

CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS

JUNE 2007

“A good physician knows how to manage time” — Jerome Groopman, MD, from his new book, *How Doctors Think*

FROM THE PRESIDENT

LARRY LEVINE, MD, FACEP

HERE'S A NOVEL CONCEPT: LET'S GET PAID FOR OUR WORK



Last night I was up late, lying in bed, tossing and turning and worrying about the general health of the good people of Delaware. You see, I had come across a website that had a table showing the Medicare 2005 E/M Frequency Distributions, <http://www.acep.org/webportal/PracticeResources/issues/reimb/resources/medicarebilling.htm> and apparently the patients in Delaware are much sicker

than our patients, here in Connecticut.

In Delaware, 55.46% of the Medicare patients were coded as level fives (99285) while in Connecticut only 32.50% of our Medicare patients were coded similarly.

I know some of the emergency physicians in Delaware and they are good honest people, so I don't think that they're committing fraud. Either the patients in Delaware are much sicker or maybethe emergency physicians in Connecticut are not doing a very good job at providing documentation that leads to appropriate coding.

Certainly, there are technological fixes to this problem. ED information systems generally force us to document better than a piece of template paper or dictation. But I think the problem is actually us. We don't think the coding process is important or we would spend more time doing it better. Let's take critical care coding. It requires the emergency physician to state that he or she provided critical care and completed some basic documentation that supports his or her work. The emergency physicians in New Hampshire (6.10%) and those

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12TH ANNUAL SPRING SYMPOSIUM GETS HIGH MARKS

AND A FEW LAUGHS

This year's Spring Symposium was held on March 26th and 27th at the Foxwoods Resort and Casino and kicked off with an open board meeting with DPH Commissioner Dr. Robert Galvin. We discussed the myriad issues around ED crowding, the crisis in ED specialist coverage, Medicaid reimbursement and other problems that emergency physicians and their patients live with in Connecticut. The Connecticut Emergency Nurses Association joined CCEP in sponsoring the meeting, which was well attended by both organizations.

The actual symposium began with a robust vendor turnout, a very good thing as this is how we pay the Foxwoods folks. The line up of speakers was quite impressive beginning with Middlesex EP Dave John, MD and his presentation on Quality Improvement. CT ENA's Cynthia Bautista, PhD, was next with her entertaining and informative "Brain Games", which kept us all laughing. After a visit with vendors, Dr. Joe Lex presented an



Dave John and DPH Commissioner Robert Galvin

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INSIDE:

J O B S I N C O N N E C T I C U T N O W

12th ANNUAL SPRING SYMPOSIUM

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informative discussion on the use of new cardiac biomarkers. Following lunch, Hartford Hospital's Angel Rentas, a comedian and APRN, had the crowd in stitches. The comic relief was a great addition to this year's meeting and a hard act to follow, but Elizabeth Bradley, PhD, did a fine job presenting information on reducing door-to-balloon times in acute MIs.

Wrapping up the meeting was an interactive panel discussion on medical toxicology moderated by Danyal Ibrahim, co-director of Medical Toxicology at Windham Hospital. The panel included Joao Delgado, Medical Toxicologist and Research Director of EM at Hartford Hospital, old friend from Hartford Hospital Tamas Peredy, (now the Medical Director of the Northern New England

Poison Center at Maine Medical Center), and Asim Tarabar, an assistant clinical professor of surgery and emergency medicine at Yale University School of Medicine. It was an informal, lively back and forth discussion amongst themselves and the audience with plenty of usable clinical pearls to take home.

CCEP's Alberto Perez from the Windham ED did the mother lode of the work lining up this eclectic group of speakers this year – thanks Alberto. “We are already looking ahead to next years Scientific Assembly and certainly welcome your suggestions,” he said.

“This was a terrific meeting with entertaining and informative speakers, and the feed-back we received was incredibly positive,” said CCEP President, Larry Levine.



