

Alabama EPIC

SPRING
1998

Interim Communique for Emergency Physicians in Alabama

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Alabama ACEP Worldwide Web Site
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From The President ...

Sam B. Heard, M.D., FACEP

When physicians who worked full time in the ER began developing ideas for organizing and developing a specialty of Emergency Medicine back in the 70's, I doubt they ever realized the growth in Emergency Department visits that would occur and the dependence this country would develop on these centers of acute care. Not only are today's Emergency Departments recognized for the excellent care delivered to acute trauma victims and serious medical problems, but they have developed into a primary care delivery system for a huge segment of our population, or at least acute episodic care centers. Through the years, the basic body of knowledge that such practitioners need to handle and the tremendous variety of cases that may walk through our doors has been developed into a very unique core training curriculum and the residencies offering this training has flourished. In no other specialty training will students learn the breath of knowledge required to be adequately prepared to manage acute major trauma, cardiac and pulmonary resuscitation, acute pediatrics, acute ob-gyn emergencies, overdoses and poisonings, ophthalmologic emergencies, acute orthopedics, acute medical and surgical emergencies and illness, psychiatric crises and environmental emergencies such as animal, insect and arthropod bites and envenomations, cold and heat injuries, electrical and radiation injuries, as well as drowning. In addition, to be generalists enough to handle the more routine and less threatening problems of the above and other specialty areas as well as to become experts in acute pain management, requires either intense post-graduate training or years of experience with continuing education. As a specialty, we have also taken the leadership role in developing, training and managing the pre-hospital care systems and have been active in the development of programs for detection and management of spousal and elder abuse, preventive trauma and safety issues. We are available 24 hours a day, and it is no wonder that this nation realizes that when an "emergency" occurs, or an acute problem develops, the place to go is the local Emergency Department. Over the years, we have built into the public a high degree of confidence in these specialists, who themselves have developed, whether by their years of experience or by specialty training, into a respected Emergency Physician.

To train the adequate number of physicians to be such specialists for the **future** requires a large number of excellent residency programs that have developed over the last 20 years, currently 119 programs have been established. This will guarantee the future of our specialty throughout the next decades. Not only are the number of well trained doctors increasing, but the development and maturity of Emergency Medicine research has been dramatic. Our specialty

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PRESIDENT'S MESSAGE... (continued from page 1)

journal is exemplary as are the wide variety of continuing education courses available. Emergency Physicians are beginning to take leadership roles in not only local hospitals, but statewide and nationally in a variety of settings, all made possible by the growing recognition of the quality of physicians who practice the specialty as well as the acceptance by the rest of the medical community about the unique value and contribution we make in the overall delivery of health care. We are maturing as a specialty.

As a natural consequence of such maturity, the professional society we belong to has taken the step to close the specialty to only residency trained physicians after the year 2000. How can we continue to claim there is a unique body of knowledge and training required to become an Emergency Physician without demanding that the training be necessary to join the professional society? Every other specialty, (i.e., surgery, medicine, ob-gyn, pediatrics and even family practice), has a residency program whose completion is the requisite for membership. As we have matured, we cannot gain and hold the respect of our colleagues unless we do the same. This in no way lessens the value of the many Emergency Physicians who helped build this specialty before there were even adequate residencies to train them and who had to learn and develop in a much harder way...by experience and ongoing education while they practiced their craft. Indeed, every member is fully aware that the specialty would never have developed in the first place without these pioneer physicians, who found interest in a new specialty and wanted to be part of its growth. Many others got into Emergency Medicine by default or because they were searching for their niche, then became enthusiastic members who wanted to pursue it as a career. It is because of their numbers and dedication that Emergency Medicine has developed as rapidly as it has, and has built such a solid and respected reputation. And no one, including ACEP, wants to exclude them or diminish their contribution. Only **new** members after January 1, 2000 will be obligated to have completed the residency requirements because of the adequate number of training programs now available. Any member of ACEP by the year 2000 will stay a member – and a full member, not delegated to any lesser category or status.

