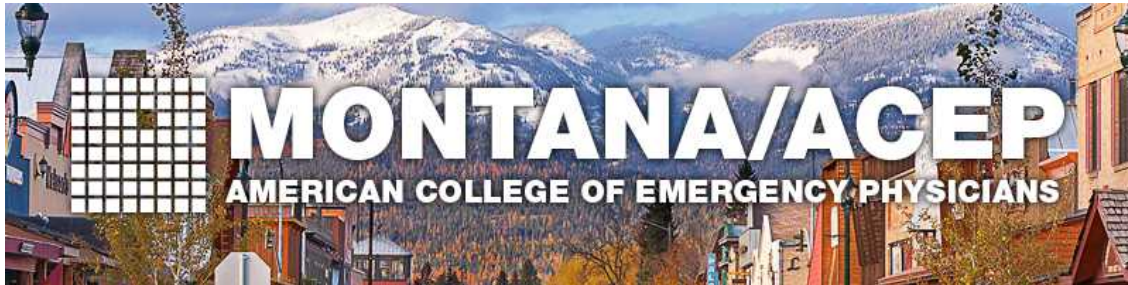


A Newsletter for the Members of the Montana ACEP Chapter



Harry E. Sibold, MD, FACEP
President

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From the President Harry E. Sibold, MD, FACEP

Retrospective Denials

I think most of us have been reading about ACEP's challenges to payers that are trying to enforce denial of payment for emergency services based on retroactive evaluation of need. For years we have fought for the prudent layperson standard and have had real success in making that the benchmark. Now it seems that there have been attacks on this from multiple insurers in several states.

Ignore the impact on physician reimbursement for now. This clearly becomes an obstacle or disincentive to seeking medical care when a patient feels that an emergency exists.

As of this date, I have not been hearing of large scale or across the board denials of this sort by Montana insurers...yet. If Montana ACEP members know of specific insurers seeking to universally enforce this policy on Montana patients, let us know. We have the power and influence of our college behind us in seeking to avoid insurers taking this road in Montana.

Influenza

We have had our first death this year in Montana from influenza and concomitant pneumonia. While flu activity, as of this week, is not above predicted levels, flu season is clearly upon us. The CDC is not yet able to project its estimate of the severity of the upcoming season based on activity to date, however vaccination rates continue to decline in spite of last season's high death rate from influenza. Surprisingly, health care practitioners also have a declining rate of vaccination.

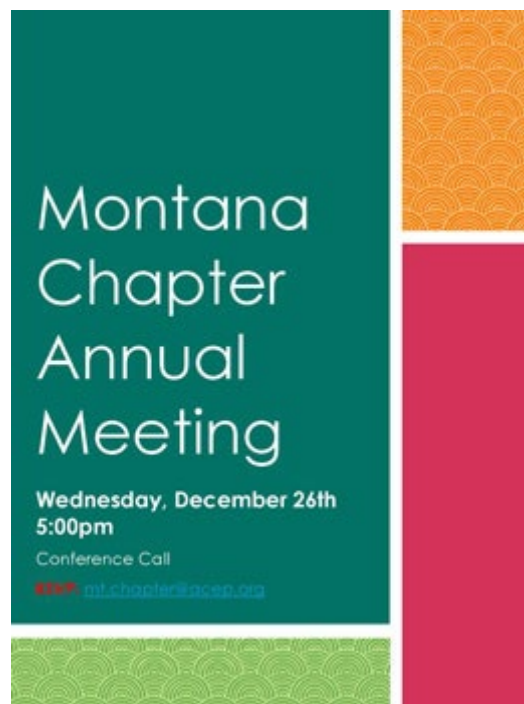
Brief education on flu vaccine facts (e.g. 49 million Americans were sickened by flu in 2017-18 season and 79,000 died) and myths (e.g. "you can't get the flu from the vaccine") can be helpful. AND It is not too late to get significant preventative benefit from the flu vaccine.

Montana Legislative Session

We are headed into the 2019 Montana legislative session in just a few weeks. There are a number of “placeholders” for potential bills affecting or addressing aspects of healthcare that are already apparent. Many do not yet have firm language so it is difficult to ascertain the direction or intent of some proposed bills yet. This often happens fast once the session starts.

You can set up an account with your personal list of bills you wish to watch and received notifications about here: [Montana Legislature Bill information and lookup](#). We are all busy, but our expertise and experience are valued by your Montana representatives. Whatever your opinion or issue, it is important to let your voice be heard.