(left to right): Nader Bahadory, Bob Sidman and Fred Fenton, all from Backus



Present and past Hartfords Tom Nowicki and Tamas Peredy



Ultrasound rep with Bryan Jordan from Bridgeport



Comedian Angel Rentas with Jeff LaFrance from Bristol



Lynn Negretti and Marlo Herrick from Midstate



Ken Robinson (Lifestar, Hartford Hospital) and Alberto Perez from Windham



Elizabeth Bradley



CT ENA's Cynthia Bautista, RN, PHD



Dave John giving his very good QI lecture



Greg Shangold and Phil Brewer



CCEP Pres-elect Dave Charash from Danbury

FROM THE PRESIDENT

(Continued from Page 1)

in Nevada (6.26%) apparently think it's twice as important as the emergency physicians in Connecticut (3.10%)

Providing free healthcare to those who cannot afford it is really nice. It's our badge of noblesse oblige. Our personal fastrack to heaven. In fact, The AMA said in a report of 2002, that each emergency physician in the country gives away \$138,000 of free care each year. But we are not talking about free care, or even under compensated care. This is about patients with insurance. This is about us being too lazy to document the important parts of the patient encounter that justify appropriate billing.

How could your coders possibly know that, say, a seizure patient in status was very ill, required complex medical decision making and significant time at the bedside if you don't tell them? Or, why is one sick COPD patient a level five and the next equally ill one a level four or even a three?

I had planned to write a short little piece giving specific advice on documentation. But actually I don't think the

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problem is lack of information. It's lack of interest. This column is being read exclusively by highly intelligent people who consume data, make rapid judgments, and in general know everything that they want to know. Each of us has heard the tips to better reimbursement before. I don't need to restate them.

We make a decent living because we work hard. Over a career, maybe a little too hard. We sacrifice ourselves and our families. We forego meals and bathroom breaks. Most of us work every other weekend and plenty of holidays. We work really hard. But, truth be told, many of us don't work really smart. If we did, we'd transfer some of our incredible work ethic to the task of documentation. There is no other group of physicians who disregard this task.

It's one thing to give away free care. It's quite another to give it away when we don't have to.

AN INTERESTING CASE

DAVE CHARASH, DANBURY HOSPITAL ED



I was able to take this photo of a 44 year old male who presented to the Danbury ED with sudden onset of double vision. He had a history of diabetes and hypertension. What's your differential diagnosis?

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GOVERNMENT RELATIONS COMMITTEE REPORT

PHIL BREWER, CHAIR

As the session nears its conclusion, here are bills of importance to CCEP members and where they stand:

7299 (AN ACT CONCERNING REIMBURSEMENT RATES TO PHYSICIANS WHO PROVIDE EMERGENCY ROOM SERVICES TO MEDICAID RECIPIENTS.)

This bill cleared 2 committees by unanimous vote but has stalled momentarily. We convened a meeting which was attended by Rep. Schofield, Sen Harris, and representatives of DSS, DPH, OCHA, and the Governor's budget staff. All agreed that we should be paid for our services to Medicaid patients. The Department representatives expressed a willingness to change their policies, something which would eliminate the need for legislation. The sticking point is the fiscal impact which, statewide, will be anywhere from 1-2.5 million dollars p.a. The DSS staff agreed to nail down the estimate and the group will proceed from there. If DSS or DPH balks because of a high estimate, Schofield and Harris expressed their willingness to get the bill passed and signed.

7293 (Overcrowding)

This bill is stalled and will not pass this year. However, Rep. Sayers has agreed to attempt to insert its language into another bill in a way which will let it squeak through. We'll see...Meanwhile, the task force goes on.

1343 (Emergency Contraception)

Passed both chambers by large margins after the Catholic hospitals refused to sign onto compromise language. Gov. Rell will sign the final version. Beginning Oct. 1, all rape victims at risk of pregnancy as the result of the sexual assault must be offered emergency contraception if indicated. If the patient requests EC, it must be administered on site and not deferred under the pretext of its availability elsewhere.

Ignition Interlock Devices

Language on this issue was present in several bills, none of which passed. We'll try again next year.

