American College of Emergency Physicians takes issue with report from new HealthFacts RI database

WASHINGTON — The American College of Emergency Physicians (ACEP) and its Rhode Island Chapter today jointly took issue with a new report by the state's Executive Office of Health and Human Services (EOHHS) HealthFacts RI database, about "potentially preventable" emergency visits, calling it irresponsible and saying it could put patients at risk.

The report assesses whether emergency visits could have been avoided, based on the patients' final diagnoses, not their presenting symptoms. This analysis does not take into consideration the national "prudent layperson" standard, which says emergency visits must be covered by insurance companies based on the patients' symptoms, not their final diagnoses. This standard was included in the Affordable Care Act (ACA).

"It is very alarming that a report like this is being issued that directly undermines language in the ACA and patients' responsible use of the emergency department," said **JAY KAPLAN, MD, FACEP**, president of ACEP. "Patients never should be forced into the position of self-diagnosing their medical conditions out of fear of insurance not covering the visit. This applies 20/20 hindsight to possibly life-threatening conditions – such as chest pain – and it violates the national prudent layperson standard designed to protect patients' health plan coverage of emergency care."

Dr. Kaplan adds that a report like this could lay down precedent barring emergency patients from receiving care.

The data in the EOHHS study does not correlate with the latest national data on emergency visits from the Centers for Disease Control and Prevention, which found 96 percent of emergency patients needed medical care within 2 hours in 2011.

"A report like this only serves to potentially scare patients away from the emergency department when they may need it most," said **CHRISTOPHER P. ZABBO, DO, FACEP**, president of ACEP's Rhode Island Chapter. "Both harmless and deadly conditions often have the same presentations. Asking patients to make that determination while at home, anxious, and with inadequate information, is a recipe for disaster."

A key finding of the RI report cites "chest pain" as representing the "greatest opportunity for savings."

Dr. Zabbo adds that this is a very dangerous message for the state of Rhode Island to send to its citizens. Patients with chest pain should get immediate medical attention to determine whether or not they are having a heart attack. If the doctor discovers it was muscle pain, upset stomach or anxiety/panic attack, it was still right for that patient to seek emergency medical care, and his or her insurance should absolutely cover the visit.

According to a study published in the Journal of the American Medical Association in 2013, researchers found that discharge diagnoses do not identify "non-emergency" ER visits. The small number of emergency patients who are ultimately discharged with "primary care treatable" diagnoses come to the ER with the same symptoms as other patients who need immediate or emergency care, hospital admission or surgery. ❖

*[**Editor's Note:** The Rhode Island Medical Society received a response from the American College of Emergency Physicians regarding a report issued by the Rhode Island Executive Office of Health and Human Services (EOHHS) recently.]*

Background

On February 10, the HealthFacts RI database, a new all-payer healthcare claims database, was launched. EOHHS released a report from the database which found that nearly 60 percent of all visits to Rhode Island emergency rooms in 2014 were potentially preventable.

The top reasons for emergency room visits varied by payer type, according to the report. Alcohol abuse, teeth disorders and upper respiratory infections were especially prevalent among the Medicaid population. Chest pain, dizziness and urinary tract infections were particular to the Medicare population. Neck sprains, headache and chest pain were among the top reasons for privately insured patients.

The database is a partnership led by EOHHS, with support from HealthSource RI, the Office of the Health Insurance Commissioner and the Rhode Island Department of Health. It includes claims information from all major insurers in the state.

Link to report

http://www.health.ri.gov/data/potentiallypreventableemergencyroomvisits/