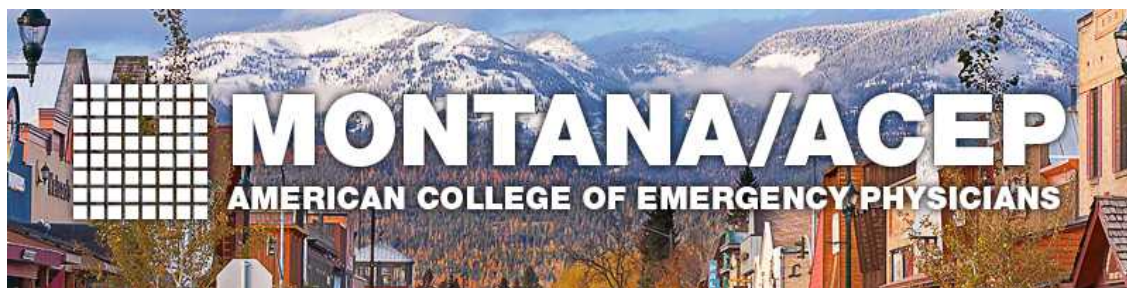


A Newsletter for the Members of the Montana ACEP Chapter



Harry E. Sibold, MD, FACEP  
President

[Adriana Alvarez](#)  
Executive Director  
Phone: (855) 568-1547  
Fax: (972) 767-0056

## Table of Contents

[President's Letter](#)

[Preparing to Give Testimony before State Legislators](#)

[Articles of Interest in Annals of Emergency Medicine](#)

[New Resources from ACEP](#)

[Help Fight to Protect Our Patients Against Anthem's Unlawful Practices](#)

[Upcoming CEDR Webinar](#)

[2018 Leadership & Advocacy Conference](#)

[Don't sit on the Sidelines](#)

[Free Training on Medication-Assisted Treatment](#)

[Become an Accredited Geriatric Emergency Department Today](#)

[Make Change Happen in ACEP](#)

[Learn to Improve Patient Safety, Reduce Costs at One-Day Hospital Flow Conference](#)

## **From the President Harry E. Sibold, MD, FACEP**

### **EpiPens and Summer Preparedness**

As summer approaches and our thoughts turn to the outdoor pursuits we all love in Montana, it is a good time to consider your preparedness. Just today I was reading in the health news that there have been intermittent difficulties getting EpiPens in some areas in the US, as well as Canada and the UK.

If you have a history of allergy or carry an EpiPen, it is a good idea not to wait to the last minute to refill your prescription considering these reports. I have not gotten word of any shortages or acute difficulties in EDs in Montana, but we generally mirror the national trend at some point along the way.

### **Seasonal Flu**

Finally, we are seeing decreases in flu activity across Montana, though there are still pockets of local higher activity. Interestingly the most common type this season, Influenza A H3 is giving way to Influenza B strains in the last several weeks. So, while the flu season is winding down, it doesn't seem to be over yet.

Getting a travel history of patients presenting may be helpful as well. Widespread flu activity (the highest level in CDC reporting) is still noted in the upper east coast states (CT, MA, NY) with many other states and territories showing ongoing elevated regional activity.

### **Emergency Department Returns**

I will admit that I am as frustrated as any of you with the "ED return" as a quality metric. I was interested in the conclusions from a recent article in Health Leaders News though.

They note, "As emergency physicians, we focus primarily on acute care, fixing the most immediate life-threatening problems. Facilitating a safe and effective transition home for patients who do not appear to have a life-threatening problem is also a really critical part of our job that is often overlooked". But often what we see as good news ('your tests are normal', 'your symptoms are not serious or life threatening', etc.) sometimes is perceived as bad news from the patient perspective.

It is the uncertainty of the definitive diagnosis that can trigger anxiety and distress, often leading to repeat ED visits or the unexpected ED return. Sometimes just taking the time to do what we do best...listen, empathize, educate...can be the key to avoiding the early return.

### **Recent Prescribing Change**

One last note: Walmart announced this week that it would restrict initial opioid prescriptions to no more than a 7-day supply. While most of us observe similar limits in our ED prescribing, it is good to be aware of this policy considering the variety of patients we see with acute injuries and

painful ailments. They have also stated that they will be providing a packet for self-disposal of leftover meds at the same time.

