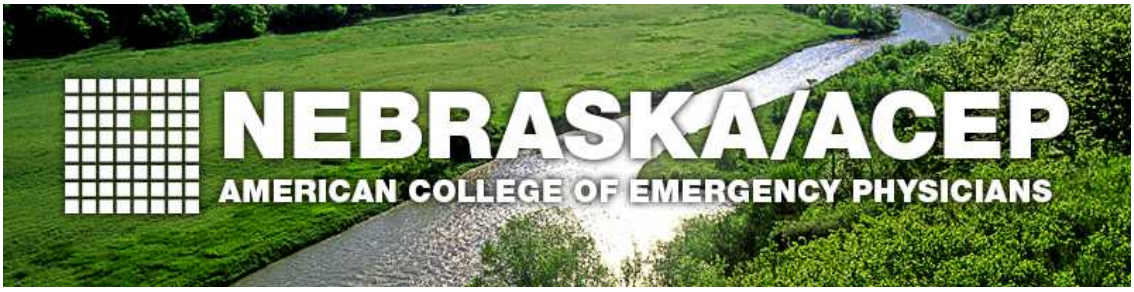
A Newsletter for the Members of the Nebraska Chapter



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President's Letter
Renee Engler, MD, FACEP

Dear Nebraska ACEP Members,

The Senate and House of Representatives passed the final version of a comprehensive Opioids package (H.R. 6) clearing the way for President Trump's signature into law. Two ED-specific provisions are included in H.R. 6 that would authorize grants to expand the Alternative to Opioids (ALTO) program and the ED-initiated Medication Assisted Treatment program that develops best practices for providing a "warm handoff" of opioid use disorder patients to appropriate community resources and providers to keep them engaged in addiction treatment.

Also, the ACEP Council meeting was held September 29-30 in San Diego prior to *ACEP18*. There were 51 Commendations, Memorials, and Resolutions discussed. Resolutions of pertinence to our Chapter are summarized below.

Resolution 19 Reduction of Scholarly Activity Requirements by the ACGME

- Resolved, That ACEP reaffirms its position on the importance of scholarship as well as protected clinical hours for our core faculty to teach our residents and will advocate with the Accreditation Council for Graduate Medical Education to preserve core faculty teaching and academic time, including support of scientifically rigorous research and education.

Resolution 20 Verification of Training

- Resolved, That ACEP work with stakeholders to develop a standardized and streamlined application process for hospital credentialing.

Resolution 21 Adequate Resources for "Safe Discharge" Requirements

- Resolved, That ACEP oppose any local, state, and federal mandates on "safe discharge" requirements. Discharge from the ED is a clinical decision determined by the EM physician.

Resolution 24 ED Copayments for Medicaid Beneficiaries

- Resolved, That ACEP oppose imposition of copays for Medicaid beneficiaries seeking care in the ED.

Resolution 25 Funding for Medication Assisted Treatment Programs

- Resolved, That ACEP pursues legislation for federal and state appropriation funding and/or grants for purposes of initiating and sustaining medication assisted treatment programs in the ED with funding for start-up, training, and community resources for appropriate follow-up.

Resolution 26 Funding of Substance Use Intervention and Treatment Programs

- Resolved, That ACEP advocate for federal and state grants for use in fully funding substance abuse intervention programs that are accessible seven days a week and 24 hours a day and will be initiated in the emergency department. These intervention programs will be fully accessible and utilizable by patients regardless of insurance status or ability to pay.

Resolution 28 Inclusion of Methadone in State Drug and Prescription Databases

- Resolved, That ACEP advocates for the inclusion of Methadone in state and federal prescription databases.

Resolution 29 Insurance Collection of Patient Financial Responsibility

- Resolved, That ACEP advocates for a federal law requiring healthcare insurance companies to pay the professional fee directly to the clinician and subsequently the insurance company may collect whatever remaining patient responsibility is required according to the specific healthcare plan directly from the patient.

Resolution 30 Naloxone Layperson Training

- Resolved, That ACEP support state chapters in advocating for state legislation to recommend naloxone training in schools.

Resolution 31 Payment for Opioid Sparing Pain Treatment Alternatives

- Resolved, That ACEP advocate for insurance coverage of opioid sparing therapies without requiring preauthorization or outright denial of these prescribed therapies.

Resolution 32 POLST Forms

- Resolved, That ACEP advocate and assist chapters for broad recognition of POLST, including the use of nationally-recognized, standardized POLST forms.

Resolution 39 Care of the Boarded Behavioral Health Patient

- Resolved, That ACEP develop a psychiatric boarding toolkit to help address patient handoff, AOL of the boarded patient, initiation of mental health treatment while boarding, and development of ED psychiatric observational medicine.

Resolution 41 Emergency Department and Emergency Physician Role in the Completion of Death Certificates

- Resolved, That ACEP develop a toolkit to address the emergency physician's role and responsibility for the completion of death certificates for patients who have died in the emergency department under their care.

Resolution 47 Supporting Medication for Opioid Use Disorder

- Resolved, That ACEP develop guidelines on the initiation of medication for opioid use disorder for appropriate emergency department patients.

