

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.

2023 PRIORITIES

- Value of Emergency Medicine
- Future of Emergency Care
- Data-driven Solutions
- Support Upon Request for NSA
- Bad Payor Behavior and Other EM Issues

VALUE OF EMERGENCY MEDICINE

EMPI sponsored an all-day on-site strategic planning session at the ACEP Dallas HQ that resulted in recommendations for an in-depth study of the value of EM in light of diminishing resources with recommendations for alternate financing of hospital-based EDs for facility professional fees. Additionally, the strategic session recommended the development of a public relations campaign to counter anti-narratives on the value of emergency medicine and to promote positive narratives.

Task forces were appointed for a study on the value of EM, for a PR campaign, and for a search for a useable, reliable and current database for EM economic research.

EMPI approved a RAND study to:

- 1) Assess the value of emergency care to individual patients, communities, hospitals and health systems, payers, and government/national security.
- 2) Evaluate impediments to maintaining ED resources and capacity.
- 3) Measure and explain trends in emergency care reimbursement.
- 4) Evaluate innovative funding strategies for emergency care.

VALUE OF EMERGENCY MEDICINE (CONT.)

The EMPI Board approved the collection of 5 years (2018-2022) of hospital-based emergency medicine professional fee data (no PHI included) to provide greater clarity of actual amounts received by EPs for their services rather than depend solely on RAND's access to state APCDs. EMPI believes the results of the study will be transformative for our narratives as we dialogue with policymakers and legislators regarding our ever-increasing responsibilities and diminishing resources to accomplish our many and varied missions.

EMPI was able to nominate two ACEP members, Drs. Randy Pilgrim and Jesse Pines, to the RAND Advisory Board for this study, both of whom are renowned for their interest and expertise in the complexities of ED management.

EMPI approved a PR contract with Powell Tate, a respected DC PR firm, directing them to study current EM value narratives and construct a campaign to counter negative narratives and promote positive narratives. EMPI also tasked Powell Tate with dovetailing their PR strategies to maximize any messaging coming from the pending RAND study.



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 2023-2024 awardee was Dr. Jonathan Oskvarek, MD, MBA who is working on a study, ""An Evaluation of an ED Alternative Payment Model Involving a Private Insurer on Admission Rates and CT Scans."

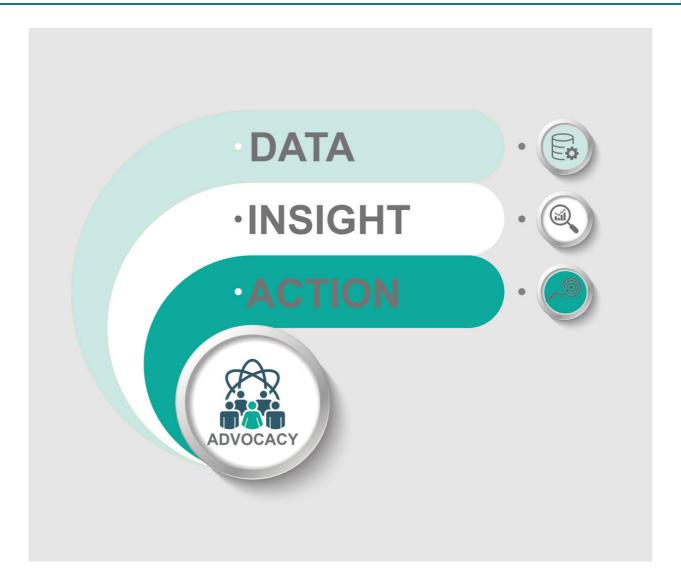


JONATHAN OSKVAREK, MD, MBA

DATA-DRIVEN SOLUTIONS

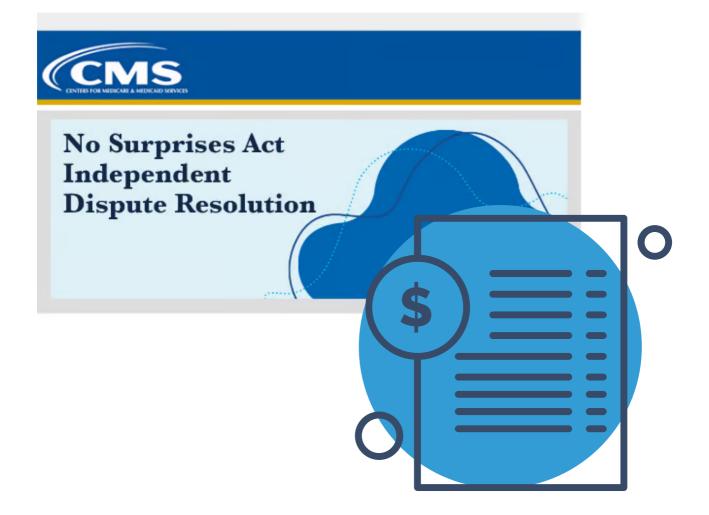
EMPI has designated a task force to determine the location for storage for the information being collected on physician RCM data. EMPI is grateful for the efforts of all who have contributed valuable data to the RAND study. EMPI organized a taskforce to develop and implement measures that would maintain the safety and integrity of the data as well as determine any future use of the data within the parameters of established data use agreements. Results of this task force are pending.

EMPI funded open access publication in the journal Academic Emergency Medicine for Dr. Venkatesh's study, "Estimated Reimbursement Impact of COVID-19 on Emergency Physicians."



SUPPORT UPON REQUEST FOR NSA

EMPI has prioritized EM support in pushback against NSA implementation errors, and stands ready to assist in these pushback efforts upon request, should such request come forth. Anticipated this year is a possible request for a study on the QPA.



BAD PAYER BEHAVIOR AND OTHER EM ISSUES

EMPI has designated a task force to determine if any recommendation should be made on consideration by EPs of legal remedies as solutions to bad payer behavior. Under consideration are options such as RICO complaints and/or purchase of payer bad debt by lawyers who then file suit for payment. Such nuances are complex and have many pros and cons. EMPI hopes to provide some clarity to these issues and construct an information paper for EPs on these, and other, options.

EMPI has reached out to the ACEP Reimbursement Committee (ACEP RC) and relayed an interest in consideration of requests for funding lawsuits vs insurers on various issues, such as PLP violations, downcoding and/or other types of denials. EMPI has also expressed an interest to the ACEP RC on possibly funding an effort to support the United States Department of Labor's lawsuit vs UMR (UHC's ERISA plan administrator).





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 7 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.

2023

Chair: Chip Pettigrew, MD, FACEP Chair-elect: Iva Lee Clement Treasurer: Tom Sugarman, MD, FACEP, FAAEM

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 EMBC: Emergency Medicine Business Coalition Emergency Medicine Residents' Association Envision

RCM Coalition:

- Pettigrew Medical Business Services
- Zoll Data Systems

Vituity