Uninsured Audioconference: EMTALA Anti-Dumping Update

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On-Call Problems & Solutions

Dealing with on-call issues is one of the toughest challenges facing medical staff and hospital leaders.

Tension created by:

- Burden of call obligations
- Direct obligation on hospitals and derivative obligation on physicians
- Ambiguity in law

Burden of Call:

- Increasing number of ED visits;
- Decreasing number of EDs;
- Increasing number of uninsured patients;
- Decreasing reimbursement;
- Increasing malpractice premiums.

EMTALA imposes a direct obligation on hospitals and derivative obligation on physicians. Hospitals must...

- Perform medical screening examinations;
- Provide stabilizing treatment;
- Have reasonable on-call schedule;
- Accept appropriate requests for transfer.

EMTALA imposes a derivative obligation on physicians. Physicians, if on call, must:

- timely respond to ED, and
- sign certification for transfer.

Ambiguity in the law exists because EMTALA does not define, in advance, how hospitals or physicians can meet their obligations.

Limited number of specialists
Category-jumping
Selective privileging

Issue

Limited number of specialists.

There is no three-physician rule.

Hospital must have on-call schedule that meets the needs of its patients.

CMS will apply "all relevant factors" test in deciding compliance.

Relevant factors include:

- Number of physicians
- Other demands on physicians
- Need for service

Bylaws and policies should reflect duty to provide on-call coverage.

Define number of days each physician required to take call.

Don't forget hospital obligation and mission to community.

Issue

Category-jumping.

Allowing physician to escape call by transferring to Courtesy Staff is risky.

Senior Active exception is not prohibited, but it cannot adversely affect patient care.

Revise staff categories so on-call responsibility can be shared by Active, Senior Active and Courtesy Staff members.

Remember to be fair and equitable.

Issue

Selective privileging.

Hospitals should ensure that on-call physicians are granted the privileges they need.

Specialists are probably more competent than ED physician to stabilize patient for transfer.

Decision to allow resignation of core privileges should consider overall effect on department.

Credentialing Policy should outline process for resignation of limited privileges.