

# Alabama EPIC

SUMMER  
1997

Interim Communique for Emergency Physicians in Alabama

## In This Issue:

- From the President (continued) ... page 2
- Weatherby Health Care Sponsored  
Emergency Medicine Fellow  
Presents Research Findings ... page 3
- EMS Week ... page 4
- Did you know? ... page 4
- Birmingham Region Emergency  
Physicians Organization  
Established ... page 5
- Nominees to Alabama ACEP  
Board of Directors ... page 5
- How Associations Help Congress  
and Your State Legislature ... page 5
- ED patient visits climb after  
year of decline ... page 6
- 14th Annual Meeting and  
Educational Conference ... page 7
- Did you know? ... page 8
- 14th Annual Registration Form ... page 8
- Domestic Violence ... page 9
- WANTED ... page 9
- Legislative Committee Report ... page 10
- Alabama Health Care  
Benchmark Survey ... page 10
- Special Thanks ... page 11
- State Key Contacts ... page 12
- Chapter President Dr. Sam Heard  
testifies at Legislative  
Health Care Summit ... page 13
- Attention -  
Retrospective Denials ... page 13
- Mark Your Calendar ... page 16

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Check out the  
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at: [www.alacep.org](http://www.alacep.org)

## From The President ...

**Sam B. Heard, M.D., FACEP**

Do you sometimes wonder if there will ever be a time when you can sit back and survey what you have accomplished in a part of your life and just feel it is over? ... you have achieved what you had set out to do, your goals have been achieved ... and now you can go "play and rest". I have looked forward to that time, but it keeps eluding me.

Think back ... we finally finished school – long years of college, struggling and competing to make the grades to get into medical school, then the long hours continued as we tried to absorb the unbelievable quantity and complexity of medical studies, then the transition to practical application and patient skills in residency – and now we're done. We can rest and play for a while, right? Ha! Got to go out now and make a living, become a responsible adult, companion and parent. A job that is in most ways harder than the student role ... and with much less structure and guidance along the way.

As my career progressed, I began to develop a professional identity and an involvement in an organized structure, ACEP. My leadership term began with a strong sense of defined goals and objectives and a hope of completeness once my term was completed. Surprise, again. Objectives are not so easily compartmentalized or accomplished and the efforts to achieve a degree of success becomes a continuing, repetitive struggle. The needs and the work must go on. This ongoing struggle must be maintained by the organization and new leadership must be identified and developed. There isn't time to stop and survey any achievements because almost everything is a work in progress. The more effort you expend on a project and its development, the more complex it grows and expands in scope, and the less likely it will ever be "completed." That is not to say I am not proud and pleased with the progress and work that has been done over the last year. It is just a realization that there is no well defined stopping point, no real finality, no completion of a goal. I have come to view this position as a focus setter, a direction definer and a project nurturer. One who tries to organize and encourage the Board and other chapter members in doing the work needed for the good of all our membership. All this in addition to the formidable task of representing the Emergency Physicians in this state wherever needed, in the media, the legislature, other medical associations, state regulatory agencies, national organizations, etc. (For that, I can guarantee, you got your money's worth.)

There are several "projects" or works-in progress that will be carried forward for years to come and I am glad of the directions we're headed as an organization. Our financial viability is of utmost importance and is an issue the Board has been struggling with for years. We have approved the development of an Alabama Emergency Medicine Foundation that you will be hearing about more in the future months. This concept may provide for and guarantee our future at Alabama ACEP and your help will be needed.

The development of an alternative course to ATLS, designed and administered by Emergency Physicians, is in progress as is the refinement and encouraged utilization of our on-line communication vehicle, the Alabama ACEP Home Page on the Internet. The development of extensive chapter data-bases and distributed membership directories are projects nearing completion now. Great strides have been made in establishing

(Continued on page 2)

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

Alabama ACEP and emergency medicine as a player in both the state legislative arena, with MASA, and other medical organizations within the state. We are gaining the recognition as the experts and voices whenever issues affecting emergency medicine are raised in this state, whether from the insurance payors or regulatory/legislative agencies. All of these are ongoing issues that may never have completion but need continuing effort and energy.

Alabama ACEP is committed to the concept that an "emergency medical condition" needs to be defined from the perspective of the patient, the "prudent layperson." This definition means that it will be the severity of the presenting symptoms that determines if an emergency exists, and not the final, retrospective diagnosis. This commitment is exemplified by our support for legislation that would codify this definition on both a state and national level. But this commitment is also manifest in the reality of actual practice. Dr. John Searcy, Deputy Medical Commissioner for the Alabama Medicaid Agency, has approached Alabama ACEP for input and guidance in establishing guidelines for emergency services coverage for the state Medicaid managed care plan that is being defined and will be operational in the state by 1998. We have rejected a list of "emergency diagnoses" that were proposed as criteria for reimbursement and have insisted that coverage for emergency services be based on presenting symptoms instead. Dr. Searcy has subsequently asked for our help in writing and designing such a plan and that will be a major project and undertaking I want to accept for these next few months. If you are interested in getting involved at this level and working with me to present to Dr. Searcy our formal counterproposal, please let me know because I do need a lot of input from you. (You see, it never ends.)

I also want to personally recognize those of you who understand the importance of the legislation Alabama ACEP was sponsoring and lobbying for on your behalf. Your financial support in these efforts is noted with pride in this issue of EPIC. Again I encourage and plead with each of you to contribute to this cause as we still have a considerable lobbyist fee due. Although this session of the legislature is over and our bill got hung up and did not pass, we discovered tremendous support for our Emergency Services position and will continue our efforts in the next regular or special session as appropriate. However, the lobby bill incurred, for one year of services, is still hanging over the chapter. Help us financially fight your battles. Send in your \$100 contribution (at least) to the chapter office, attention: governmental relations program today.

