

The Health Care Bubble, Part 1

By Nicholas F. Vasquez, MD, FACEP

Health care in the US is a bubble. When I say "bubble," I mean an asset bubble where the price for something rises faster than wage growth to a level beyond its rational value. Think gold recently, or housing before that, or Internet stocks before that. Or think tulips since they used to be all the rage. Whatever you think, a bubble means any asset whose price is not supported by the economic fundamentals. For many years now health care costs have been going up. Although there have been many theories as to why, nothing has really slowed down the growth of prices in health care. There was a brief time when HMO's made a dent by saying "no, you have to ask permission first" but that quickly went back to normal after they were beaten into submission.

When you have a bubble, only two things can happen: either people keep spending more and more to get the thing (again think housing) or demand crumbles and prices fall (alas, think housing). The reason I'm writing this is because you, I, and all the other ED docs are at an unhappy intersection of history, politics, and economics. I fear that we will get to watch this health care bubble burst from the front row.

There are a host of reasons why I think this will happen. First, unemployment is still over 9%. If you split this into two camps, one is doing really well and the other very badly. Workers with a college degree or greater have an unemployment rate around 4% or less. The economy is very good for them. Anyone with just a high school degree or less, their unemployment rate is 10-15%. These are the people who have been out of a job for 2 years, who don't have insurance, and don't have much health literacy. Think about your last shift and I'm sure you saw someone like this. This group is much more likely to be on Medicaid or be uninsured. Unless the economy turns around and these folks find a job, they may end up as long-term dependents on the government for their health care.

The second reason I think prices will come down is that very same government. Both Arizona and the US government are in debt. Lots of debt. Arizona is moving forward with plans to cut out around 250,000 adults from the Medicaid roles. To even qualify for Medicaid you have to make *less* than \$14,483 as an individual or less than \$29,725 as a family of four. I'm going to go out on a limb and say these people will not be going to any clinic that they'll have to pay for. My guess is they'll likely end up in ED's around the state.

Also, the recent national debt crisis was resolved without initially cutting money from Medicare or Medicaid. However, soon the Congress will convene a "Super Committee" of 12 Democrats and Republicans to cut an additional \$1.5 billion from things like Medicare, Medicaid, and Social Security among other things. There really is no way to fix the debt crisis without cutting from these three programs. The government will be cutting back on its support for health care, but to what extent remains to be seen.

The third reason I think prices will come down is the recent health reform law. Embedded in that law are several items the government will use to measure care: value-based purchasing, patient satisfaction surveys, readmission rates, and individual provider report cards. The items will allow the government to grade on a curve, so to speak. Each measure will become a modifier to what the government pays to providers for their care. If you score the highest quality, satisfaction, etc... you'll be paid in full. If you come in second then you'll be paid less. Revenue will decline, leading to increased pressures on hospitals and ED's to stay open.

The fourth reason I think prices will come down is an older one, value for the dollar. Ever since the IOM report *To Err is Human*, we've known that our health care system sometimes harms those people it helps. The *New York Times* has a special investigation called "The Radiation Boom" focused on medical radiation. Many reports have described our system as fragmented, unreliable, and widely variable in terms of quality. Our system is geared toward treating acute disease even though much of what plagues the US is chronic disease. Diabetes and obesity have been rising steadily. Some people might ask a simple question, is this all worth it?

That question leads also to more disturbing one and the fifth reason I think prices will come down. Some patients might also wonder about the motivation of the doctor recommending a treatment. Recent investigations by the Department of Justice of Medtronic over ICD implantation, Pfizer and kickbacks to doctors, and Zimmer regarding inappropriate artificial hip implantation all show that some doctors can be influenced by industry. Here in Arizona recently, a physician who ran a pain clinic was arrested for fraud. There are more stories like this in academia where industry funded studies have sometimes been "jazzed up" to make drugs like Neurontin, SSRI anti-depressants, and Vioxx look better than they were. In fact, a news organization called *ProPublica* maintains an online database of all publicly available industry payments to physicians. As of this writing, 489 Arizona doctors have received a total of \$4,749,353 for their work with medical industry companies. The caveat on the website is worrisome:

"Keep in mind that our database only includes the eight companies that have disclosed payments nationwide. The provider may or may not get money from companies not included in this database. You may wish to ask your provider directly."

