On-Call Issue Dominates EMTALA Panel Meeting

BY JENNIFER SILVERMAN

WASHINGTON — On-call emergency care dominated the agenda at the inaugural meeting of the Department of Health and Human Services technical advisory advisory group on the Emergency Medical Treatment and Labor Act.

EMTALA, enacted in 1986 to ensure public access to emergency services regardless of ability to pay, requires hospitals to maintain a list of physicians who are on call to the emergency department. The hospitals have the discretion to maintain these lists in a manner that "best meets the needs" of the hospital's patients.

It’s unrealistic to expect physicians to perform equal partnership functions if they aren’t equal partners.

While the obligation to provide the on-call list falls on the hospital, new liability and other obligations once they agree to take on-call responsibilities. Charlotte Yeh, M.D., an emer gerent physician at the EMTALA debate.

Hospitals cannot force physicians to be on-call, although individual hospital policies may require on-call services as a condition for having privileges, she said. "Factors in issues such as reimbursement, and the physician is asking himself: Why should I do this? And that’s how physicians get into the EMTALA debate." Hospitals testified that their emergency care was suffering due to physicians’ unwillingness to provide on-call services.

It has become increasingly difficult for hospitals to maintain their on-call practices, said Jason W. Nascone, M.D., who testified on behalf of the American Association of Orthopaedic Surgeons and the Orthopaedic Trauma Association.

"But it is unrealistic to expect physicians to work together with hospitals in developing and implementing on-call plans if physicians aren’t included as equal partners with more authority, oversight, and control in the implementation of these plans," Dr. Nascone said. Physician groups urged CMS to adopt an interpretive rule prohibiting hospitals from requiring physicians to provide 24/7 emergency care on-call.

"We support the rule that physicians are not required to be on call at all times, but we fear that this provision doesn’t go far enough to protect on-call physicians from nevertheless being required by hospitals to provide continuous on-call coverage," Alex B. Valadka, M.D., who spoke on behalf of the American Academy of Family Physicians, said.

No recommendations were issued at the meeting, although a subcommittee was formed to address on-call concerns.