A Newsletter for the Members of the Rhode Island Chapter

Winter 2019

Catherine A. Cummings, MD, FACEP, President

Marc Bialek, Executive Director
401.331.1337 | Website

President's Message
Catherine A. Cummings, MD, FACEP
Rhode Island Chapter, American College of Emergency Physicians

What are you doing that matters?

Even the smallest actions can contribute to a larger goal and if nothing else, encourages people you know to keep going. I believe RI ACEP is the most engaged, effective medical specialty society in Rhode Island. Our members step up, even when it's uncomfortable. Even when it's really hard. What we do matters.

Many of you are aware of the investigations into self-reported provider errors by the Department of Health. Since this started several months ago, RI ACEP has taken a progressively larger role in the advocacy for physicians and advanced practice providers, along with the Rhode Island Medical Society. It took on a whole new level of intensity when a tweet started a Politico article, and the article led to public sunshine on the issue. Thank Gita Pensa and Gary Bubly for taking the time to represent us well and make that

article factual. Behind the scenes, a **formal letter was written**. This letter represents hours and hours of effort by many of you who proofed it, including Dina Himelfarb and Mihir Kamat. It also represents hours of efforts by national ACEP, including Raj Ratwani. The point is, it took the efforts of many people to get us to this point.

Fortunately, the Director of the Department of Health, Nicole Alexander-Scott shares our desire to encourage a culture of safety and keep a strong, respected DOH. She listened to us, reached out to "Just Culture" experts and is changing the approach to investigating errors, including self-reported errors. Equally important, she is interested in finding ways that minimize the chance for errors in the first place and how systems approaches are key. That is what we asked the DOH to do, and it is, with remarkable speed for a governmental agency, what seems to be happening. After all, we share the same goals.

Come to the Members Forum Meeting on March 7 at Dave & Buster's where we can talk more about this and any other issues that matter to you.

After that, get involved by coming to the **RI ACEP Advocacy Day on Capitol Hill on March 13**, organized by the residents who believe in advocacy, and led by Scott Pasichow, MD. The event is for all members: Attendings, Fellows, Residents, Medical Students. This year, Bystander CPR will take the spotlight. Come help shine that spotlight on the problem: help get people aware of the ease of hands-only CPR, support a legislative change so the e911 system to use telecommunicator CPR instructions as their standard procedure. If you've never done advocacy work before, don't worry, we've got you covered. We'll make sure you look good. You'll get a tour of the Capitol. All of this will happen at Advocacy Day on the Hill.

Even small actions matter. Do some quick, simple, easy things that add up. For instance, go to the website, **www.EHRSeeWhatWeMean.org**. Sign the letter to Congress about the disaster the EHRs are and demand we fix them. Write an Op-Ed like Liz Goldberg, or even a tweet like Gita Pensa (that turned into a bullhorn). Look at the list of pending legislation and testify if you want. And when the time comes, and you are asked to call your local legislators, do it. You are helping yourself, your neighbors and your profession.

Read the letter that RIACEP physicians and ACEP collaborated on before sending to the Rhode Island Department of Health.

Advocacy Update Early 2019
Otis Warren, MD

2019 will be a busy year for advocacy. We always see more bills in this non-election year. Here are some examples of what your PAC is doing and what your donations help support:

Our members (Drs. Lauro and Cummings) have been working with the legislature on writing protocols to update and modernize RI's 911 system. This would include training operators on how to give medical and CPR techniques. As it stands now, an operator simply says, "Help is on the way." A bill is making its way through committees as I write this.

Opiates will continue to be a hot button topic at the State House. Several bills (or amendments to current legislation) are already in the works. We generally supported legislation allowing providers to disclose to family members of opiate overdose and other addiction patients. This is in keeping with national HIPPA guidelines. This bill will likely be streamlined through the Senate and House this year.

We have been vocal opponents of legislation that would allow for involuntary holds, and forced treatment for select opiate overdose patients. This was late-introduced legislation last year that was born from distraught family members who could not force their loved ones into treatment, as well as Suboxone providers seeing very few if any referrals from the EDs. There are multiple problems with this legislation. Much of it rests with our ability to hold someone who has capacity to refuse treatment, as well as the repercussions (and exposure to malpractice) if we don't and the person has a fatal overdose. This is not to mention that opiate treatment is mostly outpatient, and there is no evidence that forced treatment works. Oh, and there is no current facility that would accept these patients on involuntary holds. This did not make it out of the Senate hearings, but I expect more this year. Picture me standing 3-pont stance, ready to crash the line if the Senate wants to snap this ball again this year.

