

Alabama EPIC

WINTER/SPRING
1997

Interim Communique for Emergency Physicians in Alabama

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From The President ...

Sam B. Heard, M.D., FACEP

1996 has been an active year for Alabama ACEP but is only a prelude to 1997. As president, it has been very gratifying to have been associated with such a hard working staff and dedicated group of emergency physicians who have donated so much energy to our chapter. In an effort to keep our membership updated on the affairs of the Alabama Chapter this last year, I want to just mention some of the accomplishments and works in progress.

1996 was the first full year of our new Executive Director, Leland Holman. He has kept our international book sales active and profitable which is the major funding source for our chapter. We have all been extremely pleased with all the organizational work, chapter correspondence and overall efforts in keeping our chapter functioning that Leland has done. He has also planned and overseen the move to Montgomery, authorized by the Board of Directors, and our new chapter office feels like home already.

A lot of effort has been spent this year on getting our financial position on stronger footing so that we can operate the international Basic Trauma Life Support (BTLS) textbook division of our chapter as a real business. This has involved the first ever financial audit of our chapter, installation of new financial software, division of chapter and book sale business to separate components and efforts to reduce chapter debt. We have also been deeply involved in developing a functional database of members and emergency physicians in the State of Alabama. From this data, a membership directory is being developed, and will hopefully be distributed to each of you soon. We hope to also be able to target non-member emergency physicians and encourage their participation in our chapter and activities. This database will also become very important as a legislative match and key-contact database for upcoming legislative grass-roots campaigning.

Alabama ACEP has been closely involved with the Medical Association of the State of Alabama (MASA) in insuring that an Emergency Services section was included in the Patient Protection Act." This is the act that will be presented to the upcoming 1997

(Continued on page 2)

M A R K Y O U R C A L E N D A R S !

Alabama ACEP 14th Annual Emergency Medicine Conference

June 2 - 4, 1997

San Destin Hilton Resort • Destin, Florida

Keynote Speaker:

Greg Henry, MD, FACEP, Immediate Past President
American College of Emergency Physicians

PRESIDENT'S MESSAGE... (continued from page 1)

legislative session. We will be sending you much more material on this issue and will be counting on your support and efforts to convince your state senator and representative to support this bill. We will also be calling on you to contact your congressmen in Washington for their support of the new federal "Access to Emergency Services Act" that will be modeled on the ACEP-Kaiser agreement. I really feel the time will be right with the 105th Congress to get this important piece of legislation passed.

I want to thank every member who attended the Legislative Conference and the Planning Session held in October in Birmingham. These were both very successful and informative meetings with excellent speakers. Look over the *Future Vision, Key Issues, Goals* and *Strategies* sections that are included elsewhere in this EPIC for the conclusions of those who participated at the session. These parameters should guide the work of the chapter for the next several years. In keeping with those strategies for accomplishing our goals, your Board of Directors did approve the formal development of an AlaACEP Emergency Medicine Foundation. You will be hearing more on this topic as its creation and details become reality. The Board also unanimously approved a membership dues increase to \$150/year, which is the first ever increase since we began as an organization. These increases in revenue for the chapter are just part of the overall strategy to bring the Chapter's financial position in balance, which was identified as the #1 priority goal. Other strategies are also in operational and development stages, such as the development of an alternative course to ATLS and better marketing and profit for our BTLS course textbook activity.

The 1997 AlaACEP Annual Meeting and Educational Symposium scheduled for early June in Perdido Beach is shaping up to be quite an event. Phillip Bell is working hard and has lined up an outstanding faculty and program that you don't want to miss. A major emphasis will be computer sessions for those computer-phobic members as well as seminars about on-line and internet services available for Emergency physicians. I also need to commend again Tom Arnold, MD, for his work in getting AlaACEP on the WEB and for the development of our home page and bulletin-board service. I am a little disappointed in its limited use yet among our members but I'm sure that will improve. See <http://www.alacep.org>

I am really encouraged by the interest and enthusiasm several of our members have shown in wanting AlaACEP to sponsor and coordinate new areas of interest, especially academic emergency medicine and event emergency medicine. You will be hearing much more from these two groups in the future. I also encourage you to let us know if there is a way that AlaACEP can be of service or benefit to you that has not been addressed, or if you have an interest that we could help act as a central source to disseminate information, please contact Leland or myself.

There will be several openings to the Board of Directors of AlaACEP in June and this info is the formal call to get involved...PARTICIPATE. We are going to accept nominations for 3 year Board positions in the coming months and distribute brief bios of those nominated in the next EPIC, scheduled for mid-May. Nominations will be accepted by those who would themselves be interested in participating and making the true commitment to serve, or you can nominate a well respected and interested member of your group. Those who have made contributions to AlaACEP will also be nominated, by any member. If you accept their nomination, your name will be on the ballot. Nominations will be accepted from any active member at the Chapter office, until May 1, 1997. (See enclosed Nominating Form in this issue.) Election is held and voted on by members present at Annual Meeting, Monday eve, June 2, at Destin, Fla. One proxy per member will be allowed if signed. Think about this opportunity to become involved in your professional Emergency Physician organization and commit to work for our collective security and enhancement.

