

Alabama EPIC

Interim Communique for Emergency Physicians in Alabama

From The President...

Mark C.D. Mitchell, M.D., FACEP

I work 8 hours a day on a progressive circadian schedule. I can be off whenever I want. I see 2.5 patients per hour. On-call physicians never give me a hard time when asked to come in or admit a patient. My best friend, the hospital administrator, frequently asks my advice on issues concerning the Emergency Department during our Friday afternoon golf match. Oh yes...and I just got a pay raise.

Okay, I admit I hallucinated most of the preceding paragraph, but the last sentence is true-I did just get a pay raise. And you did too.

In October 2000, Governor Siegelman authorized an Alabama Medicaid provider payment increase, which elevated the rate for our evaluation and management codes to at least 70% of Medicare. This may not sound like incredible progress, but consider that last year you received \$39.00 for a 99285 Medicaid patient visit. You could diagnose a patients' aortic dissection, take a history, perform a physician examination, evaluate the studies, call the surgeon, give the patient the bad news, and get him/her ready for surgery—all for less than what a guy recently charged my insurance company to fix a chip in my windshield.

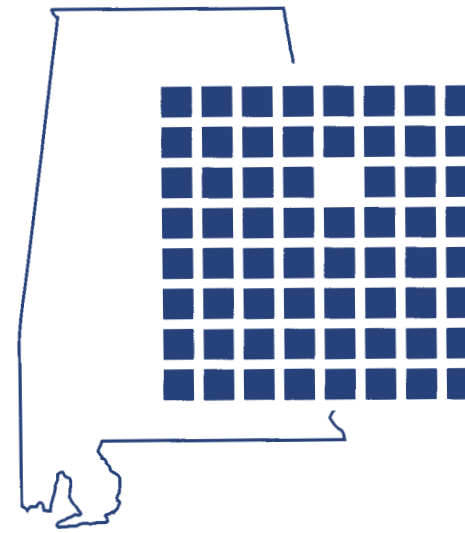
This is a president's dream. I love that this happened on my watch. I just wish I could take credit for it. Let me give you a short list of those who can: William Lightfoot, MD, president of the Medical Association of the State of Alabama (MASA); Cary Kuhlmann, executive director of MASA; Richard Whitaker and Mark Jackson, MASA lobbyists; Robert Beshear, MD, of the Medicaid advisory board; Governor Don Siegelman; and last but not least, two of our own, Tom Arnold, MD, Alabama ACEP immediate past president, and Steve Baldwin, MD, Alabama ACEP Board of Directors, who both also serve on the state Medicaid advisory board.

I would hope that your "contract management organization" has passed this increase on to you. If not, ask them where the revenue went and when you can expect your raise. When you do receive it you'll be able to join (i.e. "invest" in) MASA as a token of your appreciation for fighting the good fight on your behalf.

On a darker note, we have just received word from Blue Cross of Alabama that they have increased reimbursement for Office E&M Codes, but, not for emergency department E&M codes. This is a slap in the face of all EP's in the state. We are required to provide care for all persons presenting to the E.D. But have no voice in what our reimbursement will be. We are required by our hospitals to be "participating" providers and the insurance companies are well aware of the fact.

Besides joining MASA, what else can we do as members of ACEP to improve the lot of Emergency Physicians in our state? A good start would be to recruit for membership in ACEP some (or most) of the approximately 100 Board Certified EP's in Alabama who are not mem-

(Continued on page 2)

