Alabama Chapter Update

A Newsletter for the Members of Alabama ACEP

Spring 2013

From the President
Bryan L. Balentine, MD, FACEP

Dear Alabama Chapter,

I am pleased to inform you of several recent and exciting developments within your ALACEP chapter.

Spring is here which means summer is just around the corner...along with our annual, regional, educational conference! The dates are June 3-6, 2013. Location is the beautiful Sandestin resort. Our education committee has lined up another excellent group of lecturers to provide you high-quality CME.

For the first time ever, we will hold a resident jeopardy competition to include several programs from across the southeast. Need an easy way to begin your Board prep or receive a refresher? Come watch these guys and gals battle it out. In addition to that, there are optional events every afternoon that allow you and your family to be involved.

Alabama Chapter ACEP

Bryan Balentine, MD, FACEP
President

Leonardo Nasca, MD
Editor

Denise Louthain,
Executive Director

Contact us:
al.chapter@acep.org

Phone: 877-2-ALACEP
Fax: 334-671-1685

To kick things off, your Board holds two meetings on the Sunday afternoon prior to the conference starting. On June 2, 2013 at 4p, we hold our general membership meeting where we elect new Board members. Please attend and learn how you can get more involved. There are several opportunities available to include Board and Committee seats. Immediately to follow at 5p is our quarterly Board meeting. You are invited to both.

Monday evening is the opening reception. This is a family-friendly event normally held poolside with food, drink, and music. What a great way to catch up with former colleagues and spend time with your family. There are normally arts and crafts activities for the kids.

Tuesday afternoon is the annual Dr. Sam Heard annual golf tournament. The relaxed scramble format allows everyone to participate regardless of skill level. Did I mention great prizes???? I had the worst score 2 years ago and still walked away with a check for $50 (along with a box of pink golf balls and the book "Golf for Dummies"). There truly is something for everyone.

Wednesday afternoon is the annual Dr. David Andretta resident poster presentation. Residents from across the southeast will present their posters in conjunction with a wine and cheese social. You and your family can casually stroll by and discuss their projects with young, energetic minds which will soon be leaders in EM.

Following the posters that same evening, one of our vendors will host a Casino Night! This is another family-friendly event with an ice cream bar for the kids along with prizes for them. Food and drink are provided by the vendor at no charge. They bring in dealers and tables and a lot of fun. While you play with chips they provide, the one with the most chips at the end of the night wins a prize. If you ever wanted to learn to a particular game in a no risk and fun setting, here is your chance. There were over 100 participants last year.

Combine all of this with an excellent educational lineup, a beautiful beach resort, and time with your family, and you have an outstanding conference screaming for your involvement. Hope you can make it!

I am also pleased to announce our recent collaboration with your NPs and PAs on a state level with our Board. Our Board has discussed this for years but it has finally come to fruition. We work alongside excellent NPs and PAs in the ED. Why not collaborate with them outside the ED also?

SEMPA (Society of Emergency Medicine PAs) appointed DJ Bonds to be our state liaison. ENA appointed Dr. Robin Lawson to be our state liaison from their EM NP interest group. She is head of the Univ. of South Alabama Emergency Nurse Practitioner Program. They both attended our last Board meeting and contributed greatly.

We hold several common goals with these entities. 1. Reimbursement in the upcoming years will be a challenge for us all. There are many ways in which we can work together for politically advocacy. 2. Medicine is constantly changing. Our annual educational conference helps keep you up-to-date and allows everyone to learn together so that we provide better patient care upon return to the ED. Our new liaisons are also working within their membership to foster increased attendance in the conference which allows great networking opportunities for all parties.

Thank you for your interest in your state ACEP chapter. We strive to serve you.

EMS-C is alive in Alabama

Leonardo S. Nasca, Jr., MD, FACEP
Troy, AL

Emergency Medical Services for Children was developed more than 25 years ago and is a national initiative designed to reduce childhood death and disability due to severe illness or injury. Parts of the larger emergency medical system date back to the Korean and Vietnam wars where it was demonstrated that survival rates improved dramatically when patients were stabilized in the field and transferred to well equipped, appropriate emergency facilities. In the 1960’s the medical community began applying these principals within an organized EMS system.

In 1984 Congress enacted legislation authorizing the use of federal funds for EMS-C. It provides states grant money to help develop and “institutionalize” emergency services for critically ill or injured children. It is meant to enhance the pediatric capabilities of existing EMS systems.

In 1984 Alabama, along with three other states, received the first awards specifically earmarked to improve pediatric services.

In 2005 the NRC commences a two-year endeavor to develop the first set of EMS-C performance measures. There are three primary and nine sub-measures that are the basis for all State Partnership grants.

