

Colorado Chapter Update

A Newsletter for the Members of Colorado ACEP



Spring 2010 Issue

Membership Has Its Value From the President Stephen Wolf, MD, FACEP

Recently, members of CO ACEP sat next to Colorado State Senator John Morse, the Senate Majority Leader, testifying before the Colorado Senate Health & Human Services Committee. CO ACEP is the lead supporting organization on his bill to prevent the sun setting of a statute that holds insurance companies responsible for out-of-network costs when a patient seeks care at an in-network facility. Prior to that, CO ACEP members were speaking to representatives of several medical specialty societies and the Colorado Medical Society. With them, we have been laying the groundwork for proposed major tort reform through draft EMTALA provider protection legislation that would afford special protection to EMTALA care providers.

Very little of this would have been possible without Suzanne Hamilton, CO ACEP's lobbyist since 2009. Ms. Hamilton is truly outstanding, representing us at the State Capitol day-in day-out during session. When the legislature is not in session, she is networking on our behalf and building consensus support for the issues important to us. To our benefit, she has a long history in health care politics, working with CMS before CO ACEP. Her background, experience, and presence have given us a seat at the table! This seat will become increasingly important in future years as we not only advance our plans to propose EMTALA provider protection, but also as we represent emergency medicine in Colorado as national health care reform impacts state level politics.

This influence and representation requires a financial commitment from Colorado ACEP membership. To continue our advocacy goals and retain Ms Hamilton's services, the Colorado ACEP Board of Directors voted unanimously to increase the annual Chapter dues at our most recent meeting, effective July 1, 2010. We did this with great reservation, understanding that we have a responsibility to you, our members, to be efficient, fiscally conservative, and to maximize member benefits. We revised our budget to reflect this as much as possible, reviewing it line by line. We trimmed expenses for board meetings and eliminated the print version of the EPIC, among other cost saving measures. We are also exploring options to reduce the cost of our annual elections process. That said, our commitment to member support through advocacy, representation, and education remains steadfast.

In addition to our state-level political work mentioned above, Emergency Medicine also has six members on the Colorado Medical Society's Council on Legislation. Furthermore, this year, we started a CO ACEP Leadership Fellowship, allowing us to cultivate CO ACEP members with promising leadership potential, providing them the opportunities and exposure needed to make a difference in the future.

Colorado Chapter ACEP

Stephen Wolf, MD, FACEP
President



Barb Burgess,
Executive Director

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Dr. Adam Barkin was selected to be our first fellow.

Colorado continues to have a strong representation and involvement with National ACEP. Jim Cusick's national presence has resulted in his nomination for the National ACEP BOD; Dave Ross is Chair of ACEP's Public Relations Committee; Jim Thompson Chairs the Tellers, Credentials, and Elections Committee for the ACEP Council; Dennis Beck chairs ACEP's Quality and Performance Committee and a new ACEP Health Care Reform Task Force on Episodes of Care; and Jennifer Wiler, who will be awarded this year's ACEP Council Horizon Award, represents emergency medicine on the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC). The RUC makes significantly valued recommendations to the Centers for Medicaid and Medicare Services (CMS) affecting reimbursement rates for emergency medicine. This level of advocacy and representation is remarkable for a state of our size!

Not to be overshadowed by advocacy, our educational mission is thriving. We will be having the 2nd Annual Colorado Symposium on Emergency Medicine on November 17th, 2010 at the Brown Palace in downtown Denver again this year. Last year's CME conference was wildly successful and we hope that this year's will be even better. Please let us know if you would like to be involved in the Program Committee!

CO ACEP also continues to forge bonds with the Denver Health Residency in Emergency Medicine, providing a junior and senior resident position on the Board of Directors, and working to involve residents in ACEP's Leadership and Advocacy Conference. We are in the final stages of completing and implementing our 2008 Chapter Grant for developing a Residency Leadership Curriculum.