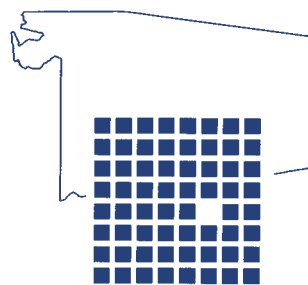


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CALENDAR OF EVENTS

- April 4-8** Statewide EMS & Disaster Preparedness Conference, Birmingham. For more information contact UAB/Department of Emergency Medicine/Office of EMS, 205-934-5896.
- April 28-May 2** National ACEP Legislative/Leadership Conference, Washington. For more information contact National or Alabama Chapter ACEP, 334-954-2578.
- June 8** Association of Birmingham Regional Emergency Physicians, Quarterly Meeting, 6:30 pm, Birmingham. For more information contact Marri Bonnin, MD, 205-591-6515.
- June 25-28** Alabama ACEP 18th Annual Educational Conference. Sandestin Beach Hilton. For more information contact Alabama ACEP, 334-954-2578
- June 26** Alabama ACEP 3rd Annual Golf Tournament, Sandestin Beach Hilton. For more information contact Alabama ACEP or Gary Wright, MD, 334-954-2578.
- June 28-July 1** Medical Association (MASA) Annual Session, Sandestin Resort. For more information contact MASA Education Department, 334-263-6441.



**ALABAMA CHAPTER
AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS
P.O. Box 4629
MONTGOMERY, AL 36103-4629**

Opinions expressed in this newsletter do not necessarily reflect the point of view of the Alabama Chapter American College of Emergency Physicians.

**Check out the
Alabama ACEP Worldwide Web Site
at: www.alacep.org**

From The President...

(Continued from page 1)

bers. Our chapter's membership currently stands at 250, which means we don't even have a majority of EP's in the state.

If each of us were to recruit just one non-member into our ranks, we could become the type of organization our profession needs. When Alabama ACEP or other groups go to a legislator with a request or with information, one of the first questions asked is, "How many members do you have"? I would like to be able to answer "350" and "over 50%". There is "strength in numbers".

The other part of the formula for organizational success also requires some personal action from our members. And that is for you to volunteer your time on behalf of Alabama ACEP. The best ways to get involved are:

1. Attend a meeting of the Board of Directors. All such meetings are open to members and the next one is March 15, 10:00 am, at the MASA building in Montgomery, and June 25, 6:00 pm in Destin.
2. Join a committee. All Alabama ACEP committees could use more members. Call Leland and ask for the chairman of the committee you're interested in and he will hook you up.
3. Make plans now to attend Alabama ACEP's 18th annual educational conference at the Sandestin Beach Hilton, June 24-27. Networking with your colleagues, staying up-to-date in your profession, and having fun are always priorities.
4. Let us know what you're thinking. If you have an idea or request, call Leland or myself about having the issue placed on the agenda for the next board meeting.

So that's it: Join, show-up, speak-up, get involved - a simple formula for success of our organization. Dispel the myth of the loner itinerant Emergency Physician. You owe it to your profession and yourself.

Alabama ACEP Receives \$7,500 Chapter Development Grant

Project: *Emergency Medicine: Education Supporting our Safety Net*

The Alabama Chapter ACEP has received a grant from National ACEP with an equivalent in-kind contribution from the chapter in order to produce two promotional videotapes. The first tape is aimed at legislative and administrative officials, and a second one will target Alabama medical students. The legislative tape will be used to educate non-medical personnel about Emergency Medicine's value to Alabama citizens. The medical student tape will be designed to increase awareness of Emergency Medicine as a specialty selection.

The Alabama Department of Public Health Video Communications Unit is working with chapter members to produce the videos. The legislative tape is expected to be finished in early February. Coordinating the project for Alabama ACEP is Dr. Thomas Terndrup, Professor and Chair of the UAB Department of Emergency Medicine. Project co-coordinator is Dr. Kathleen Bowen, a new emergency physician at Montclair-Baptist Hospital in Birmingham.

The chapter would like to extend a special thank-you to State Senator Tom Butler for his support of this effort and to the following chapter members who have assisted in the video production: Dr. Tom Arnold, Dr. David Garvey, Dr. Willie Gilford, Dr. Jim Leaming, Dr. Sarah McNutt, Dr. Mark Mitchell, Dr. Kathy Monroe, and Dr. Mike Sternberg. We all owe Dr. Sarah McNutt, a UAB medical school graduate, a huge thank you for her outstanding efforts in spearheading the coordination of this project. Copies of the videotape will be available through the Alabama ACEP office.