In this same arena, we desperately need documented cases of inappropriate retrospective denials by insurance payors that we can use as ammunition when this legislation comes back up for reconsideration. Please talk to your billing service manager about identifying and copying these records, and contact Leland Holman, chapter executive director, regarding collecting this vital data. Other than generalities and anecdotes, we desperately need actual cases in Alabama where these abuses occurred to make our case even stronger with our next assault. Your help is required.

The future of our organization depends on the willingness of the membership to become involved ... you cannot just depend on "someone else" to do the work and make the commitment. That future also depends on bringing in new ideas and fresh, energetic faces from all of the state to serve on the Board of Directors. To expand the opportunities for the membership to have more opportunity to participate at this active guidance and service level, we have proposed By-laws amendments that expand the number of Board members. You have received copies of these proposed changes that will be our first order of business at the annual meeting in June at Sandestin. If approved as expected, we can then proceed with election of new members to the Board from the slate nominated, and included in this EPIC or from further open nominations.

I want to strongly encourage each of you that can arrange time-off to attend this year's Alabama ACEP Annual Scientific Assembly in Sandestin, Fla. Not only has an outstanding program been put together by Dr. Phillip Bell, with outstanding speakers and topics, but it has been moved to the first week after school is out in June so that you can make the conference a family vacation. The resort is first class with great facilities, beautiful beaches, super golf courses and other recreation available. You will not be disappointed!! Come meet and socialize with your colleague Emergency Physicians in Alabama, get re-energized. I am personally looking forward to seeing good friends and meeting many new ones.

You can reach me at: [ersam@hsv.mindspring.com](mailto:ersam@hsv.mindspring.com)

**ALABAMA ACEP****Board of Directors****OFFICERS**

Sam B. Heard, MD, FACEP,  
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President-Elect  
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Huntsville

Christopher J. Rosko, MD, FACEP,  
Immediate Past President  
Birmingham

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John M. McMahan, Jr., MD, FACEP  
Daphne

Mark C. Mitchell, MD, FACEP  
Daphne

Mark S. Siegel, MD, FACEP  
Daphne

**COMMITTEE CHAIRS****BTLS**

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**Bylaws**

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**Pediatrics**

Peter W. Glaeser, MD

**Academic Affairs**

Marni J. Bonnin, MD, FACEP

# Weatherby Health Care Sponsored Emergency Medicine Fellow Presents Research Findings

NORWALK, CT, April 22, 1997 – Dr. Alan Tuttle, an emergency medicine fellow at Henry Ford Hospital in Detroit, Michigan, recently presented papers on various emergency care topics at the Society for Critical Care Medicine meeting in San Diego, California, and the 4th International Congress on the Immune Consequences of Trauma, Shock, and Sepsis held in Munich, Germany. He will also be presenting a paper at the Society For Academic Emergency Medicine meeting in Washington, D.C. next month.

Some of the topics presented include: The systematic inflammatory response syndrome in the Emergency Department: prevalence, association with hospital admission, and clinical utility; Plasma cytokine concentrations measured at triage in the Emergency Department as predictors of hospital admission; and a presenting emergency cytokine score measured at triage in the Emergency Department and admission rates.

Weatherby Health Care, one of the top three recruitment firms in the country, with offices in Norwalk, Connecticut, and Fort Lauderdale,

Florida, has been a supporter of the Henry Ford Hospital Resuscitation Fellowship for several years.

Fellowship Director at Henry Ford Hospital, Richard M. Nowak, M.D., states "Weatherby Health Care's role as a fellowship sponsor has been very important in the training of our research fellows for the past five years. Dr. Tuttle's successful fellowship training will provide the basis for further academic development in our specialty, something that is vital for future successes."

Weatherby Health Care offers focused searches in each major medical specialty, and is an authority on the issues and trends affecting Primary Care, Family Practice, Internal Medicine, Emergency Medicine, Pediatrics, OB/GYN, Orthopaedics, Surgery, Psychiatry, Locum Tenens, in addition to other specialties and sub-specialties.

The emergency medicine division of Weatherby Health Care has worked closely with the Henry Ford Hospital in an effort to support and continue the fellowship.

Scott Powell, Senior Vice-President at Weatherby Health Care states. "Weatherby identified a nat-

ural fit between the Henry Ford Hospital's emergency training program, and the Weatherby Health Care emergency medicine division. We are in the business of placing emergency physicians, and therefore it makes sense that we would support the medical research and endeavors of one of our premier clients."

*Weatherby Health Care is a national leader in physician placement and health care executive search. The company's expertise is finding positions for physicians and health care executives; finding physicians for HMO's, hospitals, group practices and MSOs; and finding executives for hospitals and other health care organizations. The company's mission is to improve continuously the services provided to clients through fresh thinking, risk taking, innovation, and energetic actions. Its goal is to grow market share through providing quality services.*

#### CONTACT:

Joseph Burnieika

Jean M. Serra

McKay Fried & Partners, Inc.

(617) 338-8844



NATIONAL EMERGENCY MEDICAL SERVICES WEEK  
May 18-24, 1997

*Your education didn't end on the last day of school. For many professionals, associations are the "after-college" college, offering courses that allow you to keep abreast of the latest information and trends. Educational interchange enables your association to fill gaps in technical training, share the latest management techniques, and translate general discoveries and principles into concrete practices.*



## All About EMS Week

### TO CELEBRATE AND EDUCATE

Ever since former President Ford signed the first official proclamation in 1973, National Emergency Medical Services Week has been celebrated each year to recognize the accomplishments of the men and women who dedicate themselves to saving the lives of others and to educating the public about how and when to utilize EMS services.

EMS Week, May 18-24, 1997, is the ideal time to highlight how EMS *makes a difference* every day in the lives of Americans and to raise the support vital to the future of EMS. "National activities for EMS Week 1997 will focus on the countless ways EMS personnel reach out to their communities, not only in terms of saving lives, but in educating the public in the areas of injury prevention and healthy living habits they can take with them throughout their lives," says Dr. Sam Heard, Alabama ACEP President.

