

A Newsletter for the Members of the Rhode Island Chapter

Fall 2018



Catherine A. Cummings, MD, FACEP, President

[Marc Bialek](#), Executive Director

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President's Message **Catherine L. Cummings, MD**

RI ACEP is ramping up for a busy and productive year and this note is to help get everyone up to date, starting with the Board of Directors meeting last week.

The first order of business was to congratulate our own Tony Cirillo, MD on his election to the national ACEP Board of Directors! This is much deserved and a result of many years of dedicated service to both our chapter and National ACEP. We also congratulate the many winners of National ACEP awards – see them in Photos. As a whole, RI punches way above our weight. We must have the most awards per capita of any state.

The Board also took some time to recognize and thank Ken Williams, MD for his very long service to this group. He is a past President and for 20 years, the RIACEP Representative to the RI Medical Society Council, which meets at the convenient time of Monday evenings every other month. So it's no small thing that Dina Himelfarb, MD accepted the challenge to replace Ken.

The Board also took time to update all of the positions and appointments. There are many open spots and ways to get involved to advance Emergency Medicine in Rhode Island through education, governance, or legislation. Please see the list. The most glaring need is for the Clinical Policies Committee. It is vitally important. Had this group not existed, lobbying for the [nursing regulatory change for Ketamine](#) would not have been successful. That Department of Health statement is included if you are still having problems with this. If you can help with any position, including participating on a committee, let [Marc Bialek](#) know.

The upcoming events are shaping up to be very interesting and different. The Fall education event is November 15th, "Emergency Preparedness and Disaster Management in Rhode Island". Jeff Feden, MD and the Education Committee have a very ambitious agenda. It will move fast, just like a disaster. Most of us are not very engaged in this topic, and this is a fun, high yield experience.

The next major event is the Member Forum, March 7. The format is being revamped with member driven events. See the Education Committee Update below.

The [RI ACEP website](#) has all the meeting dates, committees, appointees, and of course photos.

Award season is also beginning and RI ACEP is here to support the great work you do! We have very limited resources, so give us some lead time, and we will do what we can to help support nominations for internal or external awards. If you want RI ACEP to nominate or provide chapter support, the BOD is generally consulted to avoid conflicts of interest since we are such a small state.

RI ACEP has four awards per year for members, decided by the Board of Directors. Briefly, in June is a Career Service Award. In November is an Educational Excellence award. In March, we award a Clinician of the Year and one for Early Career Awesomeness. From time to time, a member may earn a Special Recognition Award for extraordinary service. Please let us know if you have members in mind for the awards.

Finally, Legislative priorities and practice issues were discussed. Here are *some* of them. We need help. Please let me know if you have other issues or if you can get involved in any of these. And by all means, contribute even a tiny amount to the [RIEMPAC](#).

- Pre-Hospital Care: Regulatory and possibly legislative efforts to improve prehospital care, both through EMS and the e911 systems have been ongoing, and more needs to be done. The EMS committee is fully engaged in this effort.
- High Deductibles and Co-Pays: It's time to have insurance companies collect their deductibles and free the medical practices of this cost shifting maneuver.
- Prior Authorization regulation to reduce the hours in the ED our patients wait, mostly for Mental Health approvals
- Mental Health Boarding regulatory strategies to reduce both mental health and substance abuse boarding and improve access to treatments.
- Goldner Act revisions. If this act is reopened for revisions, liability protections similar to the protections provided in Child Abuse Reporting should be included.