Through this coming year, we will be exploring and developing ways that AlaACEP can better represent the interests of the state's Emergency Physicians. This will not only be through enhanced interactions with state and national legislators but also in developing liaisons with other physician and medical groups, such as MASA and EM contract groups, and with payors, such as Blue Cross/Blue Shield and its leadership. We must also continue our efforts to increase the participation of the Emergency Physicians in the state who are not ACEP members and convince them to join ranks with us so that collectively we can accomplish the goals that will benefit our profession and our practice.

Feel free to contact me about any of your ideas or concerns. Sam Heard, MD, FACEP, President, AlaACEP at ersam@hsv.mindspring.com.

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DID YOU KNOW...?

■ Recent Welfare Reform Law will affect practice of emergency medicine...

The recent Welfare Reform Law will affect the practice of emergency medicine as a result of changes in Medicaid eligibility for patients who are recipients of welfare as well as legal immigrants. This could have wide-ranging ramifications for emergency physicians and the following is a brief outline of the law's reforms:

- the Welfare Reform Law allows legal aliens now receiving Medicaid benefits to retain their eligibility through January 1, 1997; after that period, the new law would let states decide whether to deny Medicaid coverage for all but emergency services. Aid to future legal immigrants can be denied after five years.
- the bill requires states to provide Medicaid assistance to anyone who qualifies for welfare benefits under current law.
- it permits states to deny Medicaid to adults who are dropped from the welfare rolls because they did not meet work requirements.
- the law allows states to establish uniform eligibility requirements for welfare and Medicaid, but new standards may not be stricter than those in effect for Medicaid as of July 1, 1996.

ACEP's chapter and state relations department has issued a memo to chapters elaborating on these new provisions. Contact your state chapter or Lee Godown, ACEP's director of chapter and state relations at 800-798-1822, 3236 or via e-mail at <state@acep.org>.

■ Blue Plans use Internet to provide health care information to patients...

More than a quarter of all 62 independent Blue Plans nationwide currently have World Wide Web home pages on the Internet and there are sure to be other health care providers and third-party payers who are doing the same. The focus of the web site is to encourage "surfers" to engage in dialogue with the

company. The national Blue Cross and Blue Shield Association (BCBSA) has launched a "global" home page, with links to any plan in the Blue Cross Blue Shield System.

BCBSA's site, located at <<http://www.bluecares.com>> offers current information on the health care industry and is designed to allow users to hyperlink to any Blue Cross and Blue Shield plan home page by entering their zip code or by selecting the specific name of the plan. For plans without an established home page, key information is listed, including a customer service telephone number.

■ EMTALA Task Force near completion of first step in code enforcement analysis...

Late this past spring, the Health Care Financing Administration (HCFA), along with the American Hospital Association, formed a working group of involved parties to discuss problems related to enforcement of patient transfer requirements (EMTALA/COBRA) in the ED. According to HCFA, representatives from a number of professional organizations have indicated there are common concerns with the implementation and enforcement of Section 1867 (the patient transfer provisions) of the Social Security Act. ACEP, along with such groups as the American Association of Health Plans, the American Association of Retired Persons, the American Medical Association and the State Medicaid Directors Association, met on June 12 to begin a process of identifying these areas of concern and prioritizing the order in which the group will deal with those issues.

The three working groups are almost finished with the work they started this past June. The Enforcement Task Force and the Interface with Managed Care Task Force have completed their reports and the report of the Definitions Task Force is just about done. The three reports will be consolidated into one report that HCFA will circulate for comment in January 1997 to

several organizations, including ACEP.

ACEP has involvement in each of the three subgroups and is represented by Larry Dedard, MD, Charlotte Yeh, MD, and Robert Bitterman, MD.

■ Association of Home Appliance Manufacturers looks to ACEP for input on safety issues...

The Association of Home Appliance Manufacturers has asked the college to help them in developing their *Recipe for Safer Cooking* program. They are producing brochures and a video that will include recipes as well as safety tips and a message to call 9•1•1 in case of an emergency. This is an excellent adjunct to our injury prevention and education program and a new venue in which to disseminate our safety messages.

■ College's message on driver intoxication levels getting hearing in state legislatures...

For nearly 10 years, ACEP has had a public policy outlining its beliefs regarding levels of intoxication and the point at which drivers should be considered impaired. It is heartening to know that more than 24 states are expected to introduce legislation in their coming sessions that will lower the legal BAC level to 0.08 percent. Among the states considering this legislation are Texas, Minnesota, New York, Illinois and Wisconsin. Legislation is still pending in New Jersey (SBN 1411 and AB 200) in the Assembly Law and Public Safety Committee.

If you're interested in supporting your chapter in launching or passing these laws, contact your chapter office or Lee Godown, director of chapter and state relations, at 800-798-1822, 3236 or via e-mail at <state@acep.org>.

■ Health care mergers and acquisitions continue unabated...

During the third quarter of this year, mergers and acquisitions certainly did not show any signs of slowing down. In

DID YOU KNOW...? (continued from page 3)

fact, there were 271 transactions, up 14.8 percent from 236 transactions in the second quarter. This data was reported in a recent study by Irving Levin Associates. The hospital sector led in the number of transactions followed by the physician group sector.

For example, Tenet Healthcare Corporation announced that it will acquire OrNda for \$1.82 billion in stock. This would create a hospital chain with \$8.5 billion in revenue and 126 hospitals in 22 states. This latest merger is designed to allow Tenet, as the second largest for-profit system, to keep pace with the developments at Columbia.