Although Alabama ACEP did oppose this change in ACEP membership requirement, our opposition was based on our inability to attract large numbers of residency trained physicians and its impact on our future membership numbers. Most of us did not oppose the concept and know that this change was a natural evolutionary process that our specialty would someday have to accept. We were not ready for it at this time, but an overwhelming majority of the national membership felt the timing was right – by the millennium and after 25 years of development and growth.

Let us turn this ACEP membership change and the difficulties it presents to our chapter however, into an opportunity. An opportunity to recruit well qualified Emergency Physicians who have not yet joined our ranks in a professional organization. We need the contributions of all practicing Emergency Physicians in Alabama, and for those who will not be able to become Boarded, we must recruit them before the door closes on their membership opportunity. I can foresee that membership in your specialty society being an important indicator of one's credentials, especially if Emergency Medicine has been chosen as a true career path. Talk to your colleagues. Do not let your membership lapse even if you're not residency trained in EM. These next 2 years are vital for Alabama ACEP, as we must ensure that every EM physician in the state is brought into the organization before they lose the opportunity to ever do so.

We should be proud of all that has been accomplished in our specialty, and you should be able to hold your head up high when you say you're an Emergency Physician.

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Protecting Your Pelvis: Biomechanical Response of the Human Pelvis to Side Impact

by Jorge Alonso, MD

Senior Scientist, UAB Injury Control Research Center

Imagine you're the victim of a side impact car collision. You're likely to end up with a fractured pelvis bone, an injury that may take weeks or months to heal. Or you may walk away, only to discover years later that you suffer from post-traumatic arthritis, a long-term disability caused by undiagnosed cartilage damage.

With either injury, you'll realize how costly and painful side impact collisions, which account for 28 percent of all crashes, can be. Fortunately, ongoing research at the UAB Injury Control Research Center may help reduce the toll taken in side impact crashes by providing a thorough understanding of the pelvis's tolerance to injury and by providing direct feedback to automotive safety engineers.

The three-part project consists of surveillance, experimental, and analytical studies. The surveillance

studies set the stage for the research. Through the National Automotive Sampling System and the UAB ICRC's Core Project database, researchers gather information about side impact collisions and pelvic fractures that result from them. From these data the scientists can get an idea of how these injuries actually occur inside motor vehicles.

The experimental studies are taking the research a bit further. In these studies, the first of their type, scientists obtain pelvises from human cadavers and subject them to a series of mechanical tests. These tests provide vital information about the structure of the pelvis, including its fracture tolerance and how the pelvis and hip react to impact.

Using the results of the experimental studies, UAB ICRC scientists perform analytical studies, creating complex three-dimensional computer models, the researchers can

understand and accurately estimate how the pelvis will react under various strains, weight loads, and forces.

The quantitative information from the UAB ICRC project will make quite an impact itself. The findings will help the National Highway Traffic Safety Administration develop and improve federal side impact protection standards implemented in new cars. Automakers will use the data to refine the side structure and interior padding design of motor vehicles. The research results also will lead to better crash dummies that more accurately reflect what happens to people during motor vehicle crashes. In the near future, the computer model of the pelvis developed by UAB ICRC scientists in this study will be available for use by researchers around the world for a variety of related research studies.

Reimbursement Update

Jorge A. Alsip, MD, FACEP

As most of you already know, HCFA has delayed enforcement of the 1998 documentation guidelines until July 1 of this year. National ACEP continues to work with HCFA officials in pursuing all avenues for relief for emergency medicine. ACEP representatives are scheduled to address the CPT Editorial Panel meeting to further discuss the documentation issue, and they are optimistic that they will obtain favorable revisions through the CPT process. Although

this is encouraging news, emergency physicians should continue to familiarize themselves with the guidelines and be prepared to bill Medicare patients accordingly.

One potential problem for Alabama emergency physicians involves HCFA's requirement that all bulleted items in the exam be performed while only requiring that 2 bullets for each organ system be documented. Dr. Fred Robertson, the Alabama Medicare medical director, was asked how

his staff would determine which portions of the exam were performed. His response was that those items which are not documented will be assumed to have not been performed. This suggests that physicians who follow the HCFA guidelines and only document two bulleted items for each organ system for the comprehensive examination may have their charges downcoded or face possible penalties for overcoding Medicare cases. A representative of Alabama ACEP

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Pediatric Emergency Medicine

Two new committees have been formed in the state to address pediatric emergency medicine issues. The first of the committees is the state committee on Pediatric Emergency Medicine. The first project to be undertaken by this committee is development of a Primary Care Provider Office Assessment for Emergency Preparedness. Any interested persons should contact Alabama ACEP member Kathy Monroe at 205-939-9587 or by e-mail at Kmonroe@peds.uab.edu.

