

Colorado Chapter Update

A Newsletter for the Members of Colorado ACEP



Spring 2011

From the President Neal O'Connor, MD, FACEP

*If your time to you is worth saving
Then you'd better start swimming
Or you'll sink like a stone*

For the times are a changing- Bob Dylan

If you have been in practice in Colorado for any length of time it's easy to be complacent. Despite a brief run at managed care in the state in the 1990's, we have enjoyed a relatively stable practice environment (including malpractice and reimbursement) and the bulk of emergency medicine groups in Colorado are local and democratic. Overall emergency physicians in Colorado enjoy a good balance of practice quality and lifestyle. Nationally and locally however there are a number of factors that have potential to change our current environment.

Payment Reform

Over the past 12 months or so it is hard not to feel nervous with all the changes being discussed with healthcare reform and alternative payment strategies.

Emergency Medicine has been tagged as expensive by payment reformers and ED visits carry the label of "Potentially Avoidable Complications" in one particular model. The strategy of labeling Emergency Medicine in this way allows our specialty to be discounted in part or whole when bundled payment

schemes are being created. National ACEP has countered with a cohesive message regarding the impact of emergency care in relationship to the overall healthcare budget- ACEP's 2% Campaign. It's that simple, our portion of overall healthcare

Colorado Chapter ACEP

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expenditures amount to 2%. Hopefully, ACEP's 2% Campaign will resonate with lawmakers and national policy makers as we seek to gain ground as alternative payment models are developed.

Fortunately, Colorado is well represented on a number of national committees and work groups. Colorado ACEP Board of Director's member Jennifer Wiler serves on the AMA's relative value committee along with former Board member Dennis Beck. Additionally, Dennis and Dickson Cheung are active on the Brandeis University PACES clinical workgroups which are looking at alternative payment models for medical care -including how different Episodes of Care scenarios impact the different medical specialties. This bundled payment model which includes shared savings is likely to be the basis for professional reimbursement in an Accountable Care Organization (ACO) model.

Malpractice Environment

Over the course of the last 20 years, Colorado physicians have enjoyed a stable malpractice environment. The most recent ACEP report card gave Colorado an overall grade of C+ and an "A" in Medical Liability. Only Colorado and Texas received this high mark. In large part we have benefitted from a consistent strategy from COPIC (appropriately defend good medical care independent of defense costs and don't settle nuisance cases) as well as a non-economic cap of 300K for malpractice cases. This strategy along with consistently high quality emergency care delivered across the state has led to affordable malpractice premiums.

Over the past few years the Trial Lawyers Association has made various attempts at the state legislature to raise the damages cap or otherwise tip the scales in their favor. Colorado ACEP and the Colorado Medical Society have been successful in thwarting these legislative attempts to damage our practice environment. Recently, however, a Colorado Supreme Court decision puts our current model at risk. The decision in 2010 allows a plaintiff to use billed charges (not actual payment) as a source for determining economic damages in personal injury cases (including medical malpractice cases). Allowing so-called phantom charges to be counted in personal injury cases will likely drive up the economic portion of the damages and result in larger awards for plaintiffs. Unfortunately, a legislative remedy sponsored by Representative Bob Gardner and Senator Ellen Roberts failed in the Senate Local Government Committee.

PDMP

As you may be aware, the Colorado prescription drug monitoring program (PDMP) is scheduled to sunset in July 2012. Nationwide prescription drug abuse and deaths from overdoses are epidemic. Death rates from prescription drug overdose outnumber those from automobile accidents in several states including Ohio and Washington. The Colorado PDMP has been an essential tool for emergency physicians as we balance appropriate pain management with potential misuse of controlled substances. In the current legislative session both the house and senate have been working on bills that would keep the program in place. Unfortunately, the current Senate bill contains several amendments that present potential problems to the providers including mandatory patient notification (i.e. the bill would require the physician to orally inform the patient that all prescriptions for controlled substances will be submitted to the PDMP database). Colorado ACEP will continue to work with CMS supporting the continuation of the program while working to strip away the undesirable amendments.

So change is coming on a number of professional fronts, but we should not feel helpless or hopeless. Especially at the state level we all have an opportunity to make a difference. Getting involved with Colorado ACEP or communicating with your local state senator or representative are both great ways to make sure your voice is heard.



Colorado ACEP News

Colorado ACEP has recently updated the website with a fresh new look. Please bookmark this page: www.coacep.org. Suzanne Hamilton's CO ACEP Weekly Legislative Report is posted under the Legislative Tab. Keep up-to-date with all Colorado ACEP activities. All Meeting Dates are posted as well as Colorado ACEP member resources.