The 1997 National EMS Week theme, *Making a Difference ... For Life*, celebrates the contributions of EMS providers nationwide and stresses the importance of strong public support for the EMS system.

## Did you know...?

- One in three Americans visits an emergency department each year.
- Heart disease is the leading cause of death overall, but injuries are the leading cause of death for ages 1-38.
- Stroke is the third leading cause of death, second only to heart disease and cancer.
- More than 9,000 lives are saved each year by seatbelts.
- Airbags reduce driver fatalities in head-on crashes 23%, and there are more than 50 million airbag-equipped cars on the road today.
- 80% of calls to fire departments are EMS-related.
- Only 75% of the population is covered by the 9-1-1 emergency number.
- It costs between \$95,000 and \$140,000 to purchase a fully-equipped ambulance.

## Birmingham Region Emergency Physicians Organization Established

The first meeting of the Association of Birmingham Regional Emergency Physicians Organization was held March 20, 1997 at the Merritt House in Birmingham. The purpose of the organization is to foster camaraderie among the emergency physicians practicing in the metropolitan area, to provide a forum for relevant and stimulating continuing education, and to breach the gap frequently seen between the "town" and "gown" practitioners. The following physicians were present: Marni Bonnin, Kurt Denninghoff, Heidi Kapanka, Scott Dixon, Kathleen Funk, Joe Funk, George Joe, Vic Szymela, Steven Hodges, Kirk Hawley, Rick Phillips, R.M. Veluz, G. E. Farris, Bill Bondurant, David Pope, Stephen Berge.

The format will vary from speakers giving actual talks to discussions being led on topics of mutual interest to the emergency physicians in the area. The meetings will be held the fourth Tuesday of each month. The first meeting was generously sponsored by Parke-Davis and the April meeting sponsored by Pfizer. Anyone in the Birmingham region interested in being involved in this organization is invited to attend.

Dr. Marni J. Bonnin  
University of Alabama Birmingham  
Dept. of Emergency Medicine  
internet: bonnin\_m@jt1.his.uab.edu

# ***NOMINEES to Alabama ACEP Board of Directors***

## **THOMAS ARNOLD, MD, FACEP**

Thomas Arnold was born in Cape Girardeau, Missouri. He is married and has four children. He received his undergraduate degree with a major in chemistry and minor in humanities from Emory College at Emory University in 1972, his MD degree from the Emory University School of Medicine, Atlanta, Georgia, in 1976, and completed a surgical internship at Georgia Baptist Hospital in 1977. Dr. Arnold is board certified in Emergency Medicine and is a Fellow of the American College of Emergency Physicians. He is the medical director of the Emergency Department, Jackson Hospital and Clinic, Montgomery, Alabama, and the medical director for Haynes Ambulance of Alabama. Dr. Arnold serves as the Alabama ACEP World Wide Webmaster and is a founding member and chair of the committee on communications, Alabama Chapter ACEP.

## **PHILLIP K. BOBO, MD, FACEP**

Phillip Bobo was born in Alden, Alabama. He is married to Bethany Barksdale Bobo and has four children, three daughters: Kelly, Nikki, and Daisey; one son, Carn. He received his undergraduate degree in biology from the University of Alabama in 1966, his MD degree from the University of Alabama School of Medicine in Birmingham in 1972, and completed a surgical internship at UAB in 1973. Dr. Bobo is board certified in Emergency Medicine and is a Fellow of the American College of Emergency Physicians. He is chief of Emergency Services at DCH Regional Medical Center, Tuscaloosa, Alabama; medical director of West Alabama EMS; medical director of Uniroyal Goodrich Tire Co.; medical director of Medical & Bio-Lab, Inc.; State Medical Director of Emergency Medical Services, Alabama Department of Public Health, and a staff physician for the University of Alabama Football team. Dr. Bobo enjoys his family during rare free time, and also enjoys hunting, fishing, fitness and Native American art and history.

## **MARNI J. BONNIN, MD, FACEP**

Marni J. Bonnin was born and raised in Longview, Washington. She did her undergraduate and medical studies at the University of Washington in Seattle. She did her residency in emergency medicine and EMS fellowship at William Beaumont Hospital in Royal Oak, Michigan. She was the Assistant Medical Director for the Houston Fire Department Division of EMS where she obtained extensive experience directing prehospital care. She was the Director of the Division of Emergency Medicine at the University of Texas at Houston, and developed an emergency medicine residency program there. She has experience in Emergency Department Administration and spent four years in the private practice of emergency medicine. She is currently developing an emergency medicine residency program at UAB. Her husband, a certified arboriculturist and their two preschoolers are very happy with their recent move to Birmingham.

## **ROBERT COX, MD**

Robert Cox was born in McKeesport, Pennsylvania. He received his undergraduate degree in biology from the University of Missouri-Columbia in 1989, his MD degree from the University of Missouri-Columbia in 1993, and completed an emergency medicine internship at Emory University, Atlanta, Georgia, in 1994. Dr. Cox is board eligible in Emergency Medicine and a past chief resident physician at the department of emergency medicine, Emory University, Atlanta, Georgia. He is a Nationally Registered Paramedic and past instructor of EMS studies in Missouri and Georgia. Dr. Cox is currently an assistant professor of internal medicine and emergency medicine at the University of South Alabama College of Medicine, Mobile, Alabama.

**Board of Directors elections will be held  
Monday, June 2, 1997, 6:00 p.m., concurrent with the  
Alabama ACEP Annual Meeting and Educational  
Conference, June 2-4, 1997, Destin, Florida.**

## ***How Associations Help Congress and Your State Legislature***

- ◆ EDUCATION. Associations inform members about legislative issues and processes allowing for increased participation.
- ◆ OUTREACH. Associations enlighten members of pending legislation and related compliance issues.
- ◆ ACCESS. Associations serve as a communication link between Congress and key constituents, groups, and local decision makers.
- ◆ RESEARCH. Associations provide research and study results for more informed decision making and better policies.
- ◆ FEEDBACK. Associations supply details about the impact pending legislation may have on industries, professions, or segments of society.