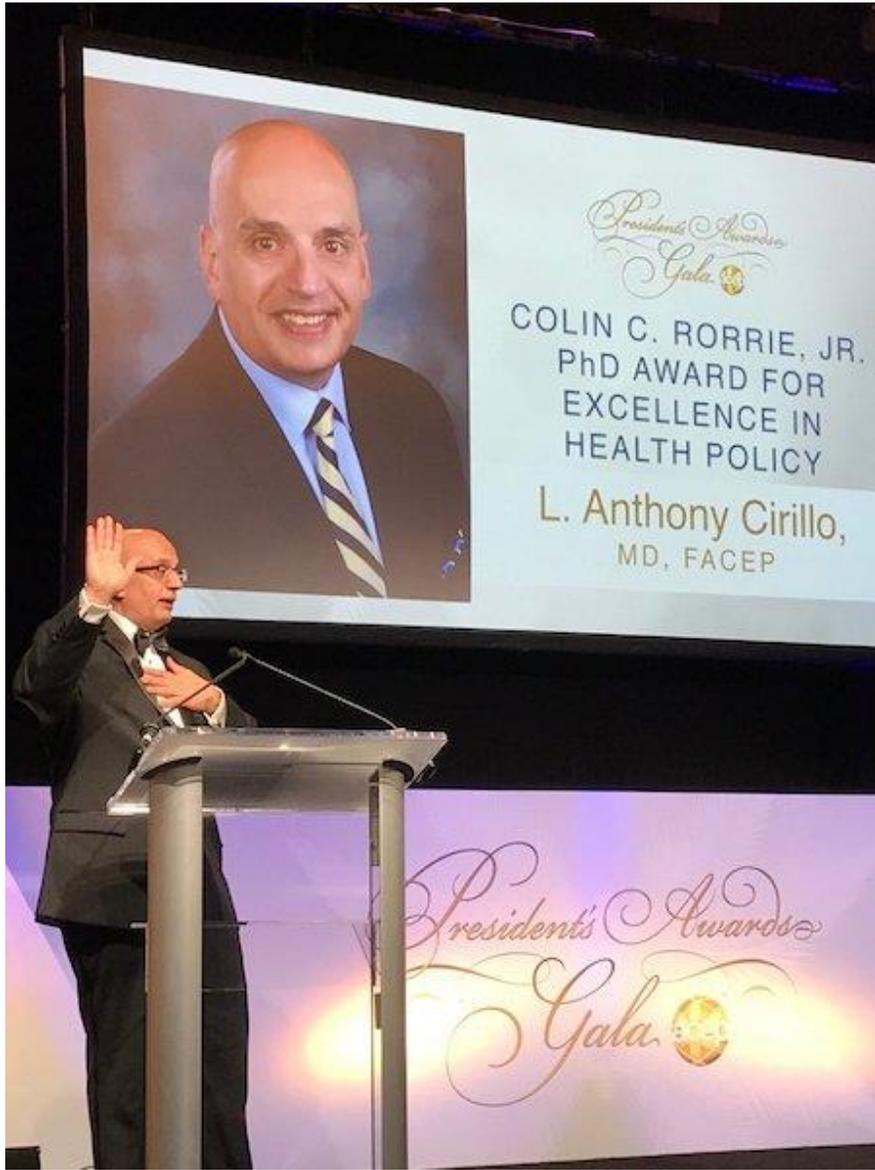
Last, if you have made it this far, a thanks to all of you for supporting my many leave of absences and reliance upon you to make this past year the success that is was. Never have I been more grateful for the people around me and happy that I work in a “small state”.

RI ACEP 18 Highlights

Charles Pattavina, MD, FACEP – Council Curmudgeon Award

Robert Tubbs, MD, FACEP – Warren Alpert Medical School, Brown University – RI Chapter – National Faculty Teaching Award

L. Anthony Cirillo, MD, FACEP – Colin C. Rorrie, Jr. Award for Excellence in Health Policy





Dr. Jessica Smith and Dr. L. Anthony Cirillo at the ACEP Scientific Assembly in San Diego looking fabulous!



Our Rhode Island Councillors representing RI ACEP at the ACEP San Diego Scientific Assembly. Thanks Drs. Jessica Smith, Louis Anthony Cirillo, and Mihir Kamat.



