



FROM THE PRESIDENT

MIPS, the new PQRS

by David Friedenson, M.D. FACEP

2017 rolls out a host of new pay for performance measures. Historically, Emergency Physicians have been limited in their ability to participate in pay for performance and have been left behind in the fee for service world, held hostage to our hospital systems' dated and user unfriendly EHRs. We are criticized for our costs, while actually being the most efficient piece of the health care delivery system.

While we as a specialty have been working on real quality changes, CMS has been a little slow on the uptake. Over

the last couple of years as a specialty, we've decreased inappropriate CT utilization; we're decreasing excessive opiate prescriptions in the ED-opting for novel pain management techniques such as trigger point injections and Lidocaine for kidney

stones, and changed the course of sepsis care, drastically improving survival in the sickest patients who show up at our doors. This coming year, PQRS changes to MIPS and things are changing as 2017 marks the new world of CMS pay for performance in the emergency department.

Out with the old and in with the new; since we do certain things really well like performing EKGs on patients with chest pain and saving lives through sepsis bundles, CMS is eliminating the EKG measure and came up with a few new measures for us to learn. This year's big additional measures come in the form of utilization control.

Decreasing costs and radiation exposure to our patients is the goal. You'll need to make sure patients have an appropriate indication prior to ordering a CT scan of the head for minor blunt head trauma. The nice thing is, unlike the last time they tried to have us order fewer CTs, this measure actually makes sense. When patients have an indication, you should order the CT. However, when they don't, you shouldn't let a patient talk you into getting one done. The list of indications matches some good decision rules such as PCARN for kids and are more liberal with inclusion criteria than the Canadian CT rule for adults. So they're not asking you to hold back on appropriate utilization but just don't order them 'because'.

The next new measure deals with antibiotic stewardship. Basically, CMS is asking that we prescribe only topical antibiotics for otitis externa and that we prescribe no antibiotics for presumably viral infections. Not bad rules and we now have the government's backing when having those shared decision making discussions with our patients.

The next one is the infamous blood pressure measure that most of us have figured out how to conquer—so keep on trucking on with that one.

Finally, there are the pregnancy measures. We all know we see lots of pregnant Medicare patients so it's important you're perfect with this one in case you do see one of the few patients who qualify for the ultrasound in pregnancy with abdominal pain or bleeding and the Rhogam for women at risk measures.

CMS didn't quite get the specifications completed in time for the New Year so more details will be forthcoming but for now, those are the measures that have been fully vetted.



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EPIC

Colorado Chapter
American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE

"The mission of the Colorado Chapter, American College of Emergency Physicians is to serve as the primary organization in the State of Colorado representing the specialty of Emergency Medicine, promoting the interests and values of emergency physicians and patients by giving physicians the tools to support the highest quality of emergency medical care."

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In addition to quality reporting, Emergency Physicians will have to report new advancing care information and practice improvement measures this year. These two components replace HER meaningful use which we've gotten a pass on in the past. Some of those measures are actually good patient centered measures such as using the CORHIO and PDMP, letting PCPs know that you saw their patients and for what, or reporting to public health databases, all of which many of us are already doing.

It will be a little more work to report successfully this year but the measures are starting to be reasonable attempts to appropriately control costs and limit unnecessary testing and treating. CMS also gives you an out this year if you just want to avoid a penalty and not shoot for the stars, you can report "something" for 90 days instead of all for a year. More to come in January.

See you at the Annual Meeting. ■

JOIN US

ANNUAL MEETING

DENVER
CHOPHOUSE & BREWERY

January 18, 2017 • 12:00 noon
Denver ChopHouse
1735 19th Street • Suite 100
Denver, CO 80202

See You There!





2017 Colorado ACEP Board of Directors Elections

Gain new perspectives on emergency medicine! Nominations are now being accepted for Colorado ACEP Board of Director Positions.

If you are interested in serving on the Colorado ACEP Board of Directors or would like to nominate someone please contact Barb Burgess at the Colorado Chapter office. Candidates must complete the Board Candidate Data Sheet (Download the Board Nomination Form [HERE](#). Return Board Nomination Form and CV to Colorado ACEP by December 31. In your candidate statement you may comment on any ACEP issues, plans or ideas for the Chapter.

