

A Newsletter for the Members of the Rhode Island Chapter

Spring 2018



Catherine A. Cummings, MD, FACEP, President

[Marc Bialek](#), Executive Director

Phone: 401.331.1337

Letter from the President Catherine A. Cummings, MD

This is the first ever Rhode Island ACEP newsletter. It has taken quite an effort to bring it together and Marc Bialek deserves many thanks for making it happen. No doubt, it will evolve over time. Take a look at what some of the committee's activities are and see if you can help. Check out our upcoming events and join in more of them. Certainly, if you have something you want to contribute, please contact Marc. Enjoy our first attempt and send us ideas to make this better.

The overarching theme of the year has been Advocacy. There's a reason change is so hard. Change only happens when it's too uncomfortable to remain the same. So almost by definition, an advocate is pointing out something uncomfortable that needs to be changed. Whether it's the good schools your kids go to, air that doesn't have soot anymore, or the prudent layperson standard, somebody did some unglamorous work. It takes time, commitment, organization and persistence.

The Emergency Medicine Residents from the Kent Hospital and Brown University programs are learning about advocacy and made the first annual Rhode Island State Hill visit. They chose the Helmet Law as their primary advocacy project. Stay tuned for the outcome.

If it's not for the glamour, why do it? For me, one of the reasons is the satisfaction in doing things that are "larger than myself". We have jobs that give us a window into many cross sections of society and medicine and the credibility and responsibility to speak up.

Tony Cirillo is an example of an Advocate that just doesn't stop. We know him most recently for the Fair Coverage legislation that is in its third year with the Legislature. Now, he's also running for the National ACEP Board of Directors. That election is made by the national Council in October. Good Luck to Tony and all of us. Small States need a voice. Megan Ranney is another example of a tireless advocate for gun violence research and prevention. Otis Warren and Melanie Lippman never give up on trying to help advocate for the underrepresented intoxicant and helped get a sobering center. Many of our members are involved with the Opiate epidemic: Peter Graves, Melanie Lippman, Gary Bubby to name a few. There are things you probably haven't heard about, but important, such as Joe Lauro representing RI ACEP to the Department of Health ambulance service advisory board. That group is nearing completion of medical oversight requirements for each district EMS ambulance services. We have many, many exemplary advocates in our small state, and we can use even more.

This year, RI ACEP members have been active on a wide range of issues, such as: Maintenance of Certification, our right to have End of Life Discussions, Medicaid retroactive ED copays, improving the e911 medical care, Opiate and Substance Abuse issues, and others. By the way, RI ACEP often leverages our influence by joining alliances and sharing resources with other organizations, in particular, RIMS. If you have an issue, or just want to help please speak up.

Let me end with a very happy announcement. The RI ACEP Annual Meeting is June 6. This year's speaker for the RI ACEP annual meeting on June 6, is Alison Haddock. She is on the national ACEP Board of Directors. Dr. Haddock has been doing advocacy work since her second year of residency as part of EMRA. She has been the national chair of the State Legislative & Regulatory Committee. Not only will she be giving us updates on national ACEP efforts and strategies, she will talk about State advocacy as well.

Also at the June 6 meeting, the first annual Physician of the Year award will be given out. The award winner is selected by the RI ACEP Board of Directors and we are looking for

nominations from you. Who do you think is most deserving? Email [Marc Bialek](mailto:mbialek@rimed.org) with your selection and a short description of why you think they are most deserving.

**RI ACEP ANNUAL MEMBERSHIP MEETING
WEDNESDAY, JUNE 6, 2018**

GURNEY'S RESORT
1 Goat Island
Newport, RI 02840

Guest Presentation by

Alison J. Haddock, MD, FACEP
ACEP Board of Directors
Assistant Professor of Emergency Medicine
Director of Health Policy
Baylor College of Medicine, Houston

AGENDA

RECEPTION & EXHIBIT | 6:00 PM
DINNER & BUSINESS MEETING | 7:00 PM
GUEST PRESENTATION | 7:30 PM

Please send in your RSVP no later than Friday, May 9, 2018.

If you are a nonmember or wish to pay for your own meal in the event of sponsored meals, please issue a check in the amount of \$60 made payable to RI ACEP.

Please email your name and choice of one entrée to Marc Bialek at: mbialek@rimed.org. Choices are:

- Grilled Pork Chop
- Pan Seared Atlantic Salmon
- Open Faced Ravioli (Vegetarian)

Further inquiries may be made at (401) 331-3207.

