

Journal Club Synopsis

Block 7, March 2013

Discussion Leader: Katie Imhof, MD, MPH

Host: Paul DeFlorio, MD

Clinical Scenario:

Mid way through an ICU call night at Good Sam your attending informs you that a familiar patient is coming up. You know him well; all your fellow residents rotating through the ICU have wrestled with securing his difficult airway. He is a 56 year old male with end-stage COPD. He is on continuous BiPAP at his ECF, but frequently decompensates, necessitating hospitalization for ventilatory support. His family is not ready to consider tracheotomy or hospice care. After securing his airway and titrating his vent settings, you start to wonder. How is the re-structuring of our country's health care system going to affect the way we care for such patients? How is the Affordable Care Act going to change the way we practice medicine in the emergency department? Will there be any changes in the ED patient population and how their bills are paid? The ACA is a sweeping change for sure that is led by politicians. What would an ideal, physician-led health care system look like?

Introduction:

With all of the legislative changes going on in health care, it seemed fitting that as emergency physicians, we educate ourselves on the changes taking place. Not only will the policy affect the patient population we see, but it can and will affect the way that we practice medicine. With goals set out in the Affordable Care Act to reduce costs, expand coverage and improve quality of care, the goal of this journal club meeting was to introduce ourselves to the initial wave of change and to prepare ourselves for the implementations that will occur in the near future. As with any controversial topic, there is quite a bit of literature out there—both in academia as well as in the popular press—regarding what these changes mean for both patients and providers. In our event, we focused on three main areas of the legislation that was felt to apply most directly to Emergency Medicine providers: Waste within the healthcare system, the impact of the ethical considerations of healthcare reform on Emergency Medicine and on the role of personal responsibility on behalf of the patients for their health.

Article 1: Eliminating Waste in US Health Care, Berwick, MD, MPP, Donald, [JAMA](#) April 11, 2012—Vol 307, No 14

This Article proposed a method of containing the cost associated with providing healthcare to the US population while expanding care toward a system of universal coverage. Instead of making cuts to programs and reducing the level of care, the authors propose a wedge reduction system to eliminate waste as the most effective method of tackling the nationwide dilemma of providing affordable healthcare. They highlight six main avenues where waste can be effectively eliminated from the US healthcare system: (1) Failures of Care Delivery, (2) Failures of Care Coordination, (3) Overtreatment, (4) Administrative Complexity, (5) Pricing Failures, and (6) Fraud and Abuse. During discussions, Emergency Medicine residents focused on the Overtreatment aspect of the wedges model for reducing health care spending. In addition to reviewing the proposed changes highlighted in the article, the group proposed methods which we as Emergency Medicine providers can undertake to help with wasteful spending. Much of the discussion centered on changing patient perceptions of what best care actually entitles. For example, the therapeutic xray/imaging reassurance, while may be an effective way of providing patient satisfaction, is often overdone and unnecessary. Patient education was seen as the best solution to this problem, but methods of providing this education and continuing to maintain patient satisfaction is thought of as extremely challenging. Fraudulent practices that increase cost to providers was also a key point in discussion. Methods of reimbursement for physicians such as RVU incentive, the need for

practice of defensive medicine and Press-Ganey patient evaluations were identified as some of the potentially driving forces of physician related impact on cost of care. In conclusion, the WSU EM residents were able to take poignant discussion points in this article and apply them to the way we perceive care delivery in the emergency department.

Article 2: The Ethics of Health Care Reform: Impact on Emergency Medicine, Marco, MD, Catherine, Academic Emergency Medicine 2012 Apr; 19(4):461-8.