Upcoming Chapter Event



From the President
Harry E. Sibold, MD, FACEP

In Memoriam: Dr. Ariadne Anne “Ari” Avellino, MD, MPH

Dr. Ari Avellino, an emergency physician from Missoula, recently passed away suddenly and unexpectedly. Though I had only recently met Ari when she moved back to Montana, I was immediately taken by her passion for emergency medicine and her desire and eagerness to become part of EMS in Montana.

Dr. Avellino took her residency in EM at the University of Cincinnati where she studied under one of my long-time close friends. His words when we shared our sadness over her passing: “Whenever I worked with Ari, I was amazed equally by her clinically efficiency and her kindness. She was an extraordinarily talented emergency physician and flight doc, a devoted mother of four and wife. I simply can’t imagine doing EM residency with young kids at home, but Ari made it look easy. The UCEM/Air Care & Mobile Care family has lost one of our brightness stars” - Bill Hinckley, MD FACEP.

Everyone I have spoken to about Ari first speaks of her kind, compassionate nature and her infectiously cheerful attitude. Without exception that has been followed closely by words marking her clinical skills. Clearly, she was a uniquely talented person and physician who will be deeply missed by family, friends, colleagues and patients. She made the world she passed through a better place.

For information on the educational trust that has been created for Dr. Avellino's four children or for instructions on how to donate, you may send an email by clicking [here](#).



Ariadne Anne “Ari” Avellino, MD, MPH

Born on 4/6/1980
New York, NY
Married to Adam Boomer with four-(4) children

Residency: University of Cincinnati Emergency
Medicine
Cincinnati, OH, (2010-2014)
See the photo below.

Medical School: New York Medical College,
Valhalla, NY, (2005-2009)

Graduate School: MPH, with an emphasis in
Healthcare Management and Policy, New York

Medical College School of Public Health, Valhalla,
NY, (2005-2009)

Undergraduate: BA, Biology, University of
Montana, Missoula, MT, (1999-2003)

“The Wolf Pack”

University of Cincinnati Department of Emergency Medicine
Residency Program
Class of 2014



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

In Memoriam: Dr. Eugene Walton, II, MD



Dr. Eugene “Buzz” Walton, a family physician and sports medicine specialist from Helena, Montana, recently lost his life in a tragic hunting accident. Buzz, as he was known to family and friends, was well known in the Helena area for his passion for sports, having completed many marathons and both the Ironman Canada and California

He was equally dedicated to caring for injured athletes, founding a sports medicine practice here, and was known for his advocacy in the care and prevention of TBI.

Buzz was board certified in family medicine but long had served as an EMS medical director in the Helena valley and beyond. For this willingness and desire to contribute to EMS, he will always be thought of as part of our Montana ACEP family. Our deepest condolences go out to Dr. Walton’s family and friends.

Montana Medical Association - Update

Sarah F. Morgan-Edwards, MD, FACEP

Immediate Past-President

I had the opportunity to attend the Montana Medical Association as the Montana Chapter representative for the Board to Trustees meeting. I was hoping to summarize the discussion for you along with the take-away points.

I-185

There was significant discussion regarding I-185 and the implications for the 2019 legislature with regards to voter sentiment for Medicaid expansion. This is a project with amazing potential. The governing board is applying for tax-exempt status and is actively seeking federal and state grant funding to help make it a reality.

Please support I-185 to preserve Medicaid expansion! (I-185 is budget neutral (actually budget positive) with increased funding for veteran suicide prevention and tobacco prevention

and treatment in contrast to the flyers and ads we have all been receiving. Big tobacco has spent \$9 million to confuse the issue for MT voters). Please share the facts with your friends and neighbors. Don't hesitate to send questions my way.

Opioid Abuse

Opioid abuse is a hot button issue. Montana will be receiving significant federal funds. Please get involved through the MMA if you have ideas and energy on how that money could be best spent. Montana Attorney General Fox met with us & among the legislation his office is proposing is legislation that will limit first opioid RX in the acute setting. In general, the MMA opposes attempts to legislate the practice of medicine. Montana has seen a steady decline in opioid prescribing (over 20% last year alone) and opioid overdose deaths.

The MMA will continue to work with Attorney General Fox and his office and your connections with your legislator to shed light on this complex topic will be imperative. Also, data & personal experience regarding the effects of opioid prescribing limits in other states would be useful. I've attached a draft of the MMA White paper from the Task Force on Substance Abuse Disorder. Please register if you are not and continue to use the MPDR.

Big Sky Care Connect

State-wide health information exchange modeled after the pilot project between Billings Clinic, St. Vincents, Riverstone Health and BC/BS. This is a project with amazing potential with the 501C3 board currently working to gather necessary state and federal funds to make it a reality. The Montana drug registry would be embedded so that we don't have to work out multiple programs or windows. Dr. Michael Vlases and Dr. Jonathan Griffin are the physician board members.

