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**WASHINGTON PHYSICIANS PROPOSE ALTERNATIVE PLAN TO SUPPORT
STATE EFFORTS TO REDUCE EMERGENCY VISITS WHILE
PROTECTING PATIENT SAFETY, ACCESS TO CARE**

**State Plan Denies Payment of Emergency Services to State's Poor and
Removes Patient Safety Protections**

SEATTLE – A coalition of healthcare providers including the Washington Chapter of the American College of Emergency Physicians (WA/ACEP), Washington State Medical Association (WSMA), and Washington State Hospital Association (WSHA), have proposed a plan to help reduce emergency visits while saving the state millions of dollars and protecting patient safety and patient access to care. The plan is an alternative to one advanced by the Washington State Health Care Authority (HCA).

"We are not blind to the budget difficulties facing our state and to the fact that cuts must be made," said Stephen Anderson, MD, president of WA/ACEP and an emergency physician. "That's why we have proposed a reasonable plan that reduces costs while protecting quality patient care and patient safety. Emergency services are critical to patients in need, and the truth is there are Medicaid patients who do not have adequate access to primary care in the Health Care Authority's network. But the state is pointing the finger squarely at Medicaid patients and distorting the issue to deny care to people with real emergencies. The fact is, according to the CDC, only 8 percent of emergency room visits are 'non-emergent' and emergency care only represents two percent of health care spending."

In November a Washington state judge sided with physicians in halting the state's plan to limit Medicaid patients to three emergency room visits per year. Rather than move forward with the judge's ruling for a formal rulemaking process, HCA responded to its loss in court by announcing in December it will stop paying for all emergency department visits for Medicaid patients when HCA deems those visits "not medically necessary in the ER setting." What was previously an arbitrary cap on ER visits has now become an outright refusal to cover care HCA believes is unnecessary. The problem is that patients do not know what care is an emergency or not.

"HCA has abandoned the 'three-visit limit' and now will not pay for any care they believe is not 'medically necessary in the ER,'" said Dr. Anderson. "Our concern is what criteria the HCA will use to determine what is 'medically necessary.' The simple fact is that quality patient care does not happen when bureaucrats stand between the physician and patient to dictate what is considered an emergency and what is not. It's just not safe. And it's just not right."

"Imagine this scenario: You fall down the stairs, injure your neck and ankle. You call the paramedics and are brought in on a backboard and neck collar. After many tests it is determined you did not break anything, but you have an acute cervical strain and severe ankle sprain requiring a splint and crutches," said Nathaniel Schlicher, MD, JD, emergency physician, legislative chairman of the WA/ACEP, and WSMA member. "According to the HCA, this would not be an emergency and would be considered inappropriate use of the ER. That is outrageous." He continued, "Putting a faceless bureaucrat between a patient and physician to determine what is a true emergency is dangerous and sacrifices patient safety."

Believing the HCA plan risks patient safety and access to quality care, the WA/ACEP and its partners have proposed an alternative plan and are lobbying the state Legislature to consider it.

"The physician-sponsored plan addresses the root of the problem—lack of access and reasons for inappropriate utilization," said Doug Myers, MD, president of the Washington State Medical Association (WSMA). "We want patients to go to the right place for the appropriate care, whether that be a primary care physician, urgent care center, or emergency room. The state plan does nothing to address this root problem, rather it arbitrarily says it won't pay for certain services in the emergency room even though the presenting symptoms are consistent with true emergencies. This short-sightedness puts patients at risk."

The physician-developed plan works toward the goal of real cost savings for the state and encompasses an effort to coordinate and integrate medical care and wellness within each community. It would save money by:

- Reducing ED visits for narcotic-seeking behavior
- Reducing "unnecessary" ED visits by collaborative use of next-day or same-day visits to primary care and improving access to care
- Creating a "Generics First" initiative spearheaded by physicians to voluntarily develop a statewide drug formulary
- Instituting an extensive case management program to reduce inappropriate ED utilization by frequent users
- Tracking emergency room visits to reduce ED shopping

Washington ACEP represents over 650 emergency medicine physicians and is a chapter of the American College of Emergency Physicians, a national medical specialty society representing emergency medicine. WA/ACEP is committed to advancing emergency care through continuing education, research and public education.

The Washington State Medical Association's vision is to make Washington the best place to practice medicine and to receive care. The WSMA represents over 9,800 physicians throughout Washington state. For more information about the WSMA, please visit www.wsma.org.

The Washington State Hospital Association represents all of Washington's 98 community hospitals. The association works to serve its members, increase access to health care, and improve health care quality. For more information about WSHA, please visit www.wsha.org.

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