Check out Rhode Island's own L. Anthony Cirillo, MD [@drtonycirillo](#) as he joins the Elected ACEP Board of Directors. Congratulations!!! [#ACEP18#ACEP2018](#)

Commentary
Heather Rybasack-Smith, MPH, MD
Brown Emergency Medicine

Survival after cardiac arrest may depend on which EMS shows up

A recent JAMA article suggests that there is yet another variable that significantly affects survival after cardiac arrest. According to the study, published September 26 in JAMA Cardiology, the odds of survival after out of hospital cardiac arrest (OHCA) vary by as much as 50% between individual EMS agencies.

The data were gathered between April 2011 and June 2015 from the Resuscitation Outcomes Consortium (ROC), a multicenter OHCA registry at 10 North American sites. Analysis included over 43,000 patients with OHCA. Substantial variation was seen between EMS agencies in survival to hospital discharge, return of spontaneous circulation and favorable functional outcome. This variation persisted despite analyzing for multiple other factors known to affect survival.

This particular study does not tell us exactly why some EMS agencies do better, and as always is a direction for future research. However, there is one factor that best practice and national guidelines suggest is fundamental: strong, physician led EMS medical direction. Rhode Island remains behind the curve nationally when it comes to physician involvement in Emergency Medical Services.

According to a joint statement by ACEP (American College of Emergency Physicians) and NAEMSP (The National Association of EMS Physicians), “The primary role of the EMS medical director is to promote continuous quality improvement and patient centered delivery of medical care by the EMS service. The EMS medical director should be involved and integrated with all aspects of out of hospital health care delivery from initial patient contact, including contact via telecommunications with emergency dispatch operators, to definitive patient care.” In other words, physicians should be central in each EMS agency to ensure the provision of quality, lifesaving patient care.

As Rhode Islanders and physicians, this critical issue affects all of us. Our patients, neighbors, and families deserve the best possible EMS system and the optimal pre-hospital care. EMS physicians, when integrated as a key part of the prehospital team, can have a positive effect on many of the critical aspects of EMS care and help build better EMS services. As the JAMA article cited above shows, the differences between EMS agencies are not trivial. In fact, the numbers suggest it can be the difference between surviving a life threatening event...or not.

References:

Okubo M, Schmicker RH, Wallace DJ, et al. Variation in survival after out-of-hospital cardiac arrest between emergency medical services agencies. *JAMA Cardiol.* 2018;3(10):989-999.

National Association of EMS Physicians. Physician Oversight of Emergency Medical Services. *Prehospital Emergency Care.* 2017; 21(2): 281-282.

Education Committee Update

Jeffrey Feden, M.D., FACEP

Chair, Education Committee

Please join us at the Chapel Grille on Thursday, November 15th for an evening with colleagues from across the state as we discuss “Emergency Preparedness and Disaster Management in Rhode Island.” This two-hour CME event is presented by the Brown Emergency Medicine Divisions of EMS and Disaster Medicine. It will feature a facilitated small group tabletop exercise, moderated panel discussion with local and state officials, and a guest presentation by Dr. Ira Nemeth, immediate past-Chair of ACEP’s Disaster Preparedness and Response Committee. This should be a fun and informative evening. All are welcome. Remember to RSVP to [Marc Bialek](#).

The Education Committee is also actively working on a member presentation forum for the March 2019 membership meeting. Do you have a clinical topic of interest or an area of expertise that you’d like to share with the RI ACEP membership? We will soon be inviting submissions from all members (including residents) for brief, Ignite-style presentations. Stay tuned for more details and an official announcement and call for proposals in early to mid- November!

Please feel free to [contact me](#) with suggestions or feedback for the Education Committee, or if you are interested in joining this committee.

Current List of Education Committee Members

Jeffrey Feden (Chair)
Nick Musisca
Lynn Sweeney
Paul Cohen (resident)
Jessie Werner (resident)
Travis Hase (resident)
John Jardine
Alfonso Cardenas
Neal Madhani
Matt Lombardi (resident)
Tim Bikman (resident)

Social Media

RI ACEP has a twitter account. Please tweet with us.