Along this line, psychiatric boarding in EDs remains a political pressure point for us. This is a complicated issue but our policymakers are in a position to help address this. A bill introduced last year with our support would have guaranteed psychiatric coverage without insurance pre-authorization. It was defeated in committee, by in large part of the powerful lobbying efforts of the insurers.

Last year, RI's Medicaid Office, introduced a number of cost saving measures to the House budget office. We were strong opponents of a suggested copay for what they deemed to be unnecessary ED visits. This is the classic case of chest pain turning out to be GERD and now the payers don't want to cover it. Needless to say we opposed it, not so much for the copay, but for the precedent this could have on the private insurers who would love to see this play out. This measure did not pass. As of now in RI we operate on a "prudent layperson" standard of a necessary ED visit in determining if the insurers will cover the expense. However, this is a national hot-button issue that is sure to play out. Please see ACEP's position on this: **ACEP vs Anthem**.

As always, contact me if you have any other issues we should address, and please, donate to our PAC at **https://squareup.com/store/RIEMPAC**. Your contributions allow us to sit down with policy makers and tell our side of the story.

RI EMPAC

Rhode Island Emergency Medicine Political Action Committee
405 Promenade Street, Suite A
Providence, RI 02908
(401) 331-3207

Dear Rhode Island Emergency Medicine Colleagues,

I'd like to update you on our PAC's activities as I simultaneously plead for your donations easily made at: **https://squareup.com/store/RIEMPAC**.

As we look forward to the 2019 legislative year it is good to revisit our PAC's motto: **To improve our patient's health by allowing RI Emergency Physicians to excel**. A donation of $150 dollars might represent one hour of your work (pre-tax, but that's another conversation), but can influence what we do for years to come.

As Emergency Medicine physicians, we stand at a pivotal point in our practices and in our patient's health. Our already low rates of reimbursement affects our patients and our livelihood, and is under continuous assault. ***Our state legislators have been focused on the expense of emergency care***, and it is up to us to change this dialogue. We know our patients receive a high level of care that cannot be replaced by primary care clinics,

community health centers or expanded specialist's hours. Your donation will make sure that our legislators understand this as well.

Towards this end, we have created the following agenda.

- **Health Care Payment** - We need a unified voice to represent our interests as reimbursements change. Other special interest groups are well organized and well-funded. Like it or not, ***we are competing against the lobbies from healthcare organizations, hospitals, and nursing homes for our healthcare dollars***. We will continue to remind our legislators, that sound ***malpractice reform is synonymous with payment reform***.
- **Health Insurance** – We are facing a challenging climate from the private insurers where they offer high deductible plans and having us collect the difference. Threats to not cover "unnecessary" ED visits continue to mount.
- **Advocacy of EM Issues** - Your PAC will continue to remind our legislators at the state and city level what we do and the value and importance of our care. We also will remind our legislators that we are committed with them to improving RI's heath care landscape. This includes legislation regarding *opiates, 911 systems, psychiatric boarding, payment models.*Please see the attached update for more details
- **Cooperation with other Medical PACs** - Our collaboration with the RI Medical Society and other specialty PACs gives us increased leverage and political presence when addressing our mutual concerns.

Your donation of $150 or more will ensure your voice and interests are heard. Please contact me if you have any questions or if you have advocacy and policy issues you'd like us to take up.

Sincerely yours,
Otis Warren, MD
Chair, RI EMPAC

Education Committee Update
Jeffrey Feden, M.D., FACEP
Chair, Education Committee

Thanks to all who attended the November 15th annual education event at Chapel Grille! We had an outstanding presentation on emergency preparedness and disaster management in Rhode Island that featured a mini tabletop exercise and a panel discussion with guest speakers from Providence EMA (Clara Decerbo, PhD), Rhode Island EMA (Marc Pappas, MEP), and the RI Center for EMS (Jason Rhodes). The evening concluded with remarks from Dr. Ira Nemeth from UMass, the immediate past-Chair of ACEP's Disaster Preparedness and Response Committee. Many thanks to Dr. Nick Asselin and the entire Brown Emergency Medicine Divisions of EMS and Disaster Medicine for making this a successful evening. I think everyone left with a better knowledge and understanding of disaster management at the state level and a renewed interest in preparedness. We are now looking forward to planning the 2019 fall CME event and welcome any suggestions from the general membership.