# ED patient visits climb after year of decline

## Reprinted from ACEP News April 1997

Following a year of decline (1994 visits down 1.4 percent over the previous year), ED visits in 1995 climbed to nearly 100 million (99.91 million) for the year. This represents a rise of 4.05 percent; only two years had larger increases – 1976 (up 4.39 percent) and 1978 (up 6.75 percent).

The American Hospital Association noted that community hospitals had several external trends and pressures to contend with in 1995.

- contentious political debate over the nation's budget
- slowly shifting economy.

How they responded to these issues is reflected in the measurement of such indicators as length of stay, inpatient days, and cost-per-case.

In the last decade, there has been a significant reduction in admissions and inpatient length of stay. During the 1980s, for example, inpatient admissions dropped 37 percent among rural hospitals and 6 percent among urban hospitals. In the early 1990s, this trend slowed and by 1995 admissions in both rural and urban hospitals began to rise again by just under 1 percent. At the same time, the average length of stay and

### U.S. Emergency Department Visits 1985-1995

Source: American Hospital Association, Hospital Statistics – Emerging Trends in Hospitals, 96/7

Year	Number of Visits
1985	80,079,345
1986	82,117,221
1987	83,478,208
1988	86,641,305
1989	89,730,589
1990	92,080,647
1991	93,469,930
1992	95,817,758
1993	97,379,119
1994	96,014,347
1995	99,911,108

dropped, with similar rates of decrease in nonmetropolitan and metropolitan hospitals. According to the AHA, the declines reflect other trends, including technological advances, increased networking among health care organizations, the expansion of managed care, especially among Medicare recipients, and increased outpatient care.

Cost-per-case, affected by some of the above mentioned trends, has a

growth rate that continues at a remarkably slow pace – 1.8 percent – in 1995. The AHA predicts that hospitals will continue to face changes unlike those of previous decades. Program cost cuts and shifting powers to the state level, increased managed care penetration into new markets and the regulation of managed care is shifting the political and economic context for hospitals increasingly to the local level, says the AHA. This means that in some markets, community hospitals will be caught in conflict – needing to manage local economics, issues and regulations as well as potential partners to deliver quality care in a cost-effective manner.

For more information, call Mary Ann Bruner in the National ACEP practice management department at 800-798-1822, ext. 3235 or leave her an e-mail at <practicemgmt@acep.org>. If you would like to have your own copy of the AHA statistics, contact the AHA directly at 800-AHA-2626 or mail your request to AHA Services, Inc., PO Box 92683, Chicago, IL 60675-2683. Cost is \$140 plus \$14.95 for shipping and handling. Order item #S02-082096.



Associations represent the collective voice of members, helping to portray them as a group in the public sphere. This involves communicating—sharing information and viewpoints—with community leaders, residents, legislators and regulators, businesses, allies and foes, students and educators, the media and the general public. So when an association informs, advises, and clarifies its stance on key industry issues, it speaks on your behalf and other members who share your concerns.

**Associations have been vital to American life for more than 250 years. In 1743, Ben Franklin founded what is known today as the American Philosophical Society.**

# 14th ANNUAL MEETING & EDUCATIONAL CONFERENCE

## "SURVIVAL IN THE '90S AND BEYOND"

for ED Physicians, Directors, Nurses and Managers

June 2- 4, 1997

Sandestin Hilton Beach Resort • Destin, Florida

T. Phillip Bell, MD, FACEP Conference Committee Chair

### AGENDA

#### Sunday, June 1, 1997

- 12:00 noon  
- 4:30 p.m. Registration

#### Monday, June 2, 1997

- 8:00 a.m. Welcome and Introductions:  
Alabama Update – Sam B.  
Heard, MD, FACEP
- 8:15 a.m. "Would These Articles Change  
Your Practice?" – Moderator,  
*Rick Belcher, MD*
- 9:30 a.m. Questions, Break, Exhibits
- 10:00 a.m. Keynote Address: Malpractice  
Issues – *Gregory Henry, MD,  
FACEP*
- 11:50 a.m. Questions, Lunch, Break
- 1:00 p.m. Limiting Risks – *Greg Henry,  
MD, FACEP*
- 2:00 p.m. Optional Track Continued on  
Advanced Risk Management  
for ED Physicians, Directors,  
Nurses and Managers: "Who is  
at Risk?"
- 5:00 p.m. Wellness Seminar  
Beach Time  
Exhibits
- 6:00 p.m. Board of Directors Annual  
Meeting
- 7:00 p.m. Welcome Reception

#### Tuesday, June 3, 1997

- 8:00 a.m. "Surfing the Net & Physicians  
On-Line"  
*Tom Arnold, MD, FACEP*  
*Larry Stack, MD, FACEP*
- 9:30 a.m. Questions, Break, Exhibits
- 10:00 a.m. Computer Lab
- 11:00 a.m. "Contracting with Managed  
Care" – *Steve Dresnick, MD,  
FACEP*
- 11:50 a.m. Questions, Lunch, Exhibits

#### Tuesday, June 3 (continued)

- 1:00 p.m. "Financial Implications on  
Managed Care" – *Steve  
Dresnick, MD, FACEP*
- 2:00 p.m. Wellness Seminar  
Beach Time  
Exhibits

#### Wednesday, June 4, 1997

- 8:00 a.m. Splinting Lab
- 9:30 a.m. Questions, Break, Exhibits
- 10:00 a.m. Emergency Medicine  
"Unknowns" – *Larry Stack,  
MD, FACEP*
- 11:00 a.m. Thrombolitics in 1997 –  
*Richard Aghababian, MD,  
FACEP*
- 1:00 p.m. Lunch  
Provided by the University of  
Massachusetts Medical Center
- 2:30 p.m. Wellness Seminar  
Beach Time

### CONFERENCE FACULTY

#### Richard Aghababian, MD, FACEP

Professor of Medicine and Chairman,  
Department of Emergency Medicine,  
University of Massachusetts Medical Center,  
Past President and Board Member,  
American College of Emergency Physicians,  
Worcester, Massachusetts.