Four positions are available on the Colorado ACEP Board of Directors beginning January 18, 2017. As per the Colorado ACEP Bylaws: Section 3. Terms: Elected directors shall serve a term of two (2) years and may serve no more than 2 consecutive terms. Resident representative term will be for one (1) year. Terms shall begin at the end of the annual meeting. Terms of office shall be staggered in such a fashion so that Board vacancies occur annually. [E](#)

Nominate Your Colleagues

**Award Nominations are now
being accepted**



**This is your opportunity to recognize those individuals who have made significant contributions to the profession and ACEP.
Awards will be given at the Annual Meeting.**

[CLICK HERE](#)

October 14 & 15, 2016 • Las Vegas

2016 ACEP Council Report

By Doug Hill, DO, FACEP



Board Officer Elections. Paul Kivela, MD, FACEP (California) was elected President-elect of the American College of Emergency Physicians. John Rogers, MD, FACEP (Georgia) was elected Chairman of Board, Bill Jaques, MD, FACEP (Maryland) elected Vice-President, and Vidor Friedman, MD, FACEP (Florida) was elected Secretary-Treasurer.

Board of Directors Elections.

Incumbents James Augustine, MD, FACEP (Ohio) and Debra Perina, MD, FACEP (Virginia) were reelected to their 2nd three-year terms, and Kevin Klauer, DO, FACEP (Ohio) and Gillian Schmitz, MD, FACEP (Government Services) were elected to their 1st terms.

Resolutions. There were some recurring themes present in this years' resolutions and the following four issues are summaries of the several

individual resolutions that were passed addressing these. Included were:

1. Free Standing Emergency Centers
2. Ultrasound
3. Substance Abuse and Opioids
4. Psychiatry and Behavioral Health Issues

FSECs: explore minimum accreditation standards and serve as the accrediting (not licensing) entity; lobby MedPAC & CMC that all FSECs be subject to same regulations and payment schedule for technical care and suggest AMA also join the lobbying effort; develop an information paper analyzing use of FSECs to maintain access to emergency care where Critical Access and Rural Hospitals have closed or in process of closing.

Ultrasound: develop a statement declaring insurance companies must

reimburse emergency physicians for these services and support efforts to appeal denials; oppose exclusive imaging contracts limiting EM ultrasound and support those who face opposition from those that hold such contracts.

Substance Abuse and Opioids: develop guidelines and provide educational resources for harm reduction strategies and transitioning substance use disorder patients to long-term treatment; review evidence on ED initiated treatment of patients with substance use disorders and support novel induction programs; seek reimbursement for counseling on safe opioid use, reversal agent instructions, and drug abuse counseling, and develop a toolkit and education for implementation; support training and equipping all first responders in the use of Nasal Spray Naloxone, pharmacists

CO ACEP Councillors in Action



2016 ACEP Council Report cont.

to dispense naloxone without Rx; develop a comprehensive policy on prevention and treatment of opioid use disorder epidemic including innovative treatment.

Psychiatry and Behavioral Health: develop throughput quality data measures and dashboard reporting for behavioral patients in the ED, endorse integration of a dashboard for reporting and tracking of those patients in the ED, communicating the impact of boarded behavioral health patients, collaborate with all appropriate health-care and government stakeholders; partner with the American Psychiatric Association and others to develop model practices such as bed capacity, alternatives to ED evaluations, reducing LOS for mental health patients; develop best practices to reduce mental health visits, boarding, and improve overall care of these patients.

Other resolutions that were passed by the Council included such topics as: assuring safe and effective care for patients by senior/late career physicians; encouraging diversity in EM; studying and influencing the impact of narrow networks; opposing CMS mandated treatment expectations; supporting 24/7/365 availability of hyperbaric medicine; studying the moral and ethical responsibilities of the EP in the context of court-ordered collection of forensic evidence; and supporting the transition of military medics integrating into civilian EMS.

Resolutions referred to the Board were those opposing required high stakes

examinations for MOC; national decriminalization of small amounts of marijuana; emergency medical treatment of marijuana intoxication; collaboration with non-medical entities on quality and standards; and the insurance collection of beneficiary deductibles.

Honorary Membership Award.