We thought that you might be interested in these well written letters of Phil Brewer (Chair, CCEP Govt Relations Comm) and Mike Werdman (ED Director, Bridgeport Hosp). Phil's is to Charlotte Yeh, an emergency physician who is now the regional director of CMS, and addresses the sticky issue of admitting patients to the inpatient hallways (to reduce ED crowding). Mike writes to his local state rep in support of bills 7299 (Medicaid reimbursement for ED patients) and 7293 (mandates improving and tracking inpatient flow to relieve ED crowding). ed.

CHARLOTTE YEH, MD DIRECTOR CMS, REGION I

Dear Dr. Yeh,

I am writing on behalf of the Connecticut College of Emergency Physicians (CCEP) in order to seek clarification of CMS Region V policy as regards boarding of admitted patients in the emergency department. As you are aware, CCEP is pressing for both short-term and long-term solutions to the problem of Emergency Department crowding and has singled out the ED boarding load as a critical factor in ED overcrowding. ED boarding is a key issue both because of its deleterious impact on ED operations and patient safety as well as the immediate availability of the short term solution of moving stable boarding patients to other areas of the hospital while awaiting regular bed assignments.

Unfortunately, this avenue continues to be blocked by an opinion against boarding on inpatient units expressed by officials of the Connecticut Department of Public Health. These officials cite the CMS requirements outlined in the Conditions of Participation for Hospitals (US Public Health Code, Title 42, Chapter IV, Part 482) as the basis of their policy. While it is true that boarding of admitted patients does not comply with the Conditions of Participation, we believe that your interpretation of the Conditions of Participation is that, with respect to boarding, there is no distinction between the emergency department and other areas of the hospital, and therefore the Conditions of Participation should not be construed as a justification for sequestering boarding patients in the emergency department. Nevertheless, hospital administrators, backed by officials of the CT DPH, continue to block boarding on inpatient units while allowing sequestering of boarders in the ED.

We are therefore requesting a written statement from your office which declares unequivocally that the practice of boarding admitted patients in the emergency department does not comply with the Conditions of Participation for Hospitals and that CMS regulations should not be construed as a justification for sequestering boarding patients in the emergency department.

We deeply appreciate your interest in the issue of ED crowding and we sincerely hope that you will be able to clarify the issue outlined above. The Legislative Task Force on overcrowding, of which three of us are members, will meet again in mid-January. The first hour of the meeting will be devoted to a presentation on boarding by CCEP representatives and your response will be extremely helpful to the presentation and subsequent discussion.

Sincerely,

Phil Brewer, MD FACEP

Chair, Government Relations Committee,

Connecticut College of Emergency Physicians

DEAR REPRESENTATIVE HOVEY

As a constituent and practicing emergency physician at Bridgeport Hospital for more than 20 years, I ask you to strongly consider support for the movement of raised bill 7299 from the appropriations committee.

This bill would mandate that physician services be separately recognized and compensated by the Department of Social Services. Currently the Department reimburses emergency department care as a single payment to hospitals that must then be split as negotiated by the physician and hospital. This system developed at a time when most emergency physicians were directly employed by hospitals. This arrangement which is not common in most of the country has become increasingly less common in CT.

The historically low payments by Medicaid mean that patients covered by Medicaid do not cover the physician or hospital costs which then means that either hospitals are forced to subsidize the emergency physician practice or that emergency physicians are under compensated and will choose to practice in states where they can receive adequate compensation.

As the only portion of the health care system that is federally mandated to see all patients who present for care (EMTALA) , emergency departments are a crucial part of the healthcare safety net and need to be adequately reimbursed to continue to be able to provide the 365 day , 24 hour care that the community expects and deserves.

I would also ask that you similarly support raised bill 7293 which will begin to address the issues related to Emergency Department over-crowding. While adequate reimbursement for services in the ED is crucial to continued access to care, there is also a need to work with hospitals and the Department of Public Health to develop solutions to overcrowding. ED overcrowding is multi-factorial, but this bill will address both inpatient flow and non-emergent use of the ED. It is my belief and experience that the primary problem of ED overcrowding is inadequate inpatient capacity and access to inpatient beds. ED's that are serving as extended inpatient units cannot provide care to the newly arriving patients in a safe and timely manner. Involving the Department of Public health with hospitals to develop best practices and track performance in a systematic way should help the problem.

