

A Newsletter for the Members of the Iowa Chapter

Spring 2018



Ryan Dowden, MD, FACEP, President

[Margo Grimm, RN](#), Executive Director

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President's Column

Ryan Dowden, MD, FACEP

I hope that this newsletter finds you happy and enjoying the delayed spring weather looking forward to a great summer. The annual meeting of Iowa ACEP will be at Cedar Ridge Winery and Distillery on June 28th. Once again, each of you are invited to attend and bring along an eligible coworker who isn't a member. We would love to show them the benefits of ACEP membership.

There are so many benefits of membership, but the one that I like the best is the ability to network with and learn from other members. Attending Scientific Assembly, Leadership and Advocacy, and Directors Academy meetings over the years has helped me foster so many valuable, lasting friendships and professional connections with other incredible Emergency Physicians from all over the country.

A perfect example of a dynamic, incredibly talented Emergency Physician is Dr. Aisha Liferidge. Dr. Liferidge is an Assistant Professor and Director of the Emergency Medicine Health Policy Fellowship at George Washington University School of Medicine and Health. She is serving in her first term on the ACEP Board of Directors and we are incredibly fortunate to have her come and spend the evening with us at our annual meeting. She will be speaking with Chapter members and delivering a talk at the meeting. Having heard several of her talks in the past, I can guarantee the opportunity to hear her at the meeting alone should be motivation to attend. I guarantee you will not be disappointed.

While we're talking about important dates: Please don't miss out as ACEP celebrates 50 years of Emergency Medicine at ACEP 18 at the San Diego Convention Center October 1-4. And, remember to encourage those coworkers who aren't members to join ACEP and take advantage of the discounted member rates for conference registration. In addition to all the amazing courses, procedure labs, exhibits and social events, there will be extra attention paid this year to the 50-year anniversary of EM. These include a museum dedicated to the history of EM and access to purchase your copy of *Bring 'Em All: Stories from Medicine's Front Line*. Six ACEP members will be recognized for membership in ACEP for the entire 50 years. What an achievement! EMF and NEMPAC donors will be able to enjoy spectacular private parties onboard the USS Midway. I can promise you, the parties alone are worth the donation. I hope to see you all in San Diego!

Iowa ACEP continues to advocate for aggressive policy change that is meaningful for patients and physicians. Dr. Chris Buresh recently drafted a letter which was sent to the Iowa Emergency Medicine Services Advisory Council (EMSAC) urging them to change statewide policy which prohibits paramedics from administering IM naloxone. We support electronic information exchanges and meaningful use of the prescription monitoring program. We are excited that at least five (5) Iowa Emergency Physicians will be attending the 2018 Leadership and Advocacy conference in May where we will once again be able to sit face to face with our elected officials to discuss things like opiates and mental healthcare.

Last, but certainly not least, I would personally like to thank Margo Grimm and Julie

Koch-Hoth for their years of service to Iowa ACEP and to Emergency Physicians and the ED patients of Iowa. The benefits that their efforts in running our chapter for the last 25+ years will never be directly realized by most, but we know they are there and immeasurable. Congrats on retirement Margo and Julie. You've worked diligently and will be missed. Thank you from all of us!

Ryan

Iowa ACEP Annual Meeting – Thursday, June 28, 2018

All Iowa ACEP members are invited to the Iowa ACEP Annual Meeting on Thursday, June 28, 2018, at Cedar Ridge Winery & Distillery, Swisher, Iowa. Cedar Ridge is located off I-380 at Exit 10 – just follow the signs. Our evening will begin at 5:30 with appetizers, your beverage of choice and opportunity to meet with your ACEP colleagues. A dinner will be served, followed by our speaker and business meeting.

Aisha Liferidge, MD, FACEP, ACEP Board member from Washington DC will be our featured speaker, addressing “Advocacy” and an ACEP update. Dr. Liferidge is current assistant professor, department of emergency medicine and director, emergency medicine health policy fellowship, George Washington University School of Medicine and Health Sciences, Washington DC, and assistant professor, department of health policy, Milken Institute of Public Health, George Washington University. She earned her medical degree from University of North Carolina School of Medicine, Chapel Hill, in 2003, and completed internship and residency in emergency medicine at University of Maryland Medical System, department of emergency medicine, Baltimore.