Finally, CO ACEP supports EMS and Trauma related CME and scholarships throughout Colorado, helping EMS providers from across the state attend EMS educational conferences.

We truly hope that the value of your membership is self-evident! Through political advocacy, national representation, educational benefits, and member support, CO ACEP is here for you!

Legislative Update Suzanne Hamilton

On the 1st of April the Senate Health and Human Services Committee held a hearing on SB 183. As you will recall, SB 183 is the bill which continues consumer protections against balanced billing under what is known as a "par/non-par" situation. Colorado ACEP President, Stephen Wolf, MD testified on behalf of emergency medicine and Dr. Eric Olsen and Dr. Adam Barkin were present to represent Colorado ACEP.

Imbedded in a 2006 bill was a sunset date of this statute. Between 2006 and 2010, the Colorado Division of Insurance (DOI) conducted a study and reported the impact of this statute to the legislature. The DOI report was conclusive. The Par/Non-Par statute, as currently enforced, does not compromise network adequacy or cost, while protecting patients.

Although the DOI report was clear, the American Association of Health Plans-Health Insurance Association of America and the Colorado Association of Health Plans testified in opposition to SB 183. Allegations of predatory and excessive billing were made as well as the claim that SB 183 will codify a disincentive for physicians to contract with health plans. The opposition requested the sunset date of this statute be extended one to five years in order to force physicians to continue to work with the insurance industry on an alternative.

Dr. Wolf testified not only to the merits of the consumer protections, but also the impact of SB 183 on physicians. Without the passage of SB 183, physicians would be forced to either accept contracts with insurance plans without any leverage to negotiate not only fees, but objectionable contract provisions, or accept approximately 46.5% of billed charges as an out-of-network physician. Dr. Wolf made it clear that such a choice would have a negative effect on the availability of consulting physicians to patients coming into a hospital through the emergency department.

Neither Senator Morse, the bill's sponsor, nor the Senate Committee were swayed by the insurance industry's opposition to SB 183. The members of the Committee did, however, take the opportunity to play a joke on Senator Morse (the Senate Majority Leader.) With public testimony closed, the Committee voted 6 – 0 to kill the bill. It took a moment for everyone to remember it was April 1st. After a chuckle,



the bill was passed unanimously onto the full Senate.

Haiti Experience By Patrick Mahar, MD

On January 12th, as the first reports of the devastating 7.0 earthquake hit Haiti were reaching people all over the world, everyone started asking what they could do to help a nation ill equipped to treat a disaster of this magnitude. The capital city of Port-au-Prince was located just 25 km from the earthquake epicenter and thus the most populated area suffered the greatest damage. In PAP, 8 of the 11 hospitals were severely damaged or destroyed and the remaining hospitals were overwhelmed by survivors. Of the 3.5 million people in the area, 500,000 were displaced, 300,000 injured & 212,000 killed.

I was lucky enough to travel with a non-governmental organization (NGO) quickly formed in response to our desire to offer our services to the earthquake victims. Our medical team of 11 health care providers from the Denver area consisted of a pediatric surgeon and three pediatric emergency medicine physicians from The Children's Hospital, along with a family medicine physician from the Denver area, nurses, physical therapist, and an EMS provider. Our group of medical care providers traveled from Denver to Port-au-Prince (PAP) with the help of the Angel Wing Program and Missionary Flights International arriving in PAP 6 days after the earthquake occurred. In the 36 hours prior to our departure from Denver, through the generosity of many of the local hospitals, medical supply companies, and local businesses, we were able to collect over 2000 pounds of supplies, (e.g., antibiotics, pain/sedation medications, orthopedic supplies).

