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President's Letter Hamad Husainy, DO, FACEP President, Alabama Chapter ACEP L ○ ∨ E

Fellow EM physicians,

February is upon us and "love is in the air."

What is it that we love most? I love my wife and my children. I love my church and my family. While many of these seem obvious, I like to highlight some of the aspects of what we do that we "love" but sometimes can easily be forgotten.

I love that we have a free country to practice medicine in, that allows us to do the right thing as often as possible. I love that we have colleagues in nursing and other allied health fields that work beside us, elbow to elbow, that are there for us when we need their expertise and experience, but also aren't afraid to make fun of us for a less than desirable interaction with a patient from a few weeks ago. I love that we have as many resources at our hospital as anyone.

I love the outdoors... fishing, golfing, and hiking. I love food, the greasy pizza at 2 a.m. on that busy night shift that tastes like the best ever, and the lamb chop at that boujee restaurant that we have the ability to afford due to the opportunities that have been provided and earned. I love short cans of diet lemon lime Shasta provided at the hospital and a shot of top shelf bourbon on the rocks.

I love watching reruns on the couch with a fire in the fireplace snuggled up by myself and attending a Broadway play with friends and family at the BJCC or New York. I love loud country concerts and serene moments of silence on my farm, mountains, or beach.

Whatever it is that you love, explore it more this month. As we go into the spring, spend more time loving, being loved, showing love, and loving your surroundings . . . it makes life much more fun and enjoyable. It turns out, you are already doing a good job of it, sometimes it is just hard to recognize. Oftentimes, the loves are at both ends of the spectrum.

As always, call me, email me, text me if I can help you or you wanna fish, golf, talk football, vent about the current environment of \_\_\_\_\_\_, or are just bored.

I appreciate you all and God bless my fellow brethren, Hamad Husainy, DO, FACEP

**Register for the EMerald Coast Conference** 



# **REGISTRATION IS OPEN**

June 5-8, 2023

Sandestin Golf and Beach Resort

Accommodations:
Sandestin Golf and Beach Resort/Linkside Conference Center
9300 Emerald Coast Pkwy W
Miramar Beach, FL 32550

Room rates begin at \$199 per night. For room reservations call (800) 320-8115 with group code 240904 or book online at http://www.Sandestin.com/240904. The deadline to reserve a room at the discounted rate is May 3, 2023.

Participating ACEP Chapters: Alabama | Kansas | Kentucky | Louisiana | Mississippi | Missouri | Montana | Oklahoma | Tennessee

www.alacep.org/education-and-cme/

# **EMerald Coast features sessions for advanced practice providers!**

Help us spread the word about our advanced practice provider educational opportunities. Our Boot Camp is back but is condensed into one day! We heard from attendees that it is difficult to take two days away from practice, so we are moving Boot Camp to an all-day event on Tuesday, June 6. The cost is \$150 for the day and includes breakfast and lunch. In addition, we will have a High Risk Procedure Lab on Monday afternoon, a Pediatric Simulations Workshop on Tuesday afternoon, and an Ultrasound Workshop on Wednesday afternoon. Registration for the lab and workshops is \$100 each.

# **EMerald Coast 2023 Poster Contest and Jeopardy Competition**

The Southeastern Chapters of the American College of Emergency Physicians will host a poster presentation session in conjunction with the conference that will take place on the evening of Wednesday, June 7, from 5:00 – 7:00 p.m. Presenters will have the opportunity to discuss their posters, answer questions, and share ideas with other attendees during the session. Posters describing original research, novel case presentations, educational interventions, patient safety initiatives, or administrative projects will be considered. Additionally, the top posters, as voted on by a judging committee, will receive a cash award. EM and PEM faculty members are also welcome to participate, and we are particularly interested in providing a supportive and enjoyable academic atmosphere. Poster abstracts should be submitted via Google Form by Friday, May 5 at 5:00 p.m.