Colorado ACEP would like to acknowledge and congratulate Barb Burgess, our Executive Director, in receiving the esteemed American College of Emergency Physicians' Honorary Membership Award! Her service to Colorado ACEP for the past 21 years has been exemplary and has included maintaining a consistent leadership role in the chapter, as well a resource as an institutional memory; innovating such programs as lobbyist support and a small donor committee to help guide our legislative initiatives; continuing education activities such as our Fall CME Program and the Summer Rocky Mountain Trauma and EM Conference; and developing our chapter's Member Awards Program. Barb exemplifies the Values of Emergency Care in Colorado by representing the specialty of Emergency Medicine in the state,

promoting the interests and values of emergency physicians and their patients, and supporting quality emergency medical care. The award was presented to Barb at the President's Award Banquet and she made us extremely proud with her presence and acceptance remarks. Congratulations from all emergency physicians in Colorado!

Councillors. Lastly, we would like to acknowledge this years' councillors and alternates who represented Colorado ACEP. They were Nathaniel Hibb, DO,



Barb Burgess, COACEP Executive Director, receiving Honorary Membership Award.

FACEP; Douglas Hill, DO, FACEP; Kevin McGarvey, MD, FACEP; Carla Murphy, DO, FACEP; Eric Olsen, MD, FACEP; Lee Shockley, MD, FACEP; and James Thompson, MD, FACEP. Thank you for your service to the Chapter, the College, and to the Specialty of Emergency Medicine. ■

JOIN US

UPCOMING COLORADO ACEP MEETINGS

- January 18, 2017 – Annual Meeting at Denver ChopHouse
- March 22, 2017
- May 17, 2017
- July 19, 2017
- September 20, 2017
- November 15, 2017

All meeting will be held at COPIC/Colorado Medical Society Offices located at 7351 Lowry Blvd., Denver, CO unless noted otherwise. Meetings start at 12:00 noon.

Denver Health Emergency Medicine Residency: Dr. Zach Jarou

As residents, we are continuously confronted with different views of emergency medicine and how it should be practiced. The perspectives come from our attendings, our hospital administration, our fellow residents and peers, and even our patients. Every now and then, there are a few individuals that are compelled to address and promote our experiences on a national level. Dr. Zach Jarou, a third year resident at Denver Health, is doing just that. He has been involved with the Emergency Medicine Residents' Association (EMRA) since medical school and was recently elected to be the next President of EMRA. We want to take the time to highlight him and his accomplishments as well as delve into what plans he has in store for emergency medicine residents and emergency medicine in general over the next few years.

Here is our conversation:

Cara Bergamo (CB): Tell me a little about yourself.

Zach Jarou (ZJ): I was born in Flint, Michigan, went to undergrad and medical school at Michigan State (Go Green!), and now I'm a third year resident at the best emergency medicine training program in the world.

CB: Why EM?

ZJ: As a medical student rotating in the emergency department, I was amazed by the breadth of skills and knowledge that one must have to expertly navigate "the most interesting 15 minutes of every other specialty." I also liked the social mission of the specialty - "anyone, anything, anytime."

CB: What inspired you to become involved with EMRA on a national level?

ZJ: I've always been the sort to get involved with things bigger than myself. I was chair of Michigan State's EMIG



"The role of president
is to have a vision
and be the voice."

- Dr. Zach Jarou

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Residents' Corner cont.

when a student from the University of Arkansas e-mailed me about joining some “residents association,” which seemed like they might have my graduation date mixed up given that I was still a couple years from earning the “MD” after my name. But I checked out EMRA.org, learned about the amazing opportunities available for students, residents, fellows, and alumni; and since joining, being an EMRA member and leader has benefitted me enormously both personally and professionally.

CB: What are your goals as President-Elect of EMRA?

ZJ: The EMRA Presidency is a three-year gig, one as president-elect, one as president, one as immediate past. Since I've already been on the EMRA Board as Medical Student Council Chair and Membership Coordinator, I'm fortunate to be able to hit the ground running. My personal development goals are to become a more deliberate communicator, a more comfortable delegator, and a more captivating speaker. The President-Elect also serves as Editor of EMRA's monthly “What's Up in Emergency Medicine” newsletter and oversees EMRA's 17 committees & divisions.

CB: How will those change as President of EMRA?