ALABAMA ACEP Board of Directors

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INTERESTED IN BECOMING MORE INVOLVED IN ALABAMA ACEP?

We need you; however, if you are unable to donate time this year but have experience and/or expertise that may be useful to Alabama ACEP in the future, please complete and return the form making note of your current time constraints.

Fax this form to 334-265-1233.

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Alabama ACEP Area of interest:

Please check one of the following categories and/or fill in experience information.

- | | |
|--|---|
| <input type="checkbox"/> Policy/Legislative | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Practice Management | <input type="checkbox"/> Reimbursement |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Telecommunications | |

Special experience that may be useful to Alabama ACEP (if applicable): _____

Current practice: _____

Special clinical areas of interest: _____

THE CORNER ON HUMOR OFFICE CALL

Two doctors opened offices in a small town and put up a sign reading "Dr. Smith and Dr. Jones, Psychiatry and Proctology".

The town fathers were not too happy with the sign and they proposed "Hysterias and Posteriors".

The doctors didn't like that idea and suggested "Schizoids and Hemorrhoids".

The town didn't like that one either and countered with "Catatonics and High Colonics".

Thumbs down again. By now the story was in papers and suggestions began rolling in:

- "Manic-depressives and Anal-retentives"
- "Minds and Behinds"
- "Freaks and Cheeks"
- "Loons and Moons".

None of these satisfied one side or the other, but they finally settled on:
"Dr. Smith & Dr. Jones, Odds & Ends"!



MARK YOUR CALENDAR

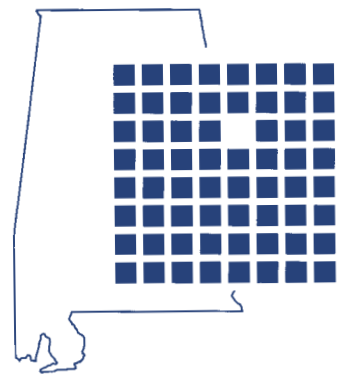
ALABAMA ACEP 18TH ANNUAL EDUCATIONAL CONFERENCE

David Garvey, PhD, MD, FACEP, Chair

Sandestin Beach Hilton

* Sunday, June 24 - Wednesday, 27, 2001 *

ALABAMA ACEP 18th ANNUAL EDUCATIONAL CONFERENCE



<u>TIME</u>	<u>SUNDAY, JUNE 24</u>
2-5:00 pm	Registration
6:00 pm	Opening Session Humor In Medicine, Neil Shulman, MD, author of "Doc Hollywood".
7:00 pm	Welcome Reception

<u>TIME</u>	<u>MONDAY, JUNE 25</u>	<u>TUESDAY, JUNE 26</u>	<u>WEDNESDAY, JUNE 27</u>
7-7:50 am	ACLS Update (Intl. Guidelines 2000) David Garvey, PhD, MD	PALS Update (Intl. Guidelines 2000) Michael Gerardi, MD	Snake Bite David Garvey, PhD, MD
8-8:50 am	DeClotter's: What's New? Fred Epstein, MD	Pediatric Potpourri Kevin Olson, MD	Medical Photography Larry Stack, MD
9-9:50 am	Street Drugs Rick Belcher, MD	Visual Diagnoses/ Shaken-Baby Syndrome Larry Stack, MD/ James Lauridson, MD	Radiology Update/ Dermatologic Disorders John Romer, MD/ Joan Kolodzik, MD
BREAK			
10:30-12:00	10 Sins in EM Sponsored by Medical Assurance, Inc.	Pediatric Roundtable (Ask The Peds Doc) Olson/Gerardi/Spooner	Computers & The Internet Andy Spooner, MD
1:30 pm		3rd annual Golf Tournament	
2-7:00 pm	ATLS Refresher Course (Pre-registration required)	ACLS Refresher Course (Pre-registration required)	
5:00 pm	Alabama ACEP Annual Membership Meeting		
6:00 pm	Alabama ACEP Board of Directors Meeting		



Medical Assurance Q&A— A Protocol for Prescribing Medications

Q. Recently, I've read several articles on medical malpractice cases concerning prescription medications. What are some steps that I can take to decrease my liability risks when writing prescriptions?

