



2021 HIGHLIGHTS

EMPolicyInstitute.org



BACKGROUND

ACEP organized the Emergency Medicine Action Fund (EMAF), now the Emergency Medicine Policy Institute (EMPI), in 2011 to bring together all 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.

However, Washington, DC and the world changed dramatically since then and the need for a stronger and more coherent voice for emergency medicine became even more important. So EMAF rebranded itself as EMPI in 2019 to 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.

2021 PRIORITIES

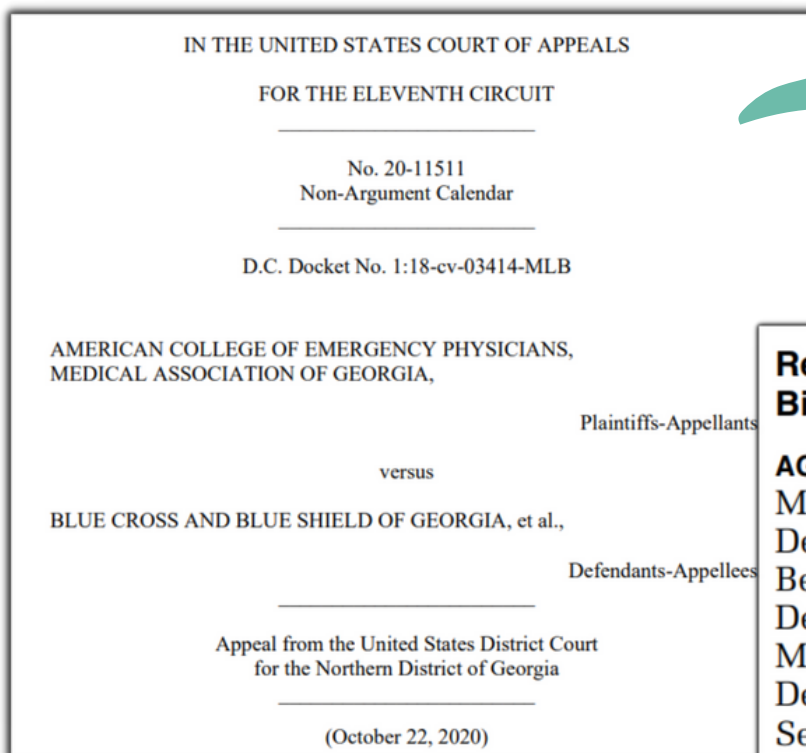
- **Protect the Prudent Layperson Standard**
 - **Economics**
 - **Value of Emergency Medicine**
 - **Future of Emergency Care**
-

2021 HIGHLIGHTS

PROTECT THE PRUDENT LAYPERSON STANDARD

Together with ACEP and the Medical Association of Georgia (MAG), EMPI has continued funding the ACEP/MAG lawsuit in the state of Georgia against Anthem's dangerous policy on retroactive denials of emergency care, which will soon draw to a successful close.

The court case was cited in the No Surprises Act's implementing regulation as rationale for adding additional prudent layperson protections.



Requirements Related to Surprise Billing; Part I

AGENCY: Office of Personnel Management; Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services.

ACTION: Interim final rules with request for comments.

“ 28. See also *Am. Coll. of Emergency Physicians v. Blue Cross & Blue Shield of Georgia*, No. 20-11511, 2020 WL 6165852 (11th Cir. Oct. 22, 2020) (per curiam) (reversing dismissal of plaintiffs' ACA and ERISA claims alleging defendants violated prudent layperson standard where review process was based upon physician review of medical records and diagnostic codes; prudent layperson standard ignores a patient's final diagnosis and instead asks whether a person with average medical knowledge would reasonably think they need emergency services to address their symptoms). ”

2021 HIGHLIGHTS

ECONOMICS

- EMPI funded research led by Arjun Venkatesh, MD, MBA, MHS of Yale University, which is **estimating reimbursement loss to emergency clinicians from COVID-19** in 2020 compared to 2019. The research has concluded, and publication is expected late Q1 2022.
- EMPI sponsored survey efforts led by ACEP and coordinated by Greg Hufstetler to help **support the E&M codes 2021 RUC review**. The research informed the strategy for the April 2021 presentation to the RUC and will also be helpful in defending or advocating higher final CMS values during the upcoming 2023 proposed rule comment period.



**AMA/Specialty Society
RVS Update Committee**

2021 HIGHLIGHTS

VALUE OF EMERGENCY MEDICINE

- To better promote key research and policy findings on emergency medicine to the public and policymakers, EMPI sponsored a Virtual Media Training for EM researchers.
- EMPI sponsored development of a collection of short videos, infographics, and other shareable materials to support ongoing EM advocacy by better educating policymakers on the process of emergency physician reimbursement, why unscheduled care is inherently different, and on insurer bad practices (e.g., narrow networks and downcoding). Development of the materials is well underway, and expected completion is late Q1 2022.