In 2012, in partnership with ACEP, AAP and ENA, the EMS-C program implements the National Pediatric Readiness Project to conduct a national assessment to measure emergency department pediatric readiness. This will allow project staff to identify gaps, align resources and build the competency and capacity within each department. Click here for more information.

The EMS-C Advisory Board is made of representatives from many constituency groups including the State EMS, Disaster Preparedness, AL PTA, AL Trauma and Health Care System, AL Hospital Association, Tribal EMS, AL Ambulance Association, Family Advocacy Network, and professionals experienced in pediatric emergency medicine and pediatrics. Alabama can be one of the states that is truly concerned about its children by becoming more involved with this organization. Stay tuned for more EMSC news and recommendations in future newsletters.

Leonardo S. Nasca, Jr., MD, FACEP
Troy, AL

Painful Legislatures

We have all been hearing about New York City Mayor Michael Bloomberg recommending voluntary guidelines for prescribing painkiller medications to all public hospital emergency room physicians. The recommendations are prescribe only three days worth of medications, and no refills for lost or stolen prescriptions. What does that really mean for the emergency rooms? Are the emergency rooms the problem? If this is voluntary, will that change anything? Have they gone too far? Are we now being limited in our scope of practice by governing bodies? What is the state of Alabama doing?

Other cities and states are proclaiming the same recommendations. Syracuse, NY initiated their new I STOP Law. No more painkiller refills without a new written prescription, but the doctor can prescribe 90 days worth of medications. Tramadol can be 30 days with 5 refills. And, by August 27 this year, they will have their electronic prescription data base program. Colorado emergency rooms are placing notices in their emergency room waiting areas regarding limitations on painkiller prescriptions. Ohio Governor John Kasich announced restrictions in his state public hospitals since 39% of the opioid prescriptions come from their emergency rooms. And, if not adhered to, they will be penalized. Ohio will be providing links to other hospitals and drug screening will be encouraged.

Here are some simple facts about painkiller medications to think about. Prescribed drugs are responsible for 75 percent of all drug overdose deaths in the US. Oxycodone and methadone products account for 66 percent of these deaths. That is more than the deaths from heroin and cocaine combined. Hydrocodone is the leading painkiller prescribed.

On January 25th, there was an FDA advisory panel of experts that voted for recommendations to restrict painkillers containing Hydrocodone in an attempt to limit any access to this drug. We already have restrictions on oxycodone, yet it is a major cause of deaths. What this new restriction accomplishes remains to be seen. They also recommend that CRNPs or PAs not be allowed to prescribe any painkiller. These recommendations have been sent to the Department of Health and Human Services for final determination. Then, the DEA will decide if Hydrocodone will be rescheduled with new restrictions.

Limitations of painkillers prescribing are coming from all directions. This is "Legislative Medicine" as Alexander Rosenau, DO, FACEP, President-Elect for ACEP calls it. Is it another way for preventing doctors from using clinical judgment? Every day in every emergency room people come because they are injured. Every day people run out of their painkillers and come to our ERs. Every day people cannot get refills from their own doctors. Everyday people criticize us in their patient satisfaction surveys, that the government wants done to base Medicare payments on. I am sure that you have all heard of HCAPS. I

myself hate hearing those mnemonics. The government seems to benefit if we do not prescribe medications on their recommendations, and then have poor HCAHPS survey scores.

Are there any regulations being considered for Alabama? Yes, the Medical Association for the State of Alabama (MASA) is on board. According to their legal counsel, Cheairs Porter, House Bill 151 has gone from the Board of Medical Examiners to be presented in the present state legislature session. At present the recommendations are all physicians who are taking care of chronic pain management will need to register with the Board of Medical Examiners at each location that they work at. We as emergency room physicians, do not take care of “chronic” pain management, but rather “episodic”. What comes of this wording could “potentially” involve the emergency rooms. But, unlike the other states efforts to confront the problem, Alabama is attempting to reign in the painkiller prescribing clinics and offices in this legislation. Our hope is that the legislature will continue to push for more control to assist our state’s overcrowded emergency rooms from having to continue to write prescriptions for chronic pain patients. Incidentally, government run clinics and offices will be exempt from these regulations. Why?

What should we do as clinicians? Set up a chronic pain guideline for your departments? Post messages in the emergency room waiting room and triage explaining, that you will follow this guideline treat their pain while they are in the emergency room. At the same time, your policy is that no prescriptions for chronic pain can be prescribed by your physicians, nurse practitioners, and physician assistants. This does work. It has for me, especially if your use the Studer Approach: AIDET-Acknowledge, Introduce, Discuss, Explain, Thank you. Acute pain will be treated as usual for broken bones, strains and pains. If they need a painkiller, you, as the clinician, can prescribe them as they should be prescribed starting with the lower doses.