#### E. Jackson Allison, Jr., MD, FACEP

Professor, Department of Emergency  
Medicine Vanderbilt University Medical  
Center, Nashville, Tennessee.

#### Thomas Arnold, MD, FACEP

Chair, Alabama ACEP Communications  
Committee, Montgomery, Alabama.

### CONFERENCE FACULTY (continued)

#### Rick Belcher, MD

Assistant Residency Director, Assistant  
Professor of Emergency Medicine,  
Vanderbilt University Hospital,  
Nashville, Tennessee.

#### T. Phillip Bell, MD, FACEP

Chair, Alabama ACEP Education Committee,  
Mobile, Alabama.

#### Stephen J. Dresnick, MD, FACEP

President and CEO, Sterling Healthcare  
Group, Inc.; Founder, Emergency Medical  
Residency, Orlando Regional Medical  
Center, Coral Gables, Florida.

#### Sam B. Heard, MD, FACEP

President, Alabama Chapter, American  
College of Emergency Physicians,  
Huntsville, Alabama.

#### Michael B. Heller, MD, FACEP

Clinical Professor of Medicine, Temple  
University School of Medicine Emergency  
Medicine Residency Program,  
Bethlehem, Pennsylvania.

#### Greg L. Henry, MD, FACEP

Immediate Past President, American College  
of Emergency Physicians, Founder and CEO,  
Medical Practice Risk Assessment, Inc.,  
Clinical Professor, Department of Surgery,  
Section of Emergency Services, University of  
Michigan Medical Center,  
Ann Arbor, Michigan.

#### Larry Stack, MD, FACEP

Assistant Professor of Emergency Medicine,  
Vanderbilt University Hospital; Director,  
Clinical Photography, Society for Academic  
Emergency Medicine; Editor, EMBBS,  
"Clinical Pearls" on the Internet,  
Nashville, Tennessee.

## DID YOU KNOW?...

Belonging to ASSOCIATIONS contributes to who you are as a person. On the outside, it gives the world a good picture of your professional life, what charitable causes you support and fight for, and where you spend your leisure time. On the inside, you'll find a deep sense of satisfaction learning more about your industry or interests, sharing with colleagues and peers, discussing what matters to you as a group, and discovering numerous opportunities to explore. People also enjoy ASSOCIATIONS more social in nature to maintain a balance between their jobs and their profes-

sional lives and to nurture other interests. Need some more reasons to keep your ASSOCIATION dues and remain actively involved? Here are the "top ten" advantages of association membership:

- ◆ To network and swap ideas with people who share your professional or personal interests.
- ◆ To get information and resources, vital to your survival.
- ◆ To update your skills and knowledge base.
- ◆ To keep up with changes in industry rules, regulations, and standards.

- ◆ To access the latest business products and services.
- ◆ To take advantage of member discounts.
- ◆ To increase clout. Belonging to an association sets you apart as someone "in the know."
- ◆ To develop new business through people you meet at association events and through your association network.
- ◆ To fulfill a sense of obligation or duty to the organization, the profession, the industry.
- ◆ To support a cause dear to your heart.

### REGISTRATION FORM

## 14TH ANNUAL EDUCATIONAL CONFERENCE

### "SURVIVAL IN THE 90'S AND BEYOND"

JUNE 2-4, 1997

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Facility \_\_\_\_\_ Phone \_\_\_\_\_

TUITION: ACEP Members - \$150 / Non-Members - \$200 / PA, NP, RN - \$100 / Residents and Medical Students - \$50

Note: Medical students must submit a verification letter from their faculty advisor.

For more information, call Alabama ACEP at (334) 265-0068.

Please make check payable to:

ALABAMA ACEP • P.O. Box 4629 • Montgomery, AL 36103-4629

Total Enclosed \$ \_\_\_\_\_ or Credit Card (Visa/MC/AmEx) # \_\_\_\_\_

Yes! I do want to receive the Mutual Assurance Loss Prevention discount.\*

\* Mutual Assurance policyholders may attend the Monday program featuring Dr. Gregory Henry and earn their 5% loss prevention premium discount. Physicians who are not presently Mutual Assurance policyholders may earn this discount prospectively if they become insured with Mutual Assurance within twelve months after attending this seminar. Physicians who wish to pay the seminar fee of \$125 in order to receive the loss prevention discount will be invoiced by Mutual Assurance following the conference.

# Domestic Violence: Ten Steps for Physicians

Ellen Taliaferro, MD

Associate Professor of Surgery, Division of Emergency Medicine

University of Texas Southwestern Medical Center

Executive Director of Physicians for a Violence-free Society

## Introduction

The achievement of a violence-free society begins with each one of us. Behind every global vision is local action. Ten steps that physicians can engage in to act locally and achieve the vision of a violence-free society encompass dialogue, documentation and detailing plans for safety and change.

## Dialogue

- ♦ **Just ask:** Like many other areas of medicine, correct diagnosis begins with detection. Most patients will not volunteer information concerning the presence of domestic violence, but will talk about it freely when asked.
- ♦ **Listen:** Intent listening remains the best device for information gathering and processing. In addition, listening is therapeutic and healing for the patient – a significant benefit when dealing with victims of abuse in whom low self-esteem is often a major problem. Listening also establishes trust in the patient-physician relationship.
- ♦ **Give therapeutic messages:** The windows of understanding are wide open for patients in times of crisis. Comments such as “No one deserves to be hit,” “You are not alone,” or “You have a right to not be abused” are very effective for healing and improving the patient’s self esteem. These comments are especially effective when they are intermingled with active listening.