We arrived at the Matthew 25 House (a guest house for missionary teams working in Haiti) to find the adjacent soccer field had been established as a makeshift field hospital. We joined a family medicine physician and registered nurse from Atlanta who had arrived one day earlier and had started treating the overwhelming number of injured patients. Immediately upon our arrival we split our team up to focus on two main goals; organization and triaging patients. We quickly saw the overwhelming number of injured we were going to be treating with most of these being open wounds and orthopedic injuries. We converted the dining room in the still structurally sound guest house into a makeshift operating room and expanded the field hospital to include an acute treatment area on an adjacent basketball court. On that first evening we had to emergently address a patient septic from an open tibia-fibula fracture that required a below the knee amputation along with treating a stab wound suffered during a fight for food.

After about three days of caring for the injured at our field hospital, the number of people needing treatment had greatly decreased to the point that we were able to split our team up and formed a mobile unit to go into areas that had yet to receive any health care. These areas were some of the poorest shanty tent cities in PAP and while there were hundreds of people wanting to be seen, they were all cooperative and appreciative of the simple care we could provide.

Some observations and lessons learned:

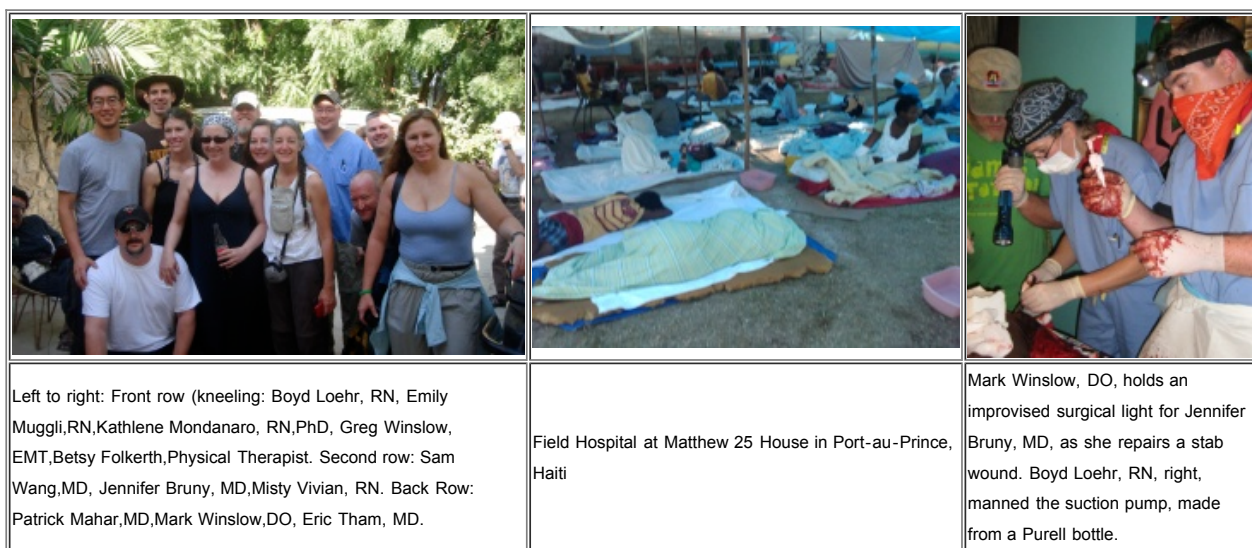
1. Our group was fortunate enough to have contacts on the ground before we departed Denver. The family medicine physician in our group, Dr. Mark Winslow, had traveled to Haiti on numerous occasions prior to the earthquake, thus he had a well established network and plan in place before we departed. As we traveled to Haiti (and again when we arrived there), we ran into individuals and groups struggling to get into PAP, and once there, to find a location where their skills could be best used due to their lack of local contacts. Our contacts were essential in providing us with safe transportation and accommodations (area to set up tents and clean water supply).
2. Ketamine at 1 mg/kg or 50 mg for adults is a great sedative for the field when you do not have anesthesia. We were able to keep our major surgical patients very still and comfortable during amputations and wound explorations with boluses of 50 mg of ketamine. We also performed many ketamine sedations for fracture reductions and wound debridements in the field. During our week in Haiti, we used ketamine as our only sedative and did not have any adverse effects or complications. There are many properties of ketamine which makes it the ideal sedative in this type of setting. It is a stable medication that does not require refrigeration or special handling. Ketamine also has a predictable and relatively safe cardiovascular profile, which is adventitious when there is limited/no monitor equipment.
3. Improvise. During a surgery for a bad stab wound, we realized we did not have any suction. Someone came up with the idea of using the pump from a Purell bottle. Pretty soon we had a nurse who was pumping all the blood out of the wound with the Purell pump, and we finally had a clear surgical field. When we had a wheezing child, an albuterol MDI attached to a plastic cup with a hole cut in the bottom functioned well as our spacer/facemask to assure medication delivery.
4. Be persistent. We had a teenager with a suspected basilar skull fracture (massive facial swelling and persistent clear drainage from ear) who was turned away by six different hospitals because they did not have space, imaging capability and/or lack of a neurosurgeon. After working numerous connections via texting, our persistence paid off as we were able to arrange for a US military Blackhawk to transport her to the USNS Comfort for definitive care.
5. Communication. In Port-au-Prince, the cell towers are still mostly functioning, but voice calls are really difficult to make during the day

