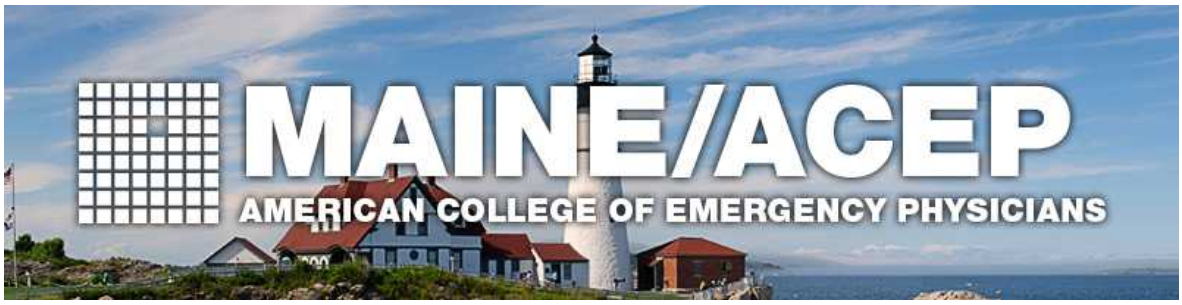
A Newsletter for the Members of the Maine Chapter

Summer 2018



James B. Mullen, III, MD, FACEP, President

Cathryn R. Stratton, Executive Director
Phone: 207.592.5725 | Website

CHAPTER UPDATE

As the summer progresses and the heat and humidity are part of the daily routine, we are making plans for the Maine ACEP Fall and Winter Chapter Meetings where we will continue to focus on issue that came out of the March Emergency Director's Symposium. Throughout this year and in ongoing discussions, we value hearing from you so that we can continue to grow and represent your interests in our programs and advocacy.

The American College of Emergency Physicians recently held their annual Leadership and Advocacy Conference in Washington, DC. The conference focused on building relationships with members of Congress and advocacy for important legislation that advances the practice of emergency medicine and patient care. Over 500 emergency physicians from 46 states met with legislators to advocate for action on these opioid bills – and both passed!.

Alternatives to Opioids Act (ALTO Act) "This bill requires the Department of Health and Human Services to carry out a three-year demonstration program awarding grants to hospitals and emergency departments to develop, implement, enhance, or study

alternative pain management protocols and treatments that promote limited use of opioids in emergency departments." This Bill passed in the House on 6/12/2018. (**More about this Bill**)

Preventing Overdoses While in Emergency Rooms Act (POWER Act) "This bill requires the Department of Health and Human Services to establish a grant program to: (1) develop protocols for discharging patients who are treated for a drug overdose, and (2) enhance the integration and coordination of postdischarge care and treatment options for individuals with a substance use disorder." This Bill passed in the House on 6/12/2018.
(**More about this Bill**)

The conference was attended by several Maine Emergency Physicians: Jay Mullen, MD, MBA, FACEP, Garreth Debiegun, MD, FACEP, FAWM, Charles Pattavina, MD, FACEP, David Stuchiner, MD, FACEP and Cathryn Stratton, Maine ACEP Executive Director. The Maine delegation met with Senator Angus King and aides for Senator Susan Collin, Representative Chellie Pingree and Representative Bruce Poliquin.

l-r: C. Stratton, Dr. Pattavina, Dr. Stuchiner, Dr. Mullen, Senator King, Dr. Debiegun.

Dr. Charles Pattavina, one of two emergency physicians to testify in front of a Congressional Committee, spoke on the issue of seniors and opioids to the Senate Aging Committee. (**Senate Hearing video**)

We have several exciting events on the horizon and are always looking to build upon the strengths we have as an organization. We want to hear your suggestions, so please share your ideas!

There are several upcoming opportunities to connect with your peers in Maine and nationally that we want to call your attention to. Registration for these events is available online and through emails from the chapter and ACEP.

- The **Maine ACEP Fall Chapter Meeting** is taking place on September 8, 2018 at the Harborside Hotel in Bar Harbor, Maine. This meeting has been a great opportunity to meet with colleagues and participate in the Maine Medical Association's Annual Session program and activities. (**learn more**)
- The **ACEP Scientific Assembly** is taking place this year in San Diego, California October 1-4, 2018. The Scientific Assembly is a tremendous value considering the number of continuing medical education hours offered, and you will be amazed by the exhibitors and vendors who showcase their services in style and substance. The real value however, is the networking opportunities. There are over 20,000 registered attendees from all over the world, and you will meet dozens of new contacts. We hope to see you there! (**learn more**)

Enjoy the summer and we hope to see you at one of our upcoming events soon!

Jay Mullen, Maine ACEP President
E: **jmullen@bluewateremergency.com**
P: 207.865.2927

Cathy Stratton, Maine ACEP Executive Director
E: **cstratton@mainemed.com**
P: 207.592.5725

MAINE ACEP COUNCIL CORNER

The ACEP Council consists of members from 53 ACEP chartered chapters, the Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), the Emergency Medicine Residents' Association (EMRA) and the Society for Academic Emergency Medicine (SAEM).

The Council meets once a year for two days in conjunction with the College's annual Scientific Assembly. The Council's primary responsibilities include election of members to the Board of Directors, voting on ACEP resolutions, and proposed changes to the Bylaws. All actions of the Council, resolutions and Bylaws amendments, must also be voted on by the Board of Directors (Board).

The Council is preparing to meet in San Diego. For more information about how the Council works and updates on resolutions being presented and considered by the Council, visit the **ACEP website**.

Garreth C Debiegun MD, FACEP, Maine Councillor
E: **garreth.biegun@gmail.com**
P: 781.704.8370

MEACEP Welcomes New Members (April-July 2018)

Maine ACEP welcomes several new members this quarter. We are excited to have these medical students and physicians as part of our membership and look forward to hearing from you!

Sarah Bunting
Steven Ferro
Riley Liptak
Alexandra Loomis
Kaitlyn Main, MD
Michael Melia, MD, FACEP
Kelsie Mitchell
Elizabeth Payonk, MD
Joshua Rehberg, MD
Allison Darby Snyder, MD
Xiangyu Wang, MD

UPCOMING MEETINGS

Maine ACEP Chapter Meeting
September 8, 2018, 3:00 pm to 5:00 pm
Harborside Hotel, Bar Harbor, Maine (Stave Island Room)
Maine Chapter ACEP Business Meeting, in conjunction with the Maine Medical Association's Annual Session **MEACEP RSVP**; **Annual Session**

ACEP Council Meetings
September 28-30, 2018
Manchester Grand Hyatt, San Diego, California

ACEP Scientific Assembly
October 1-4, 2018
San Diego Convention Center, San Diego, CA

LLSA Articles Review
December 12, 2018, 1:30 PM - 5:00 PM
Portland Regency Hotel, Portland, Maine

Maine Chapter ACEP Meeting
December 12, 2018, 5:00 pm
Portland Regency Hotel, Portland, Maine

NEWS FROM ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Updates in Reimbursement and Coding – 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. This**collection of courses on ACEP eCME** will give you the latest information on reimbursement, quality measures and common documentation errors to help ensure you receive appropriate reimbursement for your skilled procedural work.

New ACEP Policy Statements and Information Paper

During their June meeting, the ACEP Board of Directors approved the following new or revised policy statements:

- **Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training** – New
- **Appropriate Use Criteria for Handheld/Pocket Ultrasound Devices** – New
- **Coverage for Patient Home Medication While Under Observation Status** – New
- **Delivery of Care to Undocumented Persons** – Revised
- **Disaster Medical Services** – Revised
- **Financing of Graduate Medical Education in Emergency Medicine** – Revised
- **Guideline for Ultrasound Transducer Cleaning and Disinfection** – New
- **Impact of Climate Change on Public Health and Implications for Emergency Medicine** – New
- **Interpretation of Diagnostic Imaging Tests** – Revised
- **Interpretation of EMTALA in Medical Malpractice Litigation** – New
- **Non-Discrimination and Harassment** – Revised

- **Patient Autonomy and Destination Factors in Emergency Medicine Services (EMS) and EMS-Affiliated Mobile Integrated Healthcare Community Paramedicine Programs**– New
- **Prescription Drug Pricing** – New
- **Relationship between Clinical Capabilities and Medical Equipment in the Practice of Emergency Medical Services Medicine** – New
- **Resident Training for Practice in Non-Urban/Underserved Areas** – Revised

The Board also approved the following information papers and PREP:

- **Electronic Health Record (EHR) Best Practices for Efficiency and Throughput (PDF)** - New
- **Initiating Opioid Treatment in the Emergency Department (ED) - Frequently Asked Questions (FAQs)** (PDF) - New
- **Emergency Department Physician Group Staffing Contract Transition** (PDF)
- **Emergency Physician Contractual Relationships - PREP** (PDF) - Revised

---

Articles of Interest in *Annals of Emergency Medicine*

Sam Shahid, MBBS, MPH
Practice Management Manager, ACEP

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.

Duber HC, Barata IA, Cioe-Pena E, Liang SY, Ketcham E, Macias-Konstantopoulos W, Ryan SA, Stavros M, Whiteside LK. **Identification, Management and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department**

In this clinical review article, they examine the current body of evidence underpinning the identification of patients at risk for OUD, ED-based symptomatic treatment of acute opioid

withdrawal, medication-assisted treatment (MAT) of OUD upon discharge from the ED, and transition to outpatient services. In this article they also present options for targeted opioid withdrawal and management, as well as a variety of other medications to consider for symptomatic opioid withdrawal treatment for patients that do not require opioids for acute pain. **Full text available here**.

Klein LR, Driver BE, Miner JR, Martel ML, Hessel M, Collins JD, Horton GB, Fagerstrom E, Satpathy R, Cole JB. **Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department**

In this prospective observational study of 737 patients, medications were administered based on an a priori protocol where the initial medication given was predetermined in the following 3-week blocks: haloperidol 5mg, ziprasidone 20mg, olanzapine 10mg, midazolam 5mg, haloperidol 10mg. The primary outcome was the proportion of patients adequately sedated at 15 minutes, assessed using the Altered Mental Status Scale (AMSS). Results showed that Intramuscular midazolam achieved more effective sedation in agitated ED patients at 15 minutes than haloperidol, ziprasidone, and perhaps olanzapine. Olanzapine provided more effective sedation than haloperidol. No differences in adverse events were identified. **Full text available here.**

Brenner JM, Baker EF, Iserson KV, Kluesner NH, Marhsall KD, Vearrier L. **Use of Interpreter Services in the Emergency Department**

This paper highlights the importance of effective communication in the provider-patient therapeutic relationship and how language barriers have the potential to compromise all aspects of medical care. The authors identify that in the US, as of 2013, more than 25 million persons had limited English proficiency, making quality medical interpreter services an important public health issue that affects a large proportion of our diverse population. They recommend that a professional interpreter should be offered if practical and available when a patient has either limited English proficiency or hearing impairment and that a modality of interpretation should be chosen between in-person, video, or telephone based on what best suits the clinical situation. **Full text available here**.

Nowak RM, Gandolfo CM, Jacobsen G, Christenson RH, Moyer M, Hudson M, McCord J. **Ultra-Rapid Rule-Out for Acute Myocardial Infarction Using the Generation 5 Cardiac Troponin T Assay: Results from the REACTIONUS Study**

The objective of this study was to determine how well a new FDA approved single cardiac troponin T Generation 5 (cTnT Gen 5) below the level of quantification (6 ng/L)

baseline measurement and a novel study derived baseline/30 minute cTnT Gen 5 algorithm might adequately exclude acute myocardial infarction (AMI) in patients with suspected acute coronary syndrome (ACS) in a United States (US) Emergency Department (ED). They enrolled patients presenting with any symptoms suspicious of ACS. Baseline and 30 minute blood samples were obtained, the cTnT Gen 5 levels later batch analyzed in an independent core laband the AMI diagnosis was adjudicated by a cardiologist and an emergency physician. They found that a single baseline cTnT Gen 5 measurement <6 mg/L and values at baseline <8 ng/L and a delta 30 minute < 3 ng/L ruled-out AMI in 28.8% and 41.0% of patients respectively. The authors did identify limitations such as single center ED, selection bias and the exclusion of patients with life-threatening illness, cardioversion or defibrillation within 24 hours of presentation, STEMI patients requiring immediate reperfusion or those who were pregnant or breast feeding, and highlighted that additional multi-center US studies evaluating these ultra-rapid AMI ruleout guidelines are needed.

Friederich A, Martin N, Swanson MB, Faine BA, Mohr NM. **Normal Saline and Lactated Ringer's have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial**

The purpose of this single-site participant- and evaluator-blinded, 2-arm parallel allocation (1:1), comparative effectiveness randomized controlled trial study was to test the hypothesis that balanced crystalloids improve quality of recovery more than normal saline (0.9% sodium chloride, NS) in stable Emergency Department patients. 157 Patients allocated to receiving IV fluids in the ED before discharge to were randomized to receive 2 L of Lactated Ringer's (LR) or NS. The primary outcome was symptom scores measured by the validated Quality of Recovery-40 (QoR-40) instrument (scores 40-200) 24 hours after enrollment. Results showed that there was no difference in post-enrollment QoR scores between NS and LR groups. Although pre-enrollment scores were higher in the LR group, adjusting for pre-survey imbalances did not change the primary outcome. The authors concluded that NS and LR were associated with similar 24-h recovery scores and 7-day health care utilization in stable ED patients.

Preorder the Title that Celebrates the Depth and Diversity of EM

Explore the side of emergency medicine few see – the emotional, the heartbreaking, the thrilling, the heroic – the human side of EM. ACEP's 50th Anniversary Book, *Bring 'Em All*, reveals how far the specialty has come in its short, vibrant life. Famed photographer Eugene Richards captures the breathtaking moments that make the lives & careers of American emergency physicians.**Reserve your copy today**.

Interested in GED Accreditation?

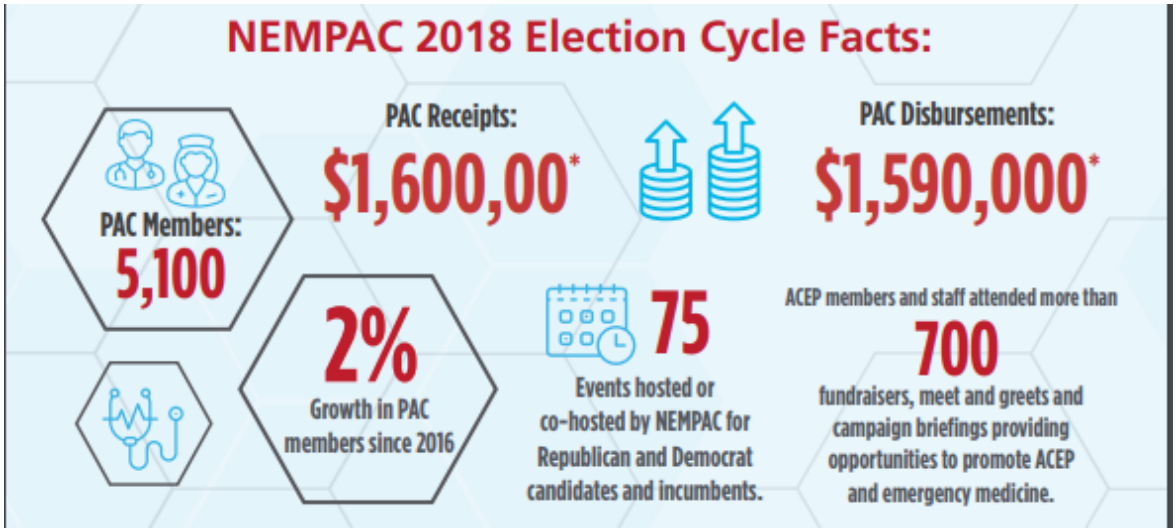
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour **geriatric pre-conference** during ACEP18. Hear from the geriatric experts who will walk you through the

increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused policies and protocols, and achieving **GED accreditation**. Panel discussions include institutions who have been awarded accreditation.

Emergency Ultrasound Tracker

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 **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**. We hope you find this tracker tool helpful and useful in your practice.



NEMPAC Mid-Term Election Update

With the mid-term elections just months away, ACEP and the National Emergency Medicine Political Action Committee (NEMPAC) are focused on electing candidates who will work on bi-partisan solutions to address emergency medicine's most pressing issues. The NEMPAC Board and staff rely on input from ACEP state chapters and local ACEP members when evaluating support for incumbent legislators and new candidates – **we want to hear from you!** NEMPAC is the 4th largest medical PAC and will continue to grow with your support. Learn more about NEMPAC today by visiting **our website** or contact **Jeanne Slade**. Keep an eye on your inbox for additional details about NEMPAC's activities as we get closer to the elections.

ED ICU Development and Operations Workshop Pre-Conference

San Diego Convention Center, Upper Level, 7B
Sunday, September 30, 2018 | 12:30 pm to 5:00 pm

If you have ever considered developing an ED ICU this workshop is for you. Participants will learn about staffing, reimbursement, collaborations, and business plan development, with the goal of developing and running their own ED-ICU. This program is directed at those along the entire continuum of ED-ICU development from conceptual to operational

phases. **Register here**. For more information, contact **Margaret Montgomery, RN MSN**.

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE – JULY 2018

American Board of Emergency Medicine

Subspecialty Certification in Neurocritical Care

The American Board of Medical Specialties (ABMS) has approved subspecialty certification in Neurocritical Care (NCC). NCC is co-sponsored by the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology (ABPN). Physicians certified by these four boards who meet the eligibility criteria for NCC will have the opportunity to become certified in NCC.

There will be two pathways to certification in NCC: a training pathway and a time-limited practice pathway. The practice pathway will start at the time the first exam is offered. Eligible pathway criteria will be posted on the ABEM website by the end of 2018. ABPN will develop and administer the examination; physicians will submit applications to their primary certifying board. The first examination is expected to take place in either 2020 or 2021.

Letter Available Refuting Merit Badge Requirements

ABEM provides a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications (“merit badges”) often needed for hospital privileges. Physicians must be participating in the ABEM MOC Program to obtain the letter.

The letter, signed by each representative of the Coalition to Oppose Medical Merit Badges (COMMB), details specific activities that board-certified physicians perform to

maintain certification. ABEM-certified physicians can now download the letter from their Personal Page on the ABEM portal by doing the following:

- Sign in to the ABEM portal at **www.abem.org**
- On the left navigation, click “Print Verification of ABEM Status”
- Under letter type, click “General Coalition ABEM”
- Click “Continue to Next Step”

Take the ConCert™ Early - Retain Your Current Certificate Date

You can take the ConCert™ Examination during the last five years of your certification (during the annual testing window). If you pass the exam early, you will still retain your certification until the expiration date on your current certificate. This is also true even after you complete all of your MOC requirements. When your current certification expires, you will be issued a new, ten-year certificate. If you take the ConCert™ Examination early and do not pass, you still retain your certification and have another chance(s) to pass it. ABEM only reports whether a physician is board certified and participating in MOC.

In 2017, 44 percent of ConCert™ test takers registered to take the exam early; that is, in a year prior to their final year of certification.

Maine Chapter ACEP, P. O. Box 190,
Manchester, ME 04351-0190