

# Colorado Chapter Update

A Newsletter for the Members of Colorado ACEP



**Summer 2011**

## **From the President Neal O'Connor, MD, FACEP**

### **A Deal is Struck - Now What?**

A budget deal was finalized between Democrats and Republicans this week. The deal raises the US debt ceiling by 400 billion dollars and cuts 900 billion from the budget over the next 10 years. It also calls for a bi-partisan committee to cut an additional 1.5 trillion from the budget over the next 10 years. Given the contribution to the debt from Medicare, Medicaid, and Social Security you can bet emergency physicians are going to feel the effects of budget cuts in the not so distant future.

Recall the Patient Protection and Affordable Care Act (PPACA) mandates an essential health benefit package which will result in more patients with healthcare coverage by expanding Medicaid roles and creating health insurance exchanges. Colorado recently became the eighth state to comply with the federal mandate to create a health insurance exchange. The goal is to create a more transparent system that allows individuals and employers to more easily compare insurance products; citizens may also find out whether they qualify for Medicaid or a federal subsidy to meet monthly premiums. Let's hope more Coloradans can find affordable coverage through this mechanism. However, it is more likely the expanded coverage mandated by PPACA will come in the form of Medicaid. What does this mean to cash-starved states (who are likely to see less in the way of subsidies in the age of federal cuts) and a healthcare system that can't meet its primary care demands already? If the Massachusetts experience offers any clues, plan on seeing an increase in

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ED visits by newly insured patients who can't find a primary care physician.

### **Washington State Limits Non-urgent Visits**

Washington State Governor Gregoire recently signed a budget that limits Medicaid recipients to 3 non-urgent ED visits per year. Reading the list of included (discharge) diagnoses is enough to give you chest pain: hypoglycemic coma, staph septicemia, etc. In fact reading the list makes me think I did my residency in Non-Urgency Medicine. Needless to say Washington ACEP is taking an active role in negotiations and it remains unclear how this will jibe with PPACA (which preserves the prudent layperson standard based on presenting complaint) and EMTALA. But larger questions remain: With greater numbers of patients potentially being covered by Medicaid and Medicaid reimbursement likely to decrease on a per patient basis, should ACEP continue in our advocacy for unfettered access to the ED? As I wrote in the last EPIC, Emergency Department visits are being labeled failures of the healthcare system. ACO's and Episodes of Care payment strategies are other ways policy makers contemplate limiting payments to the emergency department. We may be better off as a specialty with external forces reducing demand for our services (thus reducing overall costs of emergency related care) and trying to preserve reimbursement on a per-encounter basis.

### **OP-15**

Out-Patient Measure 15 has recently been approved by CMS for 2012. For those of you not familiar with the particulars of the measure I would recommend familiarizing yourself with the rule-set. In short it involves Medicare patients with atraumatic headache who receive a brain CT. The goal of the measure is to reduce unnecessary imaging; however the measure is fundamentally flawed methodologically. Specifically it uses discharge diagnoses (ICD-9) for inclusion and the exclusion criteria (secondary discharge diagnoses) must be coded- not abstracted. This represents a significant change in CORE measure collection from clinical data (abstracted) to administrative data (coded). The advantage to CMS is the ease in which it can collect large amounts of information. The downside is the quality of the data is poor. The intent seems clear: reduce resource utilization for Medicare beneficiaries. National ACEP has taken a strong position against this measure, but even if we are successful having this measure rescinded it will go through at least one measurement cycle.

### **Doing More with Less**

A number of trends are emerging: resource utilization is coming under increasing scrutiny, more decisions about the future of healthcare delivery are being made by legislators on a state and national level, and cost of care will be the driving force for many of the decisions that will be made. With an aging population requiring more services, fewer dollars to pay for services and a broader base of insured patients with an expectation of receiving services makes for difficult patient care decision-making in the ED.

### **Advocacy**

As more decisions that affect our practice are made by lawmakers, it becomes increasingly important to be involved in the legislative process. At ACEP's recent Leadership and Advocacy Meeting, college members met with congressional staff to deliver our message to the hill. Repeal of the independent payment advisory board (IPAB), meaningful TORT reform and unfunded EMTALA related care were just a few of the concerns we voiced.

Several recommendations were made by the various speakers regarding improving our profile locally and nationally including: support NEMPAC, host a fundraiser, or have your representative shadow in the ED. Of course increased involvement in your state chapter of ACEP is always appreciated as well.



