



2019 HIGHLIGHTS

2020 GOALS

EMPolicyInstitute.org

EMAF is now...

EMPI

Emergency Medicine
Policy Institute



When the Emergency Medicine Action Fund (EMAF) was founded in 2011, its primary mission was to bring together all of the voices within the house of emergency medicine to support regulatory advocacy related to the implementation of the Affordable Care Act. EMAF brought together key stakeholder organizations, with representatives of residents, academic leaders, physician groups of various sizes, and the businesses that support the specialty and practice of emergency medicine. Through collaboration and sharing of resources, EMAF has been successful in being a voice for the specialty.

However, Washington, DC and the world have changed dramatically and the need for a stronger and more coherent voice for emergency medicine is now even more important.

Rebranding as the Emergency Medicine Policy Institute (EMPI) will enhance the credibility of the group and create a persuasive vehicle to disseminate key findings to policymakers and the general public on the value of emergency medicine.

Collaboration and funding the advocacy of a unified agenda on behalf of the specialty allows for the use of larger-scale resources to make all participants more effective in addressing crucial federal and state level regulatory issues, litigation at the federal level, sophisticated policy analysis, and public affairs/advocacy strategies.

SCOPE OF EFFORTS

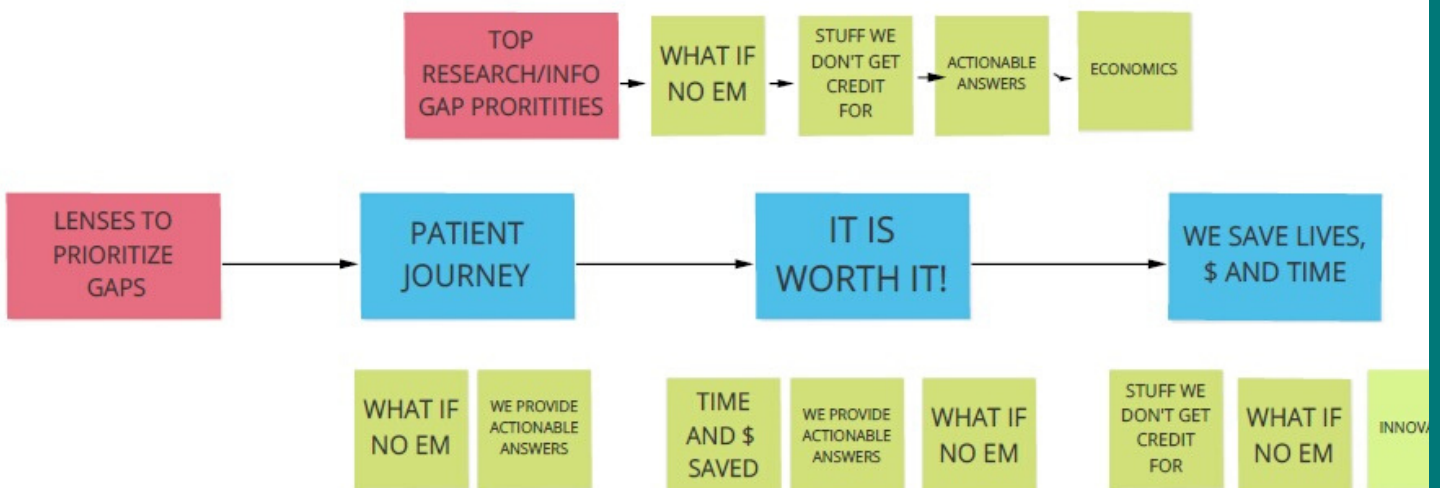
- **Promoting the Value of EM**
- **Protecting the Prudent Layperson Standard**
- **Advancing EM Reimbursement**
- **Supporting Federal Surprise Billing Advocacy**
- **Regulatory Reinforcement**
- **Data Sharing**

2019 HIGHLIGHTS - 2020 GOALS

PROMOTING THE VALUE OF EMERGENCY MEDICINE

- Funding a public awareness campaign to elevate the profile and value of emergency medicine to the general public
- Funding research to quantify the true value of emergency medicine
- Convened a Research Summit in February 2020 to identify gaps in research and policy messaging that are creating barriers to quantifying the value of Emergency Medicine and translating it to the general public and policymakers
- Funded an Emergency Medicine Policy Fellow through the Emergency Medicine Foundation (EMF). The Fellow Program has provided a boost to the careers of a number of the leading Emergency Medicine health policy researchers in the specialty.