because of the congestion. We had no problems with data, texting, and emailing on our BlackBerries and iPhones any time of the day. Emails and texting were our main modes of communication between team members when separated and for communication back and forth from the United States. Haiti uses the GSM cellular standard (AT&T and T-Mobile will work fine). Verizon has some world phones that have dual-mode GSM and CDMA. Contact your carrier to change to an international data roaming plan prior to leaving the United States. Bringing more walkie-talkies would have been helpful for easy rapid communication between team members.

6. Know your resources. As things began to get more organized, we soon learned about other hospitals that could provide higher levels of care, such as orthopedics. We were able to refer more patients out from our field hospital, especially the more complicated cases.

7. Despite reports of violence being reported in the media, security was not an issue for us. The security provided by being integrated within the community by our local contacts was a key aspect to the sense of security we felt. The host of the Matthew 25 House, Sister Mary Finnick, a retired nurse, provided us with more security than could have been given by a platoon of marines. In recent weeks, security has become a growing concern as kidnappings (a part of life in Haiti before the earthquake) are on the rise and it is unclear what effect the pull out of US military will have on the stability/safety of the area.

The true heroes during the first few days after the earthquake were the Haitian people who showed incredible ability to care for their fellow countrymen and women with only the most limited supplies. The generosity they showed toward each other and towards us will never be forgotten by any of the members of our team. We hope everyone realizes that as the eyes of the media turn to the next major story, the country of Haiti will need our help and support for years to come.



Contributing Authors: Patrick Mahar, MD, Eric Tham, MD, & Sam Wang, MD.

ACEP LLSA Resource Center Updated to Include 2011 Articles

The ACEP LLSA Resource Center is being updated today with new tools to help you prepare for your annual LLSA tests and maintain your ABEM certification. New today are the 11 articles on the 2011 Lifelong Learning and Self-Assessment Reading List, summaries of the articles on the 2010 list, and handouts from lectures on the 2009 list.

The [ACEP LLSA Resource Center](#) is one of the most valuable benefits of your ACEP membership. If you've never used it, take a few minutes to do so right now. You'll find the list of all current readings (the 2008 through 2011 lists), information on the CCME-ACEP program EM:Prep, information on LLSA prep programs hosted by chapters, and links to LLSA-specific pages on the ABEM Web site. Then for ACEP members only is the really good stuff – the articles themselves – all 61 of them, which you won't find anywhere else all in one place for no extra charge. The members-only area also contains article summaries published in Critical Decisions in Emergency Medicine and the handouts from the LLSA lectures at the 2009 Scientific Assembly.

