

2015 ICEP  
**Spring SYMPOSIUM**  
& ANNUAL BUSINESS MEETING



APRIL 30,  
2015



## ACEP Update

Rebecca Parker, MD, FACEP  
Chair, ACEP Board of Directors

1

---

---

---

---

---

---


---

---


## Disclosure

\* In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards and the policy of the American College of Emergency Physicians, presenters must disclose the existence of significant financial interests in or relationships with manufacturers or commercial products that may have a direct interest in the subject matter of the presentation, and relationships with the commercial supporter of this CME activity. These presenters do not consider that it will influence their presentation.

\* Dr. Parker does not have a significant financial relationship to report.



2



---

---

---

---

---



---

---

---

## ACEP's Mission Statement

The American College of Emergency Physicians promotes the highest quality emergency care and is the leading advocate for emergency physicians, their patients, and the public.



---

---

---

---

---

---

---

---

### ACEP Leadership -- Council & Board




Council

Board of Directors


4


---

---

---

---

---

---

---

---

---


---

### ACEP Leadership -- Board & Executive Committee



**Michael J. Gerardi, MD, FAAP, FACEP**  
*President*

<p><b>Jay A. Kaplan, MD, FACEP</b> <i>President-Elect</i></p> <p><b>Rebecca B. Parker, MD, FACEP</b> <i>Chair of the Board</i></p> <p><b>Alexander Rosenau, DO, FACEP</b> <i>Immediate Past President</i></p> <p><b>Paul D. Kivela, MD, FACEP</b> <i>Vice President</i></p> <p><b>John J. Rogers, MD, FACEP</b> <i>Secretary-Treasurer</i></p>	<p><b>Stephen Anderson, MD, FACEP</b> <b>James J. Augustine, MD, FACEP</b> <b>Vidor Friedman, MD, FACEP</b> <b>Jon Mark Hirschon, MD, FACEP</b> <b>Hans R. House, MD, FACEP</b> <b>William Jaquis, MD, FACEP</b> <b>Robert E. O'Connor, MD, MPH, FACEP</b> <b>Debra G. Perina, MD, FACEP</b></p>
--	--


5


---

---

---

---

---

---


---

---


---



---

### First EM physician as AMA President



**Steven J. Stack, MD, FACEP**  
**President-Elect AMA**




6


---

---

---

---

---

---


---

---

---

---

*What's up, Doc?*



7

Good stuff	Controversial
<ul style="list-style-type: none"><li>* Value of EM</li><li>* QCDR/CEDR</li><li>* HR 836: Hlthcare Safety Enh. Act</li><li>* Greatest of Three</li><li>* McKesson FAST US Edit/Bundling</li><li>* EMF Match Challenge</li><li>* Meetings, eCME, cmeTracker</li></ul>	<ul style="list-style-type: none"><li>* Firearm Injury Prevention</li><li>* Opioid Prescribing</li><li>* tPA Clinical Policy</li><li>* Medicaid Expansion</li><li>* Choosing Wisely/Cost Effective Delivery TF</li><li>* Community Paramedicine and Mobile Health Units</li></ul>

ACEP PROTON 15

American College of Emergency Physicians

---

---

---

---


---

---

---

---

### How do we decide?



8

ACEP PROTON 15

American College of Emergency Physicians

---

---

---

---

---

---

---

---

### Value of Emergency Medicine

9

---

---

---

---

---

---

---

---

## Managing the Unfriendly Skies of Health Reform



10

American College of Emergency Physicians  
www.acep.org

---

---

---

---

---

---

---

---

INSIDE THIS WEEK: A 14-PAGE SPECIAL REPORT ON AGEING

**The Economist**

Iran's agency  
The mystery of Mers Market  
Asia's consumers to the rescue?  
The Greeks and those marbles  
Evolution and depression

Reforming health care  
**This is going to hurt**



15

American College of Emergency Physicians  
www.acep.org

---

---

---

---

---

---

---

---

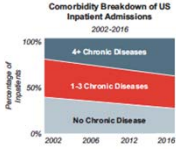
## Patients are sicker

Forcing EDs to Manage an Increasingly Complex Population

**13%** Americans who are aged 65 and older in 2008, 35 million people

**20%** Americans who are aged 65 and older in 2030, 70 million people

Comorbidity Breakdown of US Inpatient Admissions 2002-2016



Year	No Chronic Disease	1-3 Chronic Diseases	4+ Chronic Diseases
2002	~65%	~25%	~10%
2006	~55%	~30%	~15%
2012	~45%	~35%	~20%
2016	~35%	~40%	~25%