A. Medication errors and a lack of information regarding medications are common allegations against physicians and pharmacists, eventually leading to medical malpractice litigation. Juries often divide liability in such cases, between the physician who prescribed the medication and the pharmacist who dispensed the medication.

A state court in Texas recently reversed a verdict against a pharmacy, ruling that pharmacists are not accountable for warning patients of dangerous interactions or side effects when dispensing prescription medications. The decision overturned an initial \$1 million jury verdict against the pharmacy after a boy died from an allergic reaction to a prescribed medication which was not recommended for children.

Medical/legal experts advise that the case in Texas should serve as a warning to all physicians; if pharmacists are not going to be held liable for not providing medication instructions to the patient, then the physicians may be left holding the bag.

Risk management experts offer the following suggestions to follow in prescription discussions, and advise that these conversations should be documented in the patient's medical record:

- Verbally instruct the patient on how and when to take the medication.
- Inform the patient of possible side effects of the medication.
- Instruct the patient on precautions while taking the medication.
- Instruct the patient to contact you immediately should any problems occur.

Physicians insured by Medical Assurance may contact the company's Risk Resource for prompt answers to liability questions and/or risk management by calling (800) 282-6242 or via email at rmhelp@maih.com.

A Resolution:

WHEREAS, the primary focus of the hospitals that make up the Birmingham Regional Council of the Alabama Hospital Association is to provide the most appropriate level of care and treatment to the patients they serve; and

WHEREAS, *Medical Control* for Emergency Medical Services is the most important component of an Emergency Medical Services System; and

WHEREAS, *Medical Control* made up of off line medical direction and on-line medical direction has in the past always been a local/regional responsibility; and

WHEREAS, *Medical Control* with solid, enthusiastic, and strong physician involvement in BREMSS has served this region well in planning, development, and implementation of the treatment protocols for pre-hospital care, the development of a regional trauma system, the development of a regional 12-lead ECG system, and the recent development of a regional stroke system.

BE IT RESOLVED, That in the interest of patient care the Medical Control function must remain a local/regional responsibility as over the past thirty years this local/regional responsibility has produced immeasurable improvements in emergency patient outcomes.

Passed January 3, 2001 Alabama Hospital Association: Birmingham Regional Council.

David Kinsaul
David Kinsaul
Chairman

Reimbursement Committee Update

By Steve Baldwin, MD
Alabama ACEP Board of Directors
Birmingham

During 2000, a landmark modification occurred in Medicaid reimbursement policy that should significantly help emergency physicians continue to provide emergency and "safety net" services to Medicaid patients.

In September 2000, Governor Siegelman and the Alabama Medicaid Agency modified the Medicaid professional reimbursement rates for Alabama. The new rates went into effect October 1, 2000. Office visit CPT codes (99201-99205 and 99211-99215) were reset at 90% of Medicare rates. Any other CPT codes that were previously set below 70% of Medicare rates were raised to 70% of Medicare rates. Any CPT codes that were previously reimbursed at between 70% and 90% of Medicare rates were left unchanged. All CPT codes that were previously paid at greater than 90% of Medicare rates were lowered to 90% of Medicare rates. Dental rates, rare CPT codes, and proprietary local Medicaid codes that either do not have a Medicare counterpart, are part of specific Medicaid contracts with providers, or are indexed to some other non-Medicare rate, are being handled separately and may vary from the aforementioned scheme.