## **Preparing to Give Testimony before State Legislators**

### **Harry J. Monroe, Jr.**

#### **Director, Chapter and State Relations, ACEP**

Over the years, I have worked with many lobbyists preparing for upcoming meetings. In some of those instances, the lobbyist would be gathering information to represent us himself in meetings of stakeholders or legislators or staff. In other instances, the legislator was preparing the client to give testimony at a legislative hearing.

In all of these circumstances, every good lobbyist I have worked with has required an answer to this question: what is the argument of the other side? What will our opponent say?

If you do not have a fair answer to that question, then you are not yet prepared to provide your testimony.

Because we tend to live in an environment in which we share our views with people who agree with them, too often we fail to think through the alternative point of view. Thus, insurers are against us, we often state, for example, because they are only in this for the money. They don't care about their "customers," our patients. The bottom line for their shareholders is their only concern.

My point is not that there is not a point to this. However, no insurer is going to arrive at a hearing to explain that, you know, we caught him. He doesn't care about anything but making a buck.

There are no Perry Mason endings at legislative hearings. Insurers don't confess.

The truth is that insurers, wrongly I think most of the time, have their own story, their own rationale, for their policy. We have to understand that story so that we are sure to be able to counter it – and to avoid walking into traps as we tell our own story.

None of this to say that we should have a need to fully explain or defend the insurer's point of view. Quite the contrary, a more typical approach, as appropriate, would be to briefly summarize the opposition's position before pivoting to an explanation as to why it is wrong and how we have a better solution to the problem that the policy maker wants to solve.

That sort of response is a way of showing ourselves to be fair minded and solutions oriented. It is a crucial part of effective state advocacy.

## Articles of Interest in *Annals of Emergency Medicine*

**Sam Shahid, MBBS, MPH**  
**Practice Management Manager, ACEP**

ACEP would like to provide you with very brief synopses of the latest articles in [Annals of Emergency Medicine](#). Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population.

**Kellogg K, Fairbanks RJ.**

***Approaching Fatigue and Error in Emergency Medicine: Narrowing the Gap Between Work as Imagined and Work as Really Done.***

*Annals of Emergency Medicine* – April 2018 ([Epub ahead of print](#))

This is an editorial commenting on an article by Nicolas Perisco and colleagues, "Influence of Shift Duration on Cognitive Performances of Emergency Physicians: A Prospective Cross-Sectional Study." The article reports that there was significant cognitive decline after a 24 hour emergency shift, though not one after a 14 hour shift. The editorial goes on to describe some of the consequences of their finding, for example the fact that any cognitive decline likely also occurs in all emergency workers. They suggest we repeat the study using 8 and 12 hours shifts which are more common in the US.

**Hall MK, Burns K, Carius M, Erickson M, Hall J, Venkatesh A.**

***State of the National Emergency Department Workforce: Who Provides Care Where?***

This is a cross-sectional study that analyzed the Centers for Medicare and Medicaid Services' (CMS) 2014 Provider Utilization and Payment Data Physician and Other Supplier Public Use Files and found that of 58,641 unique EM clinicians, 61.1% were classified as EM physicians, 14.3% as non-EM physicians, and 24.5% as advanced practice providers. Among non-EM physicians categorized as EM clinicians, Family Practice and Internal Medicine predominated. They also found that urban counties had a higher portion of EM physicians compared to rural counties.

**Stiell IG, Clement C M, Lowe M, Sheehan C, Miller J, Armstrong S, Bailey B, Posselwhite K, Langlais J, Ruddy K, Thorne S, Armstrong A, Dain C, Perry JJ, Vaillancourt C.**

***Multicentre Program to Implement the Canadian C-Spine Rule by Emergency Department Triage Nurses.***

This multicentre two-phase study demonstrated that with training and certification, ED triage

nurses can successfully implement the Canadian C-Spine Rule, as reflected by more rapid management of patients, and no missed clinically important spinal injuries.

**Lumba-Brown A, Wright DW, Sarmiento K, Houry D.**

***Emergency Department Implementation of the Centers for Disease Control and Prevention Pediatric Mild Traumatic Brain Injury Guideline Recommendations.***

These are the Centers for Disease Control and Prevention's (CDC) 2018 "Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children," published in JAMA Pediatrics. As the Emergency Department clinicians may be the first healthcare provider to evaluate an injured child they play an important role in the recognition and management of mild traumatic brain injury. The key practice-changing takeaways in these new guidelines include: using validated and age-appropriate post-concussion symptom rating scales to aid in diagnosis and prognosis; and incorporating specific recommendations for counseling at the time of ED discharge.

