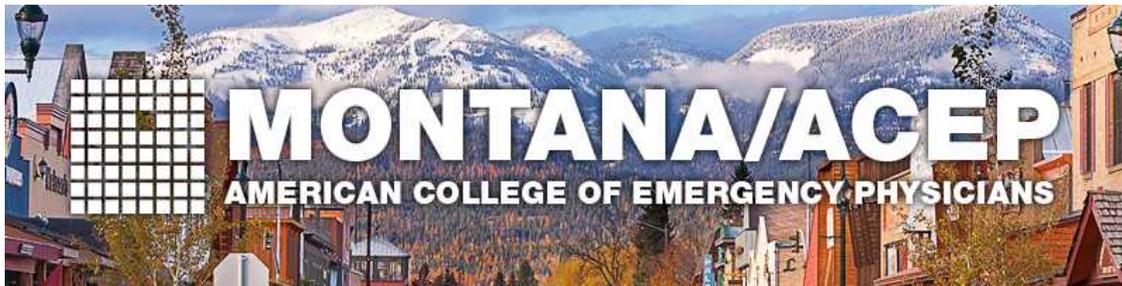


A Newsletter for the Members of the Montana ACEP Chapter



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From the President Harry E. Sibold, MD, FACEP

Summer is Heating Up

As we move toward the end of July, we all can see and feel that things are “heating up”, literally and figuratively. When the temperatures begin to soar, it seems that many things in our emergency world tend to accelerate. As the number of wildland fires has more than doubled in short order, it is inevitable that our air quality will suffer, bringing more children, asthmatics and patients with chronic lung issues to our doors for care. Now that the snow in Montana has retreated (finally), trauma associated with our summer outdoor activities BLAH BLAH BLAH

But not only that! ACEP is “heating up” as we move closer to 2018’s Scientific Assembly (SA) in San Diego. If you haven’t been to SA in a while, this would be a great time to reintroduce yourself to ACEP’s premier conference. San Diego is surely to attract a large attendance, making for a great opportunity to network and share your thoughts and opinions about our specialty. Check it out [here](#).

ACEP Council

There will be a brisk and busy Council Session in the days leading up to [ACEP18](#). The proposed Council resolutions should be publicly available near the end of August. Keep your eyes open for these [here](#). ACEP Council is your deliberative, legislative arm of the College. If any of these proposed ACEP resolutions resonate with you (either positively or negatively), please let me know. These resolutions direct the Board to take specific action or take positions for the future of our specialty. We wish to represent the thoughts and opinions of Montana EM physicians in Council.

Advocacy

Our College is constantly involved in advocacy efforts for emergency medicine. This week alone, this is a list of activities that your ACEP leaders and staff are involved in.

- ACEP sues Anthem in Georgia over controversial emergency care policy
- A new due process bill is introduced that will protect emergency physicians
- <https://www.congress.gov/bill/115th-congress/house-bill/6372>
- New CMS rule on Medicare payments for outpatient services
- Health care hearing on Capitol Hill
- Congressional roundtable discussion on health care price transparency

Are there specific issues that you are confronting in your daily practice that our College should be involved with? If so, our chapter will bring this to ACEP leadership for action.

Around Montana

The Montana Board of Pharmacy continues to work on improvements to the Montana

Prescription Drug Registry (MPDR). Integration into the EHR, cross-state functionality and a simplified user platform are all goals constantly being worked on as the registry matures. Do you have feedback or need more information on the MPDR? Look here: [Montana Prescription Drug Registry](#).

Sadly, Montana is following national trends with respect to addiction and substance abuse. Though we still suffer more from methamphetamine abuse, we are seeing opioid overdose in increasing numbers.

As we move closer to the next legislative session, there are several initiatives looking to address this issue. If you have thoughts that you would like to express or if you would like to be involved, let me know and I will point you in the right direction.

The Medicaid program through DPHHS is looking at new opioid prescribing guidelines in the future to help in decreasing narcotic prescriptions in the state. They are currently working on operational guidelines to meet the goals without excessive burden or preauthorization requirements on physicians.

The legislature is looking at potential bills to address healthcare price transparency. A proposed resolution asks for a study of the factors influencing health care prices, ways to improve consumer understanding of those factors, and the role of the state in improving price transparency. They have also reviewed problems caused by out of network “surprise” bills for services and projects related to sharing healthcare information among providers to better coordinate care and reduce duplicated services. You can follow their progress here: [Montana legislature interim committees](#)

Finally, as a citizen of Montana, you can provide public comment on bills in committee or before the legislature. Remember, it is your right (and responsibility). As an EM professional, you carry a level of expertise that is both recognized and respected by our representatives. Speak up and let your voice be heard.