15

American College of Emergency Physicians  
www.acep.org

---

---

---

---

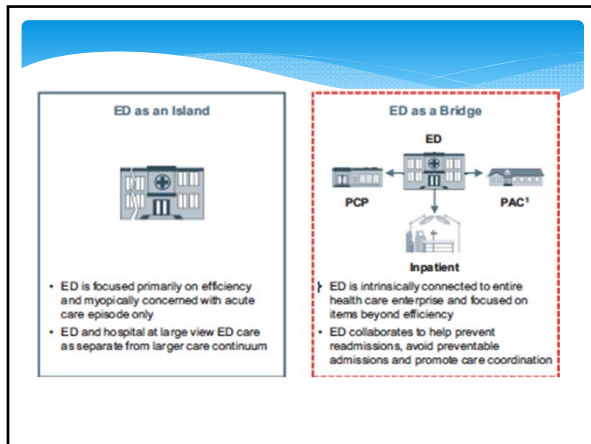
---

---

---

---





---

---

---

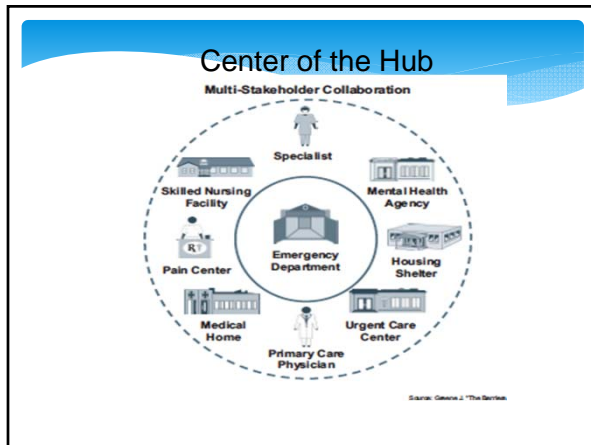
---

---

---

---

---



---

---

---

---

---



---

---

---

## Value of Emergency Medicine

- \* Time Sensitive Diagnosis
- \* Acute Undifferentiated Care/All Ages/All Times
- \* Rapid High Quality Diagnostic Center
- \* Transitions of Care

---

---

---

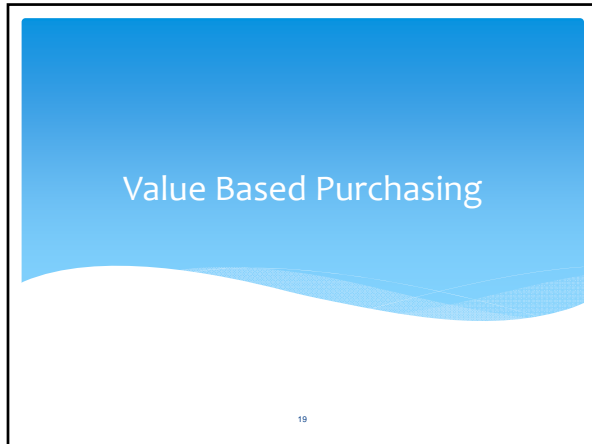
---

---

---

---

---




---

---

---

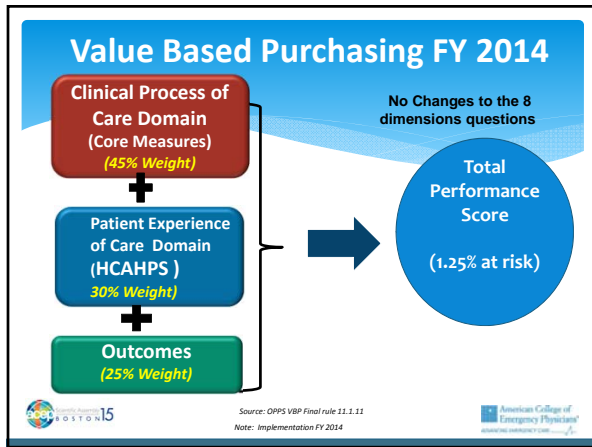
---

---

---

---

---




---

---

---

---

---

---

---

---

**2014 Value Based Purchasing**

**Hospital Profile:**

- 276-bed hospital
- 22 bed ED
- Patient Revenue: \$630 million
- Payer mix: 45% Medicare

**1.25% at Risk = \$3,543,750**

- 45% Clinical Process = \$1,594,687
- 30% HCAHPS = \$1,063,125
- 25% Outcomes = \$885,938