## Document

- ♦ **Document all injuries:** Include the stated cause of injury along with the identification of perpetrators and other details. Record everything that the patient says in quotes to identify the source of the information. Remember that your assessment of what happened is an important part of the documentation. Otherwise, a rote repetition of what the patient says is little more than sophisticated hearsay. Use body maps and photographs to record the presence of injuries. Self-developing photos allow for immediate review and provide tamper-proof documentation.

## Detailing plans for safety

- ♦ **Safety:** Patients are most at risk when leaving an abusive situation and setting. It is imperative that physicians understand this fact and refrain from forcing the issue of the patient leaving the abuser until it is safe for them to do so.
- ♦ **Refer patients for intervention & help:** Physicians and most healthcare providers have not been trained in effective and safe intervention strategies. It is appropriate and advised to refer patients to social services, local agencies and healthcare providers specifically trained in intervention strategies.

## Detailing plans for change

- ♦ **Become involved in your community:** Physicians can provide leadership in their communities by addressing domestic violence as a public health problem which, to some extent, touches every member of the community. Find out about the community organizations who are providing services and looking for solutions to domestic violence. Every community has a task force or coalition which is working in this area.
- ♦ **Speak out:** Physicians can and should speak out against the presence of domestic violence at every opportunity. Many excellent posters and brochures are now available and suitable for waiting rooms. These materials can also be effective in encouraging patients to speak to their physicians about the abuse in their lives.
- ♦ **Advocate:** Victims of domestic violence are often immobilized by the trauma and poor self-esteem that develops from their ongoing abuse. Be sure that you and your office staff are sensitized to recognize these characteristics and assist the patient in receiving information and making necessary phone calls.
- ♦ **Live a life that is violence free:** Simply put: “Violence-free begins with me.” Physicians set powerful examples by showing respect for colleagues, staff and patients at all times. Conflict addressed with respectful dialogue instead of displays of temper sets the stage for violence-free action.

**Join forces:** Join Physicians for a Violence-free Society (214-590-8807) and the AMA National Coalition of Physicians Against Family Violence (312-464-6066) and become active in your specialty society’s efforts to address violence as a public health problem.

*“Think globally and act locally” provides the pathway of change. Working individually and together, physicians can help to stop the cycle of domestic violence.*

## WANTED ...

### Patients with Neurologic or Systematic Effects Associated with An Exposure to Insect Repellents Containing DEET

PEGUS Research, an independent research company in Salt Lake City, Utah, is conducting a long-term study of patients who report a serious effect associated with the use of N,N-Diethyl-m-toluamide (DEET). We are asking health care providers to contact us immediately, if you suspect that a clinical effect (primarily CNS or other serious systemic effect) may be associated with an exposure to DEET. PEGUS staff will review the case with you to determine if the patient meets enrollment criteria. If the case appears to warrant further follow-up, we will work with you and the patient to obtain consent to include the patient in the National DEET Exposure Registry.

## REMEMBER

- If you are involved in the treatment of a patient who experiences adverse effects associated with an insect repellent exposure, or
- If you would like more information about the registry please call Dr. Brent Page or Karen Bateman, R.N. at PEGUS Research (800) 949-0089.

# LEGISLATIVE COMMITTEE REPORT

**Sherrie Squyres, MD, FACEP**

**President-Elect and Committee Chair**

Major efforts have been directed toward passage of the “Patient Protection Act of 1997”. As we hope you’re already aware, this bill is supported by the Medical Association of the State of Alabama (MASA), and deals with establishing standards for managed care. The bill, among other things, would prohibit retrospective denials of payment for emergency services using the uniform “Prudent Layperson” definition of Emergency.

In February, the Alabama Speaker of the House of Representatives organized a Health Care Summit on health issues facing the legislature, and the “Patient Protection Act” was the major topic of discussion. Primary opposition comes from the Alabama Health Care Council, a group representing HMOs and other business interests. During the summit, Dr. Sam Heard, representing Alabama ACEP, and Mr. Michael Horsley, president of the Alabama Hospital Association, spoke in favor of the MASA bill and particularly the “Prudent Layperson” model of Emergency. Prior to the summit, Dr. Tom Arnold, accompanied by Dr. Ron Shaw, both practicing emergency physicians from Montgomery and members of Alabama ACEP, testified before the state house and senate committee hearings as well.

Alabama ACEP has contracted with Mr. Tom Coker, a well-known and distinguished health care lobbyist in

Montgomery, to represent Alabama ACEP. Dr. Phillip Bobo of Tuscaloosa has been very instrumental in promoting this bill and enlisting Mr. Coker. Thanks also to those members and firms in Alabama who contributed to the Alabama ACEP Governmental Affairs Program in support of these important lobbying activities.

If you’ve not already contacted your state representative and state senator regarding support of the “Patient Protection Act”, please do so! You should’ve received a legislative match list from the chapter office, but if you need more information contact Leland Holman at the chapter office.

There’s also a bill before the U.S. Congress that contains the “Prudent Layperson” model of Emergency, the “Access to Emergency Medical Services Act of 1997” (HR 815/SB 356). This bill, like last year, is gaining widespread support, but there’s still a lot of work to be done. Dr. Sherrie Squyres and Dr. Sam Heard recently attended the ACEP Legislative Forum in Washington, DC, and so far, Representative Bud Cramer is the only member of the Alabama delegation to sign-on as a co-sponsor. The bill addresses prohibition, retrospective denials, again using the “Prudent Layperson” definition of Emergency, and prohibits requirements for prior approval. You are urged to write your Congressmen and Senators in Washington to gain their support for the federal bill.

## Alabama Health Care Benchmark Survey

Prepared for The Medical Association of the State of Alabama

(Reprinted with permission)

January 1997

WIRTHLIN WORLDWIDE



### PATIENT PROTECTION PROVISIONS

A key objective of this study was to assess public opinion regarding key components of MASA’s proposed “Patient Protection Act.” To this end, we asked whether voters would favor or oppose seven primary provisions of the act: emergency coverage, 30-day notification prior to the termination of a doctor, full disclosure of services covered, “anti-gag” clause for physicians, continued coverage with a terminated physician, patient choice of a doctor not in the plan, and anti-incentives for limiting services.