Our next educational offering is coming up on March 7th during the membership meeting at Dave & Buster's in Providence. The 2019 RI ACEP Members Forum will include our inaugural IGNITE session. This will be a 30-minute session featuring five short presentations from our own RI ACEP members on the following clinical topics: Off-label Use of High-dose Naloxone in Clonidine Overdose (James O'Neill, DO); Climate Change and Emergency Medicine (Victoria Leytin, MD); Fascia Iliaca Compartment Blocks in the ED (Joseph Pepe, DO); Visual Diagnosis: A Toxic Rainbow (Josh Kaine, MD); Research and Education of Bystander CPR/AED Use and First Aid Skills (Matthew Lombardi, DO). This promises to be an entertaining program so clear your schedule to come out and support your colleagues with a big audience. **Remember to RSVP to Marc Bialek**.

Please feel free to contact me **via email** with any suggestions or feedback for the Education Committee, or if you have interest in joining this committee.

Membership Meeting
March 7, 2019

Recognition of ACEP Fellows & Open Forum for Membership to Discuss Issues of Concerns

Dave & Busters, Providence Mall
Providence, RI

Agenda

March 7, 2019

Reception and Exhibits at 6:00 PM

Dinner and Business Meeting at 6:30 PM

Fellowship Recoognition at 7:00 PM

IGNITE Sessions at 7:30 PM

Featuring:

Off-label Use of High-dose Naloxone in Clonidine Overdose (James O'Neill, DO)

Climate Change and Emergency Medicine (Victoria Leytin, MD)

Fascia Iliaca Compartment Blocks in the ED (Joseph Pepe, DO)

Visual Diagnosis: A Toxic Rainbow (Josh Kaine, MD)

Research and Education of Bystander CPR/AED Use and First Aid Skills (Matthew Lombardi, DO)

Open Membership Discussion at 8:00 PM

Please RSVP and indicate any dietary restrictions to Marc Bialek no later than Monday, March 4, 2019.

View PDF of this invitation to the Open Forum/Membership Meeeting

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RI ACEP ANNUAL MEMBERSHIP MEETING
WEDNESDAY, JUNE 19, 2019

OCEANCLIFF
65 Ridge Road
Newport, RI 02840

Guest Presentation by
Gillian Schmitz, MD, FACEP
ACEP Board of Directors
Associate Professor
Department of Military and Emergency Medicine
Uniformed Services University of the Health Sciences
Vice Chair of Education
University of Texas Health, San Antonio, TX

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, June 7, 2019.

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. Choices are:

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

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

View PDF of the Annual Meeting Meeting Invitation.

RI Emergency Medicine Advocacy Day 2019
Scott H. Pasichow, MD, MPH

On behalf of Kent's Emergency Medicine Residency and Brown's Emergency Medicine Residency we are excited to announce our 2nd annual Emergency Medicine Advocacy Day on the Hill March 13th. This program is open to anyone wanting to understand state level advocacy. We will start at 11am with a lecture on the basics of advocacy at Brown's Emergency Medicine office, 55 Claverick St, 1st Fl Providence, RI 02903. The day will continue with workshops on tips and tricks for advocacy within the state and a review of the topic we will be advocating for later in the day. We will then transition to the State House with a meet and greet with state legislators along with a tour of the state house to learn how an idea leads to be a bill and later a law within the state of Rhode Island. If there are interested in attending, or have any topics or bills of interest to you which you think we should focus on, please email **Scott Pasichow** ahead of time so we can incorporate those into our program. We look forward to seeing everyone there!

See a list of legislation that has a direct effect on emergency physicians in Rhode Island that RIACEP is closely monitoring.