How can you get it all? Go to the [LLSA Resource Center](#). Click on the links for the information you want. If you want something in the "Resources Available to ACEP Members Only," you'll need to log on using your ACEP user name and password. If you've never done that before, just follow the instructions on the sign-in page. If you need more help, call ACEP Member Services, 800-798-1822, ext. 5.

And if you have comments, questions, or suggestions for improvement, [e-mail](#) us.



Clinical News

U.S. H1N1 Vaccination Patterns Show Marked State Variation

Uptake of the influenza 2009 H1N1 vaccine by the American public showed a striking state-by-state variation, ranging from a high of 39% in Rhode Island to a low of 13% in Mississippi, the U.S. Centers for Disease Control and Prevention reported April 1.

[Read the Entire Article](#)

MRI Helpful in the Diagnosis of Spontaneous Intracerebral Hemorrhage

MR imaging and angiography can be a valuable adjunct for the diagnosis of spontaneous intracerebral hemorrhage, with a diagnostic yield of 42% in a prospective study of 160 patients. "Early routine MRI/MRA has substantial additive clinical benefit in patients who present with spontaneous [intracerebral hemorrhage] and/or [intraventricular hemorrhage], and it does affect management in a substantial subset of patients," Dr. Christine Wijman said at the International Stroke Conference.

[Read the Entire Article](#)



New CME Feature Now Available in Every Newsletter

Originally printed in ACEP News, the "Focus On" series of articles brings the latest literature and best practices to help the busy emergency physician provide the best care possible.

This issue's topic, Acute Ischemic Stroke, will help the physician identify the management steps in treating patients suspected of having AIS, understand the complex issues that determine appropriate candidates to receive thrombolysis, and understand the risks of using rTPA.

[Read the article online and then take the CME quiz.](#)



About the Emergency Medicine Foundation

The Emergency Medicine Foundation (EMF) is the oldest organization with the sole purpose of supporting research and education in the specialty, founded in 1972. EMF continues to fund priorities of the American College of Emergency Physicians. The purpose of the foundation is to serve as a catalyst to advance education and research in emergency medicine. To date, EMF has awarded nearly \$10 million in research awards to advance emergency medicine science and to develop emergency medicine research. For more information, please visit www.emfoundation.org.



Going to the 2010 ACEP Leadership and Advocacy Conference?

The Emergency Medicine Foundation looks forward to honoring our major donors and Wiegenstein Legacy Society members at this fun event. (By invitation only)

Leadership Appreciation Reception
Sunday, May 16 / 7:30 pm - 10:00 pm
Petit Plats Restaurant
2653 Connecticut Ave, NW
Washington, DC 20008

If you are interested in becoming a major donor, go to: www.emfoundation.org to make a tax-deductible charitable gift on-line. Proudly underwritten by VidaCare.



Blue Jay Consulting and the Emergency Medicine Foundation Announce The 2010 Emergency Department Director of the Year Winner and Finalists

Blue Jay Consulting and the Emergency Medicine Foundation announced that Dr. Rex G. Mathew of Thomas Jefferson University Hospital, in Philadelphia, PA, has been named Emergency Department Director of the Year and honored three additional finalists for the award.

"We are proud to announce that Dr. Rex Mathew was selected as the Emergency Department Director of the Year," said Mark J. Feinberg, Managing Partner, Blue Jay Consulting. "We received numerous, very impressive nominations and are pleased to honor Dr. Mathew and the finalists for their contributions to their discipline. They labored tirelessly to improve processes, demonstrated a superior level of expertise, and worked with their team to enhance patient care. We look forward to seeing these doctors fulfill their limitless potentials as they continue to provide patients and the hospitals they serve with the utmost efficiency, clinical standards, education and community service."

This new annual award created by Blue Jay Consulting recognizes current emergency department physician leaders who made significant impacts on improving the operations of his/her departments, resulting in improvements in the quality of patient care. The award winner and finalists were chosen from nearly 80 nominations from across the country, including some overseas, by a selection panel composed of appointees from Blue Jay Consulting and the Emergency Medicine Foundation.

