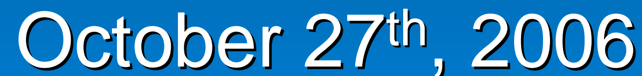
The Future of Emergency Care Series: Response to Recommendation 4.1

Susan Nedza MD, MBA FACEP
CMS


October 27th, 2006

Assumption#1- Who Must Lead this Effort

- "There is little that emergency care providers and advocates can do to alter environmental factors such as : increasing utilization of the ED by the uninsured; the increasing age and number of chronic conditions of patients; staffing shortages in may key areas; especially nurses and on-call specialists; malpractice insurance rates that grew on average more than 50% between 2002- 2003; declining public and private reimbursement, not to mention disasters, both natural and manmade."
- LEADERSHIP IS NEVER PASSIVE.

Addressing/Fixing Demand is an Essential Leadership Task for Emergency Providers and Health system Leadership

- Coordination with Long-Term Care Facilities
- Coordinating with Federally Qualified Health Clinics
- Coordinating with Primary Care Physicians in care of chronically, ill patients
- Coordinating with Medical Staff to provide access to consults, technology, and in patient services
- Coordination for substance abuse services, mental health

Assumption #2- Hospital chief executive officers should…

- The CEO serves at the pleasure of the Board of Trustees where real responsibility lies.
- Achieving efficiency will require coordination for efficient care beyond the doors of the hospital.
- Physician leadership across the health system is as critical as hospital leadership in achieving value in emergency care

Emergency Departments Do Not Function in Isolation

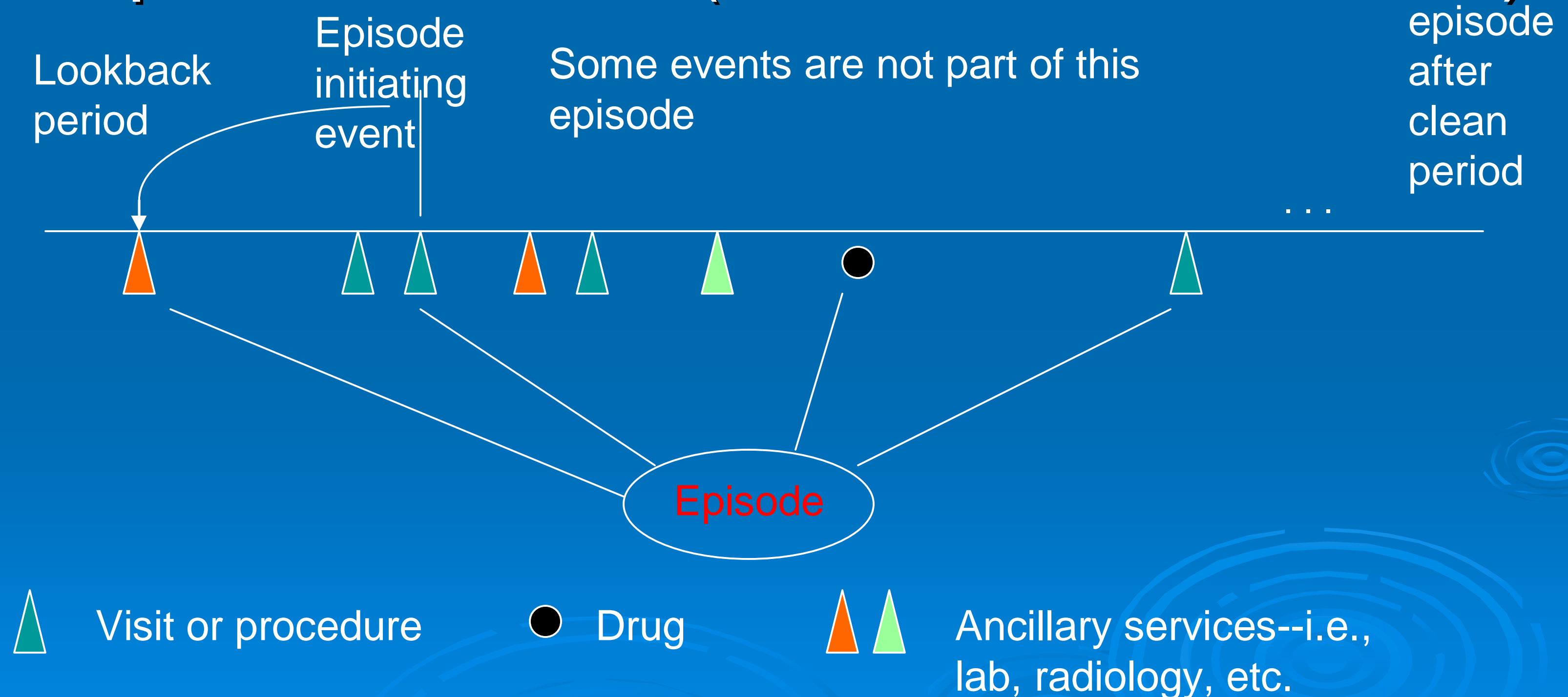
- ED efficiency is impacted by local demand for access and hospital outputs.
- Emergency Department inefficiency and challenges are not about the emergency department but about the local healthcare system in which it provides service.
- Solutions must be based upon the patient populations accessing care in the ED, not just about process.
- Any solutions must align ED and hospital goals in providing value and in competition for market share.

Assumption #3- Definition of Efficiency

- When defining value (for payment policy), the definition of efficiency is an economic one.
- The Value= Quality/Cost Equation
- Efficiency can not be separated from resource allocation decisions (physician and system)
- Efficiency only occurs in concert with quality and access

Assumption #4- It is about the ED/Hospital Process

The New Paradigm: Efficiency Across an Episode of Care (It is about the Patient)



Candidate Conditions/Procedures for Cost of Care Measurement

- Diabetes
- Hypertension
- CAD
  - Angina
  - AMI
- Arrhythmia
- CHF
- Stroke- CVA
- Osteoarthritis (medical)
- Osteoarthritis (surgical)
- COPD
- Bronchitis
- Asthma
- Sinusitis

- Cancer
- Otitis Media
- Depression
- Headache
- DUB
- Pneumonia
- UTI
- Urolithiasis
- Spine
- Cervical
- Lumbar
- GI
  - Hiatal Hernia/GERD
  - Diverticulitis

Opportunities for Efficiency by Service Line

- Value of the emergency department in providing access in a the community
- Value of the emergency care in an acute episode of care
- Value of emergency care in managing chronic disease interfaces
- Value of emergency care in prevention

Conclusion: Achieving Efficiency in the Emergency Department

- Leadership required from advocates, boards, physicians and community
- Operational enterprise management must move to address the inputs as well as the outputs surrounding the ED/hospital.
- Value Based purchasing provides an opportunity to transform EM care, not just the process or the space.
- Success in ED efficiency will require managing both supply and demand.