The ethical considerations in balancing providing both cost effective, patient centered care in the emergency department along with the responsibilities Emergency Medicine providers are subject to were the major points of focus in this article. It specifically highlighted the four moral foundations for the healthcare reform. The first is that Americans desire high quality of care. The second is that as a collective whole, we also want freedom of choice (autonomy) when it comes to our healthcare. Thirdly, we want affordable means of accessing care. Lastly, we want “fellow Americans to share in the considerable benefits of health care”. The article highlighted the contradictions that go with these four principles and how the ACEP Principles of Ethics for Emergency Physicians can go hand in hand with these beliefs. In the article, the authors illustrate a challenge placed to each specialty: Identify a list of five diagnostic tests or treatments commonly ordered within a given specialty that do not provide significant or meaningful benefit to most of the patients for which they care for. The WSU EM residents composed a list of what we feel applies to our specialty. Overuse of all imaging modalities was given the number one spot with examples given of following clinical decision rules first and repeating imaging studies in transfers listed as primary examples. Second, routine laboratory screening tests in the ER was discussed. Do we as providers really require a CBC to check for leukocytosis in an obvious case of cellulitis? Do we need a BNP level when a patient is obviously in CHF on physical exam and imaging modalities? Utilizing the emergency department for routine, non-emergent cases was the third on the list. What changes need to take place to allow us to turn patients away who seek routine pregnancy testing or STD screening? The urine toxicology screen for recreational drug use was identified as an expensive and often unhelpful emergency department study. Inappropriate use of the EMS system for emergency department visits was perceived to cost extra health care dollars unnecessarily; however, it is difficult to identify an effective method of prevention in this avenue. Finally, routine blood cultures in patients with pneumonia were identified by our residents as an added expense that doesn't provide much benefit in the case of routine pneumonia evaluation.

Article 3: Smoking, Obesity, Health Insurance, and Health Incentives in the Affordable Care Act, Madison, Ph.D., JD Kristin, JAMA. July 10, 2013 Vol. 310, No 2.

This article covered wellness incentives when related to the Affordable Care Act. Under the new legislations, individuals with pre-existing conditions cannot be refused insurance coverage. However, there can be penalties or reductions in cost associated with several wellness markers including tobacco smoking status and BMI. This article discussed the legality behind various approaches to health care incentives as well as the effectiveness of such initiatives in reducing disease. Theoretically speaking, reducing illness and pathologic conditions through these interventions can reduce cost and result in improved health to the general population. WSU EM residents discussed what additional measures could possibly be utilized as measures for incentives. It was proposed that Hemoglobin A1C values in diabetic patients would also be a realistic marker for measuring health compliance in a high risk population. Much of the discussion was aimed at whether or not these incentives will work when applied to different populations. A monetary or financial incentive provided to those that have significant out of pocket cost associated with their health care is thought to be more effective than incentivizing those that do not have any cost associated with their care. When considering what populations are usually the highest risks, it was identified that other methods of providing incentive may

be required for the populations that do not experience any financial burden to begin with associated with their own health care. The burden of personal responsibility when it comes to one's own health was at the center of this debate: without any responsibility of a patient to be compliant in their own care, it is perceived that effectively eliminating waste and providing quality care, will be to some degree, futile.

Conclusion:

Wright State Emergency Medicine Residents did an excellent job of applying the knowledge extracted from the given articles to the roles we play as emergency medicine providers. We looked at three different aspects of how the legislation written into the Affordable Care Act will potentially affect the way that we provide care to patients in the emergency department. First, we looked at methods of eliminating waste within the system, specifically the role of overtreatment in the emergency department, fraudulent behaviors within the system, the need for tort reform vs. defensive medicine practices and the use of different incentive means for providing physician reimbursement. Next, we challenged ourselves to identify a list of tests and treatments provided in the emergency department that unnecessarily add cost to the system. We used this list as a basis for comparing the ethical obligations of emergency providers to the four key goals that have shaped our new U.S. healthcare system. Lastly, we looked at personal responsibility on behalf of the patient that contributes to our ability as providers to give appropriate and cost effective healthcare. In conclusion, we succeeded in our goal to educate ourselves on the basis of the changes that are taking place in the healthcare system and engaged in thought provoking discussions on how we as individual providers can play a role in this changing environment.