

MARCH 2013



PRESIDENTIAL REPORT

LAURA PIMENTEL, MD

Greetings, MD ACEP! I am writing this as I return from the 2013 Emergency Department Benchmarking Alliance (EDBA) conference. For those not familiar with EDBA, it is a nonprofit organization founded by Dr. Jim Augustine, a residency trained emergency physician with particular interest in EMS. Jim lives in Florida but also spends time in Ohio where he continues to practice EM. The organization was founded in 1994. Members of EDBA submit annual data on their volumes, acuity, staffing, utilization, and efficiency. There are currently over 1000 EDs in the database. The vast majority is in the US though during the last 1-2 years, several international EDs have joined. The EDBA database surpasses NHAMCS in accuracy and consistency. Dr. Augustine consults for CMS on matters pertaining to EM core measures and definitions of quality and performance.

A few pearls and interesting facts from the data:

- US EDs have been seeing 3% more patients per year for the past 18 years. For the first time volumes dropped in 2010 compared to the 2009 volumes inflated by the H1N1 influenza epidemic.
- 34% of the patients we see present for injury. Highest rates are in those over 75.
- Extended care facility residents are the most frequent ED users with a 45% admission rate. Homeless patients and infants under the age of 1 year follow them.
- EKG use continues to increase every year. CT use has plateaued; MRI use is now running about 1%.
- 18% of patients arrive by ambulance.
- 75% of EDs have adopted CPOE, a dramatic increase over the last couple of years.
- 25% of member EDs have adopted team triage.

Dr. David Seaberg, Immediate Past President of national ACEP spoke at the conference. ACEP has joined the ABIM sponsored Choosing Wisely campaign, a controversial decision after declining 3 previous invitations to join. The campaign challenges member specialty societies to identify commonly ordered tests or procedures that evidence has suggested should be questioned and discussed with patients before ordering. Concerns with the program are that it could lead to:

- Lack of liability protection in cases where the guidelines are not followed

- Vulnerability to the False Claims act if studies are ordered against the recommendations of the guidelines
- Down coding or denial by insurance companies for studies not recommended

The current ACEP recommendations for Choosing Wisely are:

- Don't diagnose or manage asthma without spirometry
- Don't image low back pain patients within the first 6 weeks unless red flags are present
- Don't image patients with non-specific low back pain
- Don't routinely prescribe antibiotics for acute mild to moderate sinusitis if symptoms have been present less than 7 days or worsen after initial improvement
- Do not order brain imaging in simple syncope patients with normal neurological exams.

While I understand the concerns of those opposing ACEP's joining Choosing Wisely, I also think that a benefit is the establishment of a standard of care that may prove protective in risk management cases in which the guidelines are followed.

A final interesting paradigm shift: Dr. Augustine has calculated that charges for emergency services in the US including professional services, facility fees, and ancillary studies are now \$500 billion dollars based on AHRQ's MEPS database. He estimates collections of \$150 billion. This figure represents 5-6% of health care expenditures, not the 2% that ACEP has publicized. Dr. Seaberg stated that ACEP is backing off of the 2% claim. The reason is that the reality of competing for bundled payment dollars may be sooner than we expect. ACEP does not want to trap us into accepting only 2% of theoretical bundled payments that might include emergency services.

We live in interesting times.

Looking forward to seeing you at the Annual Education Meeting on April 18.

ONLINE REGISTRATION NOW OPEN

www.mdacepmeeting.com

**MD ACEP ANNUAL EDUCATIONAL CONFERENCE
APRIL 18, 2013**

WESTIN BWI HOTEL

PROGRAM INFORMATION ON PAGE 3

PUBLIC POLICY COMMITTEE

ORLEE PANITCH, MD, FACEP

First of all, Maryland ACEP held a very successful Advocacy Day on February 13th. Members of Maryland ACEP performed blood pressure screening and counseling at the same time, and in the same location, as the eye screening performed by the Maryland Society of Eye Physicians and Surgeons. We had a great showing of both physicians and legislators. There was a lot of counseling to be done, as many of the legislators were quite hypertensive! Must be the stress of the job. The following members of Maryland ACEP were in attendance: David Hexter, MD, FACEP, Drew White, MD, MBA, FACEP, Ryan Shanahan, MD, Hugh F. Hill III, MD, JD, FACEP, Bob Linton II, MD, MBA, FACEP, and Suzanna Martin, MD. Thank you very much to all who participated. We were definitely appreciated.