Residents who are interested in participating in our annual Jeopardy Contest (also on June 7) should contact <u>Jaron Draper</u>, <u>MD</u>. We are looking for four teams comprised of two residents each. A travel stipend will be available to residents to help offset the cost of attendance.

# **Legislative Outlook**

AL-ACEP partners with the Medical Association of the State of Alabama for legislative advocacy on behalf of physicians and their patients. Read below for the legislative priorities for 2023.

# **General Policies Supported**

- Physician-led health team model and maintaining the highest standards for medical care delivery across all specialties of medicine
- Prohibiting deceptive healthcare advertising and requiring health professionals identify their license to patients
- Physician autonomy in patient care and medical practice decisions, fair reimbursement for services and reducing the volume of administrative tasks required by insurers which increase annual health spending and negatively impact patient health
- Increasing health insurance options for Alabamians, including expanding Medicaid
- Increasing access to quality mental health care and continued state funding for the Maternal Mortality Review Committee and the Infant Mortality Review Committee
- Comprehensive solutions to address the challenges related to social determinants on the health of individuals, families and communities, with emphasis on pipeline programs, tax credits and loan forgiveness proposals benefitting rural and underserved areas
- Ensuring medical liability environment stability and pursuing further civil justice reforms

# **Specific Policies Supported**

- Streamlining the prior authorization process for physicians and patients
- Initiatives to grow Alabama's physician workforce
- Increasing access to physician-led care in rural and underserved communities
- The ability of medical practices to set patient practice policies
- Increasing physician representation on state healthcare boards, task forces and committees

# **General Policies Opposed**

- Any scope of practice expansion for non-physicians that would fracture the physician-led health team model, lower quality of care and/or increase costs
- Any interference with the physician-patient relationship and attempts to reduce a physician's autonomy in patient care or medical practice decisions
- Legislation or other initiatives that could increase lawsuit opportunities against physicians, including the establishment of statutory standards of care or any statutory dictums for medical care delivery
- Any state-level increase of requirements for Maintenance of Certification
- Tax increases disproportionately affecting physicians

# **Specific Policies Opposed**

- New lawsuit opportunities against physician employers and medical practices over employment policies
- Efforts to reduce and/or politicize physician involvement in health regulatory affairs
- Expanding Prescription Drug Monitoring Program (PDMP) access for law enforcement
- Statutory requirements for mandatory Prescription Drug Monitoring Program checks

# Adult female with rash and abdominal pain

Landry Hadderton, MD, <sup>1</sup> Jessica W. Edgar, MD, <sup>1</sup> and Andrew D. Bloom, MD<sup>1</sup> University of Alabama at Birmingham (UAB)

# 1. Case Study

A 58-year-old female with a history of type 2 diabetes presented to the emergency department with a rash and abdominal pain. She noticed the rash 5 days earlier on her lower extremities, and it was now progressing upwards to her chest and back. She also reported abdominal discomfort and bright red blood per rectum. Inspection of the rash (Figure 1) revealed palpable purpura, erythematous violaceous macules, hemorrhagic vesicles, and bullae. Her complete blood count and coagulation studies were at baseline. The basic metabolic profile was notable for creatine of 3.5. Computed tomography of the abdomen and pelvis was concerning for enteritis.



Figure 1 Purpura to bilateral lower extremities.

# 2. Diagnosis

# 2.1. Henoch-Schonlein purpura

The patient was admitted with rheumatology, dermatology, and nephrology consults. Skin biopsy showed leukocytoclastic vasculitis and elevated antistreptolysin O titers. Renal biopsy revealed IgA deposition. The patient was treated with intravenous methylprednisolone.

Henoch-Schonlein purpura is an IgA vasculitis. Rarely encountered in adults, it primarily affects children. Recent studies suggest <10% of cases are diagnosed in the adult population, often associated with worsened renal outcomes as seen in this case.<sup>1,2,3</sup>

The classic tetrad of symptoms includes palpable purpura, arthralgias, abdominal pain, and glomerulonephritis. Diagnosis is largely clinical, but skin and renal biopsy can reveal leukocytoclastic vasculitis with IgA deposition. IgA vasculitis spontaneously resolves in 94% of children and 89% of adults, making supportive care the mainstay of treatment.