In another health care sector, Blue Cross/Blue Shield of Connecticut has announced plans to merge with Anthem, Inc., a for-profit mutual insurer that was created by Blue Cross/Blue Shield of Indiana. While the action itself is important, the more important result is what is happening to the number of freestanding Blues. In 1975, there were 128 and today there are 62. Some analysts predict that there will be 20

regional plans in five years.

However, some of these proposed mergers, particularly mergers of smaller hospitals into large hospital groups, are facing a number of legal challenges. In an action that could seriously slow Columbia/HCA Healthcare Corporation's expansion plans in California, the state's attorney general has warned he would file suit opposing the venture plans with Sharp Healthcare. Among the issues being considered are the supposed undervaluing of the joint agreement by \$100 to \$200 million based on other higher prices offered by two of Columbia's competitors. Michigan's attorney general also blocked a Columbia joint venture.

This is definitely a trend to keep an eye on as *The Wall Street Journal* has recently reported that a number of attorneys general met to discuss what could be done about the growing movement by for-profit hospital systems to purchase non-profit hospitals. Other challenges are also at issue.

Report from UAB Emergency Medicine Society***Robert A. Shaffer, President***

The University of Alabama School of Medicine in association with Alabama ACEP has in place an organization known as the Emergency Medicine Society. The society is made up of first through fourth year medical students interested in the possibility of Emergency Medicine as a career and meets monthly with dynamic emergency physicians from a wide spectrum of fields within the emergency medicine specialty. The objective of the Emergency Medical Society is to increase awareness of and interest in the medical specialty of Emergency Medicine, to contribute to the education of

UASOM students, to form and participate in projects designed to help promote well-being in the community, to provide interactions between medical students and Emergency Medical physicians, and to assist UASOM students in the process of residency application in Emergency Medicine. Currently the Emergency Medical Society is working on a project to certify a group of its members at a BCLS instructor level in order to set up training sessions for the public in the Birmingham area. We are excited about this opportunity to serve the public while we continue our medical training. We would like to take this

U.S. Department of Health & Human Services Announces Telemedicine Project

On October 7, 1996, HHS Secretary Donna Shalala announced a number of activities to support telemedicine development, including a three-year demonstration project that will allow Medicare payment for health care services delivered by means of telemedicine.

As defined by HHS, telemedicine involves health care applications of telecommunication technologies, including television and the Internet. It can include providing medical care to patients at a distance through such means as using live video to examine patients in remote locations, and experimental telesurgery, in which a surgeon at a site distant from the patient guides robotic instruments to perform an operation.

Telemedicine also includes electronic transmission of patient records and X rays, expert consultations, and education for health care professionals, including those in rural and medically underserved communities.

HCFA will initiate and oversee the three-year demonstration project in which Medicare will pay for telemedicine services at 57 Medicare-certified facilities. The experiment focuses on medical consultations in which a primary care provider at a remote site consults with a surgical or medical specialist located at a medical center facility. The demonstration also concentrates on rural areas where Medicare patients may not have access to nearby specialty care.

LEGISLATIVE COMMITTEE REPORT

Sherrie Squyres, MD, FACEP

President-Elect and Committee Chair

The primary objective on the chapter's 1997 legislative agenda is passage of legislation that contains the "Prudent Layperson" definition of Emergency. We want to assure, in this age of ever-growing managed care, that our patients are not denied access to emergency care. Many of you have closely followed the progression of this effort by the national office of the American College of Emergency Physicians.

The Medical Association of the State of Alabama (MASA) shares many of our concerns and has developed legislation, the "Patient Protection Act". The Emergency Medical Services section of this legislation does not address every issue of emergency medicine, but it's clearly a major step in the right direction. Alabama ACEP is very pleased that MASA has been receptive to issues of Emergency Medicine, and we appreciate the opportunity to have provided input on legislation designed to protect patients.

Please take a few minutes to familiarize yourself with the Emergency Medicine language of the "Patient Protection Act" by carefully reading the emergency section as follows:

EMERGENCY MEDICAL SERVICES. Every plan shall make provision for coverage and payment for emergency medical services for its enrollees and shall not prohibit or discourage enrollees from the appropriate use of the 911 emergency system or its equivalent. In the event that a participant or enrollee of a plan seeks treatment for an emergency medical condition and if necessary in the opinion of the physician or other emergency medical specialists responsible for the patient's emergency care and treatment and warranted by his or her evaluation, such physician or specialist may initiate necessary intervention to stabilize the condition of the patient without seeking or receiving prospective authorization from the managed care plan. If in the opinion of the physician or other emergency health care specialist, a patient's condition has stabilized and the physician certifies that the patient can be transported to another facility, the patient may be relocated to another facility as directed by the plan which will provide continued care and treatment as necessary. The term "stabilized" means, "with respect to

an emergency medical condition, that no material deterioration of the condition is likely, within reasonable medical probability to occur during the transfer of the individual from a facility, or, with respect to a pregnant woman to deliver (including the placenta)". No plan shall restrict an enrollee from receiving emergency medical care from the nearest available department or hospital. An enrollee shall not be required to pay an additional co-payment, deductible or other charge for receiving emergency medical care at a facility other than that designed by the plan. Retrospective denials for emergency medical services as defined in this section are prohibited. For the purposes of this section "emergency medical condition" means "a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part".