American College of Emergency Physicians

---

---

---

---

---

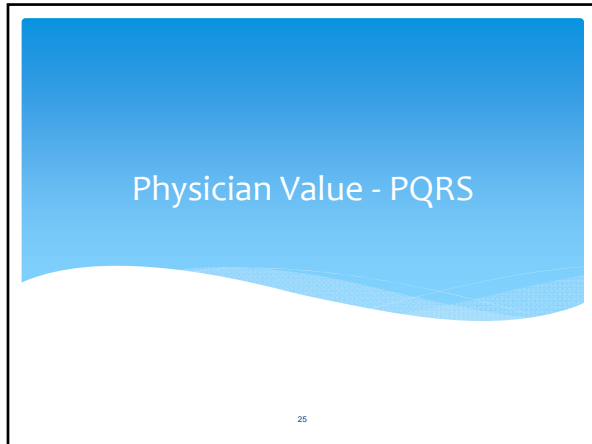
---

---

---








---

---

---

---

---

---

---

---

Total Impact of Participation in the Physician Quality Reporting System (PQRS)		
PQRS Programs:	2014	2015
• Traditional PQRS Incentive	+0.5% payment in 2015	
• PQRS MOC Incentive	+0.5% payment in 2015	
Total Potential PQRS Incentives	+1.0% in 2015	
• PQRS Penalties For Failure to Report	-2.0% in 2016	-2.0% in 2017
• Value-based Modifier (VM)* For Failure to Report PQRS*	-2.0% in 2016	-4.0% in 2017
Total Potential PQRS/VBPM Penalties	-4.0% in 2016	-6.0% in 2017

---

---

---

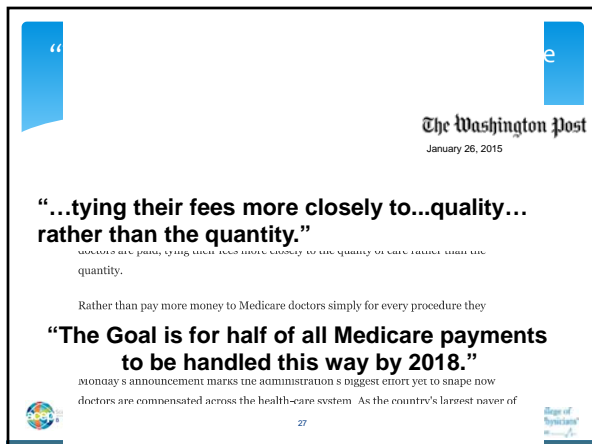
---

---

---

---

---




---

---

---

---

---

---



---

---

### Evolution of Federal Physician Quality Programs

\* SGR Repeal and Medicare Provider Modernization Act of 2015:

- Merit-based Incentive Payment System (MIPS)


---

---

---

---

---



---

---

---

### Evolution of Federal Quality Programs

	2015	2016	2017	2018
Base	0.5%	0.5%	0.5%	0.5%
EHR	Continues under current law			
PQRS	Continues under current law			
VM	Continues under current law			


---

---

---

---

---

---

---

---

### Evolution of Federal Quality Programs *(continued)*

	2015-2018	2019	2020	2021	2022	2023	2024	2025	2026+
Base		0.5%	0.0%						0.25%
EHR									
PQRS		+/-4% MIPS	+/-5% MIPS	+/-7% MIPS	+/-9% MIPS				
VM									

---

---

---

---

---


---

---


---

## MIPS\* Assessment Categories

- \* **Quality**
  - initially includes measures from PQRS, EHR MU, & Qualified Clinical Data Registries (QCDRs)
- \* **Resource Use**
  - initially includes measures from VM and episodes of care
- \* **EHR Meaningful Use**
  - demonstrated by use of a certified system (not likely to apply to hospital-based physicians)
- \* **Clinical Practice Improvement Activities**
  - gives credit for clinical practice improvement activities such as MOC Part IV and QCDRs.



\*Physicians in Alternative Payment Models are Exempt



---

---

---

---

---

---


---

---


---

---

## ACEP's QCDR Clinical Emergency Data Registry (CEDR)



ADVANCING EMERGENCY CARE



CLINICAL EMERGENCY DATA REGISTRY

---

---

---

---

---

---



---

---

---

---

Traditional PQRS registries	Qualified Clinical Data Registries (QCDRs)
Provide quality data for Medicare patients only	Provides quality data on patients from all payers
Limited to PQRS measures	Includes PQRS measures plus up to 30 additional specialty specific measures
Requires new "cross-cutting" measures	Does not require "cross-cutting" measure
Requires groups of 100 or more to report "PQRS-CAHPS"	Does not require CAHPS reporting
Less control over quality measures reported	More meaningful measures to choose from
Quality measure data collected will be used to calculate the quality composite of the Value Modifier.	CMS will not include first-year QCDR measures in the VM quality composite until such time as CMS has historical data to calculate benchmarks for them. For the 2017 VM, in cases where groups are assessed under the "50% option" and all EPs report via QCDR in 2015, then CMS will classify the group's quality composite score as "average".