The 2019 **Leadership and Advocacy Conference** will be held on May 5-7 at the Grand Hyatt, Washington DC. It is a great way to advocate for our patients and specialty regarding crucial topics in EM. Please let **me** know if you are interested in going.

NEWS FROM ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

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, Thombley 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.

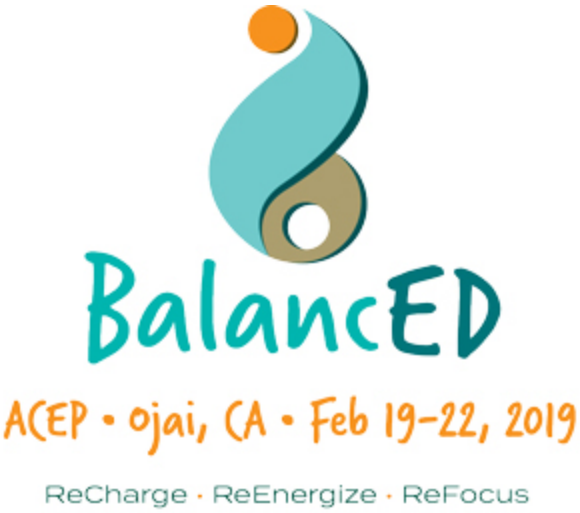
Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to "Medically Clear" Psychiatric Emergencies in the field, 2011-2016**
The purpose of this retrospective review was to describe overall 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.



Introducing BalancED

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!

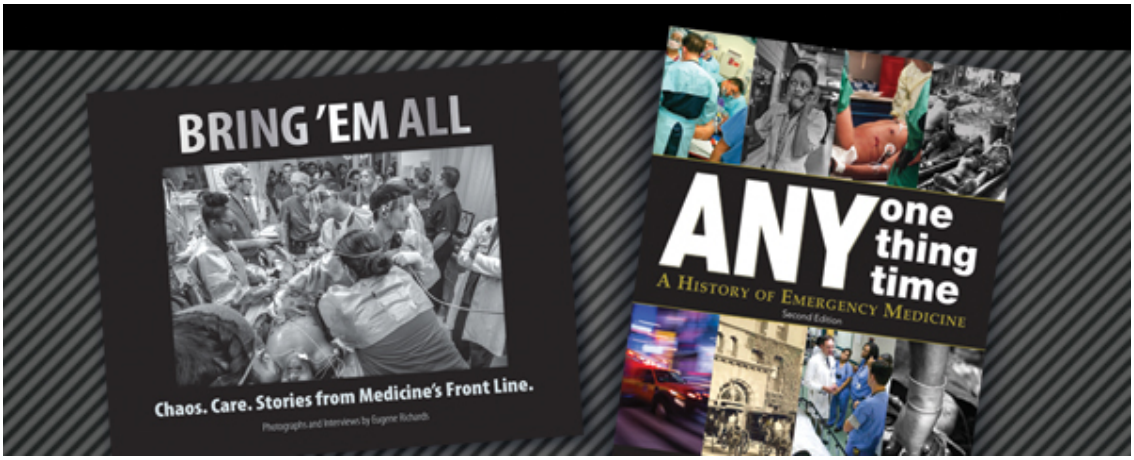
Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website www.emergencycareforyou.org. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health 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.

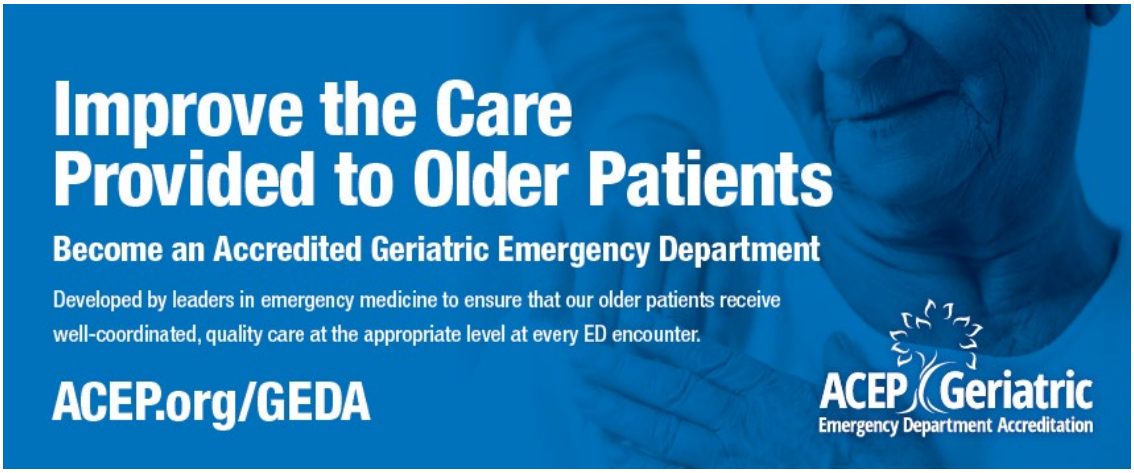
Want to improve your skills managing behavioral or medical emergencies?

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**.



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**.



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.

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**.

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
National Emergency Medicine PAC

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

Benjamin Robert Biewen - Medical Student
Kathryn Alice Wellman - Medical Student

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