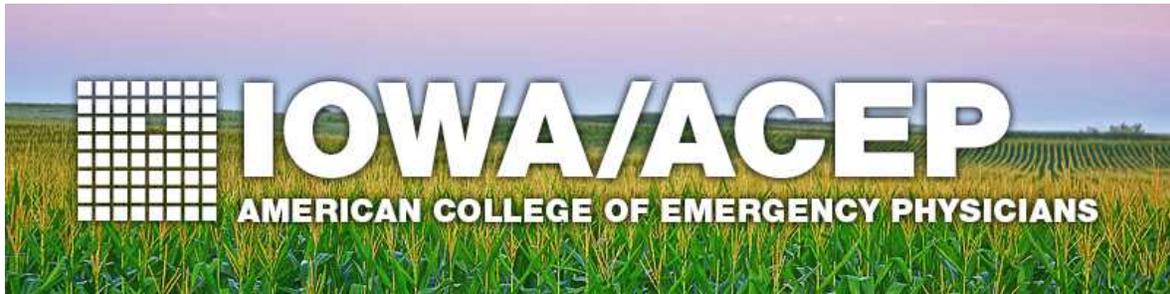


A Newsletter for the Members of the Iowa Chapter

Winter 2018



Ryan Dowden, MD, FACEP, President

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From the President Ryan Dowden, MD, FACEP

I had an interesting case the other day. An elderly lady with dementia wasn't acting like herself. She was more confused than normal, weak, and had fallen and was unable to get up. She didn't have any major injuries, but apparently had been down for some time and had struggled considerably because she had a CK of 4000. Fortunately, she had no acute kidney injury. Her workup otherwise was benign. Just another lady unfortunately progressing through the stages

of dementia. IV fluids, hospitalist admit, social services consult for discharge planning, on to the next patient...

Why was this interesting, you say? This is the same case we all see every day. Well, something happened in this case that gave me pause. Since she had dementia and the EMS report was pretty bread and butter, the pertinent history all came from her son. She is functional enough at baseline that she still lives in her own home. He checks on her daily and does all of her shopping, cleaning, cooking and organizes her medications.

She didn't answer the phone like she normally does so he went to check on her. The door was locked when he arrived, but he could see her lying lifeless on the floor through the window in the door. He thought she had died.

Emergency Physicians have an enormous responsibility each time we work a shift. Administrative pressures for metrics and satisfaction, EMR issues, lofty patient expectations, drug and nursing shortages and many other factors make the work we do even more challenging. The job can be overwhelming, so it is easy to forget how vitally important we are to our communities and the patients and families that we serve.

What was a standard case for the paramedic and EMT, nurse, me, and even the hospitalist was nothing standard for this gentleman. He called 911 thinking that his mother was deceased. This was, without a doubt, a life altering experience for him. We were able to allay his fears and take compassionate care of his mother while helping him understand the next steps involved with taking care of her. Cases like this are everyday cases for us, but imagine the case through his eyes, or the eyes of the parent who witnesses a febrile seizure, the friend of a patient who had just been apneic from opiate overdose, or the spouse of a patient who had a vasovagal syncopal episode.

Be proud of what you do. Your coworkers, family, neighbors, friends, and community are. Your state ACEP leadership is as well. Iowa ACEP is currently working to lobby against proposed legislation which would limit the quantity of opiates prescribed in a single visit with criminal repercussions for the prescribing physician who violates the statute. We have endorsed an emergency department information exchange which could help us coordinate care for our patients and reduce unnecessary duplication of testing. We are working on building stronger relationships with other state organizations like the Iowa Medical Society and the Iowa Chapter for the Society of Hospital Medicine. We continue to sponsor medical student Emergency Medicine Interest Groups at Des Moines University and the University of Iowa. We are communicating closely with national ACEP leadership regarding the effects of Medicaid coverage changes in Iowa. Mental healthcare and the insurance industry attacks on the

prudent layperson standard remain at the forefront of national ACEP advocacy efforts. Please consider representing Iowa Emergency Physicians at Leadership and Advocacy Conference in Washington DC May 20-23 and also come and enjoy fellowship with Iowa Emergency Physicians at our annual meeting this summer. We would love to have you!