The 2nd committee focusing on pediatric emergency medicine issues is the state EMS for Children (EMS-C) committee. Alabama has received a two-year partnership grant from the federal government (Maternal and Child Health Bureau) to institutionalize emergency medical services for children into the state emergency medical services (EMS) system. The primary goals of the project include: 1) Formation of an EMS-C Advisory Board, and 2) Evaluation of pre-hospital pediatric education. The grant will be administered by the EMS Division, Alabama Department of Public Health. Contact Dr. William Hardwick, chairperson, at 204-939-9587 or by e-mail at Whardwick@peds.uab.edu for more details.

The key to success of both these committees will be local and regional involvement of ACEP participants.

From the Emergency Medicine Society at UAB School of Medicine

Judson Colley, President

Thanks to the support of Alabama ACEP and our faculty advisors here at UAB the Emergency Medicine Society continues to grow strong. Last semester, during our monthly meetings, we welcomed several guest speakers to address our interest group. Dr. Kathleen Funk from the UAB Department of Emergency Medicine gave an enthusiastic talk about residencies and careers in EM. Dr. Steve Baldwin, a pediatric emergency physician at Children's Hospital, spoke about pediatric emergencies. Last month we had a representative from the Aerospace Medical Association, Dr. Steve Baldwin, speak to us on the exciting field of aerospace emergency medicine. Outside the medical school, we have also continued to increase our involvement with promoting EM by teaching CPR and prudent heart living. This project was started last year and acceptance has been remarkable. In February, we have plans to train volunteers at Americor and teachers at the Montessori school. All of these activities and more can be found on our new official web site. The address is www.uasom.org/ems/. Email addresses of the officers can be found on the site and we would appreciate your input to the organization.

ADVANCED TRAUMA LIFE SUPPORT

(ATLS) RECERTIFICATION

An ATLS Refresher Course may be offered during the 15th Annual Educational Conference, June 1-3, 1998. A minimum of 10 participants is required to offer the course. If your certification expires between March and September of 1998 and you want to recertify during the conference in June, please call Bobbi Lawley at the University of South Alabama, 334-471-7346, to pre-register or for more informa-

Joining and participating in association's has become a popular American pastime. Today seven out of 10 adult Americans belong to at least one association, says the American Society of Association Executives. People with common interests just like getting together.

Reimbursement Update

(Continued from page 3)

will meet with Dr. Robertson again in March and will attempt to further clarify this point.

Medicare carriers across the country anticipate a significant shift in the level of Medicare charges to the lower visit levels once the new documentation guidelines are enforced. Any group whose acuity profile does not show this change should anticipate being among the first audited. Whether your group's billing is performed by your staff, the hospital or an outside billing service, be certain the coding staff is prepared to apply these new guidelines correctly. The physician will ultimately bear the burden of any fines or penalties.

Chapter Update

Sam Heard, MD, FACEP

ersam@hsv.mindspring.com

Alabama ACEP is still alive. Yep, despite all the doomsday cries you may have heard and letters you received, many of us are determined to keep the chapter fully functional. Tireless, persistent work by our Board and staff have kept us operational and representing you and Emergency Medicine on many fronts.

Day-to-day efforts are ongoing to reduce association expenses. For example, Leland has graciously taken a salary cut and the Chapter office just relocated upstairs into a smaller though still functional office, thereby saving the chapter several hundred dollars per month. In addition, the costs for chapter mailings, such as reproduction and postage, among other things, have been cut. Moreover, all travel expenses by the officers and board have been suspended (actually for the 2nd year), and such necessary travel expenses are being paid from the member's own pockets. Meticulous attention is being given toward reducing the Chapter costs for the upcoming 15th Annual Meeting and Conference in San Destin, including reduced meal functions, as well as increasing our sponsorships and exhibitor fees so that we may realize a more substantial profit from this great event. We have also increased the charges for Basic Trauma Life Support (BTLS) course books and materials (or at least passed on the increase to our customers), in order to keep up with increased publishing costs and to keep the sale of these products a sustainable revenue source to the Chapter.