Have a safe and happy summer!

Upcoming Chapter Event

This year the **Chapter Annual Meeting** will be held during [ACEP18](#) in San Diego.

The meeting details are the following:

Sunday, September 30th
7:00pm-8:00pm

**Manchester Grand Hyatt
Torrey Hills A**

An election will be held during this meeting. If you would like to get more involved at the chapter level, please send the chapter an [email](#) and more details about this election will be provided to you.

We look forward to your participation at this upcoming meeting!

NEWS FROM ACEP



Updates in Reimbursement and Coding - 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. This [collection of courses on ACEP eCME](#) will give you the latest information on reimbursement, quality measures and common documentation errors to help ensure you receive appropriate reimbursement for your skilled procedural work.

New ACEP Policy Statements and Information Paper

During their June meeting, the ACEP Board of Directors approved the following new or revised policy statements:

- [Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training](#) - New
- [Appropriate Use Criteria for Handheld/Pocket Ultrasound Devices](#) - New
- [Coverage for Patient Home Medication While Under Observation Status](#) - New
- [Delivery of Care to Undocumented Persons](#) - Revised
- [Disaster Medical Services](#) - Revised
- [Financing of Graduate Medical Education in Emergency Medicine](#) - Revised
- [Guideline for Ultrasound Transducer Cleaning and Disinfection](#) - New

- [Impact of Climate Change on Public Health and Implications for Emergency Medicine](#) - New
- [Interpretation of Diagnostic Imaging Tests](#) - Revised
- [Interpretation of EMTALA in Medical Malpractice Litigation](#) - New
- [Non-Discrimination and Harassment](#) - Revised
- [Patient Autonomy and Destination Factors in Emergency Medicine Services \(EMS\) and EMS-Affiliated Mobile Integrated Healthcare Community Paramedicine Programs](#) - New
- [Prescription Drug Pricing](#) - New
- [Relationship between Clinical Capabilities and Medical Equipment in the Practice of Emergency Medical Services Medicine](#) - New
- [Resident Training for Practice in Non-Urban/Underserved Areas](#) - Revised

The Board also approved the following information papers and PREP:

- [Electronic Health Record \(EHR\) Best Practices for Efficiency and Throughput \(PDF\)](#) - New
- [Initiating Opioid Treatment in the Emergency Department \(ED\) - Frequently Asked Questions \(FAQs\)](#) (PDF) - New
- [Emergency Department Physician Group Staffing Contract Transition](#) (PDF)
- [Emergency Physician Contractual Relationships - PREP](#) (PDF) - Revised

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.

Duber HC, Barata IA, Cioe-Pena E, Liang SY, Ketcham E, Macias-Konstantopoulos W, Ryan SA, Stavros M, Whiteside LK. **Identification, Management and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department**

In this clinical review article, they examine the current body of evidence underpinning the identification of patients at risk for OUD, ED-based symptomatic treatment of acute opioid

withdrawal, medication-assisted treatment (MAT) of OUD upon discharge from the ED, and transition to outpatient services. In this article they also present options for targeted opioid withdrawal and management, as well as a variety of other medications to consider for symptomatic opioid withdrawal treatment for patients that do not require opioids for acute pain.

[Full text available here.](#)

Klein LR, Driver BE, Miner JR, Martel ML, Hessel M, Collins JD, Horton GB, Fagerstrom E, Satpathy R, Cole JB. **Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department**

In this prospective observational study of 737 patients, medications were administered based on an a priori protocol where the initial medication given was predetermined in the following 3-week blocks: haloperidol 5mg, ziprasidone 20mg, olanzapine 10mg, midazolam 5mg, haloperidol 10mg. The primary outcome was the proportion of patients adequately sedated at 15 minutes, assessed using the Altered Mental Status Scale (AMSS). Results showed that Intramuscular midazolam achieved more effective sedation in agitated ED patients at 15 minutes than haloperidol, ziprasidone, and perhaps olanzapine. Olanzapine provided more effective sedation than haloperidol. No differences in adverse events were identified. [Full text available here.](#)

Brenner JM, Baker EF, Iserson KV, Kluesner NH, Marhsall KD, Vearrier L. **Use of Interpreter Services in the Emergency Department**