It is important to realize that this modification was the result of a major effort of many individuals, organizations, and a focused coalition of interested organizations hosted by the Medical Association of the State of Alabama (MASA). As a result of information provided by Alabama ACEP as well as other individuals and organizations, poor professional reimbursement by Alabama Medicaid was recognized as a crisis issue. Reports of decline, non-viability, and even near-total loss of access to services involving certain essential elements of the health care system in this state galvanized the effort to make professional reimbursement reform the foremost issue on everyone's agenda. Alabama ACEP provided very substantial information regarding the inadequacy of Alabama Medicaid reimbursement rates for emergency physicians. The potential for a significant and rapid demise of emergency medicine in this state because of woefully inadequate Medicaid reimbursement (25-35% of Medicare rates prior to October 2000) was very compelling to everyone. Alabama ACEP was also very active in pointing out that some other sectors of the health care system (i.e. dental services, primary care services) were declining or becoming unavailable to Medicaid patients because of inadequate Medicaid professional reimbursement rates. Tremendous effort was expended by many people and organizations, especially MASA and other members of the coalition, to properly inform the leadership of the Alabama Medicaid Agency and other state leaders of the issue and the need for immediate reform.

This recent improvement in Medicaid reimbursement rates for emergency physicians hopefully will help to stabilize the emergency medicine sector of the health care system in this state and allow critical services as well as "safety net" services to continue to be available to those who need them.

The progress that has been made on reforming Alabama Medicaid's reimbursement policies this past year is a watershed event. As a result of this single reform, emergency medicine and certain other sectors of the health care system have been resuscitated so that they can continue to provide service to Medicaid patients.

Many issues remain and Alabama ACEP will continue to try to collect and analyze pertinent information and inform leaders and others of the issues involved. Any information on the positive or negative impact of recent-Medicaid reforms or other Medicaid issues is most welcome and can be forwarded to the Alabama ACEP office or myself directly.

Please be particularly aware of the extraordinary support that Alabama ACEP has received from others, especially MASA, over the past couple of years on Medicaid and other issues. Without this support, it would have been totally impossible to have had our information and issues heard so readily and acted upon so rapidly. Please express your appreciation to MASA and the others. Please also express your appreciation to the state officials, particularly Governor Siegelman and the Alabama Medicaid Agency, who recognized the impending crisis and took positive steps to address it. ■

UAB Office of Emergency Medical Services (EMS)

Update of Activities

By Guillermo J. Pierluisi, MD, MPH
Birmingham

The Office of EMS, Department of Emergency Medicine, School of Medicine at the University of Alabama at Birmingham, would like to take this opportunity to update you about our current initiatives.

The Office of EMS was created in July 1999. Our mission is:

To improve out-of-hospital emergency medical care for the citizens of Alabama and elsewhere in the United States; To play a leading role in the development and refinement of the EMS system in Alabama; To stimulate academic productivity in EMS through research and education; To improve the provision of services by EMS through increased physician involvement; and, To help other countries develop efficient and effective EMS systems.

Currently, the Office is staffed by a Medical Director, an EMS/Disaster Medicine Fellow, an Executive Assistant, 3 full-time educators and 3 part-time educators. We expect that a second EMS Fellow and a Disaster Medicine Fellow will join us in the summer of 2001. The Office is divided into three sections: Education, Service/Consultation and Research.

Education

The education section currently offers the following courses:

1st year EMS Education: EMT-B; EMT-I; Paramedic

Continuing Medical Education: Critical Care Paramedic; BCLS; ACLS; PALS; Introduction to Law Enforcement Medical Support

Degree Program: **Baccalaureate in Allied Health with Concentration in EMS** (Started January 2001)

Physician Education: EMS/Disaster Medicine lecture series; 2 years

EMS/I) Disaster Medicine Fellowship

Our Baccalaureate Degree and EMS/Disaster Medicine Fellowship for Physicians are the first programs of these types in Alabama. We expect to launch an Advanced Health Care Professional to Paramedic Bridging Program and a Paramedic

to Emergency Physician Assistant Program within the next 18 months.