ZJ: The role of president is to have a vision and be the voice. EMRA has a three-year strategic plan that was developed by the board elected by the EMRA Representative Council. We are currently working on re-vamping EMRA.org, continuing

to develop EMRA Match, creating new and unique in-person experiences at national conferences, encouraging resident wellness, increasing Diversity & Inclusion in emergency medicine, and so much more. We'll see what remains to be finished and what new opportunities present themselves over the upcoming year. I am lucky to follow in the footsteps of some amazing leaders.

CB: What message, if any, do you have for the Colorado ACEP members about the state of EM residencies and residents nationwide?

ZJ: To all who came before us, thank you for paving the way for my generation to seamlessly step into a well-established, well-respected, purposeful medical specialty. As ACEP gears up to celebrate its 50th anniversary in 2018, I'm looking forward to what my young physician colleagues will accomplish over the next 50 years!

CB: What do you like to do in your free time?

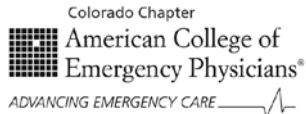
ZJ: In my very limited free time, I enjoy traveling, binge watching Hulu/Netflix, and searching for amazing sour/hoppy beers!

CB: Don't we all. Thank you so much!

ZJ: My pleasure! 

2017 Legislative Reception

Co-Sponsored by



The Colorado Radiological Society, Colorado Society of Anesthesiologists, and the Colorado Chapter American College of Emergency Physicians, cordially invite you to attend a Legislative Reception

**Wednesday, February 1, 2017
5:00pm - 6:30pm**

The Art Hotel
1201 Broadway
Denver, CO 80203
Grand Colonnade Room

RSVP requested by January 18, 2017
Email - Carol@goddardassociates.com

Regards from Society Presidents

Richard Sharpe, MD
Colorado Radiological Society

Daniel Janik, MD
Colorado Society of Anesthesiologists

David Friedenson, MD, FACEP
Colorado Chapter American College of Emergency Physicians



2017 Expected Legislation for Colorado ACEP

By Suzanne Hamilton

The list of 2017 legislative proposals is already lengthy. Below is a general categorization of what is expected to be debated in the 2017 Legislative Session which begins at 10:00 AM on Wednesday, January 11th.

Since the Colorado health care system is not an alignment of, but a mirror image of the Affordable Care Act, should the new Republican-controlled federal government repeal the ACA or any portion thereof, Colorado will need to make state statutory changes. Medicaid is expected to move to a block grant program. The 2017 session has not yet started and there are already rumors of a Special Legislative Session next fall focused on restructuring the health care system in our state. The Colorado Cost Commission submitted its' recommendations to the Governor and legislature on November 16, 2016. To download this report,

[CLICK HERE](#)

The Colorado Hospital Association will attempt to exempt the Hospital Provider Fee from TABOR limits by transforming it into an Enterprise. This will be the third attempt at this proposal. The Governor's balanced budget proposal is based on capping the fee at \$195 million. This transformation has a difficult road ahead of it, but may gain support should the federal government indicate that the Medicaid expansion will be sustained.

The Mental Health Task Force has continued to meet and is struggling to put forth recommendations to improve the M-1 Hold process. Legislators are hesitant to remove jails as an option for persons on an M-1 Hold because there is no viable alternative. The Task Force will meet twice in December and is expected to finalize its recommendations. There are at least 9 proposals on the table. To review the activity of the Task Force,

[CLICK HERE](#)

There are multiple groups looking into curbing substance abuse, some focusing on opioid abuse in particular. The Department of Regulatory Agencies is doing an agency wide review of their opioid related policies. In addition, Senator Jahn is holding a stakeholder meeting in early December in an attempt to tackle this issue.



Since the Colorado health care system is not an alignment of, but a mirror image of the Affordable Care Act, should the new Republican-controlled federal government repeal the ACA or any portion thereof, Colorado will need to make state statutory changes.

Colorado ACEP will be closely involved with numerous issues including physician reimbursement under Medicaid, an appropriate resolution to the out-of-network provider issue, addressing the appropriate utilization and costs associated with FSEDs as well as other health insurance reforms. David Freidenson, MD, FACEP, President of Colorado ACEP, has been very involved in developing policy and working collaboratively with the Colorado Medical Society and other physician specialty organizations to address these and other matters. We expect to have a full slate of bills for which Colorado ACEP members will need to communicate with their local legislators.