## **Upcoming Colorado ACEP Meetings for 2011 - Plan to Attend**

Sept. 28 Colorado ACEP Meeting

CMS/COPIC Office 11:30  
am

Nov. 8      3rd Annual Colorado ACEP Symposium on Emergency      Brown Palace Hotel  
Medicine      8:00 am – 3:30 pm  
**Keynote Speaker: Andy Jagoda, MD, FACEP**

Nov. 16      Colorado ACEP Meeting      CMS/COPIC Office  
11:30 am

**Nominations now being accepted for:**

2012 Colorado ACEP Board of Directors  
2012 Colorado ACEP Leadership Development Fellow  
2012 Colorado ACEP Meritorious Service Award  
2012 Colorado ACEP Legacy Award

Application and nomination forms can be downloaded from the chapter [web site](#). For more information contact [Barb Burgess](#) at (303) 255-2715.



## **EMF Chapter Challenge-Join your Fellow ACEP Chapters!**

ACEP Chapters play a critical role in supporting our emergency physicians' practice, education, advocacy efforts, and patient care. Chapters also assist the specialty by expanding the development and growth of their members' research. Supporting research that enhances our member's ability to provide life-saving care is the goal of the One Dollar Chapter Challenge. This simple program gives Chapters the opportunity to support emergency medicine research through EMF by donating \$1 for each of their members. This \$1 per member would provide EMF with more than \$29,000, enough to support both of the Medical Student Grants and all three of the Resident Research Grants this year! Although each of these grants is small, vital research often has humble beginnings. Many of our past grantees have now gone on to receive multi-million dollar federal and foundation grants for their emergency medicine research.

Thus far Connecticut, Georgia, Tennessee, and Massachusetts Chapters have met this challenge, and the Government Services, New York, and Alabama Chapters have expressed their intent to do so. We thank them for showing their leadership in advancing emergency medicine research.

EMF encourages each chapter to consider meeting this challenge. Your support will give a good start to future emergency medicine researchers and will help improve patient care for us all. If you have any questions, please do not hesitate to contact [Holly Hull Miori](#), EMF Manager, or call (800) 798-1822 x3216.



## **EMF Announces Nearly \$400,000 in EM Research Funds**

The Emergency Medicine Foundation is pleased to announce nearly \$400,000 in available research funds this year. Grant applications will be available in mid-August and deadlines for all grants are January 9, 2012. To download an application, go to the [website](#).

- EMF 2-Year Fellowship, \$150,000
- EMF/EMPSF Patient Safety Fellowship, \$75,000
- EMF Career Development Grant, \$50,000
- EMF Health Policy Grant, \$50,000
- EMF/ENA Foundation Team Grant, \$50,000
- EMF/EMRA Resident Grant, \$5,000 (up to 3 available)
- EMF/SAEM Medical Student Grant, \$2,400 (up to 2 available)



## Clinical News

### Genes Play Bigger Role in MI Than Stroke

People whose mother and father have both had a myocardial infarction are six times more likely to have one than are those without a parental history, according to a large, population-based study.

Strokes, on the other hand, do not seem related to genetic predisposition.

[Read the entire article online.](#)

### Trauma Capillary Leak Syndrome Carries High Mortality

Traumatic-induced capillary leak syndrome is the name being given to a newly described, highly lethal disease process in critically injured trauma patients. As yet, there is no effective treatment, but some studies have been conducted to better understand its characteristics, with an eye toward ultimately finding a way to prevent it.

[Read the entire article online.](#)

### Focus On: Therapeutic Hypothermia After Cardiac Arrest

“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.

Learning objectives for this article include the ability to recognize and treat uncommon presentations of common pathology and common presentations of rare pathology so that physicians have exposure to these rare conditions, list the exclusion criteria for patients who might qualify for therapeutic hypothermia, recognize the potential complications for patients who have been cooled, and understand the various devices used in therapeutic cooling and their advantages and disadvantages.

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



## Welcome New Residents

Sabrina Adams, MD	Howard Kim, MD
Mariah Bellinger, MD	Leah Jacoby, MD
Dowin Boatright, MD	Jesse Loar, MD
David Bosch, DO	Braden Meason, MD
Andrew P. Coleman, MD, MHS	Elaine Reno, MD
Russell Davison, MD	Michael Ruygrok, MD
Kathlynn Michelle Dominguez, MD, MPH	Jordan Ryan, MD

Benjamin Easter, MD	Jeremy Voros, MD
Jahanara Graf, MD	

## Welcome New Members

J. Matt Buchanan, DO  
Jasmeet S. Dhaliwal, MD  
Jeffrey R. Hall  
Avery MacKenzie  
Alicia Oberle  
Lindsay Reardon  
Marcus R. Salmen  
Becky Selling

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