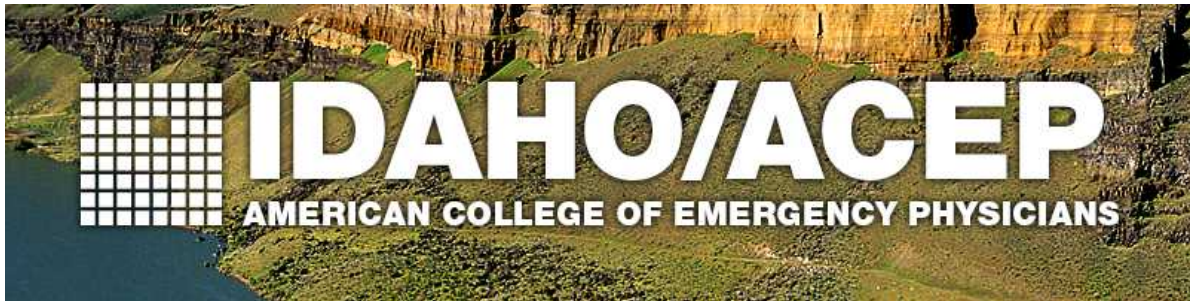


A Newsletter for the Members of the Idaho Chapter

Winter 2018



Heather Hammerstedt, MD Molly Steckel

**Heather Hammerstedt, MD,
MPH, FACEP, President**

**[Molly Steckel](#), Executive Director
Phone: 208.344.7888**

A Message from the President Heather Hammerstedt, MD, MPH, FACEP

Hello Emergency Physicians!

This is going to be a great year for Idaho ACEP. We have a new executive director, Molly Steckel, who joined us in January. Molly is currently the Policy Director for the Idaho Medical Association and she has been with IMA in various capacities for over 20 years. Molly is going to bring us much needed executive direction and support. Please welcome her to the family!

Additionally, we are in the works to have an emergency medicine conference in fall 2018 for IDAHO. As far as I am aware, this isn't something we've done in the past, at least in the 10

years that I have been here! We are going to have national speakers as well as regional experts, so please come enjoy the meeting and networking with your colleagues. Information will be coming soon. We also have a busy legislative season underway, including legislation on balance billing. We will be calling on you to help us by contacting your representatives on behalf of our physician community and our patients. Thanks for being a part of Idaho ACEP, and as EMRAP says, "What You Do Matters," every day every night every patient.

Best-
Heather Hammerstedt, MD

A Message from The Executive Director Molly Steckel

Thank you for the warm welcome I've received thus far and please know I look forward to meeting and working with each of you in the coming years. As Dr. Hammerstedt mentioned above, I have worked with and for the IMA for over 20 years and 5 years ago I accepted the position of Policy Director. I am active in legislative and regulatory policy development and implementation, medical education, CME, and committee and program management. I am a member of the IMA lobby team and am regularly involved in legislative issues, although I no longer actively lobby in the Capitol. I look forward to learning more about Emergency Medicine and the challenges you face in your practice. My door is always open so feel free to contact me at any time at molly@idmed.org or 208-344-7888.

Thank you-
Molly Steckel

Your Board

President - Heather Hammerstedt, MD, MPH, FACEP
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Councillor - Nathan R. Andrew, MD, FACEP
Councillor - Travis Aaron Newby, DO (alternate)

Emergency Medicine Conference

Save The Date September 21-23, 2018

Idaho ACEP will hold a conference, "Idaho ACEP Annual Meeting and Emergency Medicine Conference" on September 21-23 at the Limelight Hotel in Ketchum. There will be CME opportunities, nationally known speakers, time for networking and recreational activities. Bring your family and join us in Sun Valley! More information to come.



Balance Billing

A legislator is going to introduce balance billing legislation. The IMA, Idaho Hospital Association, Idaho Department of Insurance, and the payers have met several times to discuss the draft language. We expect a draft bill to be released any day now and we will provide opportunities for you to contact your legislators and to testify in committee. It will be critical for legislators to hear from physicians on this issue. The IMA lobby team is working hard on your behalf to negotiate the best outcome for physicians. You may receive email updates on this issue as it develops.

ACEP Council 2017 Meeting, Washington DC

October 27-28, 2017

The 2017 ACEP Council considered many resolutions during its annual meeting including issues related to public policies, clinical matters, and emergency medicine practice trends.