Congratulations to Dr. Jim Cusick who was nominated as a candidate for ACEP Vice-Speaker.

There is still time to apply for ACEP Committees. May 16 is the deadline. Apply online at www.acep.org/committees.

Save the Date: 38th Annual Rocky Mountain Trauma & Emergency Medicine Conference.

June 21-24, 2011

Colorado ACEP Dinner: June 22 – 7:00 pm

Beaver Run Resort, Breckenridge, CO

www.rockymtntraumaconf.org

Emergency Medicine Keynote Speakers:

Amal Mattu, MD, FACEP

Professor and Residency Director

Department of Emergency Medicine

University of Maryland School of Medicine

William Mallon, MD, FACEP

Program Director and Associate Professor of Emergency Medicine

Los Angeles County/University of Southern California Medical Center

Upcoming Colorado ACEP Meetings:

May 18, 2011

July 27, 2011

September 28, 2011

November 16, 2011

Spring Brings New Member Benefits to ACEP

New ACEP member benefits are blooming this spring, with products and savings to make it easier for you to practice emergency medicine and provide the highest quality care for your patients.

- **Free CME Credits for “Focus On”**

You asked, we’ve responded. ACEP Members can now earn free CME by taking the “Focus On” quizzes online. These quizzes are based on ACEP News articles that address new approaches to common presentations or a refresher on topics that might fall into a learning gap. Certificates can be printed instantly after completing the quiz. [Sign in](#) and explore this new member benefit. Non-members still pay \$10 a quiz. Sorry, no refunds for quizzes already purchased.

- **Discounts for National Salary Surveys**

ACEP has partnered with Daniel Stern and Associates to offer their annual national emergency medicine salary surveys to our members at a discounted price. You can now find clinical, academic, regional and even trends reports in the [ACEP Bookstore](#). Whether you are getting your first job or want a snapshot of the current job market, there are a variety of salary survey products that can help you with your practice needs and goals.

- **Easier Access to the Health Care Notification Network, More Features**

Get Physicians’ Desk Reference (PDR) drug alerts from the Health Care Notification Network sent right to your inbox with no log-in required. Just sign up for the service on our [website](#). Once registered, you will begin receiving FDA-approved information and alerts on a real-time basis. ACEP members can also access other PDR Network features, including free CME courses and a free copy of mobilePDR, which brings the most widely used drug information resource to your smartphone.

- **Enhancements to the Member Renewal Process**

A new Online Member Guide is now being sent to each member after they join or renew. Each guide is personalized and populated with data that is particular to the recipient. And online dues statements now contain the same statement the member received in the mail. These automated member renewal messages contain their statement, which can be downloaded and printed.

ACEP understands the practice challenges you face and we want to help you with the issues that matter most to you and your patients.

Thank you for your continued membership in ACEP, the leading emergency medicine advocate for our specialty and your career.

Clinical News

Hospitals Vary Widely in Applying Proven STEMI Treatments

Implementation of evidence-based treatments for patients with acute myocardial infarction saves lives, but hospitals show substantial variation in the extent to which they apply these treatments, according to a study of more than 60,000 patients treated at 72 Swedish hospitals during 1996-2007.

During the period studied, Swedish hospitals increasingly used proven treatments for patients presenting with ST-elevation MIs, including increased use of reperfusion therapies, aspirin, clopidogrel, statins, beta-blockers, and ACE inhibitors or angiotensin receptor blockers. Concurrently with increased use of these interventions, the standardized, 1-year mortality of patients dropped from 19% in 1996 to 11% in 2007, Dr. Tomas Jernberg, a cardiologist at Karolinska University Hospital in Stockholm, and his associates reported in an article published online on April 27 (JAMA 2011;305:1677-84).

But in addition to documenting the efficacy of evidence-based therapies for treating acute STEMI, the findings also revealed a wide variation in the application of these therapies by all 72 Swedish hospitals that provide care for patients with acute cardiac diseases.

[Read the entire article online.](#)

Antibiotics Alone May Suffice for Uncomplicated Acute Appendicitis

Uncomplicated acute appendicitis can be safely treated by antibiotics alone, a systematic meta-analysis suggests.

Use of antibiotics may prevent unnecessary appendectomy and reduce overall complication rates, lead author Dr. Katherine J. Liu said at the annual meeting of the Central Surgical Association.

“Appendectomy may be reserved for antibiotic treatment failure and recurrent appendicitis,” she said.