This is an extremely important issue that directly impacts emergency medical care and the practice of emergency medicine. We will be contacting Alabama ACEP members to meet with their local state senators and state representatives, to write letters, and to make phone calls. A membership Legislative Record Match with names/numbers/committees of your local legislator will be sent soon. In the meantime, if you don't know your local state senator or state representative, get to know him or her NOW. If you already do know your local state legislator and other public officials, please contact them NOW. We have substantial credibility as emergency doctors and it's time we translate such credibility into action. Contact your state legislator, the Lt. Governor, Governor and other public officials to let them know you support protecting patients, especially in an emergency, and that you support MASA's "Patient Protection Act". DO IT NOW!

N•O•T•I•C•E

DUES INCREASE

In January the chapter Board of Directors voted to increase membership dues from \$100 to \$150 per year. This action is consistent with an overall increase in operating costs and in keeping pace with inflation. It is the understanding of the Alabama ACEP board and staff that this is the first ever increase in membership dues, which takes effect in approximately 60 days.

Special Article on: **PARTICIPATION**

By **Sam B. Heard, MD, FACEP**
Alabama ACEP President

If Alabama ACEP is to succeed in accomplishing true benefits for each of us members, there must be real involvement from the Emergency Physicians who comprise its membership. This may not be as true of National ACEP, which seems to roll along sponsoring excellent programs, promoting and representing our specialty nationally and through the legislative process (though they really do depend on us here), and producing the educational journals that are the backbone of our specialty. But for a state chapter to succeed, it must have its members **actively PARTICIPATE**.

Committee positions need to be filled with committed Emergency Physicians who need only spend a few hours each month on organized activity or discussions. Articles and other written communications need to be submitted for the benefit of your colleagues. Efforts needed to plan and execute our educational conferences and other committee agendas include mostly phone time, input and suggestions to committee chair. In fact, most committee chair will do the majority of work but they need feedback, suggestions and discussion with other members to really guide them. There is a tremendous variety of skills among our membership that are

not being adequately utilized because the current leadership is simply not aware of your willingness to share your talents and to **PARTICIPATE**.

In addition, one of the most important ways for you to **PARTICIPATE** in Alabama ACEP is based on one simple fact...you live somewhere. Yes, and because of that fact, there are public officials at both the state and national level who have been elected to represent you and the others in your districts. As a physician, you do carry amazing clout and a degree of respect and authority. They will listen to what you have to say and consider it seriously. But for your state senators, state representatives, and other elected officials to know what you want, you have to call or write them. In particular, these elected officials need to know that you want their support for the MASA "Patient Protection Act" and the ACEP sponsored federal "Access to Emergency Medical Services Act," both of which are vital to the protections of our specialty and especially the patients we serve. I urge you to **PARTICIPATE** in lobbying efforts when called upon later this year to contact your state senator, state representative, and other elected officials and help get these bills passed.

Finally, I want to ask you to become

more involved in the leadership of Alabama ACEP. We need to expand the cadre of those committed Emergency Physicians who accept the responsibility to devote their time to the health and growth of the specialty that is their career and financial security. I want to expand that base of physicians who have carried the work of Alabama ACEP and utilize the talents that are available. Look around your colleagues or toward yourself. Nominations for opening Board of Director's positions will need to be filled and new Committee chairpersons selected at the June Annual Meeting. We will be soliciting for nominations in the upcoming months and I hope you will think about making a commitment to **PARTICIPATE** yourself or discuss it with someone you feel would like to become involved in a leadership role and **PARTICIPATE** by your nomination.

Start now making your plans to attend the Alabama ACEP Annual Educational Conference in June, where you can also really **PARTICIPATE** in friendly comradere with other like-minded career Emergency Physicians in this state, sharing ideas and experiences that can help you grow professionally as well as to re-energize you in your work ideals.

Alabama ACEP is your organization

New Teaching Modifiers Now In Effect

The Health Care Financing Administration (HCFA) now requires that all physician teaching services be identified on Medicare claim forms. The new requirement went into effect on January 1, 1997. It mandates that teaching physicians who bill for their physician services, and who have involved a resident in providing those services to a patient, identify those services with the GC or GE modifier. The modifiers indicate the circumstances under which the teaching physician service was rendered.

According to HCFA, the GC modifier is used by the physician for every service when he or she has involved a resident in the care of the patient where the resident has provided some or all of the service in the presence of the teaching physician and in accordance with the instructions in section 15016 of the Medicare Carriers Manual. The GE

modifier is used by teaching physicians in billing for evaluation and management services under the primary care exception to the physical presence requirement. In these cases, the teaching physician is asserting that he or she was not present during the E/M service being billed, but that all requirements for that billing have been met.

The modifiers are used to indicate when a resident is involved in providing a service to a Medicare beneficiary. HCFA uses them in performing post payment reviews of Medicare payments for services in which residents are involved that are being billed to Part B. For additional information contact David McKenzie, National ACEP's Reimbursement Manager at 800-798-1822, ext. 3233, or <reimbursement@acep.org>.

PUBLIC RELATIONS COMMITTEE REPORT

Bernard F. Kennetz, Jr., MD, Dothan

Committee Chair

The Public Relations Committee of Alabama ACEP is a recent arrival on scene and as such is a committee of two, Tracy Martig-Kennetz and Bernie Kennetz. Any and all members that have an interest in any area pertaining to Emergency Medicine are encouraged to join. The commitment to the cause can be as little or as much as the participant is willing or able to contribute.