Mental Health Reform Gets Center Stage

By Dr. Nick Kluesner

As all of us EM physicians in Iowa recognize on a daily basis, the status of the mental health crisis in Iowa is critical. Nowhere near a new problem and with no more acuity than has ever been recognized by a physician caring for a boarding mental health patient in the ED, the ACEP Board was called upon by some of our membership to respond to the challenge. In specific response to this inquiry, the Iowa ACEP Board of Directors drafted and approved a position paper on the challenges we face and our initial pass at concrete solutions to the problem. These included flagrantly obvious hurdles such as increasing the inpatient mental health beds and funding community resources for both mental health and substance abuse, but also addressed standardizing medical screening tests prior to mental health transfer, legislative changes to empower treating ED physicians to authorize an involuntary hold and supporting payment for crisis stabilization codes. This position paper was delivered to the Iowa Medical Society who is spearheading a broad-based, joint effort among interested parties to tackle these immense problems this legislative session. Iowa ACEP's position was among the first and has helped shape the conversation moving forward.

Notification of Iowa ACEP Proposed Dues Increase

At the beginning of Iowa ACEP's July 1 fiscal year, the Iowa ACEP Board establishes a budget for the year. The annual budget expenses have historically been in the \$20K - \$25K range. The majority of Iowa ACEP revenue comes from member dues. The Board has historically maintained a reserve of one year's worth of operating expense. As operating expenses have increased, the reserves have decreased. The Board also anticipates increased expenses for lobbying efforts, chapter management services, and representation at ACEP Council meetings and the Legislative and Advocacy Conference. In order to meet these expenses and maintain the reserve fund, additional revenue is needed.

The Board reviewed the current dues structure of \$150 per member, which has been in place for the last twenty (20) years. Medical student member dues go entirely to EMRA. Life members no longer pay dues. After much discussion, the Board voted to increase the Iowa ACEP dues to \$225.00, pending approval by the membership.

According to the Iowa ACEP Bylaws, members must receive 60 days notice of any dues increase prior to voting. This newsletter article serves as the required 60 days notification of a dues increase. Iowa ACEP membership will vote on the dues increase at the Iowa ACEP annual meeting in June. Additional information on date and location of the annual meeting will be provided soon.

Iowa ACEP Endorses "PreManage ED"

Many of you who attended our annual meeting in June 2017 will remember the very well-received presentation by Dr. Stephen Anderson from the ACEP Board of Directors. Dr. Anderson detailed how the State of Washington found an innovative solution for satisfying Medicaid, hospital, provider, and patient needs to drive down cost while dramatically impacting outcomes. His firsthand experience with helping leverage an ED-focused care coordination platform as a way to satisfy all stakeholders while synchronizing care in real time led to further evaluation by Iowa ACEP.

Almost every patient the emergency physician manages is a new patient. Iowa ACEP believes that Emergency Physicians provide the best care when they are armed with complete data. PreManage ED and PreManage Primary will allow the physician to provide the safest, most cost effective, and coordinated care for these high-risk presentations.

Iowa ACEP President Dr. Ryan Dowden says "We are happy to announce that Iowa ACEP will be joining in the endorsement of PreManage ED (aka "Edie" - Emergency Department Information Exchange) as the recommended real-time notification and care coordination tool for Iowa. There are several organizations including major health care systems, plan and risk-based entities, state associations, border states, and more that are actively evaluating such a solution. We are confident that our support of a proven tool and best practices of PreManage ED can be brought home to help Iowans as well."

If you would like further information on PreManage ED, please contact the [Iowa ACEP Chapter office](#).