There is another potential legal problem, EMTALA. The other mnemonic we all hear about. “Pain” is classified as “an emergency” in the eyes of the patient. To put signs in your EDs stating that you would not treat, or that you would limit treatment, could be deemed an EMTALA violation. There is an excellent article in the *ACEP News* April 2013 edition by Robert A. Bitterman, MD under Legalease: Is “Severe Pain” considered an emergency medical condition under EMTALA. This is a must read for all of us emergency room physicians. This is another reason why medical screens need to be performed.

Careful wording is needed. We always treat their pain. We as clinicians are not obliged to “feed into” the chronic pain management for someone seeking pain medication refills. Emergency medicine physicians will always be caught in the middle again. Therefore, write up your notice, give it to your hospital legal counsel, and make the best of what we can define and post in our emergency rooms. AIDET does work here as well. Use it and see the difference.

Get comfortable talking about pain management in your emergency room with your patients. You will see it every day. As we get comfortable talking about it, the patients will continue to experience it as they continue to re-visit the emergency department each time. Maybe then, these patients will understand the emergency rooms are not going to give out painkiller prescriptions for chronic pain. Get your staff on board. Let’s all work together to get this under control.

Leadership and Advocacy Conference

Learn how to maximize your impact as an emergency medicine advocate during ACEP's *Leadership and Advocacy Conference*, May 19-22, in Washington, DC at the Omni Shoreham. During this dynamic conference, you will gain skills in media relations and networking for influence, meet with members of Congress and other key policy makers, and identify your role in advancing key issues facing emergency medicine.

Make A Difference: Write That Council Resolution!

Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a few months the ACEP Council will meet and consider numerous resolutions.

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with Scientific Assembly. During this annual meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. This year there are 357 councillors representing chapters, sections, AACEM, CORD, EMRA, and SAEM.

The Council meeting is your opportunity to make an impact and influence the agenda for the coming years. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution.

I'm ready to write my resolution
Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. Whereas statements should be short, focus on the facts, and include any available statistics. The Resolved statement should be direct and include recommended action, such as a new policy or action by the College.

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a majority vote for adoption and Bylaws resolutions require a two-thirds vote. When writing Bylaws resolutions, list the Article number and Section from the Bylaws you wish to amend. The resolution should show the current language Bylaws language with additions identified in bold, green, underline text and red strikethrough for any deleted text. Please refer to the ACEP Web site article, "Guidelines for Writing Resolutions," for additional details about the process and tips on writing a resolution.

I want to submit my resolution
Resolutions must be submitted by at least two members or by any component body represented in the Council. The national ACEP Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions are reviewed by the Bylaws Committee to ensure there are no conflicts with the current Bylaws. Any suggestions for modifications are referred back to the authors of the resolution for consideration. Resolutions may be submitted by mail, fax, or email (preferred). Resolutions are due at least 90 days before the Council meeting. This year the deadline is July 15, 2013.

Debating the resolution
Councillors receive the resolutions prior to the annual meeting along with background information and cost information developed by ACEP staff. Resolutions are assigned to reference committees for discussion at the Council meeting. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and participants often have questions that are best answered by the author. At the conclusion of the hearings, the reference committee summarizes the debate and makes a recommendation to the Council.

The Council considers the recommendations from the reference committees on the second day of the Council meeting. The reference committee presents each resolution providing a recommendation and summary of the debate to the Council. The

Council debates each resolution and offers amendments as appropriate. Any ACEP member may attend the Council meeting, but only certified councillors are allowed to participate in the floor debate and vote. Non-councillors may address the Council at the discretion of the Speaker. Such requests must be submitted in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your component body to designate you as an alternate councillor status and permission for Council floor access during debate.

The Council's options are: Adopt the resolution as written; Adopt as Amended by the Council; Refer to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee; Not Adopt (defeat or reject) the resolution.

Hints from Successful Resolution Authors

- Present your resolution to your component body for sponsorship consideration prior to the submission deadline.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP website is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before?

What happened?

- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

I need more resources

Visit ACEP's website. Review the "Guidelines for Writing Resolutions" prior to submitting your resolution. There is also information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. Of special note, there is a link to Actions on Council Resolutions. This link contains information about resolutions adopted by the Council and Board of Directors in prior years.

Well, get to it

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for members to provide information to their colleagues and ACEP leadership. Please take advantage of this opportunity and exercise your rights as part of our Emergency Medicine community. Dare to make a difference by submitting a resolution to the ACEP Council!