Another important albeit lesser issue is the use of the ED for services that could be provided in an alternate, less costly location This bill will force the involvement of payors who have in the past attempted to manage the failure of alternative access by penalizing the provider of last resort for

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JOBS IN CONNECTICUT NOW

BACKUS HOSPITAL

Full time position for qualified PA/APRN. Current volume of 50,000 visits with one-third cared for by allied health professions in the Convenient Care area of the department. New ED will be complete in July, 2007. Allied health professionals also rotate in the main area of the ED. We offer a competitive compensation package. To learn more about this opportunity, please contact Robert Sidman, MD at 860-823-6369 or RSidman@wwbh.org

BRISTOL HOSPITAL

Long-standing democratic group seeking one ABEM Board Certified / Board Eligible Emergency Medicine Physician to join all ABEM group. Partnership opportunity. 38,000 visits, pleasant work environment. Community hospital. Extremely competitive starting salary leading to partnership after two years. Flexible scheduling. Please send CV and letter of interest to: Larry Levine MD FACEP at _LPL@aol.com (mailto:LPL@aol.com)

BRISTOL HOSPITAL

per diem: Long-standing democratic group seeking one ABEM Board Certified / Board Eligible Emergency Medicine Physician to work 3 to 6 shifts monthly, nights and weekends only at very high compensation. 38,000 visits, pleasant work environment, community hospital. Please send CV and letter of interest to: Larry Levine MD FACEP at _LPL@aol.com (mailto:LPL@aol.com)

DAY KIMBALL HOSPITAL

Exciting opportunity for a BE/BC emergency physician to be part of a small progressive group that is in the planning stage of a new ED. We are one of the few CT community EDs with ultrasound and have just implemented a state-of-the-art computer information system that makes our work fast, efficient and rewarding. We see 24,000 patient visits/year in a rural setting one hour from Boston and 45 min from Hartford and Providence. The housing is affordable and the schools excellent. The salary is one of the best in the region with an extraordinary hourly rate and incentive bonuses. This is a great job!. For more information, please contact Steven Wexler, MD, Director, Department of Emergency Medicine, 860 928-6545, E-mail: drwex@comcast.net.

HARTFORD HOSPITAL

Per diem opportunity for EM residency trained or EM board certified physicians in our 80,000 visit, 60 bed, ED. Our Fast-Track, run by PA/NP's, sees 23,000 visits per year. We are the main clinical site for the UConn EM Residency, a three year program with 12 great residents per year. Also, a Level I trauma center and the major toxicology program for CT with a fellowship. We have experienced PA/NP's, nurses, RT's, and ancillary help. Our call list includes most specialties. Competitive salary and benefits. Contact AJ Smally, MD FACEP at asmally@harthosp.org or 860-545-3536.

NEW MILFORD HOSPITAL

Our 20,000 visit/yr community hospital ED is searching for a full-time, BC / BE emergency physician to join a well established EP group. We offer a competitive salary, full benefits and flexible schedule. Interested physicians should contact Dr. Koobatian at (860) 210-7418.

NORWALK HOSPITAL

We have per diem positions available for an EM-Residency trained, ABEM/AOBEM certified/prepared EP with EM experience to work per diem in a modern 47,000 visit ED. Norwalk Hospital is a progressive, teaching, 270-bed Level II Trauma Community Hospital located in Fairfield County on Long Island Sound, not far from New York City. We offer a unique 'virtual private practice plan,' which includes all the advantages of being a hospital employee with many of the advantages of fee-for-service. PLEASE CONTACT: Michael Carius, MD, FACEP, Chairman, Department of Emergency Medicine, Norwalk Hospital, at mcarius@acep.org or 203-852-2281.