The 410-member Council represents all 53 chapters, 34 ACEP sections of membership, the Emergency Medicine Residents' Association (EMRA), the Association of Academic Chairs in Emergency Medicine, the Council of Emergency Medicine Residency Directors, and the Society of Academic Emergency Medicine. The resolutions adopted by the Council become College policy after they are reviewed and approved by the ACEP Board of Directors. This year the Idaho chapter was represented by councillors Nathan Andrew, M.D. and Ken Gramyk, M.D., FACEP. Run for office and you, too, can experience the glam and bling associated with being an IDACEP Councillor.

The Council considered a resolution on endorsing paid parental leave for emergency physicians, and after debate on both sides, an amended version was ultimately adopted. Those opposed stated that paid leave is not economically feasible for small democratic group practices or for certain other types of employment pay structures, while those in favor argued that being able to take time off to care for children was a wellness issue as well as a burnout issue. The Council also considered a resolution on the usage of freestanding emergency centers during federally declared disasters. After debate on both sides, the Council voted to refer this resolution to the Board of Directors.

The Council adopted other resolutions, including:

Demonstrating the value of emergency medicine to policymakers and the public

Maternity and paternity leave

ACEP Wellness Center services

Studying the impact and potential membership benefits of a new chapter or section representing locums physicians

Essential medicines

Generic injectable drug shortages

Guidelines for opioid prescribing
Participation in ED information exchange/prescription drug monitoring systems
Workplace violence
Support for harm reduction and syringe services programs

The Council referred these resolutions, among others, to the Board of Directors for action:

Prescription drug pricing
Freestanding emergency centers as a care model for maintaining access to emergency care in underserved, rural, and federally declared disaster areas
Immigrant and non-citizen access to care
Maintenance of competence for practicing emergency physicians
Promoting clinical effectiveness

Idaho State Opioid Plan

The Idaho Office of Drug Policy brought together a group of stakeholders that has met regularly over the last year to discuss Idaho's opioid problem and to develop a plan for the state. The result is [this plan](#) that has been adopted by the Office of Drug Policy and presented to Governor Otter. The primary critical success factors identified (and for which goals and implementation plans were developed) are:

- Educate Providers, Patients, and the Public
 - Improve Opioid Prescription Practices
 - Strengthen and Support Families
 - Expand Awareness of, and Access to, Treatment
-

Economic Impact of Physicians in Idaho

The AMA just published their 2018 Economic Impact Study to illustrate the significant contributions physicians make to the health of Idaho's economy, not just the population. When making policy, talking to legislators or community leaders, or talking to friends and colleagues, it is important to offer information about physicians being economic drivers in the state as business owners. Here is some of the data produced for Idaho from the AMA study:

JOBS

Idaho physicians support 33,179 jobs in the state

That's an average of 12.1 per Idaho physician

ECONOMIC ACTIVITY

Idaho physicians generate \$5.2 billion in economic activity for the state

That's an average of \$1.9 million per Idaho physician

WAGES AND BENEFITS

Idaho physicians support \$2.5 billion in wages and benefits for Idaho workers

That's an average of \$900,894 per Idaho physician

STATE AND LOCAL TAX REVENUE

Idaho physicians generate \$168.6 million in state & local tax revenue

That's an average of \$61,584 per Idaho physician

Legislative Issues of Interest (as of 1/26/18)

HB 342 The intent of this legislation is to amend the termination or commitment and discharge of involuntary patients committed to inpatient facilities from a 30-day notice to a 10-business-day notice to the committing court and prosecuting attorney, under Title 66, Chapter 3, Section 66-337(b), Idaho Code. This change will allow for a timelier release from an inpatient facility that is clinically appropriate for a patient and more cost effective. The current 30-day requirement delays the legal process as well as extends a patient's stay even after receiving the maximum therapeutic benefit of inpatient treatment. A patient in that situation no longer meets criteria for continued stay in the inpatient facility accumulating unnecessary costs for inpatient treatment and ties up state hospital beds needed for other patients for an additional 30 days. [View HB 342 here.](#)

HB 353 This legislation is designed to encourage health care providers to volunteer their services for community health screening events such as youth sports activities screenings and church wellness screenings. It provides limited immunity to those providers who volunteer to screen (not treat) people who sign releases acknowledging the limited liability of the provider. [View HB 353 here.](#)

HB 354 The purpose of this legislation is to assure opioid antagonists are reported to the Prescription Monitoring Program (PMP). [View HB 354 here.](#)

HB 410 This legislation provides for the lawful use and possession of Cannabidiol Oil (CBD), if prescribed by a practitioner licensed under Chapter 18, Title 54, Idaho Code (physicians).