EMPI RESEARCH SUMMIT



2019 HIGHLIGHTS - 2020 GOALS

PROTECTING THE PRUDENT LAYPERSON STANDARD

- Together with ACEP and the Medical Association of Georgia (MAG), funding ACEP/MAG lawsuit against Anthem in the state of Georgia
- Providing funding support to obtain a legal opinion on the potential for a lawsuit against United Health Group's ED downcoding practices.
- Funded public affairs campaign with a primer on emergency care and a white paper on payer emergency care denials was published and promoted.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS,
INDIVIDUALLY AND ON
BEHALF OF ITS MEMBERS, and
THE MEDICAL ASSOCIATION OF
GEORGIA,

Plaintiffs,

vs.

BLUE CROSS AND BLUE SHIELD
OF GEORGIA, INC.;
BLUE CROSS BLUE SHIELD
HEALTHCARE PLAN OF
GEORGIA, INC.; and
ANTHEM INSURANCE
COMPANIES, INC.;

Defendants.

COMPLAINT
DEMAND FOR
RESTITUTION

CIVIL ACTION
NO.



Research

Assessing Efforts to Curb Inappropriate Use of the Emergency Room

TARA O'NEILL HAYES | MARCH 29, 2019

Executive Summary

- Insurers and state Medicaid programs have, over the past several years, implemented a variety of financial incentives to discourage, for potentially non-emergent health concerns, the use of emergency departments (EDs) in favor of other care settings, such as physicians' offices, urgent care centers, and retail clinics.
- Recently, some insurers have attempted to increase such deterrence by implementing a policy of retroactive review for ED claims with certain discharge diagnoses and potentially denying coverage for those visits determined to be "inappropriate."
- There are concerns that such policies may inadvertently discourage appropriate use of EDs, resulting in individuals not getting needed care in a timely manner. Further, this policy may disproportionately impact minority populations.

2019 HIGHLIGHTS - 2020 GOALS

ADVANCING EMERGENCY MEDICINE REIMBURSEMENT

- Funding an analysis of the distributional impact of Medicare payment changes to physician ED visits stemming from an anticipated 2021 revaluations of the RVU for E&M visit codes and the introduction of a patient complexity code.
- Provided significant support to APM Task Force that allowed for development of the first EM-specific Alternative Payment Model, the “Acute Unscheduled Care Model,” which was recommended by the PTAC to HHS Secretary for full implementation as a MACRA Advanced Alternative Payment Model.
--ACEP now having promising discussions with several private payers and state Medicaid offices on adopting aspects of the model.
- Funded research and publication by Avalere of white paper comparing impacts of state balance billing laws on premiums to serve as resource and tool for advocacy on OON legislation.
- Funded targeted research to strengthen EM response to the Medicare Proposed Rule for the 2020 Physician Fee Schedule in June 2019 (following RUC review of EM codes as mandated by CMS’ 2018 Physician Fee Schedule).

The AUCM:

- ✓ Facilitates healthcare transformation efforts and provides a voluntary and flexible opportunity to engage EM physicians
- ✓ Incentivizes value over volume by using quality measures and other evidence-based metrics to determine eligibility for performance-based payments.
- ✓ Fosters a patient-centric redesign and is a proactive value-based approach to reduce health system costs

Stakeholders encouraged to gain a deeper understanding of the AUCM framework to begin laying the groundwork for EM transformation discussions.



Seeks to **reduce inpatient admissions and observation stays** when appropriate through enhanced care coordination



Directly engages EM physicians by **accepting financial risk attributed to discharge disposition decisions** within qualifying episodes of acute unscheduled care



Ensures EM physicians have the **necessary tools to facilitate** to make the decision to provide safe, efficient outpatient care

2019 HIGHLIGHTS - 2020 GOALS

SUPPORTING FEDERAL SURPRISE BILLING ADVOCACY

- Supported consumer-facing and Beltway-focused social media advertising to encourage grassroots action federal surprise billing legislation

VOTERS, ESPECIALLY THOSE IN SMALLER COMMUNITIES, ARE CONCERNED ABOUT THE EFFECTS OF RATE SETTING



63% OF AMERICANS ARE CONCERNED ABOUT THE EFFECTS OF GOVERNMENT RATE SETTING ON SMALL COMMUNITIES THAT ALREADY FACE HOSPITAL AND DOCTOR SHORTAGES.

AND THEY ARE ASKING CONGRESS TO DO THE RIGHT THING



67% OF AMERICANS AGREE: CONGRESS MUST PROTECT ACCESS TO HEALTHCARE FOR MILLIONS OF AMERICANS IN RURAL COMMUNITIES.

PATIENTS DEMAND ACTION AND HAVE STRONG BELIEFS ABOUT THE RIGHT SOLUTION



69% OF AMERICANS PREFER AN INDEPENDENT THIRD-PARTY RESOLUTION OVER ALLOWING THE GOVERNMENT TO SET RATES.