## **New Resources from ACEP**

The following **policy statements** were recently revised and approved by the ACEP Board of Directors:

- Alcohol Advertising
- Trauma Care Systems

Four **information papers and one resource** were recently created by several ACEP committees:

- Disparities in Emergency Care - Public Health and Injury Prevention Committee
- Empiric and Descriptive Analysis of ACEP Charges of Ethical Violations and Other Misconduct - Ethics Committee
- Fostering Diversity in Emergency Medicine through Mentorship, Sponsorship, and Coaching - Academic Affairs Committee
- The Single Accreditation System - Academic Affairs Committee
- Resources: Opioid Counseling in the Emergency Department - Emergency Medicine Practice Committee

These resources will be available on the new ACEP website when it launches later this month. In the meantime, for a copy of any of the above, please contact [Julie Wassom](#), ACEP's Policy and Practice Coordinator.

## Help Fight to Protect Our Patients Against Anthem's Unlawful Practices

ACEP continues to keep the pressure on Anthem Blue Cross Blue Shield for denying coverage to emergency patients in six states with a [new video campaign](#). More will follow if this effort isn't stopped. Anthem's policy violates the prudent layperson standard, as well as 47 state laws. [Spread the word!](#) #FairCoverage #StopAnthemBCBS



## Upcoming CEDR Quality Measures Webinar on May 8

A review of quality performance measures that are included in CEDR for 2018 reporting. | May 8, 2018 1:00 PM CDT - [Register Today!](#)



## Don't Miss the Premiere Event for Emergency Medicine Advocates and Leaders!

Attendees at the annual [Leadership & Advocacy Conference](#) will advocate for improvements in the practice environment for our specialty and access for our patients. First-timers will receive special training on how to meet and educate your Members of Congress while seasoned participants will build upon valuable Congressional connections. A new "[Solutions Summit](#)" has been added on May 23 where attendees will discover innovative solutions on key topics such as opioids and end-of-life issues that demonstrate emergency medicine's value and leadership. CME credit will be given for the Summit.

### **Confirmed Speakers Include:**

- U.S. Surgeon General Vice Admiral (VADM) Jerome M. Adams, M.D., M.P.H.
- HHS Assistant Secretary for Preparedness and Response Bill Kadlec, MD will be presenting during the Public Policy Town Hall on Emergency Preparedness.
- Amy Walter, National Editor for The Cook Political Report, will offer her predictions for the mid-term elections.
- Senator Bill Cassidy, MD (R-LA)
- Representative Kyrsten Sinema (D-AZ)

[REGISTER TODAY!](#)

## **Not able to attend the LAC18? Now is not the time to sit on the sidelines.**

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts. With the mid-term elections coming up in November and party control of the House and Senate hanging in the balance, now is the perfect time to reach out on the local level to educate your legislators about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter. Visit the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

## **Free Training on Medication-Assisted Treatment**

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. [\*\*Providers Clinical Support System \(PCSS\)\*\*](#) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder.

PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar (Provided twice a month by PCSS partner organization American Osteopathic Academy of Addiction Medicine)

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the [MAT Waiver Training Calendar](#). For more More information on PCSS, [click here](#).

## Become an Accredited Geriatric Emergency Department Today

Recognizing that one size ED care does not fit all, [The Geriatric Emergency Department Accreditation Program](#) (GEDA), was developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter. Become accredited and show the public that your institution is focused on the highest standards of care for your community’s older citizens.

## Make Change Happen in ACEP

The Council meeting is YOUR opportunity to influence the ACEP agenda. If you have a hot topic that you believe ACEP should address, write that resolution! It only takes two members to submit a resolution. [Click here](#) to learn the ins-and-outs of Council Resolutions, and [click here](#) to see submission guidelines. **Deadline is July 1, 2018.** Be the change - submit your resolution today.

## Learn to Improve Patient Safety, Reduce Costs at One-Day Hospital Flow Conference

ACEP is pleased to announce this collaboration between ACEP and the American Hospital Association. Join leaders in hospital flow at the [Innovation Leadership Challenge: Collaborating to Improve Hospital Flow, Save Lives & Reduce Costs Conference](#) to learn about proven innovative processes, tools & insights prior to the AHA Leadership Summit July 25. [Register today](#).





**Montana ACEP Chapter  
c/o National ACEP  
4950 W. Royal Lane  
Irving, Texas 75063-2524**

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