With the passage of proposition 106 (medical aid in dying) some statutory clarification will likely be necessary. The Board of Medicine has already repealed their Rule addressing this issue so that physicians are not in violation when the proposition is deemed effective. They will

2017 Legislative Session begins at 10:00 AM on Wednesday, January 11th.

consider new rules at their February Board meeting. The Hospice community is seeking clarification, specifically regarding the requirement that the death certificate of an individual who uses the medication be signed by the primary physician or hospice medical director and must list the underlying terminal illness as the cause of death. COPIC is quickly navigating the differences between the Oregon and Colorado language and taking appropriate action on behalf of physicians choosing to participate in this voluntary prescribing of lethal medication to terminally ill patients. Additionally, the Colorado Hospital Association is seeking clarification about a facility's options to participate or not to participate.

Drs. Nathaniel Hibbs and Paul Davidson have been representing Colorado ACEP at a series of stakeholder meetings convened by Senator Kefalas to address various concerns being raised about the rapid growth of free

standing emergency departments in Colorado and the costs of care associated there to. We can expect to see several of the proposals from past sessions addressing signage and patient disclosures. Adequate provider networks, certificate of need requirements, an emphasis on dual-track systems (urgent care/emergent care,) the regulation of facility fees and a moratorium on FSEDs pending a new state licensing scheme are some of the proposals on the table.

Additionally, several scope of practice proposals are anticipated, including expanding the scope of naturopaths to include limited prescriptive authority and removing the articulated plan as a requirement for advanced practice nurses to practice independently. There is an effort underway which would require criminal background checks performed by the Colorado Bureau of Investigations for physicians (and other health care providers) upon an application for licensure or the renewal of a license. This will have a significant fiscal impact on the budget. Early estimates range from \$3 million to \$5 million. The CBI estimates conducting an additional 40,000 background checks per year.

At the time of this writing we have yet to reach the deadline for legislators to file their first of five bill titles. If the above referenced list of anticipated legislative proposals is any indication, Colorado ACEP members can expect a busy legislative year. **E**

2016 ELECTION UPDATE for Colorado ACEP

By Suzanne Hamilton, Lobbyist for Colorado ACEP

After a long and grueling election cycle, Colorado ACEP is well positioned with the new Colorado Legislature. Colorado ACEP was involved in 54 of the contested races, losing only one.

Federal Elections

The state will send its entire congressional delegation back to Washington. The U.S. Senate race was won by the incumbent – Senator Michael Bennet – but he was held under 49%. The closest House race, Congressional District 6 – the Aurora based seat held by Representative Mike Coffman – didn't turn out to be the close race that was anticipated. Representative Coffman beat State Senator Morgan Carroll by a margin of 52% to 43%. In Western Colorado, Scott Tipton easily won reelection over former State Senator Gail Schwartz by a margin of 55% to 41%.

State Senate

Republicans continue their 18-17 control of the State Senate. There will be only two brand-new faces in the Senate, Democrat Stephen Fenberg from Boulder County and Republican Jim Smallwood of Douglas County. Seven House members are moving to the Senate chambers, including Democrats Lois Court, Rhonda Fields, Daniel Kagan, Dominick Moreno and Angela Williams. Republican Kevin Priola is making the move, as is Bob Gardner, a former House member who's been out of the Capitol for a couple of years.

There were three high profile State Senate races:

- In Jefferson County, former Senator Rachel Zenzinger (D) beat incumbent Senator Laura Woods (R) by just over 1,000 votes.

Legislative News cont.

- In Adams County, Representative Kevin Priola (R) beat former Representative Jenise May (D) by a 54% to 46% margin.
- In Arapahoe County, Representative Daniel Kagan (D) beat Nancy Doty (R), 53% to 47%.

State House

The Democrats will hold the House and increase their margin by picking up three seats for a 37-28 majority.

Three Republican incumbents lost:

- In Southwest Colorado, Rep. J. Paul Brown (R) lost to Barbara McLachlan (D) in a slim margin of 49% to 50%.
- In Adams County, Rep. JoAnn Windholz (R) lost to Dafna Michelson Jenet (D), 48% to 52%.
- In Colorado Springs, in a seat that “flips” in every recent election, did this year with Rep. Kit Roupe (R) losing to former Rep. Tony Exum (D), 42% to 49%.