EMRA Update
Scott H. Pasichow, MD, MPH

EMRA is advocating for you! Here is a sample of what we are working on:

- Joining ABEM and CORD on a Task Force on Family Leave

- Joining ACEP on the workforce task force
- Joining ACGME-RC, ABEM, SAEM, CORD, AAEM, and ACEP on the new EM Model of Clinical Practice
- Joining CORD, AAEM-RSA, ACOEP-RSO advocating for a broad definition of scholarly activity
- Joining ACEP, AAEM, ACOEP, SAEM advocating for protection of residency faculty teaching time in the ACGME Common Program Requirements

EMRA's advocacy mission is driven by our representative council. Want to see us work on something? Submit a resolution and ask! CORD Representative Council resolution deadline was February 15th. ACEP Council resolution deadline is TBA. ACEP Council Meeting is October 25-26, 2019. **Click here** for more information.

Have an idea? Need some help or just a sounding board? E-mail **Scott Pasichow**.

Upcoming: EMRA's Board of Directors Retreat was in early February. We approved a new Policy training opportunity which comes with funding to attend CORD, LAC, and ACEP and representing EMRA in ACEP's council. Follow us on twitter (@emresidents) and Instagram (@emresidents), or e-mail Scott Pasichow for more information.

Know a great young leader in Emergency Medicine? EMRA is putting together a list of 45 innovators and leaders in emergency medicine under 45 for our 45th anniversary. Follow us on twitter (@emresidents) and Instagram (@emresidents), or e-mail Scott Pasichow for more information.

Scott H. Pasichow, MD MPH
The Alpert Medical School of Brown University
Emergency Medicine Residency, PGY-4
EMRA Representative to AMA-RFS
AMA Sectional Delegate
(c) 401-218-0090

Welcome New Members

Joseph Park
Evan Stern

NEWS FROM ACEP

Bedside Tools

ACEP has a number of web-based tools for you to use at the bedside. From sepsis, to acute pain to agitation in the elderly – we've got you covered!

- **ADEPT** - Confusion and Agitation in the Elderly ED Patient
- **ICAR2E** - A tool for managing suicidal patients in the ED
- **DART** - A tool to guide the early recognition and treatment of sepsis and septic shock
- **MAP** - Managing Acute Pain in the ED
- **BEAM** - Bariatric Examination, Assessment, and Management in the Emergency Department. For the patient with potential complications after bariatric surgery

Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline

The new ACEP policy statement, Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline, was approved by the Board in September 2018 and has been endorsed by several other organizations. **Read the final version of the policy here**.

Social Media Policy

Make sure you're protecting yourself. ACEP has a new social media policy to help keep you and your patients safe. **Read the policy here**.

New Policy Statements, PREP and Information Paper

During their January 2019 meeting, the ACEP Board of Directors approved the following new or revised policy statements/PREP/information paper:

New Policy Statements:
Autonomous Self-Driving Vehicles
Reporting of Vaccine Related Adverse Events

Revised Policy Statements:
Advertising and Publicity of Emergency Medical Care
Economic Credentialing
Emergency Physician Stewardship of Finite Resources
Medical Services Coding
Patient Information Systems
Providing Telephone Advice from the ED

Revised Policy Resource and Education Paper (PREP)
Military Emergency Medical Services

New Information Paper:
Suicide Contagion in Adolescents: The Role of the Emergency Department

Articles of Interest in *Annals of Emergency Medicine* - Winter 2019

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.

Shih HM, Chen YC, Chen CY, Huang FW, Chang SS, Yu SH, Wu SY, Chen WK. **Derivation and Validation of SWAP Score for Very Early Prediction of Neurological Outcome in Patients with Out-of-Hospital Cardiac Arrest.** The aim of this study was to establish a simple and useful assessment tool for rapidly estimating the prognosis of patients with out-of-hospital cardiac arrest (OHCA) after their arrival at an emergency department (ED). A total of 852 patients admitted from January 1, 2015 to June 30, 2017 were prospectively registered and enrolled into the derivation cohort. Multivariate logistic regression on this cohort identified four independent factors associated with unfavorable outcomes: initial nonshockable rhythm, no witness of collapse, age >60 years, and pH ≤7.00. The shockable rhythm–witness–age–pH (SWAP) score was developed and one point was assigned to each predictor. For a SWAP score of 4, the specificity was 97.14% for unfavorable outcomes in the derivation cohort. The study concluded that the SWAP score is a simple and useful predictive model that may provide information for the very early estimation of prognosis for patients with OHCA.