The annual business meeting includes reports of the activities from the past year, a vote on the dues increase, and election of officers. The following positions on the Iowa ACEP Board of Directors will be elected: President-Elect, Secretary, Treasurer, Director-at-Large, and Elected Councillor. Please contact the Chapter Office if you are interested in serving on the Board of Directors.

For planning purposes, please RSVP your attendance to the Iowa ACEP office at ia.chapter@acep.org. Guests are welcome, especially emergency physicians who are not current ACEP members.

Iowa ACEP Submits Recommendation to EMSAC on Naloxone Administration

The Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Emergency Medical Services Advisory Council (EMSAC), recently appointed Iowa ACEP member Dr. Chris Hill to fill the open position on EMSAC previously held by Dr. Josh Stilley.

At Dr. Hill's first EMSAC meeting on April 9, he presented the following proposal from Iowa ACEP, authored by Drs. Chris Buresh and Nick Kluesner.

"The Board of Directors of the Iowa Chapter of the American College of Emergency Physicians (Iowa ACEP), representing Iowa emergency physicians, present the following information and recommendation to EMSAC:

We note that the number of opioid related overdoses in Iowa is rising sharply and that naloxone is a safe and effective opioid antagonist that has been used for more than 40 years to reverse life-threatening overdoses when administered in appropriate situations. Given that naloxone can be safely and effectively administered via the intranasal, intramuscular, and intravenous routes in an emergency and that thousands of lay people have been trained and have successfully reversed opioid overdoses using these techniques, we encourage the dissemination of naloxone to law enforcement, first responders, paramedics, and the lay general public as advised by the Surgeon General of the United States of America April 5, 2018 (Adams, 2018).

While acknowledging that intramuscular injection carries certain risks, namely bleeding, abscess, cellulitis, tissue necrosis, granuloma formation, muscle fibrosis, contractures, hematoma and injury to blood vessels, bones and peripheral nerves (1), we believe that these complications are infrequent and that these risks are far outweighed by the risk of death in the setting of a narcotics overdose. With on-scene reversal of life-threatening opioid toxicity there may be concern about subsequent refusal of transportation to ED or following through with further medical treatment before rebound sedation occurs. This too has not been of sufficient concern in studies to limit the distribution of this life-saving intervention (Wamper, 2011).

Iowa ACEP members support the use of both the intranasal and intramuscular use,

whether by autoinjector or traditional needle-and-syringe, by any and all persons that are in a position to assist with a life-threatening overdose. To facilitate this, and in keeping with published best practices (Faul M, 2015), Iowa ACEP calls upon the Iowa Department of Public Health and the Bureau of EMS to provide an exception to the EMT and first responder scope of practice to allow the intramuscular injection of this life-saving drug.”

Update from the University of Iowa Emergency Medicine Interest Group - Chance Sullivan – UI EMIG Representative to Iowa ACEP Board

It has been a busy spring semester for the University of Iowa Emergency Medicine Interest Group (EMIG)! We have finalized our BLS training program and will now be training all incoming Iowa medical students in these important skills before clinical rotations. In addition, we are planning on reaching out to local junior and senior high schools to assist with CPR and Stop-The-Bleed training programs. Thank you to the Society for Academic Emergency Medicine (SAEM) for providing the grant to purchase the equipment and training for this now fully self-sustaining program!

Additionally, we held our annual Match Panel this month, which allowed EMIG members to learn about the path to residency from the M4's who just matched into EM. Congratulations to the following Hawkeyes and good luck with your future EM career:

Egbers, Bradley - University of Texas Medical School, Houston, TX
Evans, Daniel - Indiana University School of Medicine, Indianapolis, IN
Evans, Erin - University of Iowa Hospitals and Clinics, Iowa City, IA
Frishman, Anna - Rutgers New Jersey Medical School, Newark, NJ
Haustein, Marcus - St. John Hospital and Medical Center, Detroit, MI
Kim, Allison - University of Iowa Hospitals and Clinics, Iowa City, IA
Kruse, Adam - University of California Davis Medical Center, Sacramento, CA
Lacy, Aaron - Vanderbilt University Medical Center, Nashville, TN
McDowell, William - Rush University Medical Center, Chicago, IL
Miller, Nathaniel - University of North Carolina Hospitals, Chapel Hill, NC
Rasmussen, Zachary - Case Western University Hospitals, Cleveland, OH
Wubben, Brandon - University of Iowa Hospitals and Clinics, Iowa City, IA

As always, we would like to thank the Iowa ACEP Chapter for their continued support of our group, and we look forward to another exciting year!