EMPAC
Otis U. Warren, MD
RIACEP PAC Chair

Please help us forward our agenda at the State House. A small donation made very easily [online](#) goes a long way. Plus, if we don't get enough people donating we are in violation of election laws.

You can [donate easily here](#).

Your money is given to lawmaker's reelection campaigns. This then allows us to sit down and discuss bills and policies that affect our practice and livelihood. It is a very dirty business, for sure, but one that is entirely needed.

This is a busy legislative session and we are seeing hotly contested bills regarding:

- Use of funds for EMS dispatch
- Medicaid copays for "avoidable" ED visits- a dangerous precedent
- Surprise or balanced billing for out of network providers
- Involuntary holds on overdose patients
- And one crazy bill that wants to make disclosure of life expectancy to a patient- an unprofessional conduct, right up there with sexual relationships with patients! Crazy, yes but this is the stuff that comes up.

Thank you all who have donated already. To those who haven't, please make a donation today and keep me out of federal prison for one more election cycle.

Yours truly,
Otis U. Warren, MD

EMS Committee Update
Joseph R. Lauro, MD
Chair, EMS Committee

Welcome to the first update from the RIACEP EMS Committee! In October of 2017 the Rhode Island Chapter of the College asked us to create a group of Emergency Medicine

Physicians who offer medical direction to the various EMS agencies across the state.

There are over 50 Fire Departments in the State of Rhode Island providing Emergency Medical Services, each of whom has their own medical director. Prior to the committee's inception there had been no communication amongst the many physicians offering medical direction to prehospital providers.

The primary goal of the RIACEP EMS committee has been to create a means by which the physicians offering EMS medical direction can collaborate on issues ranging from state protocol to continuing education. The committee includes physicians and mid-level providers from various hospital groups across the state as well as EMS personnel responsible for statewide leadership and protocol development.

Most recently four of our members, Dr's John Jardine, Heather Rybasack-Smith, Nick Asselin and Joseph Lauro were invited lecturers at the Rhode Island EMS Expo, an educational event coordinated by the RI Metro EMS Association. Presented topics ranged from medical direction to EMS refusals to heat stroke. Additionally RIACEP and the EMS Committee have collaborated on a position statement supporting implementation of EMD in Rhode Island.

Our members have been moving forward with great momentum. The committee meets quarterly and the agenda items are growing. We look forward to participation from new members and we hope to sponsor our first EMS Committee event in the near future.

RI ACEP Education Committee

Jeffrey P. Feden, MD, FACEP

Chair, Education Committee

Greetings! The RI ACEP Education Committee has been re-established recently for the purpose of planning the annual Fall CME event and bringing other educational content to the general membership. With just one committee meeting behind us, we are in the very early planning stages for our next event in early/mid November 2018 with a focus on disaster preparedness and response. We hope this is a topic that will pique the interest of emergency physicians across the state! Beyond 2018, we are considering new and creative educational opportunities, including preliminary discussion on hosting a regional CME event in the Ocean State. While the committee roster is now full, we always invite

suggestions and ideas from the general membership. Please feel free to contact me at jfedden@lifespan.org.

Stay tuned for an announcement and date for the Fall CME event which will be coming soon.

Rhode Island Emergency Medicine Advocacy Day Bryn DeKosky, DO and Scott Pasichow, MD, MPH

“You can’t complain about it if you haven’t tried to change it.” - Unknown

The residents of Brown and Kent Emergency Medicine took this philosophy to heart in March at Rhode Island’s first annual Residency Advocacy day on the hill. The day started with Dr. Tony Cirillo discussing the importance of advocacy, how to engage in advocacy at the outset of your career, and how to navigate the basic structures of government to ensure that your voice is heard. We then heard from Dr. Gary Bubly, who regaled us on insider secrets to help those in attendance learn from his wealth of experience. Dr. Bubly encouraged residents to stay passionate and committed to advocacy and spoke genuinely about persevering in the face of a frequently daunting political process. Mr. Steve DeToy wrapped up the day’s speaking by instructing us on the ins and outs of following legislation in Rhode Island and tracking the timing of bill hearings. Finally, we finished the day with a tour of the capital, full of tidbits from the history of the state house and the legislature. Residents and Attending’s in attendance show their support for Rhode Island’s proposed Motorcycle Helmet bill seeking to make all motorized scooters and motorcycle drivers wear helmets. Although the bill is currently under review, we hope our work will lead to its passage.