I will admit up front that I am sailing in uncharted waters for I have no experience in this field. I see it as a challenge and my goal is to communicate to the public and our members, in the most effective manner, our vision of where Emergency Medicine should be as we proceed into the 21st century. Any and all ideas that members may have to assist me in obtaining this goal should be forwarded through our chapter headquarters.

As per business, the Chapter completed a Long Range Planning & Legislative Seminar in Birmingham on October 27-28. The seminars were very enlightening and overall felt to be a huge success by all who attended. Managed care was discussed and it is the Chapters' belief that it will continue to become a larger part of our practice. This being the case, we need to posture ourselves so that we can influence outcomes. Alabama ACEP is currently developing an Emergency Physicians Key Contact Program as a tool to amplify our voice in the Legislature on issues that affect the practice of emergency medicine. Legislatively we need to ensure that our patients continue to have access to emergency care and we need to put our full support behind the federal "Access to Emergency Medical

Services Act", which contains the "prudent laypersons" language.

Membership is also a concern, for we all know that with numbers comes power and influence. Any Alabama ACEP member that knows a non-member needs to actively pursue that individual. Explain our commitment to emergency medicine and how we as an organization are out front fighting the good fight for all. Their input is essential in order for us to be effective in attaining our goals!

Last, but of course not least, we all need to be more active in our communities. Write articles to newspapers and do radio and television interviews. Anyone needing assistance in obtaining information on specific subjects involving emergency medicine, please feel free to contact me.

WELCOME NEW MEMBERS!

Andrew M. Allen, MD
Vestavia, Alabama

Parag Ashok Mahatekar
Mobile, Alabama

UAB Emergency
Medicine Society
Robert Neal Axon
Birmingham, Alabama

Tammy Renae Watkins
Birmingham, Alabama

Daniel M. Andress, MD
Madison, Alabama

Alan Lee Moore, MD
Auburn, Alabama

Marion Andre Florida
Adamsville, Alabama

Melissa Hope Wysong
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Brent Austin Russell
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Robert Shaffer
Birmingham, Alabama

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Mountain Brook, Alabama

Preston A. Wigfall, MD
Birmingham, Alabama

Steven Mitchell Sugg
Birmingham, Alabama

Peter William Glaeser, MD
Birmingham, Alabama

☞ **MARK YOUR CALENDAR**
14th ANNUAL
MEETING &
EDUCATIONAL CONFERENCE

June 2- 4, 1997

Sandestin Hilton Beach Resort • Destin, Florida

KEYNOTE SPEAKER:

Greg Henry, MD, FACEP
Immediate Past President ACEP

TOPICS

Risk Management
 Contract Emergency Medicine
 EM and the Internet
 Thrombolytics

FACULTY

Greg Henry, MD, FACEP
 Steve Dresnick, MD, FACEP
 Larry Stack, MD
 Richard Aghababian, MD, FACEP
 Thomas Arnold, MD, FACEP

Four-Year Residency Program Funding Grandfathered

The American College of Emergency Physicians recently won an important concession from the Health Care Financing Administration (HCFA) regarding graduate medical education (GME) funding. In a letter dated January 4, 1997, HCFA indicated that it will change its policy that reduces direct GME payments to four year allopathic emergency medicine residency programs.

The new HCFA policy will allow residents enrolled in four year programs prior to October 1, 1996 to receive full GME funding for all four years of their programs. HCFA included 1-2-3-4 and 2-3-4 programs in the policy. This ruling represents a substantial change from the policy issued in the August 30, 1996 final rule. At that time, HCFA indicated that all residents enrolled in four year residency programs would receive reduced funding for

their fourth year, regardless of when they originally enrolled. That ruling was to go into effect on October 1, 1996.

The new policy does not affect residents enrolled in four year programs who begin their residency after October 1, 1996. Those residents will receive full GME funding for only the first three years. Starting in academic year 2000-2001, Medicare will reduce direct GME payments by 50 percent for all residents who continue in training beyond three years.

The new policy did not change HCFA position related to combined residency programs. Direct GME payment reductions for those programs officially went into place October 1, 1996.

The ruling from HCFA was in response to a letter initiated by ACEP and endorsed by the American Board of Emergency Medicine, the Council of

Emergency Medicine Residency Directors, the Emergency Medicine Residents' Association and the Society for Academic Emergency Medicine. The letter asked HCFA to delay by at least one year the implementation of the new policy. It also asked HCFA to reissue for public comment the initial residency period limitation. The letter argued that no notice or discussion in the proposed rule indicated that HCFA was considering a reduction in funding for four year emergency medicine residency programs.

ACEP will continue to monitor this issue and work actively to influence HCFA policies on GME funding.

For further information, please contact Roslyne Schulman, National ACEP's Regulatory Representative/Policy Analyst, in Washington at 800-320-0610, ext. 3014 or <publicaffairs@acep.org>.

ALABAMA CHAPTER ACEP LONG-RANGE PLANNING MEETING SUMMARY

The Board of Directors and other members of the Alabama Chapter of the American College of Emergency Physicians met and held a long-range planning meeting on October 27, 1996. Purpose of the meeting was to develop a plan that will act as a guide to the chapter as it strives to attain and maintain its leadership role in the state of Alabama as advocates for patient care and emergency medicine in the changing health care environment.

