

PROVISION/ISSUE	SECTION	TACTICS	RESOURCE	DEDUCTIBLE?
Essential Health Benefits Requirements	1302	Identify HHS officials responsible for development of essential health benefits requirements and monitor regulatory development activities, participate in open door forums or other opportunities to describe the need for unrestricted access to emergency services in the ER.	Federal Affairs Director	Yes
		Track release of proposed (or interim final) regulations issued by CMS/DOL/IRS and prepare comment letter for review and approval by ACEP President in a timely manner.	Federal Affairs Director	Yes
		Continue to promote public messages that convey the need for unrestricted access to emergency services.	Public Relations	Yes
		Produce media pieces that assist with educating ER physicians regarding unrestricted access to emergency services.	Public Relations	Yes
Patient Protections for Unrestricted Access to Hospital Emergency Services	10101	Track Administration and policy makers analysis of the definition of a “grandfathered” policy and what types of changes in annual provisions would result in loss of protected status.	Alston & Bird	Yes
		Upon release of proposed (or interim final) regulations issued by CMS/DOL/IRS, carefully review proposed implementation of emergency room patient protections and prepare comment letter for review and approval by ACEP President in a timely manner .	Federal Affairs Director	
		Identify as priority for emergency medicine in congressional "Dear Colleague" letter addressed to Secretary of HHS and seek support by Members of Congress for Dear Colleague letter.	Congressional Affairs Director	No
		Monitor impact on existing state laws that provide consumer protections for emergency care.	Chapter State Relations	Uncertain
		Periodically poll members for any insurer/plan practices that violate this section.		Yes
Value-based Payment Modifier Under the Physician Fee Schedule/Improvements to the Physician Resource Use Feedback Program	3007/3303	Generate press coverage about limits to ER benefits imposed by some health plans and need to cover all health plans with emergency care patient protections.	Public Relations	Yes
		Continue to work with other medical specialty groups to monitor CMS’ efforts to expand the resource use reporting program.	Federal Affairs Director	
				Yes
		Track CMS’ efforts to develop its own transparent episode grouper software (by 2012) to ensure that it appropriately addresses unique aspects of emergency services.	Quality/HIT Director	Yes
		Monitor and comment on the use of current or future risk-based measures developed by the Secretary to ensure that EP measures affect services that are within control of the physicians.	Quality/HIT Director	Yes
Improvements to the Physician Quality Reporting Initiative (PQRI) System	3002	Continue to ensure that measures for emergency physicians are included in the PQRI program via ACEP Quality & Performance, Reimbursement and Coding & Nomenclature Committees by participating in measure development, endorsement, maintenance, and suggestion processes at AMA PCPI, NQF, and CMS.	Quality/HIT Director	Yes
		Work with AMA, physician specialties, HIT standards groups to help shape informal appeals process for PQRI, and the selection of measures for the integration of clinical reporting in EHRs.	Quality/HIT Director	Yes
		Educate ACEP members about PQRI program, including the coming integration of data reporting and the meaningful use of EHRs via ACEP Committees and the Informatics Section and monitor expanded use of EHRs in the PQRI program.	Communications Director	Yes
		Explore registry option for emergency physicians to provide data to CMS for PQRI quality measures.	Multiple Regulatory	
		Support member experience with reporting measures that would demonstrate both meaningful use of EHR and quality of care furnished to an individual under PQRI.	Quality/HIT Director	Yes
Payment Bundling Pilot Program	3023		Multiple Regulatory	
		Continue to assess what other groups are doing on episode and bundled payment models (ABMS, Prometheus, other medical specialties, etc.). Complete work of the Episode task force and submit report and recommendations to the BOD.	Multiple Regulatory	Yes
			Quality/HIT Director	Yes
		Meet with CMS as they design the pilot to offer our proposals and be prepared to comment on the 10 conditions to be proposed for the pilot.		Yes
		Meet with AHA and Federation to explore how hospitals and EPs can work together to improve communication on re-hospitalizations that come through the ER during the payment window (3 days prior to admission to 30-days post discharge).	Other	Yes
		Continue to assess EP responsibilities, control, attribution, and payment for patients admitted through the ER.		

Medicare Shared Savings Program/Accountable Care Organizations	3022	Track policy and quality standards discussions via ACEP Quality & Performance and Reimbursement Committees.	Multiple Regulatory	
		Track CMS relevant demonstration program(s).	Federal Affairs Director	Yes
		Meet with other hospital-based physician groups to discuss strategy.	Multiple Regulatory	Yes
		Meet with AHA, The Federation, and Premier to explore how hospitals and EPs can work together to create ACOs that is mutually beneficial. Develop task force recommendations and promote episodes of care models that would be feasible in an ACO model.	Quality/HIT Director	Yes
National Healthcare Workforce Commission	5101	Submit nomination of an ACEP leader by the 6/30/10 deadline (in process).	Other	
		Monitor the appointment process (appointments announced by 9/30/10).		