However, in the case of renal involvement randomized trials have demonstrated success with high-dose steroids, mycophenolate, and cyclosporine, but it is important to note that steroids do not prevent complications.<sup>5</sup>

#### Notes

Hadderton L, Edgar JW, Bloom AD. Adult female with rash and abdominal pain. *JACEP Open.* 2022;3:e12862. 10.1002/emp2.12862 [CrossRef] [Google Scholar]

This work was not presented at any meetings.

# **REFERENCES**

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# FROM NATIONAL ACEP



## **ACEP Resources & Latest News**

# Lawsuit Win Marks Important Step Toward Fair Implementation of No Surprises Act

ACEP fights for emergency physicians across all levels, including the courts. In the past year, ACEP's litigation efforts have increased by 400%. In a <u>special guest post</u> for Regs & Eggs, ACEP's Chief Legal Counsel explains the significance of this week's surprise billing lawsuit win in Texas and what it means for ACEP's ongoing advocacy efforts to improve the implementation of the No Surprises Act. You can also read our press release here.

# Innovative Telehealth Models Can Benefit Geriatric Emergency Care

It's time for the fourth installment of this special blog series delving into the concept of value-based care in emergency medicine. This one examines the innovative practice models that enable you to utilize your unique skill set outside the four walls of the ED — specifically how emergency telehealth services have been a helpful tool for geriatric patients. READ MORE

### Tell Your Story, Help Change Things for the Better

It's almost time for the 2023 Leadership & Advocacy Conference! Emergency physicians across the country will come together in Washington, DC, for this intimate educational and networking event where they receive leadership and lobbying instruction and get to meet with legislators to talk about the issues that affect EM physicians every day. You may think your individual voice can't move the needle. In reality, your firsthand stories and experiences make our key advocacy issues come to life for legislators. When they hear from you, it stops being an abstract problem and becomes a real, tangible issue they need to address. LAC training teaches you how to share your personal experiences in a way that makes a positive impact for your specialty. You'll come home empowered to keep advocating for change at every level, from your facility to your state and beyond. Save \$100 on LAC23 registration with promo code LEADERSHIP23.

# Heart Month: New ACEP Clinical Policy Examines Acute Heart Failure Syndromes

One of ACEP's newest clinical policies answers four critical questions for the management adult patients who present to the ED with suspected acute heart failure syndrome:

 Is the diagnostic accuracy of point-of-care lung ultrasound sufficient to direct clinical management?

- Is early administration of diuretics safe and effective?
- Is vasodilator therapy with high-dose nitroglycerin administration safe and effective?
- Is there a defined group that may be safely discharged home for outpatient follow-up?

View this clinical policy.

# **Catch up on latest ACEP Frontline episodes:**

- Having a Bloody Good Time with Dr. Megan Osborn
- ChatGPT and Healthcare with Dr. Harvey Castro
- ACS and Troponin Chat with Dr. Deborah Diercks

# **Upcoming ACEP Events and Deadlines**

**Feb. 23:** EMDI: Utilizing E-QUAL collaboratives and linkage to CEDR to earn IA credit for MIPS

Feb. 24: Deadline to sign up for E-QUAL Opioid Use Disorder Wave

**Feb 27:** Advanced Airway Management in Children: Overcoming Obstacles and Optimizing Opportunities

March 15: <u>Bias and Diagnostic Anchoring of the Behavioral Health/SUD Patient</u> and How that Impacts Care

March 15: Deadline to apply for ACEP Board, Council Officer roles

March 28: Deadline to sign up for the E-QUAL Stroke Wave

March 31-April 3: ACEP's Advanced Pediatric EM Assembly

April 13-15: EM Basic Research Skills, Session II

April 30-May 2: ACEP Leadership & Advocacy Conference (use promo code

LEADERSHIP23 to save \$100 on registration!)

# **Contact Alabama ACEP**

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