VIRTUAL MEDIA TRAINING

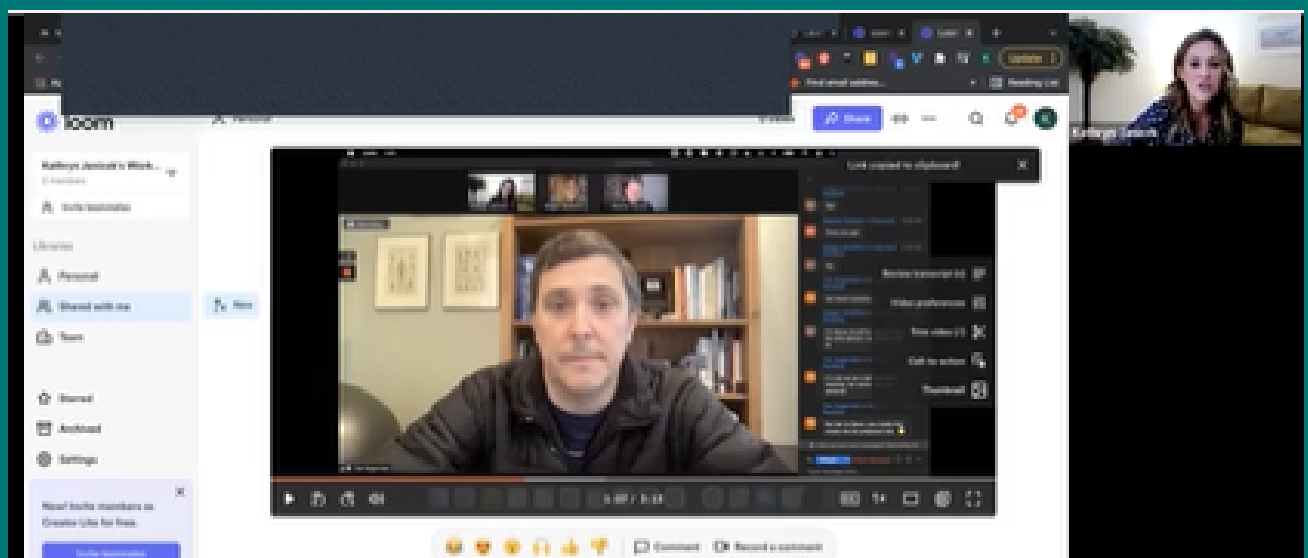
PREPARE YOURSELF FOR ONLINE

- Eye Contact
- Audio
- Background
- Lighting



DELIVER LIKE THE EXPERT

- Avoid jargon & pompous language. Keep it SIMPLE
- Apologize when needed. Don't overdo it.



2021 HIGHLIGHTS

FUTURE OF EMERGENCY CARE

EMPI partners with EMF to fund the **EMPI/EMF Health Policy Research Scholar Award Program** which seeks to promote research on health policy affecting emergency care, answer topical health policy questions affecting emergency medical care, and facilitate the academic growth, advanced education, and development of future leaders in emergency care health policy.

- The 2021-2022 awardee is Maureen Canellas, MD, MBA of U Mass, whose project is to measure the cost of boarding patients in the ED using time-driven activity-based costing.

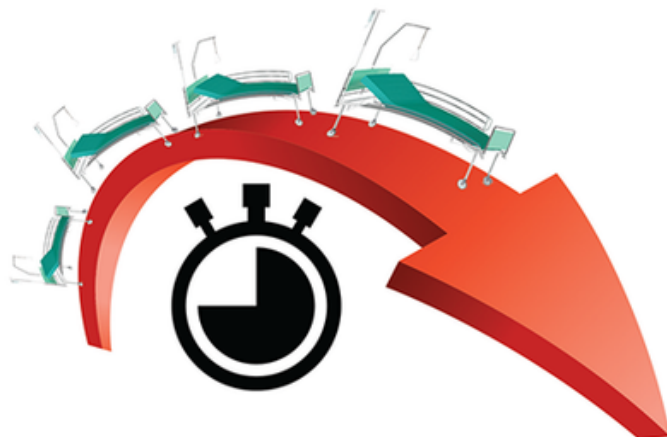
To ensure EMPI's research efforts are targeted and aligned with the profession's broader advocacy goals, EMPI has engaged the services of emergency physician and health services researcher Laura Burke, MD, MPH as its EM Healthcare Economics Research Consultant.

- EMPI also helped sponsor the work of ACEP's federal advocacy consultants, Capitol Counsel.



Maureen Canellas, MD, MBA

EMF/EMPI Health Policy Scholar Grant Awardee





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

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.

2021

Chair: Rebecca Parker, MD, FACEP

Co-Chair: Tom Sugarman, MD, FACEP, FAAEM (now Chair for CY 2022)

Treasurer: Ivalee Clement

BOARD OF GOVERNORS

American College of Emergency Physicians

American College of Osteopathic Emergency Physicians

Association of Academic Chairs of Emergency Medicine

Emergency Department Practice Management Association

Emergency Medicine Residents' Association

Envision

RCM Coalition:

- Brault Practice Solutions
- Gryphon Healthcare
- Pettigrew Medical Business Services
- Zoll Data Systems

TeamHealth

US Acute Care Solutions

Vituity

2022

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