The following is the full text of how each of these provisions was tested in this study:

*Would you favor or oppose a state law that would require managed care health insurance*

*companies to fully disclose to you what services are covered or excluded by your plan?*

*Would you favor or oppose a state law that would require managed care health insurance companies to provide you with 30 days notice prior to the termination of your physician from the plan?*

*Would you favor or oppose a state law that would require managed care health insurance companies to allow you to continue receiving care from your physician for an existing condition for up to one year should your physician be terminated from your plan?*

*Would you favor or oppose a state law that would require managed care insurance companies to allow your physician to disclose to you*

*all essential medical information and treatment options?*

*Would you favor or oppose a state law that would require managed care insurance companies to allow you to receive care from any emergency room?*

*Currently, managed care insurance companies in the state CAN pay physicians incentives to limit treatments that you may need. Would you favor or oppose a state law that would ban these payments?*

*Would you favor or oppose provisions that would allow you to choose a physician who is not covered by your plan, even though you might have to pay some additional costs?*

(Continued on page 11)

**SPECIAL THANKS**  
**to the following members and organizations for**  
**their financial contributions to the new**  
**Alabama ACEP Governmental Relations Program**  
**(As of April 25, 1997)**

**INDIVIDUAL CONTRIBUTORS**

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Emergency Physicians, P.C.
Springhill Emergency Physicians
Baldwin Emergency Physicians
First Care Emergency Physician Network, LLC.
Emergency Medical Associates

**Join your colleagues in support of Alabama ACEP's efforts to get  
Emergency Medicine legislation passed for your practice and your patients.  
Send your donation today to: Alabama ACEP/Governmental Relations Program,  
P.O. Box 4629, Montgomery, AL 36103-4629.**

## Alabama Health Care Benchmark Survey

(Continued from page 10)

After asking the initial favor or oppose question, we asked respondents to indicate whether they were "strongly" in favor or opposed, or if they were just "somewhat" in favor or opposed, to gauge the intensity of support or opposition. The results showed overwhelming support for each of the provisions tested in this survey.

The following table shows a ranked summary of these results:

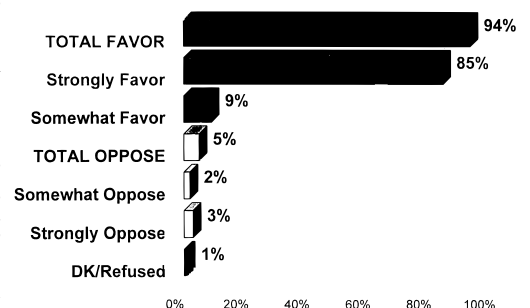
PROVISION	TOTAL FAVOR	STRONG FAVOR	SMWHT FAVOR	TOTAL OPPOSE
Emergency coverage	94%	85%	9%	5%
30-day notification	89%	75%	14%	8%
Services disclosure	89%	69%	19%	8%
Anti-Gag clause	89%	75%	14%	9%
Continued coverage	86%	67%	19%	10%
Patient choice of doctor	73%	52%	22%	24%
Anti-incentives	69%	57%	11%	28%

As the table indicates, support for these provisions is very high, and more importantly, very intense. Nearly six out of ten voters "strongly" favors each of these proposals, with the "strongly in favor" reaching as high as 85% for the emergency room coverage provision.

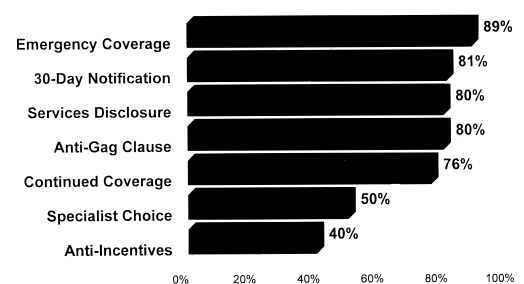
Clearly, these are popular provisions that voters are solidly behind. However, it is important to note some caution regarding these results. The language which is used to describe these provisions and the manner in which they are talked about is extremely important.

Our findings reveal that MASA should communicate these provisions through personally relevant messages which illustrate how the provisions protect patients instead of focusing on how they might restrict the physician or the managed care plan. As voters see how a particular measure protects them, they are much more likely to offer

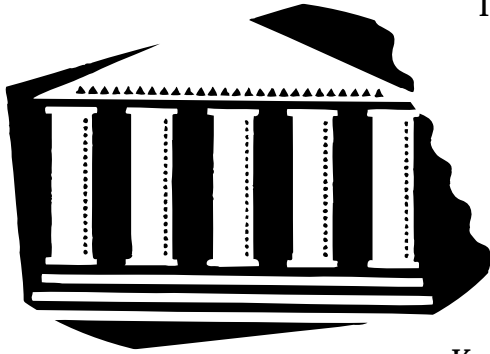
### State Law Requiring Health Insurance Companies To Allow You To Receive Care From Any Emergency Room



### Summary of Difference Scores



# ALABAMA ACEP IS RECRUITING STATE KEY CONTACTS



The goal of Alabama ACEP's Key Contact Program is to strengthen the Chapter's voice when communicating with the Alabama Legislature about issues that have the potential to impact the specialty of emergency medicine.

Senators and Representatives are eager to hear from constituents about how a particular legislative proposal will affect their district. The Key Contact Program is designed to facilitate this kind of communication.

Key Contacts are members of the Chapter who have a personal or professional relationship with a member of the legislature and are willing to let their lawmakers know about Alabama ACEP's positions on proposed legislation. The one-to-one communication will allow the Chapter's views on these issues to be heard so that Alabama ACEP can more effectively fulfill its mission in the development of emergency medical and other health policy.

The Chapter will provide Key Contacts with the tools to communicate effectively. Any Chapter member with a relationship with an Alabama Senator or Representative who is willing to serve is asked to fill out the form below. You may call Sherrie Squyres, MD, FACEP, Legislative Committee Chair, or the Chapter office at 334-265-0068 for more information.