This paper highlights the importance of effective communication in the provider-patient therapeutic relationship and how language barriers have the potential to compromise all aspects of medical care. The authors identify that in the US, as of 2013, more than 25 million persons had limited English proficiency, making quality medical interpreter services an important public health issue that affects a large proportion of our diverse population. They recommend that a professional interpreter should be offered if practical and available when a patient has either limited English proficiency or hearing impairment and that a modality of interpretation should be chosen between in-person, video, or telephone based on what best suits the clinical situation. [Full text available here.](#)

Nowak RM, Gandolfo CM, Jacobsen G, Christenson RH, Moyer M, Hudson M, McCord J. **Ultra-Rapid Rule-Out for Acute Myocardial Infarction Using the Generation 5 Cardiac Troponin T Assay: Results from the REACTIONUS Study**

The objective of this study was to determine how well a new FDA approved single cardiac troponin T Generation 5 (cTnT Gen 5) below the level of quantification (6 ng/L) baseline measurement and a novel study derived baseline/30 minute cTnT Gen 5 algorithm might adequately exclude acute myocardial infarction (AMI) in patients with suspected acute coronary syndrome (ACS) in a United States (US) Emergency Department (ED). They enrolled patients presenting with any symptoms suspicious of ACS. Baseline and 30 minute blood samples were obtained, the cTnT Gen 5 levels later batch analyzed in an independent core lab and the AMI

diagnosis was adjudicated by a cardiologist and an emergency physician. They found that a single baseline cTnT Gen 5 measurement <6 mg/L and values at baseline <8 ng/L and a delta 30 minute < 3 ng/L ruled-out AMI in 28.8% and 41.0% of patients respectively. The authors did identify limitations such as single center ED, selection bias and the exclusion of patients with life-threatening illness, cardioversion or defibrillation within 24 hours of presentation, STEMI patients requiring immediate reperfusion or those who were pregnant or breast feeding, and highlighted that additional multi-center US studies evaluating these ultra-rapid AMI ruleout guidelines are needed.

Friederich A, Martin N, Swanson MB, Faine BA, Mohr NM. **Normal Saline and Lactated Ringer's have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial**

The purpose of this single-site participant- and evaluator-blinded, 2-arm parallel allocation (1:1), comparative effectiveness randomized controlled trial study was to test the hypothesis that balanced crystalloids improve quality of recovery more than normal saline (0.9% sodium chloride, NS) in stable Emergency Department patients. 157 Patients allocated to receiving IV fluids in the ED before discharge to were randomized to receive 2 L of Lactated Ringer's (LR) or NS. The primary outcome was symptom scores measured by the validated Quality of Recovery-40 (QoR-40) instrument (scores 40-200) 24 hours after enrollment. Results showed that there was no difference in post-enrollment QoR scores between NS and LR groups. Although pre-enrollment scores were higher in the LR group, adjusting for pre-survey imbalances did not change the primary outcome. The authors concluded that NS and LR were associated with similar 24-h recovery scores and 7-day health care utilization in stable ED patients.



Celebrate the depth and diversity of emergency medicine
with ACEP's 50th Anniversary Commemorative Book

Preorder the Title that Celebrates the Depth and Diversity of EM

Explore the side of emergency medicine few see - the emotional, the heartbreaking, the thrilling, the heroic - the human side of EM. ACEP's 50th Anniversary Book, *Bring 'Em All,*

reveals how far the specialty has come in its short, vibrant life. Famed photographer Eugene Richards captures the breathtaking moments that make the lives & careers of American emergency physicians. [Reserve your copy today.](#)



Interested in GED Accreditation?