I want to thank all of the residents and attendings who came to advocate for change and especially thank RI ACEP, Dr. Catherine Cummings, Dr. Michael Migliori, and Dr. Amy Matson for their support and help in coordinating this event. This whirlwind day would not have been possible without all of their efforts!



Right to left

Top: Dr. Tony Cirillo, Dr. Tim Bickman, Dr. Joe Pepe, Dr Jeffery Feden, Dr. Scott Pasichow

Bottom: Dr Catherine Cummings, Dr. Robyn Levine, Dr. Anne Dulski, Dr. Bryn DeKosky, Dr. Gianna Petrone



Leadership & Advocacy Conference

May 20-23, 2018 | Washington, DC

Don't Miss the Premiere Event for Emergency Medicine Advocates and Leaders!

Attendees at the annual [Leadership & Advocacy Conference](#) will advocate for improvements in the practice environment for our specialty and access for our patients. First-timers will receive special training on how to meet and educate your Members of Congress while seasoned participants will build upon valuable Congressional connections. A new "[Solutions Summit](#)" has been added on May 23 where attendees will discover innovative solutions on key topics such as opioids and end-of-life issues that demonstrate emergency medicine's value and leadership. CME credit will be given for the Summit.

Confirmed Speakers Include:

- U.S. Surgeon General Vice Admiral (VADM) Jerome M. Adams, M.D., M.P.H.
- HHS Assistant Secretary for Preparedness and Response Bill Kadlec, MD will be presenting during the Public Policy Town Hall on Emergency Preparedness.
- Amy Walter, National Editor for The Cook Political Report, will offer her predictions for the mid-term elections.
- Senator Bill Cassidy, MD (R-LA)
- Representative Kyrsten Sinema (D-AZ)

[REGISTER TODAY!](#)

Not able to attend the LAC18? Now is not the time to sit on the sidelines.

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts. With the mid-term elections coming up in November and party control of the House and Senate hanging in the balance, now is the perfect time to reach out on the local level to educate your legislators about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local

emergency physicians from your chapter. Visit the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

Preparing to Give Testimony before State Legislators

Harry J. Monroe, Jr.

Director, Chapter and State Relations, ACEP

Over the years, I have worked with many lobbyists preparing for upcoming meetings. In some of those instances, the lobbyist would be gathering information to represent us himself in meetings of stakeholders or legislators or staff. In other instances, the legislator was preparing the client to give testimony at a legislative hearing.

In all of these circumstances, every good lobbyist I have worked with has required an answer to this question: what is the argument of the other side? What will our opponent say?

If you do not have a fair answer to that question, then you are not yet prepared to provide your testimony.

Because we tend to live in an environment in which we share our views with people who agree with them, too often we fail to think through the alternative point of view. Thus, insurers are against us, we often state, for example, because they are only in this for the money. They don't care about their "customers," our patients. The bottom line for their shareholders is their only concern.

My point is not that there is not a point to this. However, no insurer is going to arrive at a hearing to explain that, you know, we caught him. He doesn't care about anything but making a buck.

There are no Perry Mason endings at legislative hearings. Insurers don't confess.

The truth is that insurers, wrongly I think most of the time, have their own story, their own rationale, for their policy. We have to understand that story so that we are sure to be able to counter it – and to avoid walking into traps as we tell our own story.

None of this to say that we should have a need to fully explain or defend the insurer's point of view. Quite the contrary, a more typical approach, as appropriate, would be to briefly summarize the opposition's position before pivoting to an explanation as to why it is wrong and how we have a better solution to the problem that the policy maker wants to solve.

That sort of response is a way of showing ourselves to be fair minded and solutions oriented. It is a crucial part of effective state advocacy.

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.

Kellogg K, Fairbanks RJ.

Approaching Fatigue and Error in Emergency Medicine: Narrowing the Gap Between Work as Imagined and Work as Really Done.

Annals of Emergency Medicine – April 2018 ([Epub ahead of print](#))

This is an editorial commenting on an article by Nicolas Perisco and colleagues, "Influence of Shift Duration on Cognitive Performances of Emergency Physicians: A Prospective Cross-Sectional Study." The article reports that there was significant cognitive decline after a 24 hour emergency shift, though not one after a 14 hour shift. The editorial goes on to describe some of the consequences of their finding, for example the fact that any cognitive decline likely also occurs in all emergency workers. They suggest we repeat the study using 8 and 12 hours shifts which are more common in the US.