		Work with ACEP representative (or other physician specialty members and their national staff) to educate them as to EM unique issues and goal for a totally board-certified workforce.	Quality/HIT Director	Yes
		Review work on physician workforce forecasting currently being done via contract with HRSA and The Lewin Group. Share EM workforce studies.	EM Practice Department/Academic Affairs	Yes
		Respond to first report if EM issues are not adequately addressed (10/01/11).	EM Practice Department/Academic Affairs	Yes
		Continue to publicize the need for more board-certified EPs.	Public Relations	Yes
Distribution of Additional Residency Positions	5503	Continue to provide appropriate appropriations language to support efforts to expand the number of board-certified EPs.	Congressional Affairs Director	No
		Review EM residency program locations and work with AAMC to determine which states have the lowest resident to population ratios.	EM Practice Department/Academic Affairs	Yes
		Meet with CMS' GME staff to share findings and advocate for EM residency positions (using information from MA experience and recent ER and hospital closures).	Multiple Regulatory	Yes
Patient-Centered Outcomes Research	6301	Promote the need for additional emergency physicians with external communication tools.	Public Relations	Yes
		Work with Congress to enact legislation to increase overall number of residency slots.	Multiple including legislation	No
Administrative Simplification	1104	Put forward ACEP nominees for Board of Governors, relevant ad hoc expert advisory panels.	EM Practice Department/Academic Affairs	Yes
		Work with Hart to meet with relevant NIH, AHRQ individuals.	Hart Health Strategies-Regulatory staff	Yes
		Work with HPA and Hart to analyze new process and develop ACEP strategy.	Hart Health Strategies-Regulatory staff	Yes
		Formulate and support ACEP positions regarding research priorities via ACEP Research and Quality & Performance Committees.	Multiple Regulatory	Yes
		Share ACEP's clinical guidelines (policies) with federal research staff.	EM Practice Department/Academic Affairs	Yes
Extension of Medical Malpractice Coverage to Free Clinics	10608	Continue to support member and staff involvement in HIT initiatives and standards development.	Quality/HIT Director	Yes
		Monitor compliance by health plans.	EM Practice /Academic Affairs/Reimburse	Yes
Establishment of the Center for Medicare and Medicaid Innovation	3021	Identify as priority for emergency medicine in congressional "Dear Colleague" letter addressed to Secretary of HHS and seek support by Members of Congress for Dear Colleague letter.	Congressional Affairs Director	No
		Urge Congress to enact legislation to provide Federal Tort Claims Act liability protections to physicians providing EMTALA-related services.	Congressional Affairs Director	No
Establishment of the Center for Medicare and Medicaid Innovation	3021	Track policy discussions of the content and timing of Innovation Center projects via meetings with local policy experts (National Health Policy Forum, Brookings, Center for Health Systems Change, Alliance for Health Reform, etc.).	Multiple Regulatory	Yes
		Meet with CMS staff to propose a role for tracking ER use in pilot projects with identified high need patients to improve patient outcome, quality, and cost. May include Medicare, Medicaid, or CHIP populations and include coordination across care sites and numerous health care providers.	Multiple Regulatory	Yes

Hospital Readmissions Reduction Program	3025	Publicize the provision to ACEP members.	Communications Director	
		Meet with AHA, Federation and hospitalists to share ideas on ways to reduce readmissions.	Multiple Regulatory	Yes
		Consult ACEP experts (including members from the Integration and Episode Task Forces) to assist us in providing informal guidance to members on getting involved with their hospital's effort.	EM Practice /Academic Affairs/Reimburse	Yes
		Track member experiences with their hospitals to develop best practices for EM and/or share experiences to avoid.	EM Practice /Academic Affairs/Reimburse	Yes
Hospital Value-based purchasing	3001	Ensure ED throughput measures are included in value-based purchasing program, and define ACEP policy goal regarding use of data from the measures.	Multiple Regulatory	Yes
		Support adoption of all appropriate ED throughput measures for hospital quality reporting and value-based purchasing, including comments on proposed rules relating to measure selection.	Multiple Regulatory	Yes
		Work with other emergency medicine specialties; CMS to ensure other measures in the program that impact emergency medicine are appropriate.	Multiple Regulatory	Yes
Medicaid Emergency Psychiatric Demonstration Project	2707	Identify states/hospitals selected to participate in the 5-year demonstration to allow Medicaid payment to private psych hospitals for emergency patients.	Multiple Regulatory	Yes
		Publicize and educate members in the selected localities about the demo and encourage their cooperation to improve timely psychiatric transfers and reduce boarding.	Communications Director	Yes
		Track evaluation efforts and advocate for continuation/expansion of demo or enabling legislation post 2013. Promote relevant results with external communication tools.	Congressional Affairs Director	No
Design and Implementation of Regionalized Systems for Emergency Care/Support for Emergency Medicine Research.	3504	Identify as priority for emergency medicine in congressional "Dear Colleague" letter addressed to Secretary of HHS and seek support by Members of Congress for Dear Colleague letter.	Congressional Affairs Director	