Service/Consultation

The EMS Division, Alabama Department of Public Health has contracted with the Office of EMS to coordinate the 2001 Statewide EMS and Disaster Medicine Conference (April 4-8, Birmingham, AL). Members of the Office currently provide medical oversight for the Homewood Police Department and the Federal Bureau of Investigations (FBI) Special Responses Team. Our EMS Fellow provides on-scene medical support and oversight for RPS Ambulance Service in Jasper, Alabama. The Office's Medical Director provides command and medical oversight for the Alabama Disaster Medical Assistance Team. Several members of the Office provide on-site review services for the Commission on Accreditation of Ambulance Services and the Commission on Accreditation of EMS Educational Programs. Another member provides medical oversight for AMR Ambulance Service in Birmingham. Also, the Office has been selected to develop a field training exercise for the US Public Service's WMD training course for EMS providers.

Research

The UAB/Office of EMS members are currently involved in several EMS/Disaster Medicine Research activities locally and nationally. Public Access Defibrillation, Airway Management, Advanced Education in EMS, Disaster Medicine Education for Physicians, and Informatics in EMS are some of the topics of our current research activities.

For further information about current and future activities of the Office of EMS, Department of Emergency Medicine, School of Medicine, University of Alabama at Birmingham, please contact: Guillermo J. Pierluisi, MD, MPH, Medical Director, Gpierluisi@uabmc.edu. Office phone number 205-934-7147. ■

Alabama Medicaid Patient 1st Referrals for Certified Emergencies

Adapted from EDS "Provider" Newsletter

Based on several recent inquiries, please find below Agency policies regarding care in the emergency room for recipients enrolled in the Patient 1st Program: **Certified Emergency Care**

- Hospitals and physicians who provide outpatient certified emergency services are not required to have a referral from the PMP. **Note: Care provided in an office setting is not considered emergency care.**
- As required by the Balanced Budget Act of 1997, the Alabama Medicaid Agency recognizes the "prudent lay person" definition of emergency care. This definition is as contained in the Balanced Budget Act of 1997 and further defined in the State Medicaid Manual Letter dated February 20, 1998. **Certified emergencies do not require a PMP referral for the hospital or the attending physician(s).**

CERTIFIED EMERGENCY:

An emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunction of any bodily organ or part.

- In determining whether a claim should be submitted and documented as a certified emergency, the parameters listed below should be considered:

- 1) The case should be handled on a situational basis. Take into consideration the person presenting, their background, extenuating circumstances, presenting symptoms, time of day, and availability of primary care (e.g., weekend, night or holiday).
 - 2) Determine whether the presenting symptoms as reported would be reasonably expected to cause the patient to expect that a lack of medical attention could result in an unfavorable outcome.
 - 3) Document why this case is a certified emergency. Documentation does not need to be extensive rather should be enough to justify the certification.
 - 4) If not an emergency, do not certify the visit as such. Note that follow-up care should not be certified as an emergency (i.e. physical therapy, suture removal, rechecks, etc.).
 - 5) Ancillary or billing staff are not permitted to certify. Certification must be done by the attending physician.
 - 6) Children or adults brought to the emergency department for exam due to suspected abuse or neglect may be certified by virtue of the extenuating circumstances.
- All related services for the emergency condition, including those provided by a specialist, may be billed fee for service directly to EDS without a referral. For example, if a child is seen in the emergency room for a broken bone and an orthopedic physician is called in to set the bone and apply a cast, the orthopedic physician should consider his service as part of the certified emergency condition and bill accordingly. The physician must still certify the services as an emergency and the services must be performed in the outpatient setting (place of service 22) on the same date of service. Note that follow-up care should not be certified as an emergency (i.e. physical therapy, suture removal, rechecks, etc.).