Dr. Liu pointed out that antibiotics have become progressively more powerful in the last 30 years and that spontaneous resolution of acute appendicitis occurs in 24-48 hours without any treatment in up to 20% of patients in large series. A recently published study found that the negative appendectomy rate in the era of computed tomography is 5% with CT and 10% without CT (Ann. Surg. 2008;248:557-63). Also, perforated and nonperforated appendicitis are probably two separate disease entities, based on several very large epidemiologic studies, she said.

[Read the entire article online.](#)

Focus On: Variceal Hemorrhage

“Focus On” is an ongoing series of articles that examine common complaints that present to the emergency department or highlight new literature or treatment options. The February 2011 article reviews current therapy for gastroesophageal varices

and the importance for emergency physicians to deliver life-saving treatment.

Learning objectives for this article include to assume that patients with a history of cirrhosis who present with upper GI bleeding have esophageal varices until proven otherwise; recognize that patients with esophageal varices have an extremely high mortality rate; always perform a rectal exam and consider nasogastric lavage in the evaluation of esophageal varices; treat esophageal variceal bleeding with octreotide, proton pump inhibitors, antibiotics, intravenous fluids, and early blood product transfusion; and consult GI specialists and interventional radiology early in the evaluation of variceal bleeding.

After reading the article, take the CME quiz [online](#).



ACEP Joins Partnership of Professional Organizations to Improve Care for Patients with Hereditary Angioedema

ACEP is excited to announce its partnership with the American College of Allergy, Asthma and Immunology (ACAAI), the American Gastroenterological Association (AGA) Institute, and the World Allergy Organization (WAO) in the “HAE: Learn About It, Talk About It” program, an innovative, peer-driven campaign aimed at uniting disparate specialties that see patients with hereditary angioedema (HAE) to help advance the standard of care.

HAE is a rare and potentially fatal genetic disease characterized by sudden, severe, and painful swelling episodes that can affect any part of the body. Because HAE symptoms can mimic other emergencies, including appendicitis, acute abdomen, or an allergic reaction, the average patient can endure 13 years of repeated misdiagnoses before HAE is identified.

As the first line of contact with undiagnosed and diagnosed patients in many cases, emergency physicians and physicians’ assistants can play an important role in improving care for patients by quickly recognizing HAE symptoms, understanding new disease management paradigms, and referring patients to an HAE-treating physician for appropriate management.

With new, targeted therapy options available in the U.S., now is the time for specialists on the front lines of HAE to work together to improve patient care through increased awareness and education, faster diagnosis, and appropriate disease management.

Visit their [website](#) to learn more about HAE and its impact in emergency medicine, to be prepared by finding an HAE-treating allergist in your area, and to take advantage of free educational resources, including an HAE Webinar, podcast series, and iPhone app.

“HAE: Learn About It, Talk About It” is supported by ViroPharma Incorporated.



The 2011 Emergency Department Director of the Year Winner and Finalists Announced by the Emergency Medicine Foundation and Blue Jay Consulting

Blue Jay Consulting and the Emergency Medicine Foundation (EMF) announced that Royce D. Coleman, MD, FACEP, has been named the 2011 Emergency Department Director of the Year. Dr. Coleman, Medical Director at the University of Louisville Hospital and Associate Professor at the University of Louisville, Department of Emergency Medicine, will be honored at the Emergency Department Directors Academy on Monday, May 2nd in Dallas, TX. Three additional finalists will be honored later this year.

“The Blue Jay Consulting/Emergency Medicine Foundation Emergency Department Director of the Year Award recognizes current emergency department physician leaders who made significant impacts on improving the operations of their departments, resulting in improvements in the quality of patient care,” said Jim Hoelz, Chief Nurse Executive/Managing Partner at Blue Jay Consulting.

“This year’s winner, Dr. Royce D. Coleman was chosen for his active collaboration with nursing to achieve departmental improvements, his commitment to providing excellent patient care, his work to implement programs to improve the quality of the patient experience and community involvement, as well as professional involvement with the American College of Emergency Physicians,” Mr. Hoelz said.

An Emergency Department Director wears many hats,” said EMF Chair, Michael Gerardi, MD, FACEP. “Daily they are charged with providing leadership; planning; ensuring ethical practices; coordinating with nurses and administrators; improving utilization of the facility, service and staff; all while ensuring quality care for the patients.

“We are pleased to honor Dr. Coleman, as he truly set himself apart; and demonstrated his dedication to improvement and sustaining excellence in both quality of care and employee and physician satisfaction,” Dr. Gerardi said.

The three finalists in alphabetical order are:

Dave A. Holson, MD, MPH is the Mount Sinai Services at Queens Hospital Center in Queens, New York.