I believe that these 5 factors will lead to lower demand for health care, make for stronger arguments against paying for low quality care, and in general, make a much harder environment to practice in. I believe in the future we will be expected to demonstrate our value rather than enjoy the benefit of the doubt. And yet, I also believe that this may be our finest hour. There are many things we can do to manage the changes that are coming and to create a desired future. In the next EPIC, I'd like to share how I think we can make the system work for us and our patients.



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When It Comes to Your Financial Success, You Need a Strong Partner. Today, the changing landscape of emergency medicine poses more challenges for your practice than ever before. From falling reimbursement levels to tougher regulations, your emergency medicine practice faces a host of complex issues that threaten your fiscal health and your ability to deliver high quality medical services.

EDMANAGEMENT provides specialized revenue cycle solutions geared towards emergency medicine groups and hospitals that employ emergency physicians. With 20+ years of dedicated experience in the field of emergency medicine, our partnership has distinguished itself as an industry leader, committed to helping busy emergency medicine practices thrive in a demanding business environment. As your business partner, we'll increase cash-flow and help you strategize for future growth opportunities. With extensive expertise in emergency medicine coding and reimbursement, our professionals work with you to identify sources of revenue leakage and stop further loss before it starts. This means more health care dollars in your pocket, where they belong!

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News and Notes

911 Network Action Items

Since legislators are now home for several weeks for the August work period, it is a good time to invite your Representative to visit an emergency department in his/her district. The ACEP Washington DC staff can help you contact your legislator, schedule the meeting and provide talking points and other materials for the visit. Please contact Jeanne Slade in the DC office for more information; jslade@acep.org or 800-320-0610

Community Event in Phoenix & Tucson: Can the Humanities Heal Medical Practice?

The University of Arizona College of Medicine and the Flinn Foundation's Donald K. Buffmire Visiting Lecture-ship in Medicine series offers "Can the Humanities Heal Medical Practice" in **Phoenix on September 13** and **Tucson on September 14**. Speaker Howard M. Spiro, MD, Emeritus Professor of Medicine, Founding Director, Program for Humanities in Medicine, Yale Medical School, a gastroenterologist at Yale-New Haven Hospital, believes that the patient may be getting lost in all the new medical apparatus. 21st century instruments and technology have vastly improved the care doctors give their patients, but such focus on instruments, technology and on the details of the body and brain runs the risk of losing the patients in their electronic images, their spirit and minds in the scans of their brains. Humanity in medicine focuses on the experience of illness and not on the disease itself.

RSVP for the PHOENIX event to Sheila Maddox by September 8 at smaddox@email.arizona.edu or (602) 827-2007. Questions about the TUCSON event should be directed to Rebecca Parada Anderson at reparada@email.arizona.edu or (520) 626-6177. Find more information on this and other community events at www.azmedassn.org/events.html.

ACEP Chapter Grant Program

The Chapter Grant Program application is now available online! The National/Chapter Relations Committee made significant changes to the overall process, so please be sure to review the procedures if your chapter plans to submit a grant this year. As always, all chapters are encouraged to participate in the program to support chapter efforts beneficial to emergency medicine. The deadline to submit a grant application to Chapter Services is October 14, 2011.

ACA pre-existing condition insurance plan available for patients

The Affordable Care Act (ACA) created a new program that provides a health coverage option for individuals who have been uninsured for at least six months, have a pre-existing condition, and have been denied coverage (or offered insurance without coverage of the pre-existing condition) by a private insurance company. This program will provide coverage until 2014 when such individuals should have access to affordable health insurance choices through an Exchange, and can no longer be discriminated against based on a pre-existing condition. The Department of Health and Human Services (HHS) is trying to increase enrollment in this program for people with preexisting medical conditions by reducing premiums and easing application requirements. HHS announced on May 31 that an applicant for the Preexisting Condition Insurance Plan (PCIP) will be able to qualify in part by submitting a letter from a physician, physician assistant or nurse practitioner stating that the patient has or has had a preexisting medical condition, disability or illness. HHS also is lowering plan premiums by up to 40% in 18 states and notifying other states that they can enact similar premium reductions. The application and premium changes took effect on July 1. The Federal Government is running the program in Arizona. Patients who may be eligible find out how to apply by visiting www.healthcare.gov/law/provisions/preexisting/index.html and clicking their state of residence on the map.

In addition, HHS has put up FAQs, fact sheets, posters, flyers, brochures, etc. on its website for distribution and use, as well as articles that can be used in newsletters and online.

http://www.healthcare.gov/news/factsheets/new_plan_options_2011.html

Check out these ACEP Programs...

