

The Emergency Department

A PHYSICIAN'S RESPONSIBILITY TO TREAT PATIENTS

The Emergency Medical Treatment and Labor Act (EMTALA)

EMTALA is a federal law stating that patients coming to an Emergency Department (E.D.) must be stabilized and treated, regardless of their insurance status or ability to pay. Since its enactment in 1986, it has remained an unfunded mandate.

EMERGENCY DEPARTMENTS HAVE THREE MAIN RESPONSIBILITIES UNDER EMTALA:

- 1. All patients must receive a medical screening examination.** Any individual who comes and requests care in the E.D. must receive a medical screening examination to determine whether an emergency medical condition exists. Examination and treatment cannot be delayed to inquire about methods of payment or insurance coverage. E.D.s must also post signs notifying patients and visitors of their rights to a medical screening examination and treatment.
- 2. All patients must be treated or stabilized.** If an emergency medical condition exists, treatment must be provided until the patient is treated or stabilized.
- 3. Specialized hospitals are required to accept transfer patients who need their specialized care.** If the hospital does not have the capability to treat the emergency medical condition, an appropriate transfer of the patient to another hospital must be performed in accordance with the EMTALA provisions.

Prudent Layperson Standard:

For more than 20 years, the prudent layperson standard has served as the basis for determining whether evaluation at an E.D. is justified. This proven health policy in emergency care should continue to be enforced. This standard, included in the Affordable Care Act and the vast majority of state laws, requires that insurance coverage be based on a patient's symptoms, not the final diagnosis.



EXAMPLE: A patient goes to the E.D. with chest pain thinking it may be a heart attack. However, the patient is diagnosed with pleurisy, which is an inflammation of the lining of the lung. The patient should be covered for the visit in its entirety. Unfortunately, some insurance companies deny payment after the fact, making the patient financially responsible for the entire visit. This practice, which creates an environment where patients dangerously self-diagnose and are afraid to seek care, is wrong and should be stopped.

Envision's Commitment

PROVIDING THE HIGHEST QUALITY OF EMERGENCY DEPARTMENT CARE

ENVISION'S COMMITMENT TO PROVIDING THE HIGHEST QUALITY OF E.D. CARE

Envision is a leading national provider of emergency medicine services to hospitals, free-standing emergency care facilities and urgent care facilities. As the nation's healthcare safety net, E.D.s are an essential access point for medical services and a primary source of patient admissions to hospitals and other facilities.



In 2017, Envision's emergency medicine and hospital medicine clinicians treated more than 19.3 million emergency visits.

THE NATION'S HEALTHCARE SAFETY NET

In emergency medicine, our dedication to excellent patient care means we focus on both clinical and operational quality improvements. Patients in the E.D. are typically time sensitive and high risk, and we work to ensure that they get the best care in the quickest, most efficient ways possible.



Training — While Envision employees are comprised of physicians, physician assistants and advanced practice registered nurses, we recognize that providing high-quality care requires a larger team. We support our partners' emergency and hospital medicine nurses through ongoing education, such as leadership and training courses.



Efficient Care — Our Patient Flow Academies use Lean strategies to provide more efficient patient care while providing leadership and teamwork opportunities for clinicians.



Rural Healthcare — Patients in rural areas are entitled to the same standard of care as those living in urban areas. We work hard to place clinicians who best fit with the dynamics of the rural communities they serve, ensuring patients receive high-quality, cost-effective care — regardless of their geographic location. To do this, we make sure the proper infrastructure, including community-focused recruiting and strong local leadership, is in place.



Quality Services — Our Quality Services teams work on-site with partners to implement and sustain operational improvements. For example, evidence-based practices, such as immediately processing patients and our physician in triage model, have been shown to reduce the amount of time it takes for a clinician to see a patient.