Robert L. Muelleman, MD, FACEP, is the Emergency Medicine Chair, Department of Emergency Medicine at the University of Nebraska Medical Center in Omaha, NE and the Emergency Medicine Medical Director at The Nebraska Medical Center in Omaha, NE.

Mark Rosenberg, DO, MBA, FACOEP-D, FACEP is the Medical Director with St. Joseph’s Healthcare System in New Jersey.

A Letter from the Emergency Medicine Foundation Chair

The Emergency Medicine Foundation is having a busy year already in 2011! The 13 EMF grantees are concluding a great research year. With projects in stroke care, binge drinking prevention in college-age students, health care reform, mild TBI, and so much more, we are anxiously awaiting their results to be presented at ACEP’s Scientific Assembly Research Forum in San Francisco this October.

EMF’s ability to fund emergency medicine research, coach and encourage up-and-coming researchers, and recognize leadership in our specialty is because of members like you. ACEP members continue to increase their support of EMF each year, providing a majority of EMF’s funding. Corporations, foundations, physician groups, and ACEP chapters are also supporting EMF in record numbers. We thank all our donors for their commitment to improving emergency care in our nation.

EMF not only appreciates your financial support but your ideas, as well. Recently, Dr. John Rogers led the charge to encourage the Georgia and Tennessee chapters to donate \$1 per member to EMF. We appreciate Dr. Rogers’ initiative and the chapters’ willingness to meet this challenge. I encourage other chapters to join Georgia and Tennessee in supporting EMF through this Chapter Challenge.

Our donors are the reason that EMF grows more successful each year. Your support is so valuable and vital to spearheading emergency medicine research. I encourage you to continue to support EMF and the future of emergency medicine. To learn more or to make a donation, go to our [website](#) or call (800) 798-1822 x3216.

Sincerely,

Michael J Gerardi, MD, FACEP

Chair, Emergency Medicine Foundation

Member, ACEP Board of Directors

AAEM, Small Groups Join EM Action Fund

Recognizing the potential threat to the independent practice of emergency medicine, the American Academy of Emergency Medicine (AAEM) and several small to mid-sized groups have joined the Emergency Medicine Action Fund, which is

collectively working to impact health care reform's regulatory implementation.

These contributors are looking past the differences of the varied participants in the EM Action Fund and recognizing the need to improve the emergency medicine practice for everyone, said Dr. Wesley Fields, Chairman of the EM Action Fund.

“What I hope AAEM, the other EM organizations vested in the EM Action Fund, and EM groups large and small will do is to change the conversation about the acute care continuum among policy makers and thought leaders regarding the future of health care in the U.S.,” Dr. Fields said.

“There will never be a better time or a more compelling need for emergency physicians to find common cause,” he added.

“The macro forces that threaten our specialty and our health care system are far greater than any intramural disputes between EM organizations.”

AAEM will join the American College of Emergency Physicians, the Emergency Medicine Residents' Association (EMRA), the American College of Osteopathic Emergency Physicians (ACOEP), and the Society of Academic Emergency Medicine (SAEM) on the EM Action Fund Board of Governors. AAEM and SAEM each contributed \$25,000 to the Action Fund, and EMRA contributed \$100,000 over the next two years. ACOEP contributed \$50,000 over the next two years.

Invitations to sit on the Board also have been extended to the Association of Academic Chairs of Emergency Medicine (AACEM), and the Emergency Department Practice Management Association (EDPMA) and were still being considered in mid-April.

The reminding 10 Board seats will be allocated to the largest contributors. Several small and mid-sized groups are working together to form coalitions in hopes of attaining a seat on the Board.

As of mid-April, 12 physician groups of various sizes have contributed to the EM Action Fund, along with two companies that work closely with emergency physicians. There have also been dozens of individual contributions.

As an adjunct to ACEP's Washington, DC staff, the EM Action Fund's consulting firms have been developing analysis pieces about the recently released draft regulations for Accountable Care Organizations (ACOs) from the Centers for Medicare & Medicaid Services (CMS).

There is a synopsis of the quality reporting requirements for ACOs, a summary of the ACO waivers of various federal laws, and many other useful resources useful for review as a formal response to CMS is being prepared.

The [website](#) also has a list of the issues and provisions in the Patient Protection and Affordable Care Act (PPACA) relating to emergency medicine, a timeline of implementation dates of various provisions, and a status update of current legal challenges to PPACA.