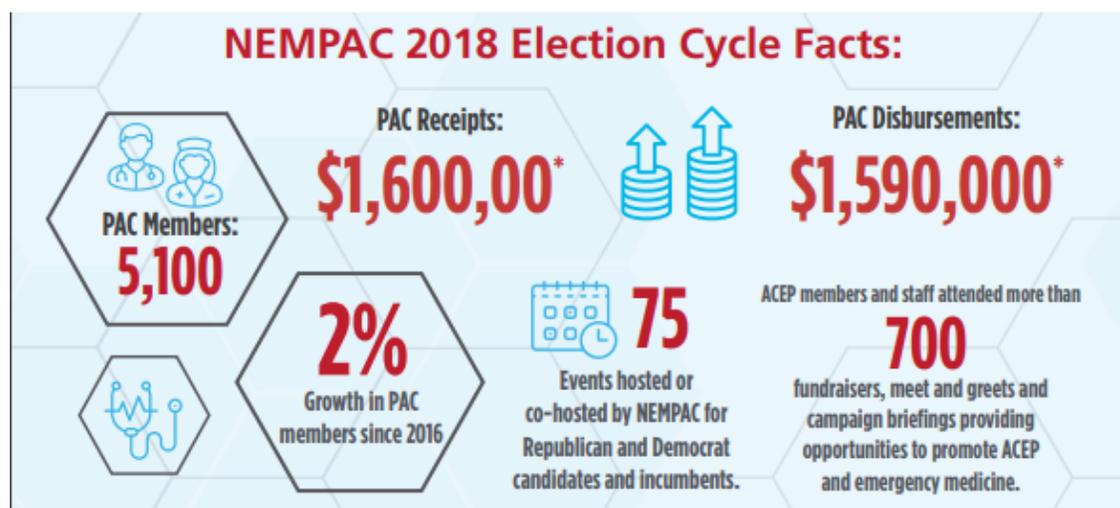
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour [geriatric pre-conference](#) during ACEP18. Hear from the geriatric experts who will walk you through the increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused policies and protocols, and achieving [GED accreditation](#). Panel discussions include institutions who have been awarded accreditation.



Emergency Ultrasound Tracker

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The [Emergency Ultrasound Tracker](#) was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the [ACEP Ultrasound Guidelines](#). We hope you find this tracker tool helpful and useful in your practice.



NEMPAC Mid-Term Election Update

With the mid-term elections just months away, ACEP and the National Emergency Medicine Political Action Committee (NEMPAC) are focused on electing candidates who will work on bi-partisan solutions to address emergency medicine's most pressing issues. The NEMPAC Board and staff rely on input from ACEP state chapters and local ACEP members when evaluating support for incumbent legislators and new candidates - **we want to hear from you!** NEMPAC is the 4th largest medical PAC and will continue to grow with your support. Learn more about NEMPAC today by visiting [our website](#) or contact [Jeanne Slade](#). Keep an eye on your inbox for additional details about NEMPAC's activities as we get closer to the elections.

ED ICU Development and Operations Workshop Pre-Conference

San Diego Convention Center, Upper Level, 7B
Sunday, September 30, 2018 | 12:30 pm to 5:00 pm

If you have ever considered developing an ED ICU this workshop is for you. Participants will learn about staffing, reimbursement, collaborations, and business plan development, with the goal of developing and running their own ED-ICU. This program is directed at those along the entire continuum of ED-ICU development from conceptual to operational phases. [Register here](#). For more information, contact [Margaret Montgomery, RN MSN](#).

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE - JULY 2018



**American Board of
Emergency Medicine**

Subspecialty Certification in Neurocritical Care

The American Board of Medical Specialties (ABMS) has approved subspecialty certification in Neurocritical Care (NCC). NCC is co-sponsored by the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology (ABPN). Physicians certified by these four boards who meet the eligibility criteria for NCC will have the opportunity to become certified in NCC.

There will be two pathways to certification in NCC: a training pathway and a time-limited practice pathway. The practice pathway will start at the time the first exam is offered. Eligible pathway criteria will be posted on the ABEM website by the end of 2018. ABPN will develop and administer the examination; physicians will submit applications to their primary certifying board. The first examination is expected to take place in either 2020 or 2021.

Letter Available Refuting Merit Badge Requirements

ABEM provides a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications ("merit badges") often needed for hospital privileges. Physicians must be participating in the ABEM MOC Program to obtain the letter.

The letter, signed by each representative of the Coalition to Oppose Medical Merit Badges (COMMB), details specific activities that board-certified physicians perform to maintain certification. ABEM-certified physicians can now download the letter from their Personal Page on the ABEM portal by doing the following:

- Sign in to the ABEM portal at www.abem.org

- On the left navigation, click "Print Verification of ABEM Status"
- Under letter type, click "General Coalition ABEM"
- Click "Continue to Next Step"

Take the ConCert™ Early - Retain Your Current Certificate Date

You can take the ConCert™ Examination during the last five years of your certification (during the annual testing window). If you pass the exam early, you will still retain your certification until the expiration date on your current certificate. This is also true even after you complete all of your MOC requirements. When your current certification expires, you will be issued a new, ten-year certificate. If you take the ConCert™ Examination early and do not pass, you still retain your certification and have another chance(s) to pass it. ABEM only reports whether a physician is board certified and participating in MOC.

In 2017, 44 percent of ConCert™ test takers registered to take the exam early; that is, in a year prior to their final year of certification.

Welcome New Member

Paige MJ Esposito (Medical Student)

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