- In order to receive payment, there must be an "E" indicator in the appropriate claim block (HCFA 1500 - block 24 1 and UB92 - block 78). Refer to the Alabama Medicaid Provider Manual for further instructions.

- Providers should split bill for dates of service and place of service for services rendered that are non-certified emergency services. Non-certified emergencies will still require a referral from the PMP.

- Medicaid will be reviewing these claims retrospectively for appropriateness.

NON EMERGENCY CARE

- Under COBRA law, hospitals are required to perform a medical screening examination (MSE) on each patient who presents to the Emergency Department! Once the MSE has been performed and it has been determined that the patient does not have an emergency medical condition, then the hospital may inquire about payment status. If it is not a certified emergency, the provider must have a referral from the PMP in order to bill for services provided to a recipient in the Patient 1st Program.

- If the patient is enrolled in the Patient 1st program and it has been determined that the patient does not have an emergency medical condition, the hospital has several options:

- 1) Tell the patient that they do not have an emergency medical condition and require payment to further treat them

- 2) Tell the patient that they do not have an emergency medical condition and instruct them to go to their PMP during office hours the next day (if it is after hours)

- 3) Ask the patient to contact the PMP for a referral

- 4) Contact the PMP for the patient and ask for a referral

Medicaid stresses the importance of coordinating with the PMPs regarding the care of Medicaid recipients in order to preserve the continuity of care and the "medical home" concept of the Patient 1st program. Should you have problems contacting a PMP or have further questions or concerns, please contact the Patient 1st Program at (334) 353-5773.

Defending the Safety Net...on the Web

by Mark Mitchell, M.D. FACEP

In Washington, DC, at the National Press Club this past September, ACEP held a monumental presentation entitled the National Congress on Preserving the Health Care Safety Net. The day-long program was attended by invited Health Care Leaders from industry, the media, and the legislature as well as ACEP leadership. Attendees were treated to sessions that addressed the various issues surrounding the central question, best framed by ACEP President Michael T. Rapp, MD, FACEP: "How can emergency departments continue to provide care for all Americans, not just the disadvantaged, while more hospitals are closing, emergency departments are becoming crowded, and reimbursements are decreasing?"

Fortunately, the entire conference was archived by the Henry J. Kaiser Family Foundation. You can view the presentations and panel discussions on their web site using the following links:

1. Welcome & Keynote Address
http://www.fednet.net/ram/kff/kff091900_panel1.ram
2. Health Care System Infrastructure and the Emergency Department as part of the Health Care Safety Net
http://www.fednet.net/ram/kff/kff091900_panel2.ram
4. Luncheon - The RiteCare Experience
http://www.fednet.net/ram/kff/kff011900_panel4.ram
5. Delivering High Quality, Cost-effective Care /Economics of Emergency Medicine
http://www.fednet.net/ram/kff/kff091900_panel5.ram
6. Access and Barriers to the nation's Safety Net:: A Review/Analysis of Current Policy Proposals
http://www.fednet.net/ram/kff/kff091900_panel6.ram
7. Where Do We Go From Here? & Concluding Remarks
http://www.fednet.net/ram/kff/kff091900_panel7.ram

Spend some quality time with your computer and review the proceedings from this special event. You will find the information essential in your day-to-day defense of Health Care Safety on the front lines, in your own emergency department. ■

John Campbell Receives Award

The annual meeting of the National Association of EMS Physicians (NAEMSP) was held in January 2001, during which one of our own, John Campbell, MD, FACEP, received the NAEMSP "Lifetime Achievement" award. During the awards dinner, Dr. Campbell, a founding member of Alabama ACEP, along with his wife Jackie, received a standing ovation following remarks about his founding of Basic Trauma Life Support (BTLs) and overall lifetime contributions to improving EMS and trauma education. **Congratulations Dr. John Campbell!**