The contributions received from our membership for debt reduction

so far have totaled over \$7,000 and efforts to raise more funds are ongoing, from developing revenue-generating EMS courses to solicitations from corporate sponsors. Unfortunately, the great majority of the amount raised so far has been from Board members and a few other loyal supporters. I have certainly been disappointed in the lack of money raised from our general membership, although the contributions from those few are greatly appreciated and will be recognized. It is not the function nor duty of those elected to Alabama ACEP's board of directors to be personally obligated to reduce the chapter's inherited debt, but rather for each and every member to accept some shared responsibility to assure the association's continued operation – for your benefit. With these thoughts in mind, the Board discussed various options, including a mandatory assessment, but rather voted on a voluntary assessment that will appear on member's ACEP renewal statements very soon. I urge each member to exercise this option.

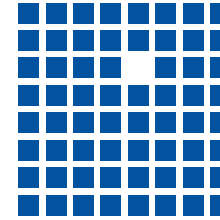
On a better note, we are currently negotiating the details of an agreement with BTLS International to forgive a major portion of the debt owed them in exchange for forgoing the rights to royalties of foreign editions to the BTLS text. Thanks to John Campbell and Mark Mitchell for representing us so well at the BTLS International board meeting and helping structure this tentative proposal. We've also negotiated an interest-only repayment schedule from the bank on a large promissory note owed, which has and will make day-to-day

financial operations easier.

On the legislative front, the Board has decided not to pursue any additional legislative efforts toward passing the "prudent layperson" bill this year in the Alabama Legislature. Although we have drafted a stand alone bill for Emergency Services, the lobbying and associated expenses were not thought to be justified another year, especially considering the current political climate, upcoming elections, and the refusal of the opposition forces to even sit down and discuss the issues. There is a strong chance that National legislation could be passed this year, as there is growing media and political interest in assuring emergency access legislation. Indeed, the "prudent layperson" definition and other restrictions against managed care preauthorizations and denials is a major part of the President's proposed "Health Care Bill of Rights". There are currently 225 congressional sponsors and/or co-sponsors of our legislation already. Unfortunately, U.S. Representative Bud Cramer is the only Congressman from Alabama who has joined as a co-sponsor of this important federal bill. Please contact U.S. Senator's Shelby and Sessions and your U.S. Representative and urge their support for this vital piece of legislation, no matter what final form it takes. You may contact Leland Holman at the chapter office for detailed information regarding the issue and about getting in touch with your own Representative.

The Chapter has submitted two proposals for chapter grants to

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Chapter Update

(Continued from page 6)

National ACEP. These were for financial assistance in developing our “Emergency Trauma Management” course, and for a survey project to define, analyze and generally describe who is a “prudent layperson.” Both proposals are in the preliminary phase and, if selected, will require further development. See future Alabama “EPIC” newsletters for more updates and information.

Plans are underway now by Dr. Phillip Bell for our next Annual Meeting & Conference. We will again go to the beaches at the beautiful San Destin Resort. This is a great family resort with great amenities, beaches, water fun, golf, bicycling, great nearby shopping and wonderful restaurants. Plus an outstanding meeting is being put together with national faculty and timely topics for the Emergency Physician. Meet your professional

peers, renew friendships and get a real energy boost as we all share experiences and solutions. Be sure to reserve the first week of June on your schedules and plan to attend the best Alabama ACEP meeting yet. This conference really does get bigger and better every year! Just ask you colleagues who attended last year’s meeting.