Inaugural Des Moines Area Emergency Medicine Journal Club

The first-ever Des Moines area Journal Club was held this January 17th at the Iowa Taproom. Over hamburgers and dozens of local brews, we dissected the DAWN trial which studied thrombectomy for acute ischemic stroke in a 6-to-24 hour window. This seemed timely since this January, Mercy in Des Moines is now 24-7 with neuro-interventional capabilities (along with UIHC, of course). It was a joint organizing effort and was an evenly split crowd of 14 ER physicians between Mercy and UnityPoint, concluding with the handful of final stragglers of the night sharing the largest slice of ice cream cake ever recorded. We anticipate continuing the collaboration on a semi-annual or quarterly routine and are exploring future topics in end-of-life or chronic pain care (with an eye to the IBM CME requirements). If you'd like to be included in future gatherings, please email [Nick Kluesner](mailto:nick.kluesner@uiowa.edu).

Iowa Trauma Conference

Iowa's Trauma System is hosting a Trauma Conference on Wednesday, August 29, 2018. The conference will have speakers from across the nation. There will be general sessions and educational tracks specific to physicians, nurses, EMS, and emergency preparedness personnel. Some topics include:

Lessons learned following the Las Vegas shooting and the Boston Marathon bombing,
Insights learned from the military experience,
Trauma patient management,
Vulnerable populations, and
Crisis standards of care.

In addition to the conference, a pre-conference training day is being planned for Tuesday, August 28th, 2018. Pre-conference training topics being considered include:

Advanced Trauma Life Support (ATLS) re-certification
ATLS 10th Edition Update for Instructors
Pediatric Care After Resuscitation (PCAR)
Tactical Emergency Casualty Care (TECC)
Certified Emergency Nursing (CEN)
Trauma Certified Register Nurse (TCRN)
Trauma Nursing Core Course (TNCC) Instructor Training
Stop the Bleed Train the Trainer

Sexual Assault Nurse Examiner (SANE) Training
Trauma Data Registry Training
Disaster Management and Emergency Preparedness (DMEP)
Pediatric Skills Training

In January 2018, a survey will be released to poll potential participants to identify trauma education priorities. The results of the survey will drive education provided on the pre-conference day training. The survey will be sent to the same listserv as this save the date notice.

The conference and pre-conference education will occur at a venue in the Des Moines metro area. A block of rooms will be reserved at the venue. More information will follow in the coming months as conference details are solidified. Continuing education will be sought for all the medical disciplines. It is anticipated the conference brochure and registration will be available by April 2018. Look for the pre-conference survey in January 2018.

Please share this information with other interested parties. Save the Date: Tuesday, August 28th and Wednesday, August 29th!

Diane Williams
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Iowa ACEP History

The Iowa Chapter of the American College of Emergency Physicians was chartered on March 21, 1975. The charter reads: "In accordance with the Constitution and Bylaws of the American College of Emergency Physicians, the undersigned member of the Board of Directors hereby issues to the State of Iowa this Charter establishing a Chapter of the American College of Emergency Physicians and confer upon its representative the attendant responsibilities and necessary powers to officially govern and represent the College in the afore mentioned geographical region."

The Charter was signed by the ACEP Board of Directors, which included many early founders of ACEP. Those signing the Charter were: William Haeck, MD, President, Ronald Krome, MD, Vice President, Karl Mangold, MD, Secretary-Treasurer, R. R. Hannas, MD, Past President, D.

Denton Davis, MD, James George, MD, Harris Graves, MD, A. L. Jenkins, MD, James Mills, MD, George Podgorny, MD, Bill Smiley, MD, David Westmark, MD and John Wiegenstein, MD.

Iowa ACEP Membership Report

As of December 31, 2017, Iowa ACEP has 247 members, which includes active and LIFE physician members and medical student members from the University of Iowa Carver College of Medicine and Des Moines University. All medical student memberships are automatically purged on September 30 each year but can be renewed at any time.

Based on our membership number on December 31, Iowa ACEP is eligible for three (3) Councillors at the 2018 ACEP Council Meeting in San Diego.

Please encourage any eligible physicians in your group to [join ACEP](#).