## ALABAMA CHAPTER AMERICAN COLLEGE OF EMERGENCY PHYSICIANS KEY CONTACT PROGRAM

Yes, I would like to participate in the Chapter's Key Contact Program.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

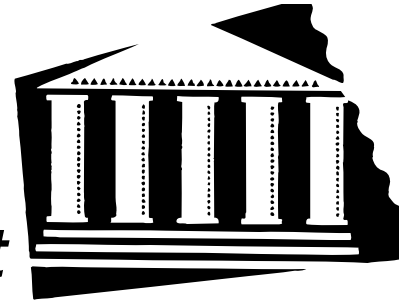
FAX \_\_\_\_\_

E-mail address \_\_\_\_\_

Please return to: Alabama Chapter ACEP • P.O. Box 4629 • Montgomery, AL 36103-4629  
or FAX (334) 265-1233

THANK YOU!

# Chapter President Dr. Sam Heard testifies at Legislative Healthcare Summit



During this years legislative session, Alabama ACEP President Sam Heard, MD, FACEP, accompanied by Sherrie Squyres, MD, FACEP, president-elect, testified at a legislative Health Care Summit organized by the Alabama Speaker of the House. In addition, Thomas Arnold, MD, FACEP, accompanied by Ronald Shaw, MD, FACEP, testified before two legislative committees, which later culminated in the specially called health care summit. Following testimony during the summit by Dr. Craig Christopher, president of the Medical Association of the State of

Alabama (MASA), and Dr. William Curry, MASA president-elect, as well as Mr. Mike Horsley, president of the Alabama Hospital Association, Dr. Heard spoke in favor of the "Patient Protection Act of 1997", which contains the "Prudent Layperson" model of Emergency. Dr. Heard emphasized that coverage for emergency department services should be based on presenting symptoms and not the final diagnosis. This is at the heart of the debate on coverage for emergency department services. Dr. Heard likewise warned the summit attendees about the

dangers associated with some managed care practices and that the fundamental issue is one of consumer or patient protection. The Alabama ACEP association is proud of the enthusiastic leadership of Drs. Heard and Squyres and their colleagues. Emergency medicine issues are definitely being heard and progress is being made, but there's still more work to be done. Alabama ACEP members will continue to be updated on the new Governmental Relations Program.

## •ATTENTION• Retrospective Denials

- ✓ A 5-month old baby girl with a fever and cough was taken to an emergency department on Sunday, diagnosed with possible pneumonia, and treated with antibiotics. Although she was seen by a pediatrician 2 days earlier and her primary care physician approved the visit, her health plan denied the claim, stating the medical condition did not require immediate medical attention.
- ✓ A man collapsed in a restaurant, and emergency medical technicians determined he should be transported to an emergency care facility, but his health plan denied the claim, stating it was not an emergency.
- ✓ A 45-year old woman with chest pains went to an emer-

gency department, was diagnosed with pleurisy (which can become pneumonia), and given pain medication. The health plan denied the claim stating the condition did not require immediate medical attention.

Do these sound familiar? Emergency physicians in Alabama are encouraged to collect samples of retrospectively denied cases for inclusion in an Alabama ACEP database. Contact your billing service to positively identify abuses by some managed care organizations. Please continue or begin collecting samples of retrospectively denied cases – today.

*Thanks!*

### FISCHER MANGOLD

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BIRMINGHAM Area

Directorship and staff opportunity at this newly awarded contract. Annual ED volume of 22,500, excellent nursing and back-up. Incentive based compensation with a guaranteed minimum, director stipend, professional liability insurance, CME, distribution and flexible scheduling. Please call Larry Wills, 1-800-227-2092 or fax your CV in confidence to 510-484-4107.

**Locum Tenens Emergency Physicians:** Interim Medical Staffing would like the opportunity to work with you. However, we should warn you: we are a little bit different. We think LT physicians should receive compensation comparable to that of a full-time physician, so we offer the highest rate we can. We believe physicians are too busy to do a lot of paperwork so, with the exception of the initial credentialing packet, we complete all forms. We think the best people to manage emergency physicians are other emergency physicians, so our director is a practicing, board certified emergency physician. Unusual? Yes! But we also do some ordinary things like: offer assignments in a variety of locations from Illinois to New York, make travel arrangements, pay for expenses and do everything in our power to make the

locum tenens experience pleasant and hassle-free for the physicians in our program. For information about our group and what we can do for you, please call Cristal Guinan at (800) 253-1795. FAX (616) 946-1730. WORLDWIDE WEB <http://www.ecitc.com>. If you dare.

**Talladega, Alabama.** Recently expanded hospital approximately 1 hour east of Birmingham seeks BE or BC primary Care Specialists with EM experience. ED volume 16,000. Reap the rewards of independent contractor status while enjoying the support of an experienced, physician-managed EM group. For confidential consideration, contact Heidi Henry, ECI, 2240 S. Airport Rd., Traverse City, MI 49684 (800) 253-1795. FAX (616) 946-1730. WORLDWIDE WEB <http://www.ecitc.com>.

**PULL AD**

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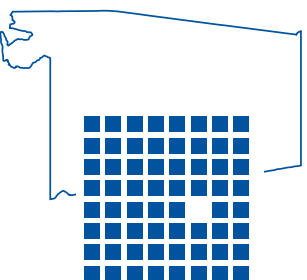
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# **MARK YOUR CALENDAR**

The 14th Annual Alabama ACEP  
Emergency Medicine Conference  
June 2-4, 1997  
Sandestin Hilton Beach Resort,  
Destin, Florida

**Keynote Speaker:**  
Greg Henry, MD, FACP,  
Immediate Past President  
American College of Emergency  
Physicians

You may contact  
T. Phillip Bell, MD, FACP,  
Chair, Educational Committee,  
334-470-1649, or the chapter office  
at 334-265-0068,  
for more information.



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