Hall MK, Burns K, Carius M, Erickson M, Hall J, Venkatesh A.
State of the National Emergency Department Workforce: Who Provides Care

Where?

This is a cross-sectional study that analyzed the Centers for Medicare and Medicaid Services' (CMS) 2014 Provider Utilization and Payment Data Physician and Other Supplier Public Use Files and found that of 58,641 unique EM clinicians, 61.1% were classified as EM physicians, 14.3% as non-EM physicians, and 24.5% as advanced practice providers. Among non-EM physicians categorized as EM clinicians, Family Practice and Internal Medicine predominated. They also found that urban counties had a higher portion of EM physicians compared to rural counties.

Stiell IG, Clement C M, Lowe M, Sheehan C, Miller J, Armstrong S, Bailey B, Posselwhite K, Langlais J, Ruddy K, Thorne S, Armstrong A, Dain C, Perry JJ, Vaillancourt C.

Multicentre Program to Implement the Canadian C-Spine Rule by Emergency Department Triage Nurses.

This multicentre two-phase study demonstrated that with training and certification, ED triage nurses can successfully implement the Canadian C-Spine Rule, as reflected by more rapid management of patients, and no missed clinically important spinal injuries.

Lumba-Brown A, Wright DW, Sarmiento K, Houry D.

Emergency Department Implementation of the Centers for Disease Control and Prevention Pediatric Mild Traumatic Brain Injury Guideline Recommendations.

These are the Centers for Disease Control and Prevention's (CDC) 2018 "Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children," published in JAMA Pediatrics. As the Emergency Department clinicians may be the first healthcare provider to evaluate an injured child they play an important role in the recognition and management of mild traumatic brain injury. The key practice-changing takeaways in these new guidelines include: using validated and age-appropriate post-concussion symptom rating scales to aid in diagnosis and prognosis; and incorporating specific recommendations for counseling at the time of ED discharge.

New Resources from ACEP

The following **policy statements** were recently revised and approved by the ACEP Board of Directors:

- Alcohol Advertising
- Trauma Care Systems

Four **information papers and one resource** were recently created by several ACEP committees:

- Disparities in Emergency Care – Public Health and Injury Prevention Committee
- Empiric and Descriptive Analysis of ACEP Charges of Ethical Violations and Other Misconduct – Ethics Committee
- Fostering Diversity in Emergency Medicine through Mentorship, Sponsorship, and Coaching – Academic Affairs Committee
- The Single Accreditation System – Academic Affairs Committee
- Resources: Opioid Counseling in the Emergency Department – Emergency Medicine Practice Committee

These resources will be available on the new ACEP website when it launches later this month. In the meantime, for a copy of any of the above, please contact [Julie Wassom](#), ACEP's Policy and Practice Coordinator.

Help Fight to Protect Our Patients Against Anthem's Unlawful Practices

ACEP continues to keep the pressure on Anthem Blue Cross Blue Shield for denying coverage to emergency patients in six states with a [new video campaign](#). More will follow if this effort isn't stopped. Anthem's policy violates the prudent layperson standard, as well as 47 state laws. [Spread the word!](#) #FairCoverage #StopAnthemBCBS

Graduating Residents: Renew your Membership Today!

Take advantage of huge discounts and freebies!

ACEP is offering \$20 off national dues, PEER for \$50 and a free 2018 Graduating Resident Education Collection of 25 courses specifically for emergency physicians in their first year out. [Click here](#) to take advantage. Those who renew also get a cool ER/DR T-Shirt and Critical Decisions in Emergency Medicine online free for one year. [Renew now](#) using Promo Code FOCUS2018. Check it off the list!

Free Training on Medication-Assisted Treatment

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. [Providers Clinical Support System \(PCSS\)](#) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder.

PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar (Provided twice a month by PCSS partner organization American Osteopathic Academy of Addiction Medicine)

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the [MAT Waiver Training Calendar](#). For more information on PCSS, [click here](#).

Become an Accredited Geriatric Emergency Department Today

Recognizing that one size ED care does not fit all, [The Geriatric Emergency Department Accreditation Program](#) (GEDA), was developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the

appropriate level at every ED encounter. Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.

Make Change Happen in ACEP

The Council meeting is YOUR opportunity to influence the ACEP agenda. If you have a hot topic that you believe ACEP should address, write that resolution! It only takes two members to submit a resolution. [Click here](#) to learn the ins-and-outs of Council Resolutions, and [click here](#) to see submission guidelines. **Deadline is July 1, 2018.** Be the change - submit your resolution today.

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