One final reminder, your participation in activities of Alabama ACEP. Several new Board positions will be available as current members rotate off. We want and need your input...and if you’re unhappy with the way things have been handled, you have new solutions, energy and dedication, or you’re interested in becoming involved in your professional organization, please submit your name or that of an associate. We will develop brief bio’s for each nominee in the next “EPIC”, which will give you more

recognition before the election occurs at the Annual Meeting in June. Please give serious thought about becoming involved in Alabama ACEP. It doesn’t require too much time, just your knowledge, input and dedication (and I promise, no financial obligation). Deadline for submission of new board members will be April 1, so send in your nominee now by using the form on page 7.

I do look forward to seeing you in June. Don’t forget, <http://www.alacep.org> our chapter web site, and <http://www.acep.org>, National ACEP, for latest and more in-depth emergency medicine news and issues. Emergency medicine is a dynamic profession you have chosen. Get involved and informed on more than just a local day-to-day level.

Five Smart Reasons to Be a Member of Alabama ACEP

1 RESOURCES YOU CAN USE. Your association is equipped to handle your questions and calls for specialized help and industry information. No matter the on-the-job challenge you’re facing, count on your association to respond quickly and aptly. Your association has a wide variety of resources at its fingertips to help keep you current and competitive. And it can even tap its members for extra, expert advice.

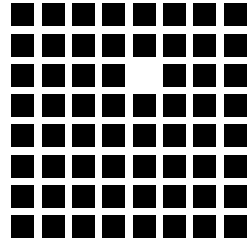
2 LIFELONG LEARNING OPPORTUNITIES. No one can match your association’s educational advantages. Through workshops, seminars, and conferences, you have a special “pipeline” to new industry techniques and ideas.

3 LEGISLATIVE AND REGULATORY DATA. Your association monitors governmental developments likely to affect the success—perhaps even the survival—of your company. Rely on your association to carefully track issues in the legislature, courts, and regulatory agencies, and then translate these complicated laws and regulations for you into understandable terms.

4 CONNECTION TO THE INDUSTRY. When you’re faced with job challenges unique to your industry, it’s smart to talk and network with colleagues who’ve lived your experience. Associations hold the collective wisdom of members

of all sizes and financial resources. Swap ideas and compare notes with fellow members at association events. Or even pursue ongoing friendships with mentors and counterparts alike.

5 CREATES THE FUTURE. Today there’s no room for surprises in business. You have to be prepared for challenges to come so you can manage them. Your association helps identify those challenges for members, and helps you anticipate and organize ways to overcome them. A variety of programs and services—both tangible and intangible—are working on your behalf.



CALL FOR NOMINATIONS

The Alabama Chapter ACEP will have several open positions to the Board of Directors, with terms of 3 years, effective following the Annual Board Meeting & Educational Conference, June 1-3, 1998, Destin, Florida.

You are encouraged to nominate a colleague to the Board of Directors, by using the form below, then send directly to the chapter office by April 1, 1998, to: Nominations Committee, Alabama ACEP, P.O. Box 4629, Montgomery, AL 36103, or call 334-265-0068.

