

OCTOBER 2012



PRESIDENTIAL REPORT
LAURA PIMENTEL, MD

Fall has officially started, kids are settled into the new school year, and the ACEP conference is about to begin. The national conference serves as the unofficial kick off of the recruitment season as senior EM residents and fellows earnestly begin their job searches. Our council delegation, now 7 members strong (1 councillor for every 100 members) will be in full force at the council meeting. We are represented by: Dr. Arjun Chanmugan, Dr. Kerry Forrestal, Dr. David Hexter, Dr. Jon Mark Hirshon, Dr. Bill Jaquis, Dr. Kathleen Keeffe, and Dr. Michael Silverman. Our chapter is sponsoring a memorial resolution honoring Dr. Mike Pipkin, the late Chairman of Franklin Square Department of Emergency Medicine, a highly respected physician leader in MD. We are also co-sponsoring a resolution calling for criteria for inclusion of organizations in the ACEP Council. [Click here](#) to see all 2012 resolutions. Dr. Bill Jaquis is running for the national ACEP board. Our delegation is strongly supporting his candidacy. Good luck, Bill!

At the most recent meeting of the MD ACEP Board of Directors, we had a presentation from a representative of the Chesapeake Regional Information System for Our Patients (CRISP). CRISP is Maryland's statewide health information exchange (HIE) as designated by the Maryland Healthcare Commission as directed by the legislature and the Governor. CRISP allows physicians and hospitals to share clinical data across the state. It is becoming a very powerful tool for emergency physicians caring for patients who have received care and diagnostic studies outside their hospital or health system. It is telling that on the home page of the website, CRISP features a video interview with Dr. Barton Leonard, the Chairman of EM at Suburban Hospital : [click here to view](#). I strongly urge you to take 3 minutes and listen to Dr. Leonard talk about how CRISP has very positively changed his practice.

Many of us have received communications from the national organization about allegations in the New York Times that Electronic Health Records are facilitating upcoding of physician and hospital records. Hospital emergency departments and EM physician groups are prominently featured in the index article. [Click here to read](#). The story prompted a strongly worded warning from Secretary Sebelius and Attorney General Holder to American Hospitals and academic health centers. The specific feature facilitated by EHRs is "cloning" of charts by use of macros and charting by exception. MD ACEP is closely following this story.

Stay tuned for updates on health policy from the Public Policy

Committee and our lobbyists as elections and the next legislative session draw closer. MD ACEP's education committee is active once again as preparations for our annual educational meeting have already begun.

Have a great time at ACEP and special thanks to those staying home to cover your emergency department.



HEALTH COMMITTEE REFORM SUBCOMMITTEE UPDATE
STEPHEN SCHENKEL, MD, FACEP

The Maryland Health Delivery Reform Subcommittee held its most recent meeting on September 18. This subcommittee of the Maryland Health Care Reform Coordinating Council, sponsored by the Maryland Department of Health and Mental Hygiene, serves to provide feedback and recommendations regarding the delivery of care during the implementation of health care reform. Maryland Secretary of Health Joshua Sharfstein and Health Services Cost Review Commission Chair John Colmers co-chair the committee. I serve on the committee representing Maryland ACEP.

The most recent meeting focused on admission/readmission interventions in Maryland hospitals. Presentations included a review of interventions used in Maryland hospitals, an introduction to community-based approaches to transitions in care, and results from two established programs, one in Prince George's County and the other based at LifeBridge Health. (There is more information on innovations, both clinical and financial, at DHMH's web site, [click here](#).)

I'd like to share here a few observations from this most recent meeting. We, in emergency medicine, are involved in several projects around the state, though often in a secondary role. Physicians overall seem to have relatively little involvement in many of the readmission projects; most are focused on case management and nursing interventions. Most notably, what seems a fairly straightforward intervention from a policy perspective (limiting payment for readmissions within 30 days of hospital discharge) turns out to be remarkably challenging at the ground level, requiring the dedication of many people and quite a bit of time. I am struck by the amount of good and varied work going on around Maryland and, particularly, at many of our hospitals.

As a representative from Maryland ACEP to this subcommittee, one of my roles is to bring back concerns from emergency medicine to the subcommittee. If you have observations, recommendations, or thoughts, please share them at sschekel@mdmercy.com.

SAVE THE DATE:

APRIL 18, 2013

**MD ACEP ANNUAL EDUCATIONAL CONFERENCE
WESTIN BWI HOTEL**

PRACTICE MANAGEMENT COMMITTEE

NEEL VIBHAKAR, MD, FACEP

The Practice Management Committee has picked back up after a short summer break. For those interested in joining the committee, please email me at nvibhakar@bwmc.umms.org. The Committee operates "virtually" with numerous email discussions on a wide variety of topics affecting all of our EDs. Below are two discussions that occurred among the committee members over the past few months.

MED PSYCH ADMISSIONS

1. Does your ED see medically unstable psychiatric patients?

All who answered said their ED sees medically unstable psychiatric patients.

2. Does your hospital have an inpatient psychiatric unit?

4 of the 7 hospitals who responded have an inpatient psychiatric unit.

3. How do you handle psychiatrically unstable patients who require medical admission?

All hospitals admit to medicine with a psychiatric consult and a sitter when necessary.

4. How does your hospital handle inpatients who become medically stable, but remain psychiatrically unstable on the medical unit while awaiting psychiatric placement?

All hospitals transfer the patient to the psych floor/outside facility and obtain a psychiatric consult while awaiting the transfer.

5. Has anyone experienced an inpatient "emergency petitioned" to the ED from inpatient as in question #4?

No hospital experienced an EP from the inpatient unit to the ED. Those who responded found that such a practice would not be appropriate.

NEW ONSET DM

A community primary care physician contacted a local ED to discuss how the initial treatment of new-onset Type II diabetic patients is handled. It has generally been common practice to discharge patients on Metformin 500mg bid after hydrating and checking metabolic labs. However, the PMD insisted that the ED should start insulin.

All responses were unanimous in that insulin is not started in the ED and metformin is typically provided with close outpatient follow up.



MEMBERSHIP COMMITTEE

DREW WHITE, MD, MBA, FACEP

The Maryland ACEP Membership Committee, Bev Lynch, and Lauren Myers have been working closely with ACEP Senior Marketing Leadership to incorporate membership initiatives that have proven successful in other states. After investigating several options, we decided to follow-up all of the initial ACEP membership invitations with a personalized email sent on behalf of Maryland Chapter President Laura Pimentel. The personalized letter describes some of the ongoing activities of Maryland ACEP as well as recent successes and membership benefits. The campaign has been successful- several new candidates have already responded by joining Maryland ACEP. As the letter states, "We are strong, growing, and vital to the practice of emergency medicine in the State of Maryland."

Dear Dr. _____ personalized _____:

Recently, you received an invitation from the American College of Emergency Physicians, on behalf of the Maryland Chapter. As President of the Maryland Chapter of ACEP, I encourage you to support your specialty, your profession and your association – both at the national and state level.

Maryland ACEP continues to be one of the leading chapters in country, representing Maryland's emergency physicians across the state with an active and successful advocacy program, strong educational events, and critical timely information on everything that's happening that impacts your profession.

MARYLAND ACEP is Making a Difference!

We have a professional team of management and lobbyist – working hard on your behalf while you're serving your patients.

MD ACEP hosts a cutting edge scientific assembly, featuring nationally recognized speakers, with discounts offered for MD ACEP members.

We are proactive and successful in our advocacy program – lobbying the halls of the Annapolis Statehouse – advocating for fair reimbursement, medical liability reform, and patient safety safeguards.

Our communications are timely and critical to staying on top of all things "emergency." With the state's ever changing regulations and mandates, we keep you informed of reporting requirements and coding changes.

We hold seats at every table where health care is discussed, debated and decided. Our active committee structure enables all MD ACEP members to participate as much as they want in how the Chapter functions and what issues we tackle. We are strong, growing, and vital to the practice of emergency medicine in the State of Maryland.

JOIN TODAY

Sincerely,

Drew White, Chairman
MD ACEP Membership Committee

Laura Pimentel, President
MD ACEP

**Position Available
Caroline County EMS Medical Director**

[click here for more information](#)

deadline extended to October 15, 2012

MedChi works on Important Federal and State Regulatory Issues Affecting Physicians

MedChi has been working very hard for you on important State and Federal Regulations. An update of some recent activity includes:

Maryland Board of Physician regulations pulled

Last week the Maryland Board of Physicians pulled the sanctioning guideline regulations about which MedChi had expressed serious reservations. Revised guidelines will be published that we hope will address the concerns raised by MedChi and many individual physicians. MedChi is fighting to improve the process by which physicians are licensed and disciplined in Maryland.

State of Maryland proposes regulation that would MORE THAN TRIPLE the ambulatory surgery facility tax

MedChi is strongly opposing a proposed amendment to Regulation .03 under COMAR 10.05.05 **Freestanding Ambulatory Surgery Facilities**. The proposal would increase the licensing fee for ASCs from \$700 to \$4,000 per three year term, greatly impacting small physician owned enterprises in the state of Maryland.

Federal ICD 10 regulations delayed

The Centers for Medicare & Medicaid Services (CMS) published a final rule on ICD-10 that includes a one-year delay – from Oct. 1, 2013, to Oct. 1, 2014– in the compliance date for use of the ICD-10 diagnosis and procedure codes. While this is great news and the American Medical Association and organized medicine should be credited with achieving the delay, many wonder if even October of 2014 is realistic. No other country in the world uses a more complex coding system than the one proposed by CMS. However, CMS continues to plan to replace the current ICD-9 code set with ICD-10, which is far more complex and costly. The ICD-10 policy we are dealing with was developed prior to this Administration taking office. This is the second time organized medicine has succeeded in delaying ICD-10 implementation. We will continue to press for further reduction in ICD-10 physician reporting burdens.

MedChi is constantly watching thousands of proposed State and Federal regulations for you. If you have any questions about any of the above proposals or any other regulations please contact our advocacy team at sjohnson@medchi.org.

Gene M. Ransom, III
CEO, MedChi, The Maryland State Medical Society

The Emergency Medical Services for Children (EMSC) Program working with representatives from the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA) has designed a multi-phase quality improvement initiative to ensure that all emergency departments (EDs) are ready to care for children. Called the **National Pediatric Readiness Project**, it is the first national survey of pediatric readiness in emergency departments across the United States.

The Project includes a national assessment of EDs, immediate feedback in the form of a “Pediatric Readiness” score and gap analysis report; and a clearinghouse of resources to empower EDs to align themselves with the 2009 National Guidelines on pediatric readiness through quality improvement and performance initiatives.

Beginning in January 2013, using a staggered deployment plan, EDs will be invited to access a secure web-based portal and complete a pediatric readiness assessment that is designed to indicate a facility’s pediatric readiness.

The EMS for Children program is utilizing their infrastructure of State Managers to assist in deployment of the assessment, and we are asking our key partner organizations for assistance in identifying champions in each state. Volunteers will raise awareness of the project; encourage ED staff to participate in the assessment; and increase utilization of the free on-line resources available to EDs who embark on quality and performance improvement measures targeted at increasing their readiness score.

We believe that collaboration with national organizations is vital to the success of this project. Specifically we ask that state/regional champions perform the following:

- Champion the Project within your state/region;
- Educate fellow members about the Pediatric Readiness Project and importance of ED participation;
- Encourage your colleagues to complete the assessment;
- Share resources that can improve an ED’s capability to provide appropriate pediatric care; and

Visit the National Pediatric Website at www.PediatricReadiness.org to stay informed about relevant literature, pediatric readiness champions in your state, and the latest news about the Project.

Link to www.PediatricReadiness.org on state and region ACEP web pages.

If you are interested in becoming a champion in your state or region, please contact Karen Belli at kbelli@ChildrensNational.org or call 301-244-6227.