Iowa ACEP Mission Statement

Iowa Chapter of ACEP is committed to quality emergency care for all patients and to represent and promote the specialty of Emergency Medicine

IOWA CHAPTER ACEP, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS BOARD OF DIRECTORS 2017-2018

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ACEP's Viral Video Campaign to Expose Anthem Policy

ACEP recently launched a video campaign to expose Anthem Blue Cross Blue Shield for denying coverage to emergency patients, based on an undisclosed list of diagnoses, for conditions the insurance giant considers non-urgent. For a copy of the full press release, please contact [Michael Baldyga](#), ACEP Senior Public Relations Manager. This policy is active in six states - Georgia, Indiana, Kentucky, Missouri, New Hampshire and Ohio - but more Anthem states will follow, and more health insurance companies, if this effort isn't stopped. Anthem's policy is unlawful, because it violates the prudent layperson standard that is in federal law and 47 state laws.

Special thanks to ACEP video cast members Dr. Jay Kaplan, Dr. Alison Haddock, Dr. Ryan Stanton and Dr. Supid Bose - and ACEP staffers Mike Baldyga, Elaine Salter, Darrin Scheid and Rekia Speight!

Help us make [the video](#) go viral and top last year's that generated nearly 300,000 views on YouTube and Facebook! Please post it to Facebook pages, e-mail it to colleagues and Tweet about it using [#FairCoverage](#) and [#StopAnthemBCBS](#).



Help Us Celebrate ACEP's 50th Anniversary

You can help us ensure we have the most diverse, and most complete, historical collection of everything!

Follow us on [Twitter](#) and [Facebook](#) to see our weekly Tues/Thurs 50th Anniversary posts
Talking 50th Anniversary on social media? Use [#EMeverymoment](#)

Show your EM pride with ACEP's [new "Anyone. Anything. Anytime." Facebook profile frame](#)

Visit our 50th Anniversary site [here](#) for year-round updates

Got something cool to share about the college's history, or your own with EM? [Click here!](#)

Upcoming CEDR Webinar

In depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Topics for this webinar will include selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR.

Register for the [Reporting MIPS through CEDR](#) webinar to be held on **March 13, 2018 at 1:00 PM CDT**. After registering, you will receive a confirmation email containing information about joining the webinar.



New ACEP Tool Helps you Keep Track of Ultrasound Scans

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 [ACEP 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 \(PDF\)](#). We hope you find this tracker tool helpful and useful in your practice.

New ACEP Award

Community Emergency Medicine Excellence Award

We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018.**

The nomination form and additional information can be found [here](#).

Articles of Interest in *Annals of Emergency Medicine*

Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

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.

Babi FE, Oakley E, Dalziel SR, et al.

Accuracy of Physician Practice Compared to Three Head Injury Decision Rules in Children: A Prospective Cohort Study.

This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

April MD, Oliver JJ, Davis WT, et al.

Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial.

Inhaled isopropyl alcohol as an aroma therapy has been described as effective in treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

e Silva LOJ, Scherber K, Cabrera d, et al.

Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review.

This is a systematic review of the literature on IV lidocaine for pain. There were only 6 randomized control trials of lidocaine for renal colic. The results were variable. Lidocaine did not appear to be effective for migraine headache but there were only 2 studies of this. The authors concluded that we do not have enough data at this time to definitively comment on the use of lidocaine for pain in the ED.

White DAE, Giordano TP, Pasalar S, et al.

Acute HIV Discovered During Routine HIV Screening with HIV Antigen/Antibody Combination

Tests in 9 U.S. Emergency Departments

This study looked at HIV screening programs in 9 EDs located in 6 different cities over a 3 year period. There were 214,524 patients screened of which 839 (0.4%) were newly diagnosed. Of the newly diagnosed 14.5% were acute HIV (detectable virus but negative antibody) and 85.5% were established HIV (positive antibody test). This study reminds us that many patients with acute HIV will have a negative screening test that relies strictly on antibody. Many of these patients present with flu like illness as their initial presentation.

Axeem S. Seabury SA, Menchine M, et al.

Emergency Department Contribution to the Prescription Opioid Epidemic.

There has been much discussion of the opioid epidemic in both the professional and lay press. Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED.

Welcome New Members

Matthew Schiffer
Tucker Brady
Ahmed Aladham
Ashley R Dohlman

Iowa Chapter ACEP

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