ST. FRANCIS HOSPITAL AND MEDICAL CENTER

Full time opening to fill position of retiring MD. BC/BE physician to join an ED group with 65,000 + visits, Trauma level II, major UCONN clinical site with residents in most specialties. Ground breaking on an entirely new ED this summer. Contact Steve Wolf, MD FACEP at swolf@stfranciscare.org, or at 860-714-4701

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AN INTERESTING CASE

(Continued from Page 4)

Differential diagnosis of CN 3, 4, 6 palsy: the usual culprits — infectious (subarachnoid space inflammation – meningitis, lyme, syphilis, etc), autoimmune (M. Gravis, MS, etc), trauma, tumor, vascular (stroke, aneurysm), metabolic (microvascular - HTN, diabetes), vitamin deficiency (Wernicke's), etc., etc. This patient was found to have a stroke by MRI.

Note: The clinical diagnosis of diplopia can be hard to pick up if the limitation on ocular excursion is subtle, as with this patient. Try this: shine a light directly in front of the patient. In this patient, the light is perfectly centered on the pupil of the unaffected left eye. In the affected right eye, the light reflection on the pupil is slightly below center.



PHYSICIANS NEEDED FOR TRAVELERS CHAMPIONSHIP

St. Francis Care is providing on-site medical care for the Travelers Championship Monday June 18th through June 24th. This is a great opportunity to work in a pleasant and exciting environment. Although the event is a fund raiser for the Jaycees, the medical staff is compensated. Please contact John Quinlavin, Pm, EMS Manager, Saint Francis Hospital and Medical Center ED — Phone: 860-714-5549; Pager 860-720-2565.

JOBS IN CONNECTICUT NOW

(Continued from Page 6)

UNIVERSITY OF CONNECTICUT HEALTH CENTER

Emergency Medicine Attending/Assistant Professor. Half-time position at the UCONN School of Medicine, Department of Traumatology & Emergency Medicine, Division of Emergency Medicine. Provide clinical care in the John Dempsey Hospital Emergency Department. Participate in clinical, academic, education and research activities in the Department. Certified by ABEM, AOBEM or graduate of ACGME, AOA/ACOE approved emergency medicine residency. UCHC is an equal opportunity employer M/F/V/PwD. Contact: Robert Fuller, MD at RFULLER@NSO.UCHC.EDU or at 860-679-4432.

WEST HAVEN VA MEDICAL CENTER

We are looking for additional staffing for nights/weekends. Our ED is primarily an adult, Internal Medicine-type patient population with no trauma, OB, or Peds. Emergency physicians or those boarded in Internal Medicine with ED experience would be most comfortable in this environment. Compensation has recently become extremely competitive for those with appropriate Boards. Contact: Craig Zalis, MD, Director, Emergency Services, West Haven VAMC, 950 Campbell Ave, West Haven, CT 06516. Craig.zalis@med.va.gov (203) 932-5711 x 2991 (private), x 4483 (secretary), x 4777 (ED)

CCEP WELCOMES NEW MEMBERS

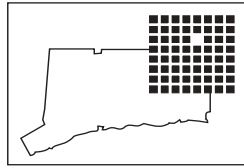
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BROOKS M. WALSH-YALE
ROBERT E. CREUTZ, MD-BACKUS

DEAR REPRESENTATIVE HOVEY

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providing the care that they as the managed care organization should have been responsible to manage and provide. By insisting that they "have some skin in the game" I think we may see improved effort to develop alternative access.

Respectfully yours,
Michael Werdmann, MD
Chair, Dept. of Emergency Medicine
Medical Director, Case Management
Bridgeport Hospital
Phil Brewer, MD FACEP
Medical Director, Quinnipiac University Health Service



Connecticut College of
Emergency Physicians

*CCEP's 15th Annual Scientific Assembly
& Annual Meeting*

7:30 am, Wednesday, November 14, 2007
Rocky Hill Marriott Hotel, Rocky Hill, CT.

Pre-Register Today by Emailing or Calling the CCEP Offices
tricia@grassrootsct.com or lisa@grassrootsct.com
Or 203.234.8055

Save the Date

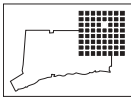
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your new address!