Clinical News

Kids and clots: Expecting the unexpected

In the general pediatric population, annual incidence is around 1 per 100,000. In hospitalized children, the number is much higher – up to 57 per 100,000. Rates of pulmonary embolism and deep vein thrombosis have increased markedly over the past decade, said Dr. Callahan of the Children's Hospital of Philadelphia.
Read the entire article

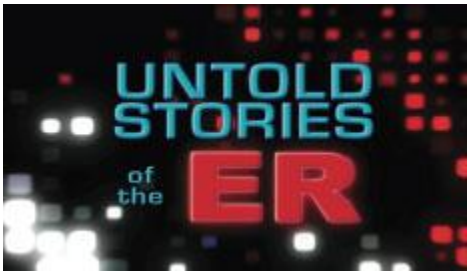
How to tell TIA/stroke from mimics

The key to differentiating transient ischemic attacks and strokes from their main mimics – including partial seizures and complicated migraine – lies in the clinical history, Dr. Susan L. Hickenbottom said at the International Stroke Conference sponsored by the American Heart Association.
Read the entire article

New concussion guidelines stress individualized approach
Any athlete with a possible concussion should be immediately removed from play pending an evaluation by a licensed health care provider trained in assessing concessions and traumatic brain injury, according to a new guideline from the American Academy of Neurology.

The guideline for evaluating and managing athletes with concussion was published online in the journal Neurology on March 18 (doi:10.1212/WNL.0b013e31828d57dd) in conjunction with the annual meeting of the AAN. The guideline replaces the Academy's 1997 recommendations, which stressed using a grading system to try to predict concussion outcomes.
Read the entire article

Doctors, We Want to Hear Your Stories!



"Untold Stories of the ER" is back for its 8th season on Discovery Fit & Health and TLC. If you have a story to share, we want to hear from you!

"Untold Stories of the ER" features unusual, touching, humorous, critical and lifechanging stories from the ER, told through the eyes of the participating doctors, EMT's and nurses. Through dramatic reenactments, we bring the events to life, paying close attention to the medical accuracy of each story – making this a television series that everyone involved can be proud of.

The best stories recount surprising medical or personal challenges, deal with ethical or moral issues, involve new or unusual procedures, inspire us, or simply entertain us with insight and humor. We are open to a wide range of ER events, from the life threatening to the light-hearted, from the mysterious to the bizarre.

If your story is chosen, you'll be asked to appear in an on-camera interview and to spend a day in Vancouver, Canada, recreating the events in our studio.

Please email a short description of each story you'd like to share.

We will contact you, so please include a phone number and return email address. If you have questions, please call Ann Hassett toll free: 1-888-588-3608 x 157.

We Want to Hear Your Story!

The EMF Chapter Initiative – Invest in the Future
John J. Rogers, MD, CPHQ, FACS, FACEP

Chair-Elect EMF

Without research we would still be trephining to let out the evil demons, bleeding to balance the humors and applying grandma's poultices to wounds. Through scientific investigation we learn, we improve and often turn today's dogma into tomorrow's folly. It is our professional duty to ensure we advance our craft and EMF exists to help us on that journey. EMF funds emergency medicine research that develops career investigators, advances clinical care, and provides the basis for health policy.

EMF historically receives contributions from individual members, corporations, and from Councillors through Dr. David Wilcox's very successful Annual Council Challenge. However the EMF Board of Trustees believes that Chapters also have a duty to support research and it is on this basis that EMF will promote its new Chapter Initiative.

If each Chapter would contribute a $1 for each member of their Chapter ($1 x total # members) we would collect over $30,000. Although this may seem to be a small amount, it would fund the EMF Resident and Medical Student Grants. These residents and students are our future leaders, our future academicians and our future researchers. A small donation now to help form our future is truly an investment worthy of support.

Great things have small beginnings. Now is the time to plant the seeds of our future. On behalf of the EMF Board of Trustees, we ask the Officers and Directors of each Chapter, to consider making a Chapter contribution to EMF and to do so on an annual basis.

To donate or to learn more about EMF, go to our website or call Cathey Wise, Director of EMF, at 469-499-0296.

Welcome New Members

Adam B Carroll	Therese Michelle Medalle, MD
Benton M Cason	Anna P Melerine, MD
Steven Lebron Chadwick	Daniel T Neuberger, MD
Ryan Corrick	Brittany Owensby
Michael S Dumas	David B Page, MD
Ernest Byron Foster, II, MD	Meagan Pate
Joel Hamm, MD	Patrick J Siler, MD
Carolyn Kezar	Ignasia Tanone
William A Kittrell	Sean Vanlandingham, MD
Joanna Maya	Jeffrey R Weeks
Casey Andrew McIntosh, MD	Christopher White, MD

Alabama Chapter ACEP
PO Box 1265
Dothan, AL 36302