2019 Montana Legislature

Please let the MMA know if you would be willing to be a champion on issue near and dear to your heart or a content expert on upcoming legislation. This session will be a wild 90-day ride!

Please get involved with the MMA! The next meeting is March 2019. Let [me](#) know your issues or better yet come yourselves.

NEWS FROM ACEP



New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

Information Papers:

- [Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database](#)
- [Emergency Ultrasound Standard Reporting Guidelines](#)
- [Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine](#)

Other Resources:

- [Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention](#)

Smart Phrases for Discharge Summaries:

- [CT Scans for Minor Head Injuries](#)
- [MRI for Low Back Pain](#)
- [Sexually Transmitted Infection](#)
- [Why Narcotics Were Not Prescribed](#)

Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

**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.

Anderson TS, Thombly R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**

The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**

The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. [Full text available here](#).

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**

The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after

implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. [Full text available here.](#)

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**

This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion (≥ 10 units), but not in those who receive < 10 units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**

The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.



ACEP • ojai, CA • Feb 19-22, 2019

ReCharge • ReEnergize • ReFocus

Introducing Balanced

A new, [physicians-only wellness conference](#) where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

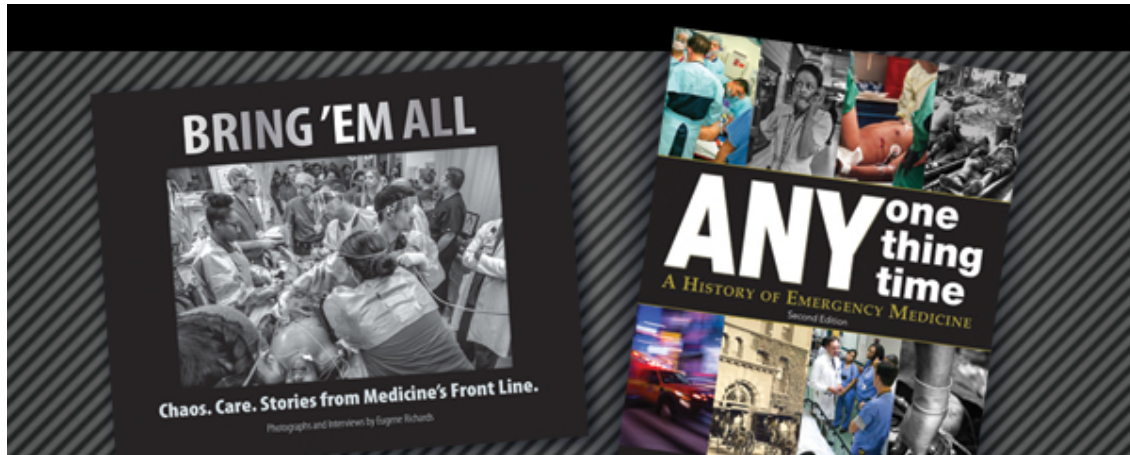
ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website www.emergencycareforyou.org. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, "day-in-the-life" experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- [Cats, Dogs and Dander... Oh, My!](#)
- [Dear Patient: A Letter from Your Emergency Physician](#)
- [Your Summer Guide to Bug Bites & Skin Rashes](#)
- [Heat Stroke and Hot Cars](#)

- [Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety](#)

Contact [Steve Arnoff](#) to learn more about contributing to the ACEP Doc Blog.



ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! [Bring 'em All](#) and [Anyone, Anything, Anytime](#) available at bookstore.acep.org.

Improve the Care Provided to Older Patients

Become an Accredited Geriatric Emergency Department

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.

ACEP.org/GEDA



Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, [guidelines to improve ED care for older adults](#) have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the [Geriatric ED Accreditation Program \(GEDA\)](#) to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed 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.



Providers
Clinical Support
System

With PCSS training, you
can help save lives from
opioid use disorder

**By getting MAT trained, you can help
people take their lives back from OUD.**

Visit pcssNOW.org

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Free Medication-Assisted Treatment Training

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

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 information on PCSS, [click here](#). For more information on MAT training, email [Sam Shahid](#).



Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated \$100/hour for up to 10 hours a week.

- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email [Sam Shahid](#) for more information.



NEMPAC On Track to Reach Record Fundraising Goal

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than \$350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course.

NEMPAC is tracking to contribute more than \$2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the [full-length article](#) published in ACEP Now on October 3.

For more information about NEMPAC, visit [our website](#) or contact [Jeanne Slade](#).

Welcome New Members

Jamie Bankson - Medical Student

Allyson Elayne Peterson - Medical Student

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