

ERs need to focus on integration into new payment models

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Emergency care systems need to focus on integrating into new payment models by promoting efficiency and coordinated care, according to an article published online Jan. 2 in the *Annals of Emergency Medicine*.

(HealthDay)—Emergency care systems need to focus on integrating into new payment models by promoting efficiency and coordinated care, according to an article published online Jan. 2 in the *Annals of Emergency Medicine*.

Shantanu Agrawal, M.D., M.Phil., and Patrick H. Conway, M.D., from the Centers for [Medicare](#) & Medicaid Services (CMS) in Baltimore, analyzed how [emergency](#) care and [emergency department](#) utilization will be affected by shifts away from a fee-for-service health care model toward one that rewards higher value in terms of quality and costs.

The researchers say that, while maintaining their ability to respond to unpredictable emergency situations, emergency departments must be

integrated into an outcome-centered system that improves the health of populations. Diverting minor injuries and illnesses from emergency departments to reduce utilization would reduce a substantial portion of emergency care, but with inconsequential savings. Instead, emergency departments should focus on reducing admissions from intermediate/complex visits and improving overall efficiency in emergency department care, which corresponds with the CMS initiatives and focus areas. Emergency department care should be integrated with newer care and payment models focusing on development of coordinated systems. To promote emergency care integration, emergency physicians should communicate with the broader care team, incorporate foundational technologies such as electronic medical records which will be essential, and understand that a cultural change will be needed to integrate care between the emergency department and broader clinical practice.

"The narrative of diverting patients from emergency department care would damage our role and place us on the margins of health [care](#) innovation," Agrawal and Conway conclude. "The goal must certainly be focusing on complex and emergency cases to improve outcomes while stabilizing or decreasing costs."

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