An environmental assessment and SWOT analysis were conducted prior to discussing the chapter's mission statement, vision for the future and goals and strategies.

MISSION STATEMENT

The group reviewed and reaffirmed the Alabama Chapter's Mission Statement and set goals and strategies consistent with that mission. The Mission Statement is:

The Alabama Chapter, American College of Emergency Physicians, exists to support quality emergency medical care and to promote the interests of emergency physicians.

FUTURE VISION OF THE ALABAMA CHAPTER

The Board and members established its vision of what the Chapter will look like in the future as follows:

The ALABAMA CHAPTER:

- Will be the voice of authority and leadership for emergency medicine in the state of Alabama;
- Will provide an outreach and promote emergency medicine to all of Alabama;
- Will be the voice of what the standards are for emergency medicine in Alabama;
- Will have reliable and on-going income sources;
- Will be perceived as and will be influential in political aspects and will have an effective and solid legislative committee;

- Will develop a trauma course that will compete with and eventually replace the current ATLS course;
- Will continue its strong commitment to education and leadership;
- Will have instantaneous and pervasive communication with its membership and will have 100% of the membership accessible on-line;
- Will assure that emergency medicine is the central player in managed care in order to preserve the specialty of emergency medicine;
- Will have one voice in emergency medicine;
- Will have "done the right thing" regarding organizational separation with BTLs International, Inc.
- Will be actively committed to achieving this vision.

KEY ISSUES FOR THE ALABAMA CHAPTER ACEP

Consistent with its mission and future vision, the group identified five key areas of concern for the chapter. They are:

- 1) Financial
- 2) Education/Public Relations (Image)
- 3) Legislative/Political
- 4) Membership
- 5) Emergency Medical Services (EMS)

GOALS FOR THE ALABAMA CHAPTER ACEP

From these key areas, the following goals were established.

GOAL 1 (financial):

Develop and maintain income sources to enable the chapter to provide and enhance chapter services.

GOAL 2 (education/public relations):

- There are three parts to this goal.
- A. Promote Emergency Medicine education of medical students, emergency medicine residents and practicing emergency physicians.
 - B. Promote the development of a residency training program in emergency medicine in the state of Alabama.
 - C. Promote a positive image of emer-

gency medicine to citizens, hospitals, medical staff, third party payers and legislators.

GOAL 3 (legislative/political):

There are three parts to this goal:

- A. Serve as an information source for members on legislative issues.
- B. Serve as the information source for legislators on emergency medicine issues.
- C. Influence and impact legislative issues pertinent to emergency medicine.

GOAL 4 (membership):

There are two parts to this goal.

- A. Increase membership to include 90% of the career emergency physicians in the state.
- B. Increase *active* participation of ACEP members in the organization.

GOAL 5 (Emergency Medical Services):

There are two parts to this goal.

- A. Assume the leadership role of emergency physicians in EMS in Alabama.
- B. Continue support of Basic Trauma Life Support (BTLs).

STRATEGIES TO ACCOMPLISH GOALS

Those attending the Planning meeting broke into smaller groups to develop strategies for each of the goals and then reconvened to discuss the strategies and assure that they were consistent with the goals. They also rated most strategies as either long-term, medium-term or short-term strategies.

STRATEGIES FOR GOAL 1 (financial)

- 1) Increase dues (e.g., \$150/yr)
- 2) Increase profit margin (specific to BTLs books)
 - Increase price, handling fees
 - Develop a marketing plan & appropriate advertising for national and international potential markets
- 3) Develop new income sources
 - ETM course

(Continued on page 10)

LONG-RANGE PLANNING (continued from page 9)

- Other courses (APLS, ATEC)
 - Market ACEP products
 - Additional symposia
 - Joint meetings, other conferences
- 4) Start/develop an Emergency Medicine Foundation to sponsor education
- Solicit large groups, drug companies, hospitals, individuals for Founding \$\$ and/or Annual \$\$

STRATEGIES FOR GOAL 2 (education/public relations)

- 1) Provide educational opportunities to:
- Medical Students
 1. Financial aid (UAB Emergency Medicine Club)
 2. Stipend to attend Chapter's annual meeting
 3. Web site
 4. Preceptorship program
 - Residents
 1. Waive meeting fees
 - Emergency Physicians
 1. Annual meeting
 2. Web site, on-line CME
 3. EPIC newsletter
- 2) Promote the development of an Emergency Medicine Residency Program in Alabama
- Letter-writing campaign to legislators, deans, and any others identified as able to assist in this effort
- 3) Promote a positive image of emergency medicine
- Public service announcements (PSAs)
 - Contact with local media
 - Targeted mailings
 - Local involvement of members in organizations
 - 1) Hospitals
 - 2) Charities

- 3) Schools
- Members' participation and presentations to
 - 1) Hospital Staff
 - 2) Professional Associations
 - Third Party Payers

STRATEGIES FOR GOAL 3 (legislative/political)**Part A: Serve as an information source for members on legislative issues.**

1. Interview people who are successful in the political/legislative area
2. Hold a legislative seminar
3. Communicate through the chapter's web page, EPIC and through individual contact with members
4. Chapter office resources (copies of bills)
5. Public relations activities
6. Strengthen the Key Contact system
7. Establish a speakers' bureau
8. Educate chapter members on the importance and easiness of talking with legislators
9. Have a lobbyist come and speak to chapter about the legislative process

Part B: Serve as the information source for legislators on emergency medicine issues.