There are 20 newly elected members to the 65-member House of Representatives. Two of them do have a head start: Democrat Tony Exum and Republican Larry Liston, both of Colorado Springs, previously served in the chamber.

New House members are:

Democrats -

Adrienne Benavidez
(District 32)
Jeff Bridges (District 3)
James Coleman (District 7)
Matt Gray (District 32)
Chris Hansen (District 6)
Leslie Herod (District 8)
Edie Hooton (District 10)
Dominique Jackson (District 42)
Dafna Jenet (District 30)

Chris Kennedy (District 23)

Barbara McLachlan (District 59)

Donald Valdez (District 62)

Mike Weissman (District 36)

Republicans -

Susan Beckman (District 38)
Phil Covarrubias (District 56)
Kimmi Lewis (District 64)
Hugh McKean (District 51)
Dave Williams (District 15)

Leadership Elections

The legislative caucuses met the Thursday after the elections to elect leadership and the legislative Joint Budget Committee members (which again will have a split of three members of each party and began meeting on November 14th.)

House Democrats

Speaker - Crisanta Duran
Majority Leader - K. C. Becker
Assistant Majority Leader
- Alec Garnett
Caucus Chair - Daneya Esgar
Assistant Caucus Chair
- Jeni Arndt
Whip - Brittany Pettersen
Deputy Whip - Jovan Melton
JBC - Millie Hamner
JBC - Dave Young

House Republicans

Minority Leader - Patrick Neville
Assistant Minority Leader
- Cole Wist
JBC - Bob Rankin
Caucus Chair - Lori Saine
Minority Whip - Perry Buck

Senate Republicans

President - Kevin Grantham
President Pro Temp
- Jerry Sonnenberg
Majority Leader - Chris Holbert
Assistant Majority Leader
- Ray Scott
Caucus Chair - Vicki Marble
Whip - John Cooke
JBC - Kent Lambert
JBC - Kevin Lundberg

Senate Democrats

Minority Leader
- Lucia Guzman
Assistant Minority Leader
- Leroy Garcia
Caucus Chair - Lois Court
Minority Whip - Michael Merrifield
JBC - Dominick Moreno

Ballot Measures

A number of initiatives passed:

- Amendment 70 – increase in the minimum wage
- Amendment 71 – “raise the bar” for future constitutional changes
- Proposition 106 – medical aid in dying
- Proposition 107 – establishing an open presidential primary
- Proposition 108 – allowing unaffiliated voters to vote in primaries

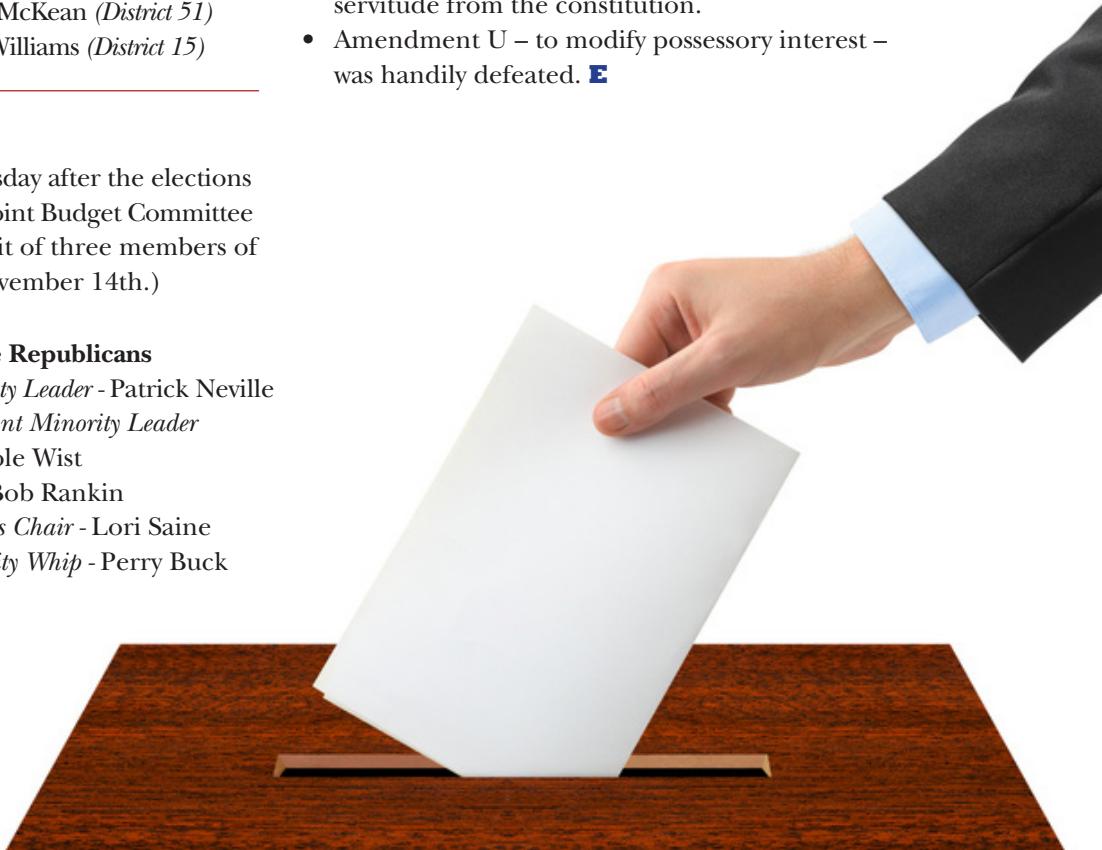
Two initiatives failed:

- Amendment 69 - single payer health care was resoundingly defeated by an 80-20 margin.
- Amendment 72 - the effort to raise the state’s tobacco tax failed.

Referenda:

The two referenda on this year’s ballot both failed:

- Amendment T – to eliminate references to involuntary servitude from the constitution.
- Amendment U – to modify possessory interest – was handily defeated. ■



Update on Free Standing Emergency Departments (FSED) in Colorado

By Nathaniel Hibbs, DO, MS, FACEP

Over the past 2 years we have seen a tremendous growth in the number of FSEDs in the state of Colorado. As of 9/1/16, Colorado had 40 designated Community Clinics and Emergency Centers (CCECs) nearly all of which are FSEDs. Fifteen of these FSEDs are affiliated with specific hospitals and there were 7 who's licenses were pending. There are two separate models of FSEDs currently operating with expected inter-facility variation: the standard FSED and the dual track model of Urgent Care/ED.

With this growth has come increased scrutiny from many groups including consumer advocates, insurers, and legislators. The biggest area of concern revolves around cost and consumer protection. We have all heard or read about "surprise bills" that patients have received from their visit to the an FSED and this has become a primary driver for legislative change.

Currently there are several groups working on developing legislation for the regulation of FSEDs. The following are several possibilities that may be submitted in various forms of legislation:

- Reinstatement of the Certificate of Need (CON) requirement. This requires a governmental agency to approve the creation of new healthcare facility. These programs can have a scope that is broad or narrow. There is discussion of CONs for both FSEDs and hospitals.¹
- Instituting a moratorium on the creation of new FSEDs to allow the state to determine the impact of FSEDs on the community
- Possible creation of new CPT codes for FSED visits which would reduce current payments (this has already been instituted in Arizona)²

- Encourage creation of dual track (UC/ED) facilities through state grants or extra funding
- Limiting facility fees allowed by FSEDs
- Institution of public education campaigns directed towards consumers trying to differentiate services and costs between UC,s FSEDs, and hospital based EDs.

We will learn the direction of legislation in the next month.

We have all heard or read about "surprise bills" that patients have received from their visit to the an FSED and this has become a primary driver for legislative change.

If you have interest in this issue, I would encourage you to contact your local state legislator and volunteer to act as a resource to them when legislation is introduced. Colorado ACEP will keep you updated on this issue and continue to advocate on behalf of all Emergency Physicians in Colorado.

Dr. Hibbs is Medical Director of the Centura Meridian Urgent and Emergent Care Center and member of the CO ACEP Board of Directors

References

1. Sealover, E. (2016, November 14). Hickenlooper considers change that would slow the growth of suburban hospitals. Denver Business Journal. Retrieved from <http://bizjournals.com>
2. AHCCCS. (2016, August 21). AHCCCS Free Standing ED Final Rule. Retrieved from <http://azhha.org>

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