<https://twitter.com/RIACEPnews>

RIACEPnow

@RIACEPnews

We are also on [Facebook](#) – make sure to Like us!

Events

November 18-19, 2018

[Register](#) for The New England Council for Emergency Medical Services Conference!

The New England Council for Emergency Medical Services



Gurney's Newport Resort and Marina
1 Goat Island, Newport, RI 02840
401-849-2600

Sunday, November 18, 2018

12:00-4:00 Lunch, Castle Hill Inn (Optional. Cost **NOT** included in conference fee. Dress: business casual)
590 Ocean Avenue, Newport, RI <https://www.castlehillinn.com/>

4:00 Hotel Check in

Monday, November 19, 2018

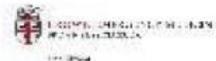
8:00-8:30	Conference registration & light breakfast	
8:30-8:45	Welcome	Kenneth Williams, MD
8:45-9:45	EMS Data:	Jason Rhodes, RI Dept of Health
9:45-10:45	First Net and Community Paramedicine:	Kevin McGinnis
10:45-11:00	Morning Break	
11:00-12:00	EMS Patient Safety:	Abigail Williams
12:00-13:00	Lunch	
13:00-14:00	Naloxone EBG Project :	Kenneth Williams, MD
14:00-15:00	Cardiac Arrest	Nick Asselin, MD
15:00-15:15	Afternoon Break	
15:15-16:15	EMS Fellowship:	Erin Ciummo, MD
16:15-17:15	State-by-State Updates:	State Medical Directors

Registration:

<https://www.regonline.com/builder/site/Default.aspx?EventID=2177909>

Contact:

Kenneth A Williams, MD
kwilliamsmd@gmail.com
Wendy Wesley
wwesley@lifespan.org
401-444-2739



New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

Information Papers:

- [Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database](#)
- [Emergency Ultrasound Standard Reporting Guidelines](#)
- [Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine](#)

Other Resources:

- [Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention](#)
 - Smart Phrases for Discharge Summaries
 - [CT Scans for Minor Head Injuries](#)
 - [MRI for Low Back Pain](#)
 - [Sexually Transmitted Infection](#)
 - [Why Narcotics Were Not Prescribed](#)
-

Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

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.

Anderson TS, Thombly R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**

The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**

The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. [Full text available here.](#)

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA,

Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**

The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. [Full text available here.](#)

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**

This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion (≥ 10 units), but not in those who receive < 10 units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**

The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may

indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.

Interested in Reimbursement for EM?

Apply for the Reimbursement Leadership Development program! Program members will gain a thorough understanding of the EM reimbursement process, be poised to assume reimbursement leadership positions, and obtain a highly valuable skill set that will help them in their professional growth, practice, and path to ACEP leadership. Deadline is Nov. 9. [Apply now](#).



Upcoming CEDR Webinar on November 15

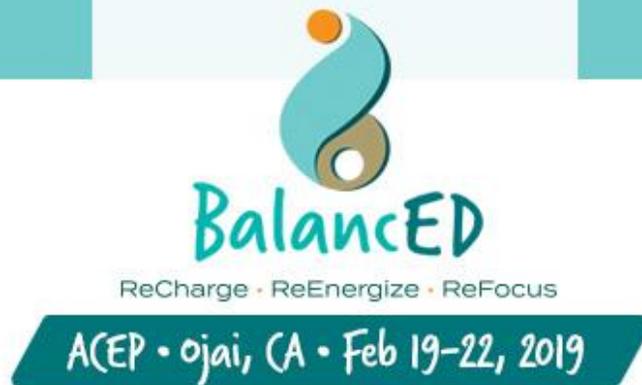
Year 3 Proposed Rule: 2019 Participation in APMs

Speaker: Corey Henderson, Health Insurance Specialist within the Center for Medicare and Medicaid Innovation Center CMS-CMMI | November 15, 2018 1:00 PM CST - [Register Today!](#)

Want to improve your skills managing behavioral or medical emergencies?