1. Begin a mini-internship program
2. Develop a state key contact system
3. Develop a way to keep membership informed about what pending legislative issues are pertinent to emergency medicine
4. State/National legislative match
5. Provide sample letters to membership to use in writing legislators
 - Provide labels
 - Provide actual letters to sign
 - Make it easy
6. Develop a database of information

STRATEGIES FOR GOAL 4 (membership)

1. Manpower survey of Alabama to identify emergency physicians
2. Call and invite emergency physicians to attend Chapter Board and/or other Chapter meetings
3. Prepare a document describing the benefits of being a member of the Alabama Chapter ACEP
4. Send an annual mailing to the membership with a committee interest checklist
5. Develop a "calling tree" so members are encouraged to call
6. Negotiate with hospitals and contract groups to provide ACEP membership as a benefit or to mandate membership
7. Strengthen member benefits by providing legal/political/financial support for emergency physicians needing help with contract issues.

STRATEGIES FOR GOAL 5 (EMS)

1. Increase emergency physician involvement in EMS
2. Assure that all EMS medical directors are ACEP members
 - Establish this as a policy
 - Develop list of members who are interested in being medical directors
3. Provide educational opportunities
4. Medical direction - perhaps paid for, especially in large services
5. Set standards for EMS care
 - i.e., Chest decompression
 - Letters, data, cases
 - Physician involvement & education
6. Quality Management
7. Database - link with prehospital patient care report
8. Investigate possibility of establishing standards/accreditation

The Federal "Access to Emergency Medical Services Act" Update

Sen. Bob Graham (D-FL) has agreed to take the lead on reintroducing Rep. Ben Cardin's (D-MD) bill in the Senate. Graham was previously an active supporter of the legislation and has been involved in past health care reform initiatives.

The process of drafting the bill has been started by the House Legislative Counsel. Once a final draft is complete, the ACEP Board of Directors will vote on supporting the bill. Rep. Cardin is expected to introduce the bill in the House sometime in February.

ALABAMA ACEP FORMS ACADEMIC AFFAIRS COMMITTEE

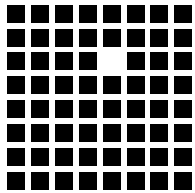
The Alabama Chapter ACEP has decided to form an Academic Affairs Committee to serve as a forum for the Alabama Medical School Departments of Emergency Medicine and Alabama Emergency Medicine Training Programs, to work on issues of mutual importance. The committee will consist of representation from each of the state medical schools and, when developed, from each emergency medicine residency program. The objectives of this committee are:

- To develop strategies to support academic research activities in Alabama.
- To develop methods to increase collaboration among current Departments of Emergency Medicine and among future Emergency

Medicine training programs.

- To support presentations by emergency physicians at Alabama Medical School's Career Days.
- To provide input to the Chapter Education Committee in planning academic presentations during the Alabama ACEP Annual Meeting & Educational Conference.

The founding chair of the committee is Marni Bonnin, MD, FACEP, who is currently developing the EM residency program at the University of Alabama Birmingham. Anyone interested in serving on the committee is encouraged to contact Leland Holman at the chapter office or Marni at 205-975-9833.



CALL FOR NOMINATIONS

The Alabama Chapter ACEP will have several open positions to the Board of Directors, with terms of 3 years, effective following the Annual Board Meeting & Educational Conference, June 2-4, 1997, Destin, Florida.

You are encouraged to nominate a colleague to the Board of Directors, by using the form below, then send directly to the chapter office by May 1, 1997, to: Nominations Committee, Alabama ACEP, P.O. Box 4629, Montgomery, AL 36103, or call 334-265-0068.

NOMINATION FORM

Alabama Chapter ACEP Board of Directors

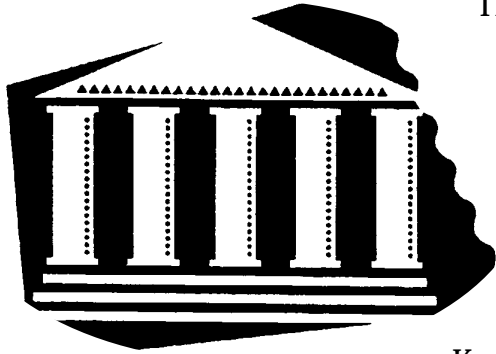
I, _____ do hereby nominate
 Print Your Name

_____ for a 3 year position on the
 Print Nominee Name

Alabama ACEP Board of Directors, beginning June 1997.

 Sign Your Name

ALABAMA ACEP IS RECRUITING STATE KEY CONTACTS



The goal of Alabama ACEP's Key Contact Program is to strengthen the Chapter's voice when communicating with the Alabama Legislature about issues that have the potential to impact the specialty of emergency medicine.

Senators and Representatives are eager to hear from constituents about how a particular legislative proposal will affect their district. The Key Contact Program is designed to facilitate this kind of communication.

Key Contacts are members of the Chapter who have a personal or professional relationship with a member of the legislature and are willing to let their lawmakers know about Alabama ACEP's positions on proposed legislation. The one-to-one communication will allow the Chapter's views on these issues to be heard so that Alabama ACEP can more effectively fulfill its mission in the development of emergency medical and other health policy.