Chinn E, Friedman BW, Naeem F, Irizarry E, Afrifa F, Zias E, Jones MP, Pearlman S, Chertoff A, Wollowitz A, Gallagher EJ. **Randomized Trial of Intravenous Lidocaine versus Hydromorphone for Acute Abdominal Pain in the Emergency Department.** This randomized, double blind clinical trial compared the efficacy and safety of intravenous lidocaine to that of hydromorphone for the treatment of acute abdominal pain in two emergency department (ED) in the Bronx, NY. Adults weighing 60-120 kg were randomized to receive 120 mg of IV lidocaine or 1 mg of IV hydromorphone. 30 minutes after administration of the first dose of study drug, participants were asked if they needed a second dose of the investigational medication to which they were randomized. The primary outcome was improvement in 0-10 pain scores between baseline and 90 minutes. Out of the 154 patients enrolled, 77 received lidocaine and 77 received hydromorphone and by 90 minutes, patients randomized to lidocaine improved by a mean of 3.8 points on the 0-10 scale, while those randomized to hydromorphone improved by a mean of 5.0 points. The study concluded that IV hydromorphone was superior to IV lidocaine, both for general abdominal pain and a subset with nephrolithiasis.

Ballard DW, Kuppermann N, Vinson DR, Tham E, Hoffman JM, Swietlik M, Davies SJD, Alessandrini EA, Tzimenatos L, Bajaj L, Mark DG, Offerman SR, Uli K. Chettipally UK, Paterno MD, Schaeffer MH, Richards R, Casper TC, Goldberg HS, Grundmeier RW and Dayan PS, for the Pediatric Emergency Care Applied Research Network (PECARN), Clinical Research on Emergency Services and Treatment (CREST) Network, and Partners HealthCare.**Implementation of a Clinical Decision Support System for**

Children with Minor Blunt Head Trauma at Non-negligible Risk for Traumatic Brain Injuries.
This study utilized a secondary analysis of a non-randomized clinical trial with concurrent controls conducted at 5 pediatric and 8 general EDs between 11/2011 and 6/2014, enrolling patients <18 years-old with minor blunt head trauma. After a baseline period, intervention sites received electronic clinical decision support (CDS) providing patient-level ciTBI risk estimates and management recommendations. The following primary outcomes in patients with 1 intermediate PECARN risk factor were compared pre- and post-CDS: (1) ED computed tomography (CT) proportion adjusting for age, time trend, and site and (2) prevalence of ciTBI. The results showed that providing specific risks of ciTBI via electronic CDS was associated with a modest and safe decrease in ED CT use in children at non-negligible risk of ciTBI. **Full text available here**.

Akhlaghi N, Payandemehr P, Yaseri M, Akhlaghi AA Abdolrazaghnejad A. **Premedication with Midazolam or Haloperidol to Prevent Recovery Agitation in Adults Undergoing Procedural Sedation with Ketamine: A Randomized Double-Blind Clinical Trial**
This study evaluated the effect of midazolam and haloperidol premedication for reducing ketamine-induced recovery agitation in adult patients undergoing procedural sedation. They randomized emergency department patients older than 18 years who needed procedural sedation to receive one of the following three interventions in double-blind fashion 5 minutes prior to receiving ketamine 1 mg/kg IV: distilled water IV, midazolam 0.05 mg/kg IV, or haloperidol 5 mg IV. The main study outcomes were recovery agitation as assessed by the maximum observed Pittsburgh Agitation Scale (PAS), and by the Richmond Agitation-Sedation Scale (RASS) at 5, 15, and 30 minutes after ketamine administration. For the 185 patients undergoing adult procedural sedation, premedication with either midazolam 0.05 mg/kg or haloperidol 5 mg IV was shown to significantly reduce ketamine-induced recovery agitation while simultaneously delaying recovery. **Full text available here**.

Remick K, Gausche-Hill M, Joseph MM, Brown K, Snow SK, Wright JL, AAP Committee on Pediatric Emergency Medicine and Section on Surgery, ACEP Pediatric Emergency Medicine Committee, ENA Pediatric Committee. **Pediatric Readiness in the Emergency Department**
The American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) published updated joint guidelines, “Pediatric Readiness in the Emergency Department,” that recommend ways health care providers can make sure every injured or critically ill child receives the best care possible. The joint policy statement, published in the November 2018,

represents a revision of the 2009 policy statement and highlights recent advances in pediatric emergency care that may be incorporated into all emergency departments that care for children. The statement emphasizes the importance of evidence-based guidelines and includes additional recommendations for quality improvement plans focusing on children and disaster preparedness. **Link to *Annals* publication**.

