

A Proposal for Jump-Starting National Health Care Reform

How Common Sense Reforms in Hospital Emergency Departments Can Reduce Wait Times, Improve Patient Care, Improve Quality of Care, and Lower Costs

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The potential elements of national health care reform tend to frighten everyone—the politicians and policymakers responsible for creating it, the medical community responsible for implementing it, and the patients who will be most affected by changes to our existing health care system. But health care reform doesn't have to be frightening or overly complicated if approached in the right way. By adopting common sense reforms that improve access, patient care, quality of care, and lower health care costs, it can be demonstrated that health care reform can work. Momentum can then build for larger scale reforms.

The hospital emergency department has become the primary health care provider for millions of Americans. Because hospitals are required by federal law to provide individuals with emergency medical care regardless of their ability to pay, many people turn to emergency departments when they need medical treatment of any kind.

The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted in 1986 in response to concerns that emergency departments were refusing to treat uninsured patients or inappropriately transferring them to other hospitals, a practice known as “patient dumping.” EMTALA requires all Medicare participating hospitals to provide an appropriate “medical screening exam” (MSE) to anyone who comes to a hospital emergency department seeking medical care. If the patient has an emergency condition, the hospital must either treat and stabilize the emergency medical condition or appropriately transfer the patient to another hospital.

On the surface, the law makes complete sense. But in reality, EMTALA regulations create unnecessary barriers that make it difficult for hospitals to effectively treat emergency department patients. While EMTALA requires that every patient receive a medical screening exam, it does not provide clear guidelines about what constitutes an appropriate exam. The regulations are vague, saying that an exam could range from a brief history and physical examination to a more complex process involving numerous tests, CT scans, and other diagnostic procedures.

The law is clear, however, on one point: federal guidelines issued in 1998 specifically prohibit hospitals from triaging patients who don't require emergency care. In other words, without an MSE, hospitals are not allowed to send a patient with a sore throat to a nearby community health clinic or non-emergent care center that is willing to provide more appropriate care.

This creates unfortunate consequences that are all too common in our current health care system. First, it leads to longer wait times in hospital emergency departments because physicians are required to conduct a medical

screening exam on every patient, regardless of what type of care they need. Second, the current regulations promote the practice of “defensive medicine.” Emergency department physicians operate with an abundance of caution that causes them to order more tests and procedures than they might otherwise. The last thing emergency physicians—or the hospitals in which they practice—want is an ex post facto regulatory finding that they failed to provide an appropriate screening exam.

While WakeMed embraces the unique role that hospital emergency departments play in providing patients with primary and specialty health care services, it is important for hospitals to have the ability to help patients match their health care needs with the most cost-effective, medically appropriate level of care. The existing EMTALA regulations make that process more difficult than it should be.

The Solution: Common Sense Reforms

There is a growing belief among national policymakers that health care costs can be lowered by ensuring that patients receive treatment in the most cost-effective location. This approach has been partly adopted in North Carolina with Community Care of North Carolina's innovative “medical home” program.

It is now time to take the next logical step by applying these same principles to hospital emergency departments. Congress should adopt EMTALA reforms that give hospitals the flexibility to triage non-emergency patients and refer them to the most cost-effective, medically appropriate health care setting.

There is already a good example of this approach in an emergency setting. A new Emergency Medical Services (EMS) pilot project in Wake County relies on advanced practice paramedics to respond to emergency calls, triage the patient, and determine the most appropriate course of action. Patients are often transported by ambulance to a local emergency department. In other cases patients are referred to non-hospital, clinical, social services, or other community-based settings. This innovative approach is working in the field, and it will work in a hospital emergency department.

The reform of EMTALA represents a prime opportunity to begin implementing meaningful health care reforms that will lower health care costs and improve patient care.

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