Des Moines University of Osteopathic Medicine – Matches in Emergency Medicine

Iowa ACEP congratulates the thirty-one (31) graduating Osteopathic Medical Students from Des Moines University who matched in Emergency Medicine to the following residency programs:

Case Western / Metro/Health Medical Center, Cleveland OH
Darnall Army Medical Center, Ft Hood TX
Franciscan Health Olympia Fields, Olympia Fields, IL
Grand Strand Regional Medical Center, Myrtle Beach, SC
Henry Ford Allegiance Health, Jackson, MI
Henry Ford Macomb Hospital, Clinton Township, MI
Henry Ford Wyandotte Hospital, Wyandote, MI (2)
Hofstra Northwell SOM – Staten Island University, Staten Island, NY
INTRGRIS Southwest Medical Center, Oklahoma City, OK
Kent Hospital, Warwick, RI (2)
Madigan Army Medical Center, Tacoma WA
McLaren Oakland – Macomb, Mount Clements, MI
Medical College of Wisconsin Affiliated Hospitals, Milwaukee, WI (2)
SIU SOM and Affiliated Hospital, Springfield, IL
St Barnabas Hospital, Bronx, NY
St John Macomb – Oakland Hospital, Warren MI
St Vincent Mercy Medical Center, Toledo, OH (3)
U Illinois COM, Chicago, IL
University at Buffalo SOM, Buffalo NY (3)
University of Missouri – KC Programs, Kansas City, MO
University of Nevada Las Vegas SOM, Las Vegas NV
University of Texas HSC, San Antonio, TX
UPMC Hamot Medical Center, Erie, PA
Western Michigan University Stryker SOM, Kalamazoo, MI

Iowa ACEP Proposed Dues Increase

Each year at the beginning of Iowa ACEP's July 1 fiscal year, the Iowa ACEP Board establishes a budget for the year. The annual budget expenses have historically been in the \$20K - \$25K range. The vast majority of Iowa ACEP revenue comes from member dues. To be fiscally responsible, the Board maintains a reserve of one year's worth of operating expense, or approximately \$20,000. As operating expenses have increased, the reserves have decreased. The Board also anticipates increased expenses for lobbying efforts, chapter management services, and representation at ACEP Council meetings and the Legislative and Advocacy Conference. In order to meet these expenses and maintain the reserve fund, additional revenue is needed.

The Board reviewed the current dues structure of \$150 per member, which has been in place for the last twenty (20) years. Medical student member dues go entirely to EMRA and are not contributed to the Chapter. As a benefit, Life members no longer pay dues. (we currently have 15 Life members) After much discussion, the Board voted to increase the Iowa ACEP dues to \$225.00, pending approval by the membership.

According to the Iowa ACEP Bylaws, members must be notified 60 days prior to voting on the dues increase. This notification was provided in the January / February 2018 newsletter. Iowa ACEP membership will vote on the dues increase at the Iowa ACEP annual meeting on June 28. Please plan to attend this meeting.

Changes in Iowa ACEP Chapter Management Services

After 26 years as Executive Director of Iowa ACEP, this is the last newsletter that I will be editing. Julie Koch-Hoth, my cohort for the last 20 years, retired last July. I gave the Iowa Board notice at that time that I would retire July 2018. After considering several options for the management of Iowa ACEP, the Board has placed these services with ACEP Chapter Management Services. Several other small to medium size chapters use this ACEP service. Adriana Alvarez will be the primary person providing these services. She has been providing Chapter Management Services at ACEP for the past 6 years. Dr Dowden will sign the Chapter Services Shared Agreement that outlines the services provided.

ACEP has honored our request to have Adriana attend our annual meeting on June 28,

at no cost to Iowa ACEP. This will allow Adriana to have some face-to-face time with our Board and give those attending the annual meeting the chance to associate a face with a name.

