Value of Emergency Medicine

Presented by:
Dean Wilkerson, JD, MBA, CAE
ACEP Executive Director
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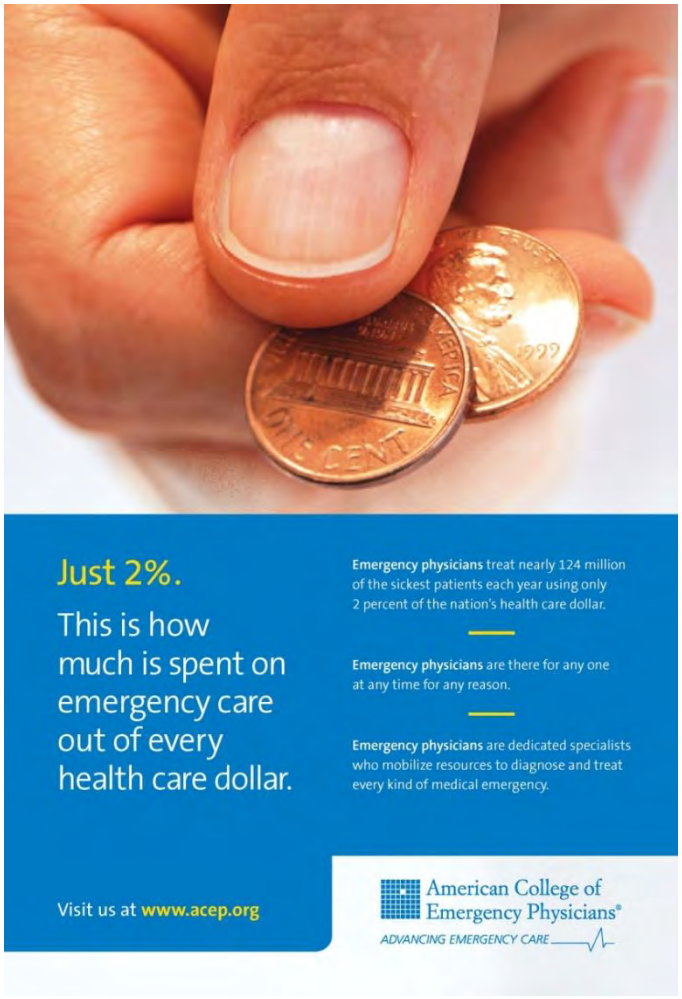
Value Based Purchasing



Value of EM

2% Campaign

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Value

- $\text{Value} = \frac{\text{Quality}}{\text{Cost}}$

- Quality =
  Safety, Outcomes and Experience

Value of Emergency Medicine

- Time-sensitive diagnosis
- Acute undifferentiated care / all ages
- Rapid, high-quality diagnostic center
- Transitions of care

Value of Emergency Medicine

- Reduce unnecessary testing
- Decreasing patient cycle time
- Increase observation services
- Reduce avoidable admissions
- Reduce avoidable re-admissions

Value of Emergency Medicine

- EM profile
- 4% of physicians in the U.S. practice EM
- 10-12% of all outpatient visits/ particularly higher acuity
- 28% of all acute care visits
- 1/2 of all acute care Medicaid and CHIP
- 2/3 of all uninsured visits
- 1/2 of all hospital admissions
- 1/3 of all national health care spending

RAND Study - The Evolving Role of EDs in the U.S.

Findings:

- EDs account for more than half of all hospital admissions
- EDs support primary care – perform complex diagnostic workups and after-hours demand for care
- Emergency physicians = a small portion of the U.S. health care system but have a disproportionate impact on patient care
- Most ED patients lacked an alternative or were sent by their primary care provider

RAND Study - The Evolving Role of EDs in the U.S.

Recommendations:

- Focus on ED role in admissions and re-admissions
- Assess growing use of EDs as diagnostic centers to evaluate complex patients
- Focus on expanding affordable access, not efforts to reduce non-emergent and non-urgent care
- Better integration with health care system
  - *Health IT, care coordination and collaboration*

Choosing Wisely

- ABIM Foundation / Consumer Reports
- ACEP's initial response
- Cost Effective Care Task Force and Delphi Panel

Choosing Wisely®

An initiative of the ABIM Foundation

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Choosing Wisely

1. Avoid CT scans of the head in ED patients with minor head injury who are at low risk based on validation decision rules

2. Avoid placing indwelling urinary catheters in the ED for either urine output monitoring in stable patients who can void, or for patient or staff convenience

3. Don’t delay engaging available palliative and hospice care services in the ED for patients likely to benefit

4. Avoid antibiotics and wound cultures in ED patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage, and with adequate medical follow-up

5. Avoid instituting IV fluids before doing a trial of oral rehydration therapy in uncomplicated ED cases of mild to moderate dehydration in children

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Liability Reform

- **Federal – HR 36 EMTALA liability protection**

  64 co-sponsors

- **Incremental State Reform**

  CO – reduced cap on non-economic damages

  VA, FL – expert witness laws

  OR – mediation to avoid lawsuits

  Special standard – e.g., gross negligence or "clear and convincing evidence" now the **law in AZ, FL, GA, NC, TX, SC and UT**. Being pursued in CT, OH, PA, TN and MI

America's Emergency Care Environment: A State-by-State Report Card

- To be released January 16, 2014
- Value is the main theme
- Shift conversation from cost to value
- What it is and is not
- Evaluation of:
  Access
  Quality & Patient Safety Environment
  Medical Liability Environment
  Public Health and Injury Prevention
  Disaster Preparedness

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Q & A

Thank You!

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