

TO THE EDITOR:

As the medical director of a Medicaid HMO plan, I have occasion to interact with local emergency department physicians. Mostly, the interaction regards disputes over the appropriateness of our plan denying payment for emergency department (ED) visits. In some cases, the review of the physician reports becomes very time consuming for all of the physicians, quality assurance (QA) nurses, and billing clerks involved in the process. It seemed unusual to me that two physicians from different specialties could disagree so often about whether or not a particular situation is an emergency.

The correct determination of what constitutes an emergency will assume greater importance in the near future as the American College of Emergency Physicians pushes for legislation that requires managed care organizations to pay for ED visits that a prudent layperson would consider an emergency. If there exists such an amount of disagreement between physicians, what would be the consensus of prudent laypersons? In order to gain some insight into this, I reviewed 24 cases that an ED physician thought were emergencies and that were subsequently rejected by our QA nurse because she thought they were not.

I took the case records and asked 10 people (five medical persons and five upper-middle class Caucasian laypersons) if the ED visits were true emergencies. I read to them the subjective part of the report and told them they could ask for any additional information. If they asked for the time of day of the visit (only two did), they were given that information. The ultimate diagnosis was not given.

Data were analyzed comparing the opinions of one ED physician and myself against the opinions of the medical people and lay people. I also compared the opinions of the medical people against those of the lay people.

The results showed there was very little unanimity among the two groups. Out of the 24 cases, there was only one case that all 10 reviewers agreed upon, and that was that the visit was not an emergency. Within each group, unanimity ranged from 0–17%. Personally, I was able to predict the decision of the majority of the medical group 83% of the time. However, I was able to predict the opinion of the lay people only 54% of the time. The ED physician fared worse at 58% and 33%, respectively.

Looking at the cases in terms of either approval or denial of payment, I would have overruled the decision of the QA nurse and approved payment in 15 of 24 cases. Using a majority opinion of lay persons would have resulted in approval in only 8 cases.

I concluded from this that even by selecting a fairly homogeneous group of lay persons, there is a wide variety of opinion on what constitutes an emergency. If I included a wider selection of people, I would expect there may be even greater variety. I also concluded that the ED physicians would do better by me than by this group of lay people. Although the previous exercise employed unscientific methods with a small sample of individuals, it does raise some questions. If the prudent layperson's opinion is to be used to determine payment, which people do we use? Are the managed care organizations going to have a panel of lay people who will review all of the ED visits? Would the ED physicians regret having nonmedical people review medical situations? Doesn't capitating ED visits look better all the time?

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