---

---

---

---

---

---

---

---

---

---

American College of Emergency Physicians  
ADVANCING EMERGENCY CARE

Home News Media Contact Us About Us

Clinical & Practice Management Continuing Education Professional Development Meetings & Events Advocacy Membership Bookstore

Advocacy > Federal Issues

Print Email Share This

# CEDR

CLINICAL EMERGENCY DATA REGISTRY

## CEDR - Clinical Emergency Data Registry

Overview Advantages FAQs Resources Measures

### Welcome to ACEP's New Clinical Emergency Data Registry

As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the CEDR registry. This is the first Emergency Medicine specialty-wide registry at a national level, designed to measure and report health care quality and outcomes. It will also provide data to identify practice patterns, trends and outcomes in emergency care. CEDR is an evolving registry that will continue to grow and expand to all areas of EP care.

---

---

---

---

---

---

---

---

---

---

# Advocacy

35

---

---

---

---

---

---

---

---

---

---

# SGR Repeal and Replace

CONGRESS REPEALS SGR

April 16th, 2015

PROTON15

American College of Emergency Physicians  
ADVANCING EMERGENCY CARE

---

---

---

---

---

---

---

---

---

---



## ACEP Leadership and Advocacy Conference 2015

General Information | Education | Activities & Events | Hotel & Travel | Advocacy



Registrations Now Open  
May 3-6, 2015  
Check out the revamped Leadership and Advocacy Conference and Leadership Summit.

15  
American College of  
Emergency Physicians®  
www.acep.org

---

---

---

---

---

---

---

---

---

---

## Other highlights

41

---

---

---

---

---

---

---

---

---

---

## Choosing Wisely®

An initiative of the ABIM Foundation

About | Partners | Lists | Contact | Resources



### Partners

See Who Has Joined the Campaign

Watch a video of the February 21 Choosing Wisely® announcement and panel discussion

How can physicians and patients have the important conversations necessary to ensure the right care is delivered at the right time? Choosing Wisely® aims to answer that question.

NEWS FEED

KT @k16h22 @kapmfoundation @corofare @akemed Engagement in high-value care has to involve fun, diagnosis reasoning • costs #CWI13

---

---

---

---

---

---

---

---

---

---






---

---

---

---

---

---

---

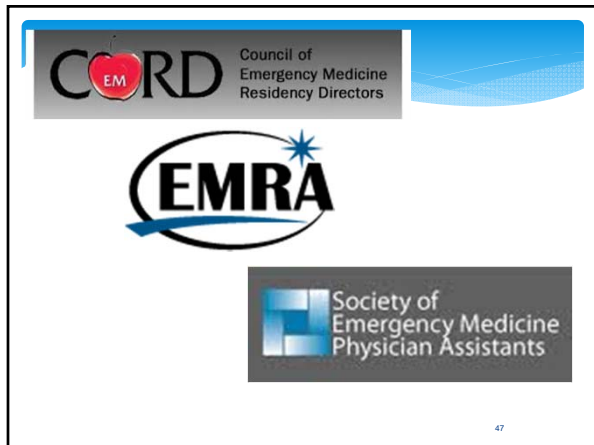
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---



## New ACEP Headquarters



ACEP PROTON15 49 American College of Emergency Physicians

---

---

---

---

---

---

---

---

## New ACEP Headquarters



ACEP PROTON15 50 American College of Emergency Physicians

---

---

---

---

---

---

---

---

## Groundbreaking April 15th



ACEP PROTON15 51 American College of Emergency Physicians

---

---

---

---

---

---

---

---

Little Big ACEPs

Government Services Chapter ACEP

Find Your Niche in Emergency Medicine  
ACEP has 32 sections of membership >> join one today

53

---

---

---

---

---

---

---

---

---

---

ACEP15: Boston, MA

October 26-29, 2015  
<http://www.acep.org/sa/>

53

---

---

---

---

---

---

---

---

---

---

Thank You!

53

---

---

---

---

---

---

---

---

---

---