When you join ACEP's 100% Club, Circle of Distinction, or Group Billing Service, you will receive more benefits for you and your emergency physicians. For more information regarding these services, contact Member Services at 800-798-1822 ext. 5.

UA / UPHK GME Consortium Residency Program

By Lara Bickford, MD

Hello! I am excited to write the first residents' corner column for the new UA / UPHK GME Consortium Residency Program (as I write this, I realize that the "Kino" program has a lot of acronyms). Our class started with ten residents in July of 2010 and we recently welcomed our second class of interns. Although part of the Emergency Department at the University of Arizona, ours is a new program that focuses on serving a diverse population primarily out of UPH (another acronym which I've heard may soon be changing.) UPH is the closest hospital to the Mexican border, is a level one inpatient psych facility, has contracts with the department of corrections and border patrol, and is proximal to the southern Arizona snowbirds, so we see a variety of characters and complex patients in more of a community hospital setting. We also get experience at a large academic hospital with ED shifts and some rotations (Trauma and ICU) at University Medical Center. Other sites include a rural and an international month during our junior and senior year, respectively.

Thanks to our amazing program director, Dr. Kristi Grall, and our assistant PD, Dr. Lisa Stoneking, our great experienced faculty, and the UMC program as a model, our first year flowed much more smoothly than one would expect from a brand-new program. In addition, being a new program means that the aforementioned faculty are receptive to our suggestions and opinions on how to build the program. Some examples are that our didactic sessions have been revamped this year and include even more hands on time and a procedure series has also been added to Sim labs, which combined with Oral Board Review sessions mean significant time spent away from power point presentations. Our medical Spanish course continues and some of our residents have made truly impressive progress (and as someone who struggles with languages, I secretly hate them for it.)

Our first class, now Juniors, come from many walks of life. Many of us had previous careers including helicopter pilot, paramedic, and bartender. One residency wasn't enough for Drs. Kevin Gaskin and Brian Macleod, who left careers in family medicine to lead us as our chief residents. The intern class, despite having only one girl, continues this trend. They are transitioning well into residency and have thus far been wonderful to work with.

The most exciting recent news is the opening of the new ED at UPH. It is beautiful! The department has 33 beds (including 6 trauma beds) that helped establish the hospital as a Level III trauma center. Also of great importance is the new residents' lounge where Dr. Grall promises there will be pizza delivered after the cafeteria closes each evening ;)

SAVE LIFE LIVE LIFE

REGISTER TODAY

THE 2ND ANNUAL

NOT YOUR AVERAGE JOE

**10K / HEALTH WALK
AND KID'S OBSTACLE COURSE**

Saturday, October 1st, 2011

8 a.m. Start

**Encanterra Country Club
36460 North Encanterra Dr.
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All proceeds support the
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REGISTER ON LINE AT: JOEGIBSONRACE.COM

*Maricopa Medical Center
Resident's Column
By Drew Wilkis, MD*

Time continues to fly by here at the Copa. It was just two years ago that my class was stumbling around the ED trying to figure out the best ways to make the daunting transition from medical student to resident. As I look back I am humbled and proud at how far we have all come. Having matched at Maricopa I was excited to be affiliated with one of the very best Emergency Medicine residencies in the states, but I continue to be amazed at how progressive our training has been. You could see it in our exiting graduates and you can see it in the upcoming third years. There is a very apparent calm and quiet confidence that we all aspire to. The recent graduates have brought this Maricopa trademark all across the valley and throughout the states with great success.

The newly minted third years are now in the middle of making big decisions regarding their first job out of residency. A few of us will be entering into fellowships next year with interest in Toxicology and EM Critical Care, however the majority of our class will be entering directly into the workforce. We are all looking forward to moving onto the next phase of our careers as EM physicians.

As some of us plan to move on, the Maricopa family here at home continues to grow. Our program size has now reached 41 and will top out at 42 next year. It was an excellent match and we are all very excited to welcome familiar faces from the interview trail back to Copa. The new recruits have already had one month in the ED and are showing great promise. They come from all corners of the states, having lived everywhere from Maine to Hawaii. They bring diverse perspectives and experiences but it is very clear that this class will fit perfectly into the Maricopa tradition. To accommodate our growing size, we have strengthened our affiliation with the Banner Good Samaritan hospital system and now have two dedicated months rotating through this level one trauma and high-acuity emergency department. It has been a great success.