See Your Impact

You serve your community. ACEP is honored to serve you. Since 1968, ACEP has united and amplified the collective voice of emergency physicians across the world. We know you face challenges, and it's our mission to protect your interests and make it easier for you to provide the highest quality care for your patients. As an ACEP member, you are a direct contributor to important initiatives that propel the profession forward. Our **2018 Annual Report** illustrates how your support makes an incredible impact on emergency medicine.

Are you interested in increasing and improving research in emergency medicine?

Emergency Medicine Basic Research Skills (EMBRS) is a 9-day, 2-session program where participants learn how to identify clinical research opportunities and become familiar with clinical research and outcomes. Participants are also eligible to receive an EMF/EMBRS grant based on their research grant application. This course targets: Junior faculty with limited research experience; Physicians in academic and community centers who are interested in research basics; Physicians who have as part of their duties involvement in research, including mentoring young researchers; Fellows in non-research fellowships.

Click here to learn more and to put your name on the interest list. The next course will take place Dec. 2-7th, 2019 (session 1) and April 14-16, 2020 (session 2).

MOC Made Easy

The **New ACEP MOC Center** is the "easy button" for MOC! It's a One-Stop-Shop to keep it all together and on track for all things MOC. See what you have to do to stay certified AND what resources ACEP has to help you do it.

ABEM has made (at least) three big changes in the way they present MOC information to diplomates – 1) they launched a new website, 2) they changed the names and order of the MOC components, and 3) they changed the language they use to describe them (no more "Part" anything). ABEM also announced an alternative to the ConCert Exam, which they'll pilot in 2020 and launch in 2021.

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE FEBRUARY 2019

American Board of Emergency Medicine

Letter Available to Request Becoming ED Designated Trainer for Lab Procedures

ABEM can provide a letter of support to ABEM-certified physicians to request that their hospital laboratory director apply for a waiver for ED point-of-care (POC) testing. If the waiver is granted, a designated trainer, who may be an emergency physician, can provide annual competency testing to other ED personnel for POC testing procedures, such as hemoccult or urine pregnancy testing, etc. Waivers to allow POC testing by ED personnel help reduce the burden that emergency physicians face by having to undergo annual training by a laboratory representative as well as expedite patient throughput.

The letter and additional information about the waiver are available from physicians' Personal Page on the ABEM portal. To download the letter:

- Sign in to the **ABEM portal**
- On the left navigation, click "Print Verification of ABEM Status"
- Under letter type, click "POCT"
- Click "Continue to Next Step"

The letter is available to physicians participating in the ABEM MOC Program.

This is the most recent letter resulting from the continuing efforts of the Coalition to Oppose Medical Merit Badges (COMMB) and is signed by each representative of the Coalition. The rationale for the letter is that physicians participating in MOC have the knowledge, skills, and abilities to provide such training. Also available is a general letter stating that ABEM certification supersedes the need to complete "merit badge" requirements. That letter explains that ABEM's MOC Program is a rigorous form of continuous professional development that contains content critical to the practice of Emergency Medicine, including procedural sedation, cardiovascular care, airway management, trauma care, stroke management, and pediatric acute care.

Certification, therefore, supersedes the need for certifications sometimes required for medical staff privileges or disease-specific care center designations.

ConCert Fast Facts

- The ConCert Exam is available twice per year—in the spring and the fall
- You can register and take the ConCert Exam during any examination administration in the last five years of your certification
- You do not have to complete all other MOC requirements to register early for the ConCert Exam
- Completing your MOC requirements early does **NOT** reset your certification expiration date (it will be good for the entire ten-year period)
- If you complete your requirements early, your new certificate will be sent toward the end of the final year of your current certification
- 60 *AMA PRA Category 1™ Credits* are available at no charge for passing the ConCert Exam and completing all other MOC requirements (go to **www.abem.org**, and click on “Stay Certified,” and “CME Credit Available for ABEM Activities” for more information)

If you have any questions about the ConCert Exam or other MOC requirements, please contact ABEM at 517.332.4800, ext. 383, or **moc@abem.org**.

Rhode Island Chapter ACEP
Rhode Island Medical Society
405 Promenade St, Suite A
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