I have had the privilege of working with so many dedicated Iowa ACEP members over these 26 years. I clearly remember the meeting in Des Moines when Drs. Schultheis and Berkley's assistant Barb handed me two boxes full of Iowa ACEP papers and other "stuff". Despite the move to the computerized world, I have many more full boxes of Iowa ACEP history.

One of my personal highlights was Iowa ACEP's involvement in starting an emergency medicine residency program in Iowa. Iowa ACEP completed a workforce study of all Iowa hospitals concerning their emergency medicine coverage. Iowa ACEP brought Rick Blum, MD, FACEP, a past president of ACEP from West Virginia, to meet with representative from U of I, DMU, various hospitals, and emergency physicians on ways to develop an emergency medicine residency in a "rural state". The workforce study and the information gleaned from Dr. Blum was used in the application to begin an emergency medicine residency in Iowa. The emergency medicine residency program at U of I has had a tremendous positive impact on the delivery of emergency medicine care in Iowa.

The Iowa ACEP membership grew as more residency trained EM physicians practiced in Iowa. This resulted in more Iowa ACEP representation at ACEP Council meetings and involvement in various ACEP committees. Chapter Executive Directors were invited to also serve on ACEP committees. Julie and I served on the ACEP Reimbursement committee and the Coding and Nomenclature committee. We also attended ACEP Council meeting and the Legislative and Advocacy conference. Thank you for those wonderful opportunities. It was a very special time in Iowa ACEP history when our own Dr. Hans House was elected and re-elected to the ACEP Board of Directors.

A sincere thank you to the Iowa ACEP Board members that I have served alongside. It has been a privilege and an honor to be entrusted with this organization. If you need some bit of history about Iowa ACEP, please call me at 319-240-2600 or email, mgrimmiowa@gmail.com.

And to all the emergency physicians in Iowa – you all do excellent work in meeting the emergency care needs of your patients and their families. I hope I never have to look up at you from a prone position in your ED, but I know I'll be in capable hands.

Blessing to you all
Margo Grimm

Iowa Trauma Conference

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

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

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

- Advanced Trauma Life Support (ATLS) re-certification
- ATLS 10th Edition Update for Instructors
- Pediatric Care After Resuscitation (PCAR)
- Tactical Emergency Casualty Care (TECC)
- Certified Emergency Nursing (CEN)
- Trauma Certified Register Nurse (TCRN)
- Trauma Nursing Core Course (TNCC) Instructor Training
- Stop the Bleed Train the Trainer
- Sexual Assault Nurse Examiner (SANE) Training
- Trauma Data Registry Training
- Disaster Management and Emergency Preparedness (DMEP)
- Pediatric Skills Training

The conference and pre-conference education will occur at a venue in the Des Moines metro area. A block of rooms will be reserved at the venue. More information will follow soon as conference details are solidified. Continuing education will be sought for all the medical disciplines.

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

Diane Williams

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Iowa ACEP History

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

The Charter was signed by the ACEP Board of Directors, which included many early founders of ACEP. Those signing the Charter were: William Haeck, MD, President, Ronald Krome, MD, Vice President, Karl Mangold, MD, Secretary-Treasurer, R. R. Hannas, MD, Past President, D. Denton Davis, MD, James George, MD, Harris Graves, MD, A. L. Jenkins, MD, James Mills, MD, George Podgorny, MD, Bill Smiley, MD, David Westmark, MD and John Wiegenstein, MD.

Iowa ACEP Endorses "PreManage ED"

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

synchronizing care in real time led to further evaluation by Iowa ACEP.

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

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

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

Iowa ACEP Membership Report

As of April 30, 2018, Iowa ACEP has 250 members, which includes active and LIFE physician members and medical student members from the University of Iowa Carver College of Medicine and Des Moines University. All medical student memberships are automatically purged on September 30 each year but can be renewed at any time.

Based on our membership number on December 31, 2017, Iowa ACEP is eligible for three (3) Councillors at the 2018 ACEP Council Meeting in San Diego.

Please encourage any eligible physicians in your group to join ACEP.

Iowa ACEP Mission Statement

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

IOWA CHAPTER ACEP, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

BOARD OF DIRECTORS 2017-2018

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EXECUTIVE DIRECTOR - Margo Grimm, RN

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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!



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!

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 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.