The winner and finalists demonstrated significant contributions to their emergency department in the following categories: quality patient care, operational effectiveness, education, and community service. They demonstrated collaborative relationships with nursing and ancillary departments to implement and improve operational and clinical standards based on evidence-based practice. They also stood out for their abilities to create and sustain high degrees of patient satisfaction, while implementing creative and innovative strategies to address emergency department throughput.

Linda Lawrence, MD, FACEP, EMF board member, will honor the winner on April 26, 2010, at the American College of Emergency Physicians Emergency Department Director's Academy, Phase II.

This year's winner, Rex G. Mathew, MD, FACEP, is vice president of emergency medicine clinical operations at Thomas Jefferson University Hospital, a Level 1 Trauma Center in Philadelphia. Dr. Mathew displayed his leadership abilities, combined with his clinical knowledge, to work with leaders throughout the hospital to improve care in the emergency department. He fulfills a unique roll for the department and the hospital as both an administrator and a practicing physician. Having his "feet in both doors" has enabled him to make a positive impact on his patients and fellow clinicians. In addition, Dr. Mathew was instrumental in developing many quality improvement projects including the newly accredited Thomas Jefferson Chest Pain Center.

"The emergency department director not only sets the tone and direction for the emergency department, but serves as the point person to satisfy patient's needs and provide safe, quality care," said EMF Chair, Alexander Rosenau, DO, FACEP. "Because the emergency department serves as the safety net for our community, emergency directors' roles are invaluable and a service that the community needs 24/7. We are pleased to honor Dr. Mathew as he demonstrates that emergency medicine is a team sport and provides the quality care that patients come to expect."

The two organizations applauded this year's finalists who are listed alphabetically:

Patrick J. Crocker, DO, MS, FACEP, is the chief, of emergency medicine at Dell Children's Medical Center of Central Texas in Austin, TX. Dr. Crocker was instrumental in working across disciplines to create the Comfort Zone Program, which addresses the comfort, anxiety and pain perception of patients. In addition, he worked closely with emergency nursing leadership to adopt high standards of professional performance and conduct.

William Dalsey, MD, MBA, FACEP, is the chairman of the department of emergency medicine at Kimball Medical Center in Lakewood, NJ. Dr. Dalsey's collaborative approach to patient care earned Kimball Medical Center top honors for the last five years in patient satisfaction scores by Press Ganey. In addition, Dr. Dalsey and the nurse manager transformed emergency operational efficiency to reduce door-to-doctor times, as well as overall throughput while never compromising quality. His "no wait ED" was one of the first of its kind.

Paul Ernest Pepe, MD, MPH, FACEP, is the chief of emergency services at Parkland Health & Hospital System in Dallas, Texas. Dr. Pepe's strong team philosophy stood out in his application. Both he and Jennifer Sharpe, RN, director of nursing, were recognized because they epitomize the work ethic and philosophical temperament that guaranteed the tremendously successful journey to better patient care and enhanced community service at one of them most visible emergency care centers. Dr. Pepe is an award-winning physician who serves as an inspirational mentor.

COLORADO ACEP 2010 MEETING DATES

May 26, 2010 – COPIC/CMS

Lunch 12:00 Meeting 12:30 – 2:30 PM

July 28, 2010 – Fort Collins, CO

To be announced

September 22, 2010 - COPIC/CMS

Lunch 12:00 Meeting 12:30 – 2:30 PM

November 17, 2010 – COPIC/CMS

Lunch 12:00 Meeting 12:30 – 2:30

Meetings will be held at COPIC/CMS Offices – 7351 Lowry Blvd., Denver, CO

Visit our [website](#) to get the latest Colorado ACEP News.



Welcome New Members

Laura Brown
William Comfort
Ramnik Dhaliwal
Becky Higbee
Braden Meason

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