		Ensure fully authorized amount of federal funding (\$120 million/FY10-14) is directly or indirectly appropriated by Congress.	Congressional Affairs Director	No
		Offer to assist ASPR with development of pilot project parameters and metrics.	Quality/HIT Director	Yes
		Offer to assist states/Indian tribes with development of regional emergency care grant proposals. Possibly have ACEP develop "model" regional emergency care programs.	Multiple Regulatory	Yes
		Maintain regular communications with ASPR on progress of pilot projects, including stages of planning, approval, dissemination of grant funds and evaluation.	Multiple Regulatory	Yes
		Work with grant recipients and state ACEP chapters to help effectively implement regional pilot projects.	Chapter State Relations	Yes
		Ensure physician inclusion in medical aspects of regional triage, transportation and treatment protocols.	Multiple Regulatory	Yes
		Utilize data collected on capacity (inpatient/ED/trauma center), on-call coverage and ambulance diversions to advocate for federal legislation to address these patient access issues, if necessary.	Congressional Affairs Director	No
Design and Implementation of Regionalized Systems for Emergency Care/Support for Emergency Medicine Research. (Part Two)	3504 (con't)	Identify as priority for emergency medicine in congressional "Dear Colleague" letter addressed to Secretary of HHS and seek support by Members of Congress for Dear Colleague letter.	Congressional Affairs Director	
		Secure congressional appropriations (FY10-14) to help facilitate expansion and acceleration of emergency medicine research.	Congressional Affairs Director	No
		Work with Department of HHS, NIH, AHRQ, HRSA, CDC, and other relevant federal agencies that conduct emergency medicine research to identify priorities in emergency medicine and pediatric emergency medicine.	Multiple Regulatory	No
		Ensure appropriate strategies are supported through the appropriations and authorization processes.	Congressional Affairs Director	Yes
U.S. Public Health Sciences Track	5315	Review implementing rules and timeframe for the Surgeon General to select medical and health sciences schools for new tracks.	Multiple Regulatory	Yes
		Publicize the opportunities for this track and student loan forgiveness in return for serving in the PHS Commissioned Corps via EMRA and residency directors.	Multiple Regulatory	Yes
		Educate current members regarding CME, advanced training, and faculty opportunities to be established through these tracks.	Multiple Regulatory	Yes

Medicare Federally Qualified Health Center Improvements	5502	Continue to meet with CMS and HRSA’s Bureau of Community Health Services to explore opportunities to implement our earlier proposal to assess the recently completed \$50m grant program to FQHCs to divert Medicaid patients from ERs. If federal funding is available, develop models for improved clinical and logistical information sharing. Track development of PPS system. The system will increase payments to FQHCs with the goal of improving primary care service availability for the more than 1200 Centers, creating a greater need for coordination with area ERs. Publicize to members the expansion and increased payment for FQHCs in their areas.	Multiple Regulatory	Yes
			EM Practice /Academic Affairs/Reimburse	Yes
			Multiple Regulatory	Yes
			Communications Director	Yes
Public Health Workforce Recruitment and Retention Programs	5204	Ensure fully authorized amount of federal funding (\$120 million/FY10-14) is directly or indirectly appropriated by Congress. Advocate for funding for FY 2011 and beyond.	Congressional Affairs Director	No
			Congressional Affairs Director	No
National strategy to improve healthcare quality	3011	Participate via ACEP Quality and Performance Committee in panels and comment processes established and/or convened by the NQF. Work with AMA-PCPI, emergency medicine specialties, and appropriate government agencies to help shape priorities appropriate for emergency medicine in both quality improvement and the use of health IT. Identify opportunities to participate as appropriate in the “transparent collaborative process” the Secretary is required to use in developing the national strategy.	Quality/HIT Director	
			Quality/HIT Director	Yes
			Quality/HIT Director	Yes
Quality Measurement/Data collection; public reporting/(Medicaid) Adult Health Quality measures (new)	3014/3015/2701	Participate via ACEP Quality and Performance Committee in panels and comment processes established and/or convened by the NQF, including the pre-rulemaking multistakeholder process that NQF is to convene to identify which measures are to be used by Medicare (for PQRI, hospitals, and other providers). Work with AMA-PCPI, emergency medicine specialties, and appropriate government agencies to help shape priorities, quality measures appropriate for emergency medicine, including identifying gaps in measures, and measure development for children as well as adults to be funded by AHRQ and CMS. Identify CMS staff working on Medicaid Quality measure development to determine if measures will include ED use. Work with CMS on the physician resource use reporting program to ensure fair treatment and attribution for emergency medicine.	Quality/HIT Director	Yes
			Multiple Regulatory	Yes
			Multiple Regulatory	Yes
			Multiple Regulatory	Yes
Payments to Primary Care Physicians	1202	Urge Congress to enact legislation to expand eligibility of this program to emergency physicians providing E&M services (current law only applies to physicians with primary care specialty designations). Develop legislative language to modify provision accordingly. Seek sponsors to introduce legislation and seek support of Members of Congress for legislation.	Congressional Affairs Director	