Registration, application, and fees are provided through the Idaho Board of Pharmacy and procedures to legally obtain CBD Oil. [View HB 410 here.](#)



ACEP's Viral Video Campaign to Expose Anthem Policy

ACEP recently launched a video campaign to expose Anthem Blue Cross Blue Shield for denying coverage to emergency patients, based on an undisclosed list of diagnoses, for conditions the insurance giant considers non-urgent. For a copy of the full press release, please contact [Michael Baldyga](#), ACEP Senior Public Relations Manager. This policy is active in six states - Georgia, Indiana, Kentucky, Missouri, New Hampshire and Ohio - but more Anthem states will follow, and more health insurance companies, if this effort isn't stopped. Anthem's policy is unlawful, because it violates the prudent layperson standard that is in federal law and 47 state laws.

Special thanks to ACEP video cast members Dr. Jay Kaplan, Dr. Alison Haddock, Dr. Ryan Stanton and Dr. Supid Bose - and ACEP staffers Mike Baldyga, Elaine Salter, Darrin Scheid and Reikia Speight!

Help us make [the video](#) go viral and top last year's that generated nearly 300,000 views on

YouTube and Facebook! Please post it to Facebook pages, e-mail it to colleagues and Tweet about it using [#FairCoverage](#) and [#StopAnthemBCBS](#).



Help Us Celebrate ACEP's 50th Anniversary

You can help us ensure we have the most diverse, and most complete, historical collection of everything!

Follow us on [Twitter](#) and [Facebook](#) to see our weekly Tues/Thurs 50th Anniversary posts
Talking 50th Anniversary on social media? Use [#EMeverymoment](#)

Show your EM pride with ACEP's [new "Anyone. Anything. Anytime." Facebook profile frame](#)

Visit our 50th Anniversary site [here](#) for year-round updates

Got something cool to share about the college's history, or your own with EM? [Click here!](#)

Upcoming CEDR Webinar

In depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Topics for this webinar will include selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR.

Register for the [Reporting MIPS through CEDR](#) webinar to be held on **March 13, 2018**

at 1:00 PM CDT. After registering, you will receive a confirmation email containing information about joining the webinar.



New ACEP Tool Helps you Keep Track of Ultrasound Scans

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The [ACEP Emergency Ultrasound Tracker](#) was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the [ACEP Ultrasound Guidelines \(PDF\)](#). We hope you find this tracker tool helpful and useful in your practice.

ACEP Awards Nominations Now Open

Recognize leadership & excellence in significant professional contributions, as well as service to the College, through the ACEP Awards Program. Know someone who deserves a prestigious ACEP award? [Send entries by April 2 to the Awards Committee](#).

New ACEP Award

Community Emergency Medicine Excellence Award

We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018.** The nomination form and additional information can be found [here](#).

Articles of Interest in *Annals of Emergency Medicine*

Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in [Annals of Emergency Medicine](#). Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population.

Babi FE, Oakley E, Dalziel SR, et al.

Accuracy of Physician Practice Compared to Three Head Injury Decision Rules in Children: A

Prospective Cohort Study.

This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

April MD, Oliver JJ, Davis WT, et al.

Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial.

Inhaled isopropyl alcohol as an aroma therapy has been described as effective in treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

e Silva LOJ, Scherber K, Cabrera d, et al.

Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review.

This is a systematic review of the literature on IV lidocaine for pain. There were only 6 randomized control trials of lidocaine for renal colic. The results were variable. Lidocaine did not appear to be effective for migraine headache but there were only 2 studies of this. The authors concluded that we do not have enough data at this time to definitively comment on the use of lidocaine for pain in the ED.

White DAE, Giordano TP, Pasalar S, et al.

Acute HIV Discovered During Routine HIV Screening with HIV Antigen/Antibody Combination Tests in 9 U.S. Emergency Departments

This study looked at HIV screening programs in 9 EDs located in 6 different cities over a 3 year period. There were 214,524 patients screened of which 839 (0.4%) were newly diagnosed. Of the newly diagnosed 14.5% were acute HIV (detectable virus but negative antibody) and 85.5% were established HIV (positive antibody test). This study reminds us that many patients with acute HIV will have a negative screening test that relies strictly on antibody. Many of these patients present with flu like illness as their initial presentation.

Axeem S. Seabury SA, Menchine M, et al.

Emergency Department Contribution to the Prescription Opioid Epidemic.

There has been much discussion of the opioid epidemic in both the professional and lay press. Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED.

Welcome New Members

Katherine M Buckley
Nicholas P Thomson
Kelsey Richardson

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