Leadership of Emergency Services into the Future

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President, American College of Emergency Physicians
Partner, Napa Valley Emergency Medical Group
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Paul Kivela, MD, MBA, FACEP
Immediate Past President, American College of Emergency Physicians
Potential Conflicts of Interest

• Past President, American College of Emergency Physicians
• Partner, Napa Valley Emergency Medical Group
• Medical Director, Medic Ambulance Company (MIH pilot project) Solano County
• Chief Strategic Officer, Code 3 Emergency Partners (FSED) Frisco Texas
• Founder, FailSafe Healthcare (PSO and Newsura Professional Liability)
• Proprietor, Elan Medical (concierge medicine)
Objectives

• Current Challenges for Emergency Medicine
• Changes happening in Emergency Medicine
• Opportunities and Future Direction of Emergency Services
Emergency Medicine’s Issues are Medicine’s Issues in 2018

• Scope of Practice of PA’s and NP’s
• Consolidation of healthcare
• Burnout
• Drug Shortages
• Violence
• Over utilized/unnecessary
• Psychiatric care
• Corporatization/ Consolidation
• Future Leadership
• Medical malpractice/defensive medicine concerns
ACEP 2018 Update
My Fundamental Principles

• Create value to the practicing emergency physician (with patient centric view on improving access and quality of care)
• Improve communication to our members and the public
• Make things as transparent as possible
• Be strategic and intentional
28 ACEP Committees/ 280 Objectives

- Committee Manual
- Academic Affairs Committee
- Audit Committee
- Awards Committee
- Bylaws Committee
- Bylaws Interpretation Committee
- CEDR - Clinical Emergency Data Registry Committee
- Clinical Policies Committee
- Coding & Nomenclature Advisory Committee
- Compensation Committee
- Disaster Preparedness & Response Committee
- Education Committee
- Emergency Medical Services Committee
- Emergency Medicine Practice Committee
- Ethics Committee
- Federal Government Affairs Committee
- Finance Committee
- Medical-Legal Committee
- Membership Committee
- National Chapter Relations Committee
- Pediatric Emergency Medicine Committee
- Public Health and Injury Prevention Committee
- Public Relations Committee
- Quality and Patient Safety Committee
- Reimbursement Committee
- Research Committee
- State Legislative/Regulatory Committee
- Well-Being Committee
National advocacy

• Leadership Development
• Opioids
• Disaster Preparedness
• Drug Shortages
Legislative Accomplishments Washington (*Enacted)

- EMS STANDING ORDERS BILL PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017. (HR 304)*
- SHARING HEALTH INFORMATION TO ENSURE LIFESAVING DRUG SAFETY, OR SHIELDS, ACT, (HR 5591 THEN HR 5515)*
- ALTO ACT (HR 5197)*
- PREVENTING OVERDOSES WHILE IN EMERGENCY ROOMS ACT OF 2018 (HR 5176)*
- PAHPA REAUTHORIZATION (MISSION ZERO/ GOOD SAMARITAN) (HR 6378) *
- DUE PROCESS FOR EMERGENCY PHYSICIANS (HR 6372)
- FREE-STANDING EMERGENCY DEPARTMENT RECOGNITION (S.3531)
• EMTALA Clarification that Psychiatric Patients able to be DC’d
• Emergency physicians can create guidelines for procedural sedation
• Drug shortages
• Opiate Solutions
• Disaster response
• MACRA/MIPS fixes and clarifications
Due Process Legislation and Regulations

• Sent letters and helped introduce legislation
• Multiple EM professional organizations join together to support the introduction of federal legislation to protect emergency physicians’ right to due process in the workplace
• Due Process for EMS leaders
State Advocacy

- Mandatory CME
- Prudent Layperson
- Out-of-Network Legislation
- Opioid /PDMP mandates
- Strike teams to assist state chapters
State Legislation on PLS/OON

• Attacks in 26 states on Prudent Layperson/Out-of-Network billing
• 23-2-1
Payment Battles

• ECG and -25 modifiers
• RUC
• Downcoding
• OON Billing/Surprise Coverage
• ERISA Failure to pay
• APM (AUCM)(Acute Unscheduled Care Model)
• Single Payer Task Force
• Sued Anthem in Georgia
Federal Price Transparency

ACEP participated by invitation in a roundtable discussion initiated by Senators Bill Cassidy (R-LA), Michael Bennet (D-CO), Chuck Grassley (R-IA), Tom Carper (D-DE), Todd Young (R-IN), and Claire McCaskill (D-MO). (Cassidy OON legislation followed from same group)