The Maricopa fellowship programs are eager to introduce their new class of EMS, Toxicology, and now Simulation fellows as well. The ultrasound fellowship is in the final stages of planning and we anticipate our first class entering the next calendar year under the strong leadership of Dr. Teresa Wu.

And finally, we are proud to announce that on June 30th Maricopa Integrated Health Systems, the District Medical Group, and the University of Arizona COM formally announced the formation of a new comprehensive clinical partnership. This was the culmination of over four years of negotiations and planning. Under the new agreement, University of Arizona medical students will employ Maricopa Medical Center and its satellite clinics as their primary training facilities. In turn MIHS will gain invaluable academic resources from a world-renowned university system. The ceremony was well attended by politicians, hospital administration, U of A administrators, MIHS employees, and U of A students among others. There is great excitement here at the Maricopa Medical Center about this new alliance.

It has been a great year here at Maricopa. We look forward to 2011/2012 with great anticipation!

Beating the Odds: Emergency Care in the 21st Century

Option 1; ITLS Provider Course - Oct. 3-4

Arizona's premier scenario based trauma course, ITLS! Students wanting Adult ITLS will receive the same excellent instruction from our volunteer support team of instructors, faculty, models and moulage artists to obtain ITLS certification.

Option 2; Pediatric ITLS Provider Course - Oct. 5

Your one-day Pediatric ITLS course option.

Option 3; Lecture Track - Oct. 3-4 *Check out our speakers!!*

Our popular new track will offer each registrant choices of timely and interesting EMS topics, which will be presented by nationally recognized speakers in the EMS field. Just look at our line-up... EMS providers, physicians & a nurse!

Dr. Dan Spaite; Saving Brains in Arizona: The Excellence in Prehospital Injury Care (EPIC) Project

Dr. Ben Bobrow; Evolving AHA Guidelines & Arizona's VERY COOL System of Post-Cardiac Care

Dr. Sydney Vail; Less than Lethal Munitions & Tactical Medicine: Back to Basics for EMS

Dr. John Gallagher; EMS Medical/Legal Liability Case Reviews

John Valenzuela, CEP; Violent Patient Management & Predictable is Preventable

Suzanne Buchanan, RN, BSN, CCRN; Emergency Burn Management

Lane Spalla, CEP; Boots on the Ground: On-scene command MCI perspective from the Tucson Shooting

Dr. Jason Roosa; Mission Lifeline: The AZ State STEMI System of Care

Dr. David Slattery; The Clock Starts Now! Optimizing the AHA's Chain of Survival for Sudden Cardiac Arrest Before EMS Arrives-Lessons From the Casino AED Program

Registration open NOW; www.itlsaz.org/itlsriver

**Kingman Regional Medical Center/
Midwestern University
Emergency Medicine Residency
Update**

By Zach Nakao, DO

As emergency medicine residents we are required to know and be up to date on large volumes of information. In addition, we attend lectures, conferences, meetings, and journal club; therefore the majority of our time is spent with educating ourselves as physicians and fulfilling our duties as residents. This leaves little or not as much time for family as we may like. So in this installment of the Kingman Residency update, I would like to depart from EM talk. Let me tell you about the recent additions to our extended residency family.

I would first like to say congratulations and welcome to all of the 2011 babies! Dr. Cory Meeder and his wife Heather welcomed their first child, son Matix, in April. Dr. Mary Katherine Harper and her husband BJ welcomed their first child, son Zavian, in May. Dr. Jon Baugh and his wife Holly welcomed their third daughter, Olivia, in July. Dr. Sarah Shepard and her husband Lamar welcomed their first child, son Brodey, also in July, and my wife Lindsey and I welcomed our first child, son Raiden, in April.

More babies are on the way. Congratulations to Dr. Tom Sichi and his wife Cindy who are expecting their second daughter and Dr. Trevor Wilkens and his wife Katie who are expecting their fourth child.

In addition, we have had several recent weddings. Congratulations go out to Dr. George Gibson and his wife Erin, Dr. Pat Cain and his wife Rachael, and Dr. Mark Brechiesen and his soon-to-be wife, Melissa.

Lastly, we would like to welcome to the ER resident family, intern Dr. Toyo Trenou, who comes to us from AT Still COM. Toyo has been well known to many of us here in Kingman, as he spent most of his 3rd and 4th year of medical school rotating with us. Congratulations Toyo and we look forward to working with you throughout your residency.

