee; served three terms as the ACEP representative to the Board of Directors for the Commission on Accreditation for Ambulance Services; and co-chaired the National Association of Emergency Medical Service Physicians/ACEP Task Force for Out of Hospital Specialty Board Certification; and

WHEREAS, Dr. Bill Jermyn was past President of the Missouri College of Emergency Physicians and member of the Board of Directors; served as Chair of the Missouri State Advisory Council on EMS; member of the EMS Gathering of Eagles coalition; active member of the American Medical Association, National Association of Emergency Medical Service Physicians, Missouri Association of Osteopathic Physicians and Surgeons, and the Missouri EMS Association; and

WHEREAS, Dr. Bill Jermyn selflessly touched the lives of countless others as a teacher, role model, mentor, friend, and leader working tirelessly with stakeholders in the EMS community to create a seamless emergency medical system for the citizens of Missouri; and

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WHEREAS, Dr. Bill Jermyn will be remembered by all those who knew him for his dedication, passion, and commitment to ACEP, MoCEP, as well as the advancement of both Emergency Medicine and Emergency Medical Services.

WHEREAS, Dr. Bill Jermyn is survived by the love of his life, Melinda Ligon, St. Louis, to whom he was to be married on July 19, 2008; his mother, Patricia Reese Jermyn, Dallas Texas; and his sister Deborah Paulson, Dallas,

WHEREAS, Dr. Bill Jermyn will be warmly remembered for being a nurturing compassionate friend to many and truly missed by all who knew him; therefore be it

RESOLVED, That the American College of Emergency Physicians remembers with gratitude and honor all contributions made by Bill Jermyn, DO, as one of the great leaders and mentors in Emergency Medicine; and be it further

RESOLVED, That the American College of Emergency Physicians extend to the family, friends, and colleagues of Dr. Bill Jermyn, our deepest sympathy, our great sense of sadness and loss, and our gratitude for having been able to share a part of this remarkable man's life.

The National Report Card on the State of Emergency Medicine

Missouri

	Rank	Grade
Access to Emergency Care	18	C
Quality & Patient Safety Environment	27	C
Medical Liability Environment	22	C
Public Health & Injury Prevention	42	D-
Disaster Preparedness	18	B
Overall	23	C



CHALLENGES

- With the nation facing a financial crisis and a failing health care system (plus a primary care physician shortage that won't be solved overnight), the role of emergency care has never been more critical to this nation. It is an essential community service that no longer be taken for granted and one that we all depend on in our hour of need.
- Missouri faces many challenges related to traffic safety: the state ranks 37th for traffic fatalities; 40th for seat belt use; and 41st for the percentage of traffic fatalities that are alcohol-related.
- Missouri's obesity rate is higher than the national average as is the percentage of adults who smoke cigarettes.
- Missouri spends \$25.38 per 1,000 people on unintentional injury prevention vs. the national average of \$155.97. The results speak for themselves: Missouri's rank for fatal unintentional injuries due to fires or burn is 40th, for falls 38th, for firearms 37th.
- Missouri does have a state-funded EMS medical director position, but no funding has been allocated for quality improvements within the EMS system.

See www.mocep.org for the full report card information.

Committee Testimony

Brian J. Robb, D.O., FACEP, FACOEP, vice president Missouri College of Emergency Physicians testified on behalf of MoCEP on September 9, 2008 before the Missouri Senate Select Committee on Missouri HealthNet Provider Rate Equalization. Section 208.152.1(23) RSMo requires the Missouri HealthNet Division provide the General Assembly a four-year plan to achieve parity with Medicare reimbursement rates for physician services. The following is his written testimony.

I have been on the Board of Directors for the Missouri College of Emergency Physicians for 5 years and the current Vice-President for our Chapter.

I would like to give the committee an emergency medicine/physicians perspective concerning your task of using a 10 year look-back to get a historical perspective of how much each provider has been reimbursed and why. I would like to emphasize the important role Emergency Physicians in the State of Missouri have in providing healthcare to the citizens of Missouri – a look back, the current state and a look forward. . . I hope at the completion of my testimony the committee will have justification to create an emergency physician provider rate which is equitable with our services provided within the Missouri healthcare system.

Emergency Physician payments and revenue are generated from CPT codes. 85% of revenue is derived from Evaluation and Management (E/M) codes 99281-99285 for level of service.

Reimbursement for last 4 years for E/M codes 99281-99285:

<u>Code</u>	<u>Prior 7/2004</u>	<u>7/04-8/07</u>	<u>8/07-7/08</u>	<u>7/08-present</u>	<u>Medicare</u>
99281	\$15.00	\$16.00	\$17.60	\$18.12	\$19.12
99282	\$15.00	\$19.00	\$20.23	\$22.65	\$36.78
99283	\$15.00	\$23.00	\$32.93	\$36.52	\$59.88
99284	\$15.00	\$24.00	\$60.01	\$67.44	\$109.11
99285	\$15.00	\$25.00	\$89.87	\$102.13	\$163.40

Provision of emergency care to all patients who present to the emergency department regardless of their ability to pay is a longstanding commitment of emergency physicians and is the true “Safety Net” of Missouri’s healthcare system. We provide care on a daily basis to individuals who are insured, underinsured, and uninsured.