ACEP, AMA, ACS, AHA, insurers/brokers & patient advocates

ACEP was the only medical association invited to participate in a meeting on price transparency at the DHHS
Quality Measure Development and Defense

- One hour bundle
- NQF Chief Complaint measures
- Appropriate Use Criteria
- MIPS/MACRA
Protect & Empower the Individual Physician

- Fair payment
- Egregious Testimony
- Scope of Practice
- Improve work environment
- Contract Transitions
- Top education
- Effect of outside investment on Medical Practice

- Wellness Resources
- Preserve and improve all practice models
- Geriatric Accreditation
Policies

• Suspected non–ST-elevation acute coronary syndromes
• Venous thromboembolic disease
• Unscheduled Procedural Sedation
Resist non-evidence based standards

- Procedural Sedation
- Surviving Sepsis Campaign Hour-1 Bundle
Psychiatric Paradigm

• Decrease psychiatric boarding
• Psychiatric Policy Writing Group (Rapid Action)
• CMS meetings to clarify EMTALA
Medical Legal

- NY Times Editorial calling for protections
- Policy that expert witness testimony is medical practice
- Peer review requirement
- Clinical policies

ACEP President Responds to New York Times Medical Liability Article

"Liability protections need to be in place for physicians who provide federally mandated emergency services. It would not only save a lot of money, but it would also help ensure that emergency physicians and the on-call medical specialists that are needed will be there."
Working with others

- House of EM
- House of Medicine
- Hospitals
- Consumer
- International
Coalition to Oppose Medical Merit Badges

Joint Policy Statement

Updated February 27, 2018
Updated April 24, 2017
Originally posted on March 30, 2017

The American Board of Emergency Medicine is pleased to announce a historic Coalition to Oppose Medical Merit Badges. Coalition members include the following organizations:

- American Academy of Emergency Medicine (AAEM)
- American Academy of Emergency Medicine/Resident and Student Association (AAEM/RSA)
- American Board of Emergency Medicine (ABEM)
- American College of Emergency Physicians (ACEP)
- American College of Osteopathic Emergency Physicians (ACOEP)
- American Osteopathic Board of Emergency Medicine (AOBEM)
- Association of Academic Chairs of Emergency Medicine (AACEM)
- Council of Emergency Medicine Residency Directors (CORD)
- Emergency Medicine Residents’ Association (EMRA)
- Society for Academic Emergency Medicine (SAEM)
Until Help Arrives-FEMA

- Stop-the-bleed
- HO-CPR
- Call 911
- Scene safety
- Do our part to empower the public and mitigate the PTS and psychological trauma
Workforce Issues (present and future)

- Supervision and scope of practice of Advanced Practice Providers
- Future Emergency Physician scope of practice
- Future supply and demand
- Are we training EM correctly
Communication

- ACEP now
- New Website
- ACEP.org/LeadershipReport
- EngagED
- Increased Social Media
- Twitter
  - @EmergencyDocs
  - @ACEPnow
  - @drukivela
ACEP Board
Diversity and Inclusion

PRACTICE SETTING

ACADEMIC

MILITARY

LARGE GROUP

SMALL GROUP

SKILLS AND EXPERTISE

Hospital Medical Staff Leadership
State/County Medical Society Leadership
Coordinations with Other Groups
Young Physician Perspective
Quality
ED Operations
Financial
Fast Track
Therapeutic Drug
Quality
Management
State Advocacy
Multi-Specialty Management
EMS Negotiations with Payers
Clinical Policies
Rural Perspective
Business Ownership
Leadership Development

- Emergency Department Directors Academy
- LAC2018 Leadership Program
- Reimbursement/Coding/RUC Fellowship
- AMA leadership grid
Social Media

**PROS**
- Immediate
- Anyone can comment

**CONS**
- Say anything
- Anonymous
- No accountability
Advice in the social media age

- Follow conversations
- Acknowledge significant concerns
- Listen and Learn
- Quickly correct false assertions/accusations
- Respond or things will grow
- Strong and Resolute for accountability
- Polite and Respectful
Wellness (THRIVES)

- Training Culture (Adult bullying)
- Health/Diet/Exercise
- Resilience /Rest/Relaxation
- Importance/Empowerment
- Vitality (Purpose beyond patient care)
- Environmental Workplace
- Support/Stress/Suicidality
Innovative Changes in Emergency Services

CHANGE=OPPORTUNITY

Everything could be considered an opportunity or a threat
Challenges

• Workforce
• Supply and Demand
• Emergency Services
• Inefficiencies
• Hospital Consolidation
• Healthcare delivery system
• Payer Mix

Emergency Department Visits Drop, Nonurgent Use Rises: CDC

RICH DALY, HFMA SENIOR WRITER/EDITOR

Providers were recently joined by two senators in pushing back on commercial health plan restrictions on nonurgent ED use. However, federal policy elsewhere is advancing ED payment restrictions.