“Regardless of one's personal views of the Act, it is obvious to any serious observer that the federal government is likely to continue to have more and more influence over the practice of emergency medicine,” Dr. Fields said. “That is why the Emergency Medicine Action Fund will focus on federal regulatory affairs, which, under IRS guidelines, are not political in nature or in tax law.”

There is still time to contribute to the EM Action Fund, which is expecting to have its Board in place and being regular meetings later this summer.

“Regardless of your mode of practice, EMAF deserves your support and needs your intellectual capital as much as your financial pledge,” Dr. Field said.

Find out more and use the new [online contribution form](#).



Make A Difference: Write That Council Resolution

ACEP is a living entity, which needs new ideas to keep it healthy and viable in the 21st century. Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a

few months the ACEP Council will meet and consider numerous resolutions.

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with Scientific Assembly. During this annual meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. For 2011, the Council has 338 Councillors: ACEP members representing chapters, sections, EMRA, AACEM, and CORD.

This Council meeting is your opportunity to make a resounding impact by setting our agenda for the coming years. Topics such as the direct election of the president-elect, or working with the Emergency Nurses' Association on staffing models, grew directly from member resolutions submitted to the Council. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution.

I'm Ready to Write My Resolution

Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. This should be short, focus on the facts, and include any available statistics. The Resolved section should be direct and include recommended action, such as a new policy or action by the College.

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a simple majority vote to pass, while Bylaws resolutions require a two-thirds majority. When writing Bylaws resolutions, list the Article number, and Section from the Bylaws you wish to alter. Then, in the resolution, you should show the current language, and bold your suggested new language while striking through the suggested edits. See the ACEP Web site article, "[Guidelines for Writing Resolutions](#)," which further details the process and offers tips on writing a resolution.

I Want to Submit My Resolution

It takes at least two members to submit a resolution, or a Chapter, Section, AACEM, CORD, or EMRA may submit a resolution. If the resolution comes from a Chapter or Section, then a letter of support from the President of the Chapter or Chair of the Section is required. The Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions pass through the Bylaws committee for review and suggested changes. These changes and suggestions are referred back to the author of the resolution for consideration. One may submit a resolution by mail, fax, or email. Resolutions are due at least 90 days before the Council meeting. This year the deadline is July 16, 2011.

Debating The Resolution

Councillors receive the resolutions prior to the annual meeting along with background information from ACEP staff. Discussion often occurs on the Council electronic list serve prior to the Council meeting. At the discretion of the Speaker, non-Councillor resolution authors may be added to the Council e-list serve upon request.

At the Council meeting, the Speaker and Vice-Speaker divide the resolutions into four reference committees. The reference committees meet and hear testimony on each resolution. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and unlimited testimony, and participants often have questions best answered by the author. Afterwards, the reference committee summarizes the debate and makes a recommendation to the Council.

The Council then meets to discuss all the resolutions. Each reference committee presents each resolution, providing a recommendation and summary of the debate to the Council in writing and on the podium, and then the Council debates each resolution. Any ACEP member may sit in the back and listen to the Council debate whether a Councillor or not. If you wish to speak directly to the Council, you may request to do so in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your Chapter or Section for alternate Councillor status and permission for Council floor access during debate. Chapters and Sections often have alternate Councillor slots and encourage the extra participation.

The Council's options are: Adopt the resolution as written; Adopt as Amended by the Council; Refer to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee; Not Adopt (defeat or reject) the resolution; or Postpone.

Hints from Successful Resolution Authors

- Present your resolution prior to submission to your Chapter or Section for sponsorship on the Council floor. This way, they can give advice and assistance.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP web site is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before? What happened?
- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

I Need More Resources

Go to ACEP's Web site, www.acep.org. Click on "About Us," then "Leadership," and finally click on "Council." Scroll down and you will see a link to the "Guidelines for Writing Resolutions" article. All authors should review this article prior to writing their resolution. Additionally, there is information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. Of special note, there is a link to Actions on Council Resolutions. Under this link are PDF documents dating back to 1998 summarizing each resolution and what has occurred with each of them. You can review past actions, or keep track of what happens once your resolution passes.

Well, Get To It

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for College members to speak to the leaders of the College and the Board of Directors. Even if your resolution does not pass, the College will debate the topic and consider its ramifications. Additionally, other members may have resources or suggestions to address your issue. I encourage you to take advantage of this opportunity and exercise your rights as part of our Emergency Medicine community. Dare to make a difference by submitting a resolution to the ACEP Council.

Welcome New Members

Benjamin E. Burns
Vicky Nguyen
Brian W. Petersen
Blake P. Sherman

Colorado Chapter ACEP

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