The Chapter will provide Key Contacts with the tools to communicate effectively. Any Chapter member with a relationship with an Alabama Senator or Representative who is willing to serve is asked to fill out the form below. You may call Sherrie Squyres, MD, FACEP, Legislative Committee Chair, or the Chapter office at 334-265-0068 for more information.

ALABAMA CHAPTER AMERICAN COLLEGE OF EMERGENCY PHYSICIANS KEY CONTACT PROGRAM

Yes, I would like to participate in the Chapter's Key Contact Program.

Name _____

Address _____

City/State/Zip _____

Phone _____

FAX _____

E-mail address _____

Please return to: Alabama Chapter ACEP • P.O. Box 4629 • Montgomery, AL 36103-4629
or FAX (334) 265-1233

THANK YOU!

* ATTENTION *

Alabama ACEP is now World Wide!, the World Wide Web that is. Check out the Alabama ACEP Web Site, developed by the chapter's new communications committee chair, Thomas Arnold, MD, FACEP, of Montgomery. Members who are on-line are encouraged to visit the site, read and post messages on the Bulletin Board, activate links to other web sites on the internet, submit articles for placement on the web, and send or receive electronic mail (e-mail) between chapter members and the chapter office. This is both an effective and efficient means of communication that all members should take advantage of. Overall, the Alabama ACEP World Wide Web Site is an exciting, proactive project that members can appreciate and use. Check it out at the following address:

www.alacep.org

Wanted: Member Input on the Reassignment of Medicare Payments

The Health Care Financing Administration recently began enforcing a part of the Social Security Act that specifies who is permitted to bill Medicare and receive payment for services that physicians provide to Medicare beneficiaries. The provision that HCFA is now enforcing is widely misunderstood and has been rarely enforced in the past.

According to HCFA's ruling, no clear provision exists under the law that allows emergency department medical groups which subcontract with independent contractor (IC) physicians to be considered Medicare providers and receive provider numbers. Without the ability to obtain a Medicare provider number, these groups cannot directly bill and receive payments for the services that IC physicians provide to Medicare beneficiaries.

It is important to note that this recent HCFA ruling pertains only to those medical groups that contract with IC physicians. It does not affect emergency physicians who are considered

employees of a medical group.

HCFA is allowing those medical groups who have been issued provider numbers to continue to use them. However, HCFA has stated that it will not provide new numbers to medical groups that use IC physician services. A number of medical groups have already been affected and they are currently not able to bill Medicare for emergency medical services provided by IC physicians. HCFA's position is that a number of other statutorily-defined billing alternatives exist and medical groups should alter their current systems in order to meet one or more of the statutory exceptions.

The ACEP Board of Directors reviewed the situation at its January 13-14 meeting and is asking for your input. Share your thoughts with the board. Have you been affected by this recent HCFA ruling? Do you believe ACEP should become involved in a legislative remedy? What is your opinion?

"Prudent Layperson" Gains Support at State Level

A bi-partisan panel of state legislators announced on January 13, that they will introduce comprehensive legislation protecting the rights of managed care enrollees in nine states. The bill will include the prudent layperson definition of emergency care and be introduced in New Jersey, Texas, Colorado, Georgia, Delaware, Kansas, Ohio, Oregon and Tennessee. The legislation will first be introduced in New Jersey and Texas.

The legislation is designed to provide safeguards to enrollees in managed care plans by addressing issues such as clinical decision making, access to personnel and facilities, choice of provider, grievance procedures and quality of care based on clinical outcomes. It requires that plans pro-

vide a sufficient number of facilities and physicians, including specialists, conduct outreach to vulnerable and underserved populations and use the prudent layperson definition of emergency care and then cover that care without prior authorization.

The legislation was developed by Women in Government, a non-profit educational association for elected and appointed women in state government. "The bottom line is that we want to do what's right for consumers," explained Tennessee State Representative Kathryn Bowers (D). "We're hoping this bill will give other state legislatures a template for drafting their own consumer protection legislation."

Making a Difference for Life

National Emergency Medical Services Week

May 18-24, 1997

National Emergency Medical Services (EMS) Week, a celebration to honor approximately 750,000 EMS providers nationwide who deliver lifesaving emergency care, is scheduled for May 18-24, 1997.

National EMS Week is an opportunity for the public to learn about injury prevention, safety awareness, and emergency preparedness. State

and local activities honoring EMS providers and educating the public will be held nationwide throughout the week.

EMS Week planning kits, produced by ACEP and designed to help EMS coordinators organize local activities, will be distributed to state and regional EMS offices, ACEP state offices, and hospital emergency departments.

PULL AD

(APPLIED REIMBURSEMENT TECHNIQUES, INC.)

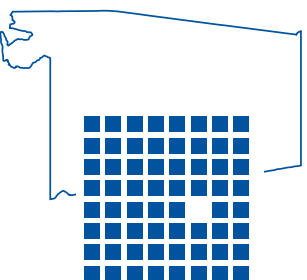
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MARK YOUR CALENDAR

The 14th Annual Alabama ACEP
Emergency Medicine Conference
June 2-4, 1997
Sandestin Hilton Beach Resort,
Destin, Florida

Keynote Speaker:
Greg Henry, MD, FACP,
Immediate Past President
American College of Emergency
Physicians

You may contact
T. Phillip Bell, MD, FACP,
Chair, Educational Committee,
334-470-1649, or the chapter office
at 334-265-0068,
for more information.



ALABAMA CHAPTER
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS
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