NOMINATION FORM

Alabama Chapter ACEP Board of Directors

I, _____ do hereby nominate
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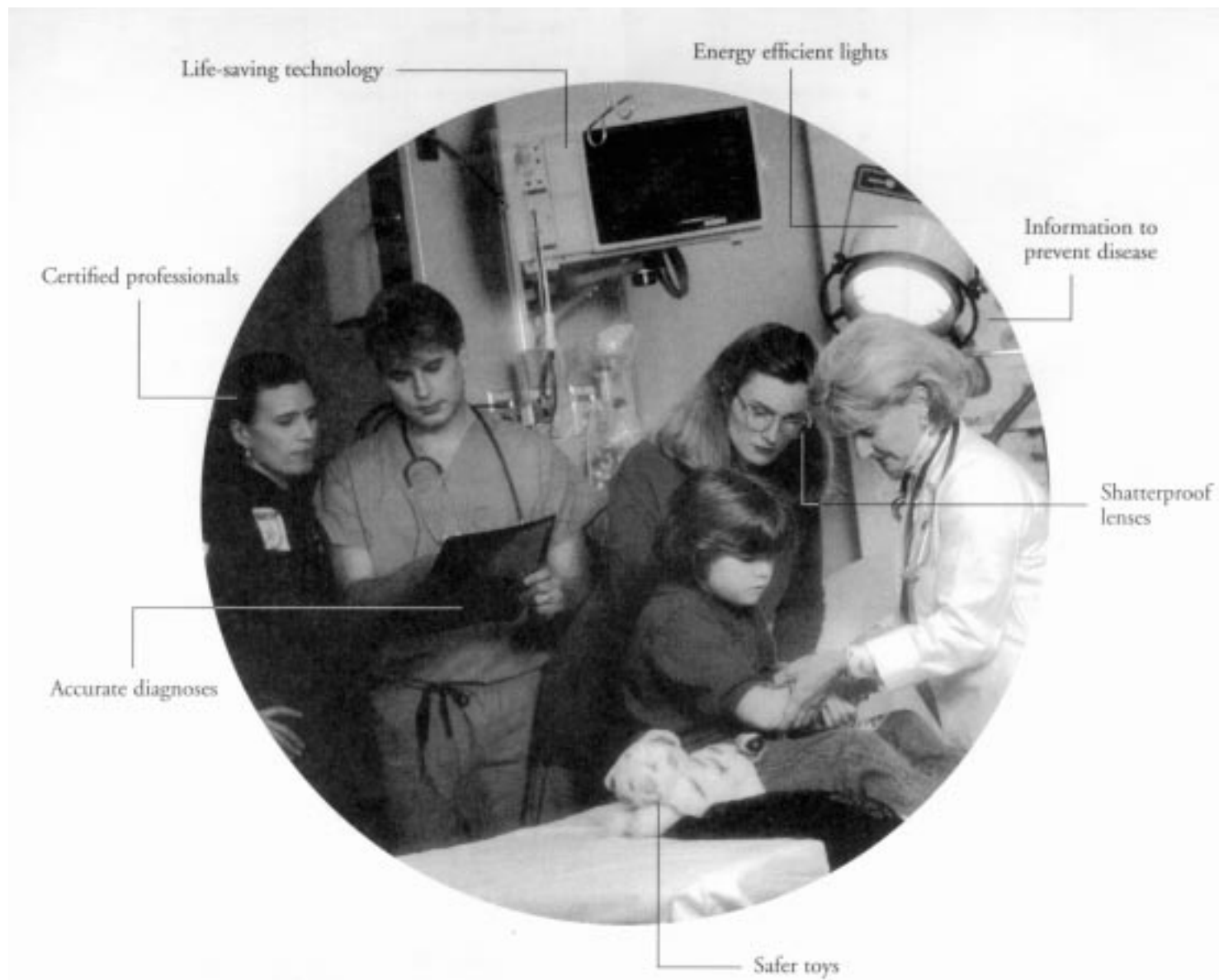
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safety and quality standards for everything from the toys our children play with to the eyeglasses we wear. In fact, in almost every corner of the world, associations are working to build a safer, stronger, and smarter future for all of us. Wouldn't you agree that everything's better by association?

asae

AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES

This message is brought to you by the American Society of Association Executives, in recognition of the nearly 100,000 associations who work to make our lives Better by Association, and by the Alabama Chapter American College of Emergency Physicians (Alabama ACEP). For further information about this campaign, please email pr@asaenet.org, visit <http://www.asaenet.org>, or <http://www.alacep.org>.

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A large number of 1994 and 1995 tax returns have already been selected for audit due to a significant entry on the Returns and Allowances line of the Form 1120 and Form 1065, and for Schedule C of Form 1040 if there is not a Cost of Goods Sold section reporting inventory. IRS believes that this line should only be used for returns of merchandise or discounts given on purchase of inventory items.

Patient Refunds and NSF checks should be reported as separate entries under Other Expenses on the tax return and not on the Returns and Allowances line.

Watch for Further Tax Tips in Upcoming Issues

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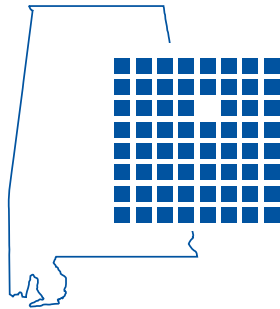
15th Annual Meeting & Educational Conference

June 1-3, 1998
Destin, Florida

“Emergency Medicine Clinical Perils”

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