April 23—Amid increasing efforts by private and public payers to rein in emergency department (ED) spending, recent federal data showed divergent trends between overall visits and nonurgent visits.

Hospital ED visits in 2015 declined by 3 percent to 136.9 million visits, from 141.4 million in 2014, according to recent data from the Centers for Disease Control and Prevention (CDC). That drop followed an 8 percent increase in ED use in the preceding year.
Figure 1. Trends in ED visits by expected primary payer, 2006–2014

- **Medicaid**: 10.1% decrease to 44.1 million visits
- **Private insurance**: 66.4% increase to 37.4 million visits
- **Medicare**: 28.5% increase to 31.2 million visits
- **Uninsured**: 8.7% decrease to 18.9 million visits
## Horizontal and Vertical Integration

<table>
<thead>
<tr>
<th>Physician Group Consolidation</th>
<th>Employing physicians/ Captive Group</th>
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<tbody>
<tr>
<td>• Single specialty</td>
<td>• Hospitals and Hospital Foundations</td>
</tr>
<tr>
<td>• Multi-specialty</td>
<td>• Insurance companies</td>
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<td>• Employers</td>
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Still unnamed business will seek new HC models

Triple aim of
- Better Outcomes
- Better Satisfaction
- Better Cost Efficiency

Target Three Wastes
- Administrative Costs
- High Prices
- Improper HC usage

Gawande supports government-guaranteed health insurance for all. “Even though I’m going to work for a bunch of employers, employer-based care is
Need to transition to more efficient systems

**Staff Centric Model**
- Reactive

**Patient Centric Model**
- Proactive
- Flexible staffing
- Involvement of nursing/physician leadership
- Forward thinking
- Technology
- System wide thinking
Emergency Medicine is a service not a place
EHR’s failure to improve efficiency

• Time Spent by physicians
  • Data entry was 43 percent
  • Directly interacting with patients was only 28 percent
  • Reviewing tests and records 12 percent
  • Talking to colleagues took up 13 percent.
• More screens, more scrolls and more clicks
• More expense to hire scribes
• Less time with patient
• Less communication with nurses
• Challenges with transitions of care
Free Standing Emergency Centers

• Somewhat controversial
• Expanding very fast in some parts of the country
• Microhospitals
• More research is needed
• Evolving very quickly
• Expanded nationwide to over 9000 Urgent Cares
• High degree of variability of what services are offered
• A physician/ PA/ NP will visit you in a vehicle
• Provides a certain scope of care
Community Paramedicine/Integrated Health

- Pro-active visits with high utilizers
- Post discharge visits to prevent rehospitalization
- Alternative destination
Telemedicine/Applications
Remote Medicine via the internet
My predictions

• Overwhelming majority of healthcare will no longer be delivered in a hospital or typical healthcare facility
• Public health and basic safety-net care will be governmentally mandated
• Two-tiered health system will emerge
• Imaging/laboratory/biometric testing will dramatically transition to the hands of the consumer
• Attempts will be made to make providers responsible for healthcare costs
• Consumers will become decision makers/payers for elective healthcare
• There will finally be a disintermediation of the middlemen in the Pharma to consumer relationship
What can we do now to improve EM

- Work to make emergency physicians/nurses jobs more efficient
- Partner with EM group
- Show value to employers and consumers
- Are you appropriately and “right” staffed and ready to handle surges
- Measure physician/nursing turnover
- Know the bottlenecks
- Assess capabilities of emergency department and hospital
- Make sure there is a good plan for out of facility medical problems
- Keep up with technology and competition
Questions

Go to www.menti.com and use the code 28 26 94

Questions?

Waiting for questions

Once questions are accepted by the moderator, they will show up here so that you can answer them one by one.

A to mark as answered, O to see more questions

Results are hidden  Show results  Slide is not active  Activate

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Thank You

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