The specialty of Emergency Medicine post-dates the inception in 1967 of the Missouri Medicaid program. (Missouri HealthNet as of August 2007). The development and growth of high quality emergency medicine physicians with technologically advanced emergency departments has continually seen increased volumes of patients across the country, including Missouri.

Many of you may be aware that pursuant to federal law, the Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA), emergency physicians are required to evaluate every patient who presents to the Emergency Department regardless of the patient’s ability to pay or the reimbursement received from third party insurers, including Medicare, Medicaid or private insurance companies. Many have interpreted EMTALA as the government’s declaration of universal emergency healthcare for all, creating a federally enforced right to medical care for any individual in the United States. ACEP supports the unobstructed access to quality emergency care as a fundamental right for every American and all patients presenting to the emergency department. The government has created this safety net for the uninsured and indigent, but has provided no means of fiscal support for hospitals and physicians providing this federally mandated care. Emergency physicians bear the brunt of the financial impact of providing EMTALA mandated care, while maintaining access to care 24 hours a day, seven days a week.

The Federal law requires all patients who present to the emergency department have a medical screening examination to determine the existence of an emergency medical condition. The patient must be stabilized before obtaining financial information, prior authorization from managed care organizations or determination of medical necessity (emergency or not).

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Committee Testimony

Although emergency physicians practice in a hospital setting, many are private, independent groups sustaining their practice by reimbursements for emergency care provided to all individuals presenting to the emergency department. Most emergency physicians do not limit their evaluations to medical screening examinations but completely assess and evaluate presenting complaints by performing complete history and physical examinations and obtaining ancillary tests, diagnostic tests, and radiological test to substantiate the diagnosis. The medical risk environment contributes to the thoroughness of the examination and disposition. Emergency physicians are constantly under the threat of fines, civil liability, and loss of provider participation in Medicare programs by EMTALA regulations.

I hope I have defined the critical role emergency physicians play in the healthcare program and “Safety Net” for Missouri citizens. Unlike physician offices/clinics, FQHC clinics, managed-care Missouri HealthNet providers, we have absolutely no control of our patient population but have an unfunded, federal mandated regulation to evaluate and treat all presenting individuals, no matter the chief complaint (minor or severe illnesses and disease).

With this in mind, the perceptions of the most pressing Missouri HealthNet problems today to emergency physicians is the funding and maintenance of the EMERGENCY healthcare system for all citizens in Missouri. Emergency physicians’ reimbursement for providing care to Medicaid/Missouri HealthNet patients was well below the cost of providing that care in years prior to 2004. The small increase in our E/M code reimbursement for 2004 until August 2007 was still below cost of service provided. Emergency physician reimbursement significantly changed with the implementation of Missouri HealthNet. Missouri HealthNet legislation and implementation increased reimbursement levels to 55% of Medicare rates in 2007. Current reimbursement payments increased 65% of Medicare rates in 2008.

Reimbursement for emergency visits is paid to the hospital and emergency physician. The committee needs to understand the cost of an emergency department visit is multifaceted and emergency physician charges account for a minimal percentage of the entire cost, but an important revenue source to provide the emergency care and recruit additional emergency physicians.

In closing, I ask the committee to closely examine and understand the financial burden and strain emergency physicians in the State of Missouri face on a daily basis in our emergency departments. We enthusiastically care for all patients presenting to the emergency department with assistance from all medical specialty physicians On-Call for our departments.

Realistic considerations and economic evaluation of costs of providing emergency care is required to properly approach a solution to this problem.

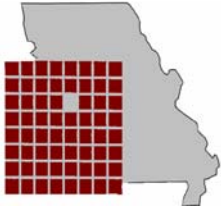
A properly funded physician reimbursement program that includes unobstructed but reasonable access to emergency care is a great start. All individuals have access to healthcare in our emergency departments; we may argue about cost effectiveness but cannot dispute quality and timely access. Emergency physicians shoulder this financial burden and need continued support with Missouri HealthNet Provider Rate Equalization with progression to Medicare rates for our reimbursement.

I would like to thank the committee for the opportunity to share the perspective of Missouri’s emergency physicians. We would like to assist the committee to better understand our practice costs, critical role as a “safety net” access to the healthcare system in Missouri and continued innovative changes to the Missouri HealthNet transformation.

We would like to personally make ourselves available to personally discuss any items with staff or committee members.



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