American College of
Emergency Physicians
ADVANCING EMERGENCY CARE

MORNING CONSULT POLL SURVEYED 1500 REGISTERED VOTERS
MAY 31-JUNE 1 WITH A MARGIN OF ERROR +/-3%

A screenshot of a Facebook post from 'Out of the Middle'. The post includes a sponsored header, a call to action to tell Congress to take patients out of the middle of payment disputes, a quote 'You shouldn't have to choose between life and debt.', a red 'ACT NOW' button, a photo of a man holding a baby, and a footer with the website URL, a 'Learn More' button, and social media interaction options (Like, Comment, Share).

A graphic on a blue background. On the left, a stylized white man in a suit and glasses holds up a large yellow document labeled 'BILL'. To the right, the text 'Protect patients from surprise billing...' is written in large, bold, black font.

2019 HIGHLIGHTS - 2020 GOALS

REGULATORY REINFORCEMENT

- Providing funding with ACEP in support of DC-based lobbyist to maximize efforts with CMS to ensure a quality landscape that better supports emergency medicine's needs. ACEP staff now meets bimonthly with senior level CMS officials to discuss various issues.
- Regulatory accomplishments for Emergency Medicine include clarification and additional exemption for emergency physician from the Appropriate Use Criteria (AUC) regulations for Medicare which would have required emergency physicians to consult clinical decision support each time before ordering advanced imaging.

“

...we agree that exceptions granted for an individual with an emergency medical condition include instances where an emergency medical condition is suspected, but not yet confirmed. This may include, for example, instances of severe pain or severe allergic reactions. In these instances, the exception is applicable even if it is determined later that the patient did not in fact have an emergency medical condition.

-CY 2019 Medicare Physician Fee Schedule Final Rule

”



REGULATIONS

2019 HIGHLIGHTS - 2020 GOALS

DATA SHARING

- Shared data on Anthem denials that supported advocacy, regulatory, and PR efforts (including those that led to NY Times running a story on the issue and a report by then-Senator Claire McCaskill (D-MO))
- Shared data to help inform advocacy efforts on surprise medical billing at the federal and state level

The New York Times

TheUpshot

As an Insurer Resists Paying for 'Avoidable' E.R. Visits, Patients and Doctors Push Back

Guessing wrong on when a condition is a life-threatening medical emergency could mean a large bill. Or worse.



"I thought I was dying and I needed to go to the E.R.," said Jason Salyers, of Ashland, Ky. His insurer, Anthem, paid his bill only after an appeal. Luke Sharrett for The New York Times

By Reed Abelson, Margot Sanger-Katz and Julie Creswell

May 19, 2018



Jim Burton was lifting a box in his garage last August when he felt a jolt in his back.

COVERED DENIED:

Anthem Blue Cross Blue Shield's
Emergency Room Initiative



Office of U.S. Senator Claire McCaskill



HOW TO PARTICIPATE*

MEMBERSHIP CATEGORIES

Emergency Medicine Associations: \$10,000 each – 1 voting seat each, for a total of up to 6 voting seats. This category is open to EM-related associations such as SAEM, EDPMA, EMRA, etc.

Major Donors: \$75,000 each – 1 voting seat each, for a total of up to 10 voting seats. This category is open to single EM provider groups or single EM-related business groups.

Coalitions: 1 voting seat each, for a total of up to 10 voting seats. This category is open to:

- Any coalition of up to 5 EM-related business entities (non-provider) that together contribute \$75,000; or,
- Any coalition of up to 5 small (< 250,000 annual patient care visits) and/or medium (250,000 to 499,999 annual visits) provider groups.

Dues: \$10,000 each for small groups, and \$15,000 for medium groups.

For an application to join or any questions, please contact admin@EMPolicyInstitute.org or acirillo@usacs.com.

2020 EMPI MEMBERS

Chair: L. Anthony Cirillo, MD, FACEP; USACS; acirillo@usacs.com; (401) 465-0806

Chair-elect: Rebecca Parker, MD, FACEP; Envision

Board of Governors

American College of Emergency Physicians (ACEP)

American College of Osteopathic Emergency Physicians (ACOEP)

Association of Academic Chairs of Emergency Medicine (AACEM)

EGO Coalition

Emergency Department Practice Management Association (EDPMA)

Emergency Medicine Residents' Association (EMRA)

Envision

TeamHealth

US Acute Care Solutions

Vituity

***NOTE:** In recognition of the difficult financial circumstances that many groups are facing due to the COVID-19 pandemic, EMPI dues for FY2020 have been reduced by 50 percent.