Come join the Coalition on Psychiatric Emergencies (CPE) for a pre-conference workshop on Dec. 12th in Las Vegas Nevada. The Coalition is presenting two pre-conferences: **Critical Topics in Behavioral Emergencies for Emergency Physicians** and **Critical Topics in Emergency Medicine for Psychiatrists**. Come improve your

skills and earn CME! The early-bird rate for members is \$149. To view the full schedule and to register, visit the [pre-conference website](#).



Introducing BalancedED

A new, [physicians-only wellness conference](#) where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

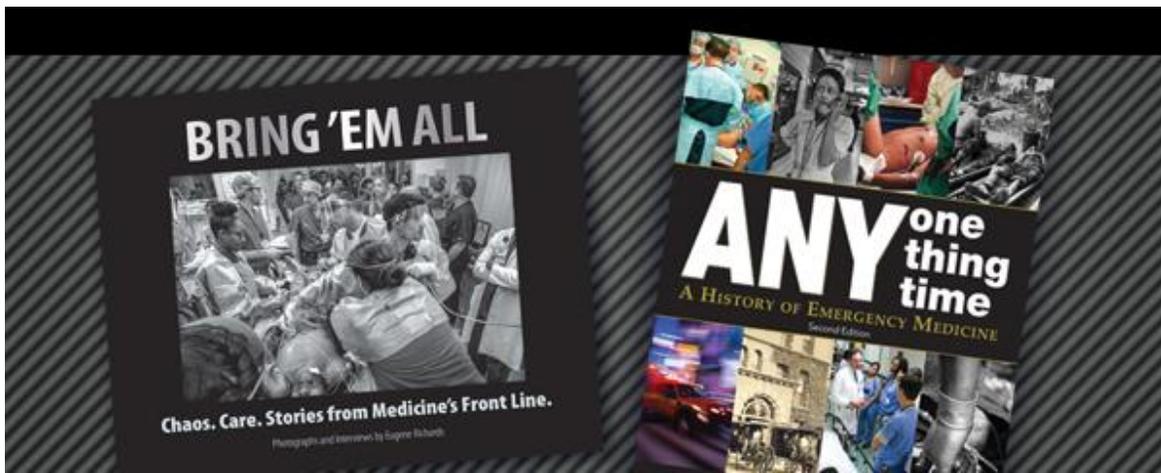
ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website www.emergencycareforyou.org. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- [Cats, Dogs and Dander... Oh, My!](#)
- [Dear Patient: A Letter from Your Emergency Physician](#)
- [Your Summer Guide to Bug Bites & Skin Rashes](#)

- [Heat Stroke and Hot Cars](#)
- [Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety](#)

Contact [Steve Arnoff](#) to learn more about contributing to the ACEP Doc Blog.



ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! [Bring 'em All](#) and [Anyone, Anything, Anytime](#) available at bookstore.acep.org.

Improve the Care Provided to Older Patients

Become an Accredited Geriatric Emergency Department

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.

ACEP.org/GEDA



Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, [guidelines to improve ED care for older adults](#) have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the [Geriatric ED Accreditation Program \(GEDA\)](#) to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed 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.



Providers
Clinical Support
System

With PCSS training, you
can help save lives from
opioid use disorder

By getting MAT trained, you can help
people take their lives back from OUD.

Visit pcssNOW.org

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Free Medication-Assisted Treatment Training

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

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](#). For more information on MAT training, email [Sam Shahid](mailto:Sam.Shahid@pcss.org).



Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated \$100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email [Sam Shahid](#) for more information.



NEMPAC On Track to Reach Record Fundraising Goal

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than \$350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than \$2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the [full-length article](#) published in ACEP Now on October 3.

For more information about NEMPAC, visit [our website](#) or contact [Jeanne Slade](#).

Welcome New Members

Maia Carolyn Dinsmore
Bronwyn L Head, MD
Thomas Joseph Martin

**Rhode Island Chapter ACEP
Rhode Island Medical Society
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