ITLS

ITLS (International Trauma Life Support) will be again hosting our new format, dual-track conference in Laughlin, NV in October at the Aquarius Hotel. Registration will be held Sunday October 2nd, with the regular conference following on the 3rd and 4th, and Pediatric ITLS on Wed October 5th. The feedback from last year was great and we have an unbelievable lineup of speakers again this year. We are looking forward to hearing from our own board of director's member and the Medical Director of Phoenix Fire Dept, Dr. John Gallagher and former Chief Resident from Maricopa Medical Center Dr. David Slattery. We also have Dr. Bobrow and Dr. Spaite speaking this year, and a new speaker that was the incident commander for the Rep Gabrielle Giffords shooting incident.

If you work at one of our level I trauma centers in Arizona, please encourage them to come up to the conference as well. It is important as part of our students' trauma education to learn about the trauma centers we have.

Although initially designed as a pre-hospital course, more and more ED nurses and techs are taking the class. They have found it extremely useful for triage nurses and techs for "walk-in" traumas that present frequently to the ED. Please encourage your nurses and techs to attend (some ED groups sponsor a nurse or two). Also, we encourage EMS leaders to attend the lecture course, especially those from the rural areas. For more information on attending or becoming a sponsor or for a downloadable registration form, go to our website at: www.azcep.org/itls or email us at itlsaz@gmail.com.

Brad Butler, MD, FACEP
LCDR MC, USN
Medical Director
Arizona ITLS

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**Beating the Odds: Emergency Care in
the 21st Century**

October 3-5, 2011

Registration open NOW; www.itlsaz.org/itlsriver

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UNIVERSITY OF ARIZONA RESIDENT'S COLUMN

By Jen Luman, MD

The start of a new academic year always hastens change. This is reflected in the exciting changes occurring at the University of Arizona Department of Emergency Medicine. On July 1st 2011, Dr. Samuel M. Keim took over as interim Head of the UA Department of Emergency Medicine. Prior to that, Dr. Keim served as Residency Director for twenty-one years and Vice Head of the department for three years. Dr. Al Fiorello assumed the role of residency Program Director with Dr. Alice Min as associate program director.

Dr. Harvey Meislin stepped aside after thirty-one years! Of course, he is not retiring. He is continuing as the director of the Arizona Emergency Medicine Research Center.

We also have ten new faculty joining the department. These include; Dr. Todd Alter, and Dr. Malini Desai. Dr. Chip Schmier is joining Dr. Shrikar Adjikari and Dr. Al Fiorello as ultrasound faculty. They will be working along with our new ultrasound fellows Dr. Rich Amini, Dr. Lori Stolz, and Dr. Travis Jones (all three former graduates) in expanding ultrasound capabilities and education in the department. In EM/Peds we have our former graduate Dr. Nat Johnson joining along with Dr. Angelique Ferayorni and Dr. Peter Chase. New sports medicine fellows include Dr. Charlene Schaughnessy (former graduate) and Dr. Matt Tennison. Research faculty welcomes Dr. Uwe Stolz Ph.D as a permanent member of the team. This group started along with our new bunch of 16 categorical and 3 EM/Peds interns as mentioned in the former newsletter.

Everyone is excited to embrace his or her new positions and charge ahead!

Additional events include the opening of the new 55 bed facility for the Department of Emergency Medicine at the University Physicians' Hospital at Kino. The move will finally occur mid August 2011. It is a beautiful facility to further serve the larger Tucson community and expand services in psychiatric care

Research is also moving ahead with some big grants involving traumatic brain injuries. Highlights include; an R01 grant that examines the impact of implementing pre-hospital guidelines for the treatment of TBI in adults in the state of Arizona. This is a 5-year grant that was recently funded by the NIH for a total of over 2 million

dollars. Dr. Dan Spaite (Dept. of Emergency Medicine) and Dr. Ben Bobrow (adjunct faculty, Dept. of Emergency Medicine) are the co-PIs on this grant. We are anticipating improving both survivorship and long terms outcomes for victims of TBI across Arizona by implementing these new guidelines. Additionally, An R01 supplement to an existing R01 NSF grant proposes looking at the impact of implementing pre-hospital guidelines for the treatment of TBI for children in Arizona.

An R21 NSF grant by Dr. Lisa Stoneking looks at using real-time genetic fingerprinting (RT-PCR and Mass Spec) in the ED to identify microbial pathogens and their susceptibility to various antibiotics in suspected septic/pre-septic patients (the goal is to identify if a person has a blood stream infection within a couple hours and to then give an antibiotic that is tailored to the specific pathogen, as opposed to waiting for blood cultures and treating the person empirically with a broad spectrum antibiotic before blood culture results come back). Additionally, a grant by Dr. Kathy Hiller examines the role of a clinical ED pharmacist in improving rates of influenza vaccination in health care providers.



AzCEP's Resident Research Seed Grant

Your AzCEP Board of Directors is pleased to announce a new program to benefit our emergency medicine residents...who now reside at four residencies! We want to support clinical based research throughout our state, be supportive of emergency medicine resident education and support the emergency medicine residents of Arizona as they work towards their future careers as an emergency physician.

We will offer up to two awards of \$1000 each in a closed competitive grant process. More details are below and the application can be found on our website; www.azcep.org

2011 Award Timeline/ Process

- September 1st: AzCEP announces the availability of a closed competitive grant process with two awards of \$1000 each to be awarded to the most competitive grant proposals from two separate training programs.
- October 1st: Grant application deadline due.
- October 12th: Grant applications reviewed by AzCEP Seed Grant Review committee.
- November 1st: Grants awarded with recognition event at the next available resident conference session.

Application Process

Maximum four page application to be completed by applicant. Mail and/or fax receipt by October 1st. Application must be accompanied by a letter from the residency program director that contains verbiage on:

- Support for the application
- Assurance of ethical use of funds
- Assurances of local IRB sanctioned research
- Residency assumed liability and liability release of AzCEP
- Assurances that awarded moneys will be used only for the research outlined in the awarded proposal

Application forms distributed to Arizona Emergency Medicine residency program directors and/or research directors. Application form available as PDF on AzCEP website.

Review Process

AzCEP formed review committee to be comprised of: Two members of the AzCEP Executive Committee; two AzCEP board members; one member from each training program.

Applications to be distributed to all review committee members one week prior to review committee meeting.

Meeting will comprise of the review of each application, scoring and ranking. Final awardees will be those with the two highest review scores. Reviewers may submit evaluation scores remotely. Award discussions may be conducted in person or by teleconference at the award meeting.

Award Event

AzCEP board representative will travel to the residency training site and announce/congratulate the award winner. Recognition would take place during residency conference for the benefit of recognition in front of their residency peers and faculty.

Questions? Please contact Dr. Dale Woodridge, Chair of the AzCEP Education Committee: dwoolridge@aemrc.arizona.edu or Stephanie Butler at AzCEP: azacep@gmail.com

Arizona College of Emergency Physicians

SAVE THE DATE



ED Doc Day at the Legislature

Wednesday, February 1, 2012 (*tentative!*)

8:00 a.m. – 2 p.m.

Arizona State Capitol

1700 W. Washington Street, Phoenix, AZ

We had a very successful first year and plan to build upon the event for 2012.
Join us for meetings and a luncheon with your State Legislators.
Please join us for the whole day or as long as you can.

Contact Stephanie in the AzCEP Office for details
602-336-4599 or www.azacep@gmail.com

Yes, I am planning to attend ED Doc Day at the Legislature.

I plan to attend: ALL DAY _____ ; or AM _____ LUNCH _____ PM _____
(8 am – 2 pm) (8 – 12 noon) (12 noon – 1 pm) (1 pm – 2 pm)

Name: _____

Home Address: _____
(We must have the HOME address to determine legislative district for meetings)

Phone: _____ Email: _____

Who Is Managing The ED Billing Company That You Have Outsourced Your Billing / Collection Activities To?



Talk About A Fox Guarding The Hen House!

Have you ever heard of a billing company telling a physician that they should be replaced because they have failed to pursue the ED's denied claims and patient receivables because it was not profitable for the billing company?

When It Comes to Your Financial Success, You Need a Strong Partner. Today, the changing landscape of emergency medicine poses more challenges for your practice than ever before. From falling reimbursement levels to tougher regulations, your emergency medicine practice faces a host of complex issues that threaten your fiscal health and your ability to deliver high quality medical services.

EDMANAGEMENT provides specialized revenue cycle solutions geared towards emergency medicine groups and hospitals that employ emergency physicians. With 20+ years of dedicated experience in the field of emergency medicine, our partnership has distinguished itself as an industry leader, committed to helping busy emergency medicine practices thrive in a demanding business environment.

From payment denials resulting from improperly coded claims to the justification of ancillary tests and procedures, the ED reimbursement process has become an administrative nightmare. Successfully

navigating it requires an intimate knowledge of bundling and unbundling procedure changes, current coding and compliance initiatives, payer-specific requirements and more. Each day, ED revenues fall through gaping holes in the system as a result of unskilled coding professionals, lack of coding education for physicians, and efforts to avoid fraud charges by down-coding.

Denial management is a growing concern. Practice expenses are increasing at an alarming rate while reimbursement is flat or declining. Today's challenging healthcare environment requires a level of expertise that few can provide.

EDMANAGEMENT can help you meet these challenges.

We educate physicians on the importance of documentation and revenue optimization in the medical billing and collections cycle. We provide our clients with documentation feedback and analysis on every deficient chart. As your business partner, we'll increase cash-flow and help you strategize for future growth opportunities. With extensive expertise reimbursement, our professionals work with you to identify sources of revenue leakage and stop further loss before it starts. This means more health care dollars in your pocket, where they belong!

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APLS

Oct. 22-23

An APLS class will be held at **Maricopa Medical Center**. 12 hours CME has been applied for and a PALS renewal is optional. On Monday, we will be conducting the Society for Pediatric Sedation provider course. And on Tuesday, a 7 hour conference on different topics related to pediatric pain and sedation. **Dr. Joseph Tobias**, Chairman of Anesthesia at Nationwide Children’s Hospital in Columbus, **Dr. Anna Taddio** from The Hospital for Sick Children in Toronto, and **Dr. Michael Trujillo** from the University of Arizona will be our plenary speakers.

For information, and registration please contact Ms. Megan Rose at **(602)274-1988**.

AHLS

Rapidly Identify & Treat Hazmat Exposures Incidents involving hazardous materials happen. Whether from an accidental chemical spill or intentional terrorist event, you need to act quickly and efficiently to medically manage the victims exposed. Advanced HAZMAT Life Support (AHLS) has a two day Provider Course designed to train medical professionals how to treat people exposed to hazardous materials.

Join over 12,000 of your colleagues and become a verified AHLS Provider and be prepared to face the medical challenges of hazmat exposures. Take the six hour Instructor Course and teach the AHLS knowledge to your organization and community. Take AHLS Provider/ Instructor Course in Tucson, Arizona, October 17-19, 2011.

Provider Course - October 17 -18, 2011
Instructor Course - October 19, 2011

Register at: **www.ahls** or call **520-626-2305**

Hosted by: AHLS International Headquarters & taught by Frank Walter, MD, FACEP, FACMT, FAACT

CLASS/COURSE OFFERINGS

This is a partial listing of classes that are often needed by emergency physicians.

ACLS/PALS

*Contact www.wizardeducation.com for a listing of ACLS, PALS, plus many more offerings.

*For a state-wide listing, call the American Heart Assoc. at 602-414-5345 or visit www.americanheart.org/az-co-nm-wy/

*Or try taking ACLS online!
 Go to; {www.ncs.org/eacls} for more info.

Calendar of Events

Mark your Calendar and Get Active in AzCEP!

- Sept. 7 Exec. Committee, Chapter Office
- Sept. 28 Board of Directors, Chapter Office
- Nov. 2 Exec. Committee, Chapter Office
- Dec. 7 Board of Directors, Chapter Office
- Jan. 4 Exec. Committee, Chapter Office
- Feb. 1 Board of Directors, Chapter Office &
ED Doc of the Day at the Capitol (tentative)

***All AzCEP members are welcome and encouraged to attend the Board Meetings. Contact the Chapter office at 602-336-4599 for additional information.**

Board Meetings, unless otherwise noted, are held at 12:00 noon at our Chapter office in the Arizona Medical Association building, 810 W. Bethany Home Road, #110, Phoenix, AZ 85013.

Changed Your Address?

If you change your business or home address please notify the National ACEP Office or AzCEP & the correction will be forwarded.

American College of Emergency Physicians
 P.O. Box 619911
 Dallas, Texas 75261-9911
 (800)798-1822

Arizona Chapter, ACEP
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AzCEP Mission Statement

The Arizona College of Emergency Physicians (AzCEP) exists to support the highest quality emergency medical care and to serve as advocates for our patients, our members and our specialty. {adopted by the AzCEP board, 10/2001}

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