American College of Emergency Physicians
ADVANCING EMERGENCY CARE

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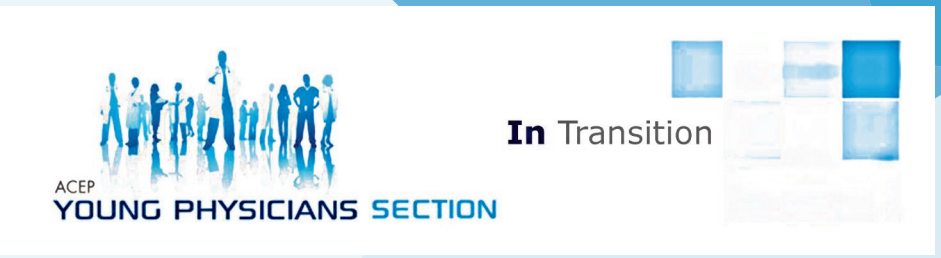

http://www.acep.org/youngphysicianssection/

Playing the Game: Knowing the Rules

As a residency trained, board-prepared emergency physician you offer much to your new practice, but as a new graduate, you still have a long road of professional development ahead of you. In this edition of *In Transition*, we introduce you to some common expectations your new group may have for you.

Quality Measures

Years of training and studying, residency, and board preparation helped you develop the skill sets necessary for you to provide high quality emergency care; however, there are specific measures your group and hospital will use to collect data in an assessment of your quality of care.

For healthcare organizations to participate in Medicare and Medicaid programs they must be certified as complying with the Conditions of Participation (CoP) standards set forth in federal regulation. The Joint Commission (TJC) has been granted "deeming" authority from the Centers for Medicare and Medicaid Services (CMS) to "deem" that healthcare organizations meet the Medicare and Medicaid certification requirements. TJC is the agency that accredits the majority of hospitals in the United States. Hospitals and their medical staff follow TJC's rules and measure compliance with them very closely. Core Measures assesses quality of care. Since November 2003, CMS and TJC have worked to align common measures so they are identical.

The CMS has several quality reporting programs that affect emergency physicians including the hospital Outpatient Quality Reporting (OQR) program, the hospital Inpatient Quality Reporting (IQR) program, the Physician Quality Reporting System (PQRS) for individual physicians and the Value-Based Payment Modifier (VBM) for group practices that links Medicare payment penalties to the reporting of quality measures.

Total Potential Impact of Participation in the Physician Quality Reporting System (PQRS)		
There Are Now Four PQRS Programs:	Finalized for the 2013 Reporting Period:	Proposed for the 2014 Reporting Period:
Traditional PQRS Incentive	+0.5% payment in 2014	+0.5% payment in 2015
PQRS MOC Incentive	+0.5% payment in 2014	+0.5% payment in 2015
Total Potential PQRS Incentives	**+1.0% in 2014**	**+1.0% in 2015**
PQRS Penalties For Failure to Report	-1.5% in 2015	-2.0% in 2016
Value-Based Modifier (VBPM)* For Failure to Report PQRS*	-1.0% in 2015	-2.0% in 2016
Total Potential PQRS/VBPM Penalties	**-2.5% in 2015**	**-4.0% in 2016**

* VBM applies to groups ≥100 eligible professionals for the 2013 reporting period, and CMS has proposed for groups ≥10 for the 2014 reporting period.

CMS also launched a Physician Compare website in 2010 to publicize the names of practitioners and practices satisfactorily reporting quality data. Emergency department relevant measures are included in PQRS. Additional information is on ACEP's web site and at CMS' PQRS website.

Other Benchmarks

Your group may monitor other issues such as pain control, usage of thrombolytics in stroke, or appropriateness of trauma classification, depending on the hospital's goals and relevant state requirements. Your hospital and medical staff may have developed practice guidelines for these topics and for common illnesses. These guidelines may involve order sets that start in the ED to expedite care throughout the hospital. National organizations also publish helpful evidence based and expert content guidelines to which you may refer: ACEP's Clinical Policies, American Academy of Pediatrics' Policies, the American College of Cardiology Clinical Guidelines, Eastern Trauma Association's Trauma Practice Guidelines, and the Society of Critical Care Medicine's Guidelines.

Other common ED efficiency benchmarks include patient flow monitoring such as time patient arrives, arrival time until time seen by doctor, lab and x-ray turnaround times, and time seen by doctor to disposition. More detailed information on the ED Throughput measures can be found at Quality Net Specifications Manual. Your documentation may be monitored for risk management and billing purposes. Expect chart reviews on patients who have left without being seen (LWBS), signed out against medical advice (AMA), eloped, transferred, died (including inpatient deaths within 24 hours), returned within 48 hours, or were called for positive cultures and missed x-ray readings. Patient complaints are also trended by most facilities. These reviews help ensure quality of care by pointing to potential system issues, and deserve follow-up.

Case Review

You may be asked to review cases to determine when a patient should be called back for a missed x-ray finding or to determine antibiotic choice for a positive culture result. You also may be asked to participate in reviewing a case as part of the peer review process, or a case of yours may undergo peer review. All hospital medical staff bylaws have a peer review process. Familiarize yourself with these bylaws, and know your rights involving quality of care issues. By using its search engine you can find the AMA's policies on peer review and due process at the AMA site. ACEP has a policy statement on contractual relationships, as well as a policy on Emergency Physician Rights and Responsibilities that address due process.

EMTALA

Your group and hospital expect you to understand the Emergency Medical Treatment and Labor Act (EMTALA), its rules and regulations. Your residency program most likely discussed this law and its implications. Failure to comply with this non-funded federal mandate, which provides a medical screening exam regardless of financial means, can result in heavy fines for you as well as the hospital. EMTALA violations can affect the ability of you, your hospital, and your group to bill Medicare in the future. ACEP has a helpful resource page on EMTALA for your review.

Customer Satisfaction

Most likely, your residency program introduced the concept of patient satisfaction. In 2007, CMS started collecting hospital patient satisfaction surveys (part of the CAHPS program) that will increase hospitals' focus on patient satisfaction. As hospital- based physicians, please remember your customers extend beyond the patient to include EMS, ancillary staff, nurses, lab technicians, radiology staff, administrators, and the medical staff. Good relationships help create a more satisfying work environment, and are smart business. Your group depends on you to practice as an excellent clinician and as an excellent politician.

Summary

Your hospital and physician group follow specific indicators to demonstrate to groups such as TJC, CMS, your state, the medical staff, and the hospital that your group meets key standards, ensuring high quality of care. They depend on you to understand EMTALA, and they expect you to work well with others. If you haven't already, request that your medical director review these topics with you, and review quality indicators during your orientation so you understand how you are measured and can comply with their requirements.

Next month...Perfecting Your Practice: Protocols and Medical Staff Development.