Now that the legislative session is in full swing, there are a number of bills that Maryland ACEP has been considering:

Malpractice: There are four bills addressing medical malpractice that have been introduced by at the request of the hospital association. A bill on post-judgement interest (sb 771/hb 1316) - the Senate bill was heard this week. The bill lowers the interest that carriers pay on judgements that are paid over time. There is a bill on structured settlements which provides the ability for large awards to be paid over time. (SB 836/HB 1114). There is a bill that amends the definition of health care provider to which the malpractice laws apply (sb 834/hb1310) and a bill that is a new version of the apology law (SB 836/hb 1265). All of the bills will be heard in the House on 3/6. three of the four senate bills are still in rules. it is unlikely that any of these bills will advance except maybe the post-judgement interest. There is also a bill to deal "preemptively" with the contributory/comparative negligence concern relative to the pending court of appeal cases but that is not likely to advance and there is debate amongst the parties interested in maintaining contributory negligence whether it was wise to file the preemptive bill. We are watching as these bills develop.

Scope of Practice: Again this year, there are many bills that are hoping to redefine who is considered a 'physician' – NPs and PAs requesting expanded scope of practice under specific situations, such as the signing of birth certificates and death certificates. Some of the bills lack specifications. Additionally, there is the return of the naturopathic medicine bill- requesting to set up a state board for licensing. There are also bills requesting that psychologists have the ability to participate in performing an involuntary certification. We are reviewing the myriad of bills and will continue to support transparency in regards to licensure.

Overdose Response Program:

Maryland ACEP is currently involved in a vigorous discussion regarding the safety and efficacy, and science behind the naloxone programs. Briefly, this program suggests supplying bystanders with naloxone and some education on how/when to use: Overdose Response Program SB610-HB890. Among Maryland ACEP's concerns are a severe shortage of narcan, the possibility of harm if long acting opioids have been abused, and the lack of scientific support for the program. We are speaking with Poison Control and the AMA and will continue to clarify this issues.

Gun Control:

Governor O'Malley has crafted a comprehensive gun legislation bill that is just coming out of committee. On March 1st, many of the gun legislation bills will be heard. Maryland ACEP is awaiting further information before deciding upon a position. This issue will be very prominent in the coming weeks.

Finally---

There are opportunities to serve as the Physician on Call (Doc of the Day) in the State House. Please consider this as it is a great opportunity to interact directly with your legislators and get yourself seen and heard. Please contact MedChi to sign up.

MedChi is opposing Senate Bill

MedChi is opposing Senate Bill 783/House Bill 1029 *State Board of Physicians - Naturopathic Doctors* -would make Maryland one of only fifteen states to license the alternative health care practice of naturopathy. Please contact your legislators and urge them to OPPOSE this bill. This legislation would provide a scope of practice that is nearly identical to that of the practice of medicine, allowing naturopaths to "prevent, diagnose, and treat human health conditions, injury, and disease," despite naturopaths having training and experience substantially less than that of a physician.

MedChi strongly believes the following issues must be addressed to protect the public:

- The legislation provides a broad scope of practice nearly identical to the practice of medicine, allowing naturopaths to "prevent, diagnose, and treat human health conditions, injury, and disease" despite naturopaths having training and experience substantially less than that of a physician.

- Naturopaths must not be permitted to represent themselves as "physicians" or "doctors." The use of these terms leads to significant public confusion and harm. The American Medical Association has noted serious defects in the training of naturopaths in the detection of specific diseases, which prospective patients would certainly expect to be diagnosed when seeing a "physician."

- There is no requirement that a naturopath have a collaborative agreement with a physician. Establishing the relationship between naturopath and a licensed physician is essential to ensuring that the patient is making fully-informed medical decisions.

- The bills add a naturopath to the Board of Physicians. The Board already has 22 members, and the only other licensed professional on the Board, aside from physicians, is a physician assistant.

Please go to <http://capwiz.com/medchi/state/main/?state=MD> now to let your legislators know how bad this bill is using MedChi's legislative action center.

Gene Ransom

Mr. Ransom is the CEO of MedChi he can be reached at gransom@medchi.org and followed on twitter at @GeneRansom

Committee interest for FY 2013-14 is now open. Various ACEP publications will outline the process for members and information is also on the ACEP Web site. Members interested in serving on a committee, and who are not currently serving on a national committee, must submit a completed committee interest form and CV by **May 17, 2013**. The CV and any letters of support from the chapter can be attached to the online form (preferred), emailed to me at mfletcher@acep.org, or mailed to me at ACEP headquarters. Chapter input is invaluable to this process. If you have personal knowledge of the level of commitment and talent exhibited by the interested member, please consider submitting a letter of support.

The online application form is [available here](#). You will be asked for your log in and password if you are not currently logged into ACEP.org.

Safer Sign Out Protocol - Maryland Physicians to Present at the Maryland Patient Safety Conference

Many of us understand the statement from our late colleague Chaz Schoenfeld "Sign out is the most dangerous procedure in the emergency department." The Joint Commission agrees that there is high risk and has called for the standardization of handoff communication. In addition, evidence shows that up to 80% of serious medical errors involve miscommunication during handoffs and up to 24% of ED malpractice claims are related to a faulty handoff. Until recently, few EDs have succeeded in establishing a formal sign out process.

Safer Sign Out is a protocol that aims to provide a structured, practical and efficient method for standardizing physician handoffs. The tool has 5 key components that were designed to focus on specific areas of vulnerability within the sign out process.

The Emergency Medicine Associate's Safety Leadership Group, formed under the direction of CMO Marty Brown, committed to strengthening the sign out process. The group based several of the components of the protocol on recommendations from the ACEP Quality Improvement and Patient Safety Section whitepaper on improving handoffs in the ED. Maryland physicians Steve Schenkel, Julius Pham and Drew Fuller were three of the coauthors on the paper. Safer Sign Out is now standard protocol at all 12 EMA clinical sites in MD, VA, DC and WVA.

Interest in Safer Sign Out is growing rapidly. It is currently featured on the ACEP QIPS website and will be offered nationally through the Emergency Medicine Patient Safety Foundation (EMPSF) as well as regionally through the Maryland Patient Safety Center.

There will be a panel discussion on standardizing handoff communication and Safer Sign Out at the Maryland Patient Safety Conference on April 5th at 1:30pm. The panel will feature four Maryland emergency department and safety leaders: Drew White, ED Chairman and President of the medical staff at Washington Adventist Hospital; Michael Kerr, ED Chairman and President of the medical staff at MedStar Montgomery Medical Center; Napoleon Magpantay, ED Safety Representative from the University of Maryland Civist Medical Center and Drew Fuller from Calvert Memorial Hospital. Please join us for the presentation or contact us at Drewfuller@mac.com to learn more about Safer Sign Out.

EDUCATIONAL PROGRAM SCHEDULE MARYLAND ACEP 2013 EDUCATIONAL CONFERENCE THURSDAY, APRIL 18, 2013 THE WESTIN BWI

7:30 – 8:00a	General Registration and Continental Breakfast
8:00 - 8:05a	Welcome
8:05 - 9:00a	High Risk Scenarios in EM: Strategies and Solutions <i>Presenter: Kevin Klauer, DO, EJD, FACEP</i>
9:05 – 10:00a	Nurses Are from Saturn, Physicians from Jupiter, Administrators from Mars - How Can We Speak the Same Language? <i>Presenter: Jay Kaplan, MD, FACEP</i>
10:00 - 10:30a	BREAK WITH EXHIBITORS
10:30 - 11:30a	The ED Guide to Suicide Risk Assessment <i>Presenter: Robert Orman, MD</i>
11:30a - 12:20p	Advanced Pediatric Procedural Sedation <i>Presenter: Alfred Sacchetti, MD, FACEP</i>
12:20 – 1:20p	LUNCHEON AND AWARDS Maryland ACEP Business Meeting
1:30 – 2:00p	Recent Cardiology Articles You've Got to Know! <i>Presenter: Amal Mattu, MD, FACEP, FAAEM</i>
2:00 – 2:30p	Avoiding Common Errors <i>Presenter: Arjun Chanmugam, MD, MBA, FACEP</i>
2:30 – 3:00p	BREAK WITH EXHIBITORS
3:00 – 3:30p	Nightmare ENT Emergencies <i>Presenter: Laura J. Bontempo, MD, FACEP</i>
3:30 – 4:00p	Discharge Disasters <i>Presenter: Tina Latimer, MD, MPH, FACEP</i>
4:00 – 4:30p	I'm Short of Breath and I Have a Flolan Pump <i>Presenter: John Greenwood, MD</i>
4:30p	END

MD ACEP Advocacy Program - Get Involved !

Volunteer to Serve as the Doctor of the Day: Pick a day and agree to serve as physician-of-the-day in the Capital. As physician-of-the-day you and a nurse will spend the day in the first aid room and will have privileges to the legislative chamber floors. It's a great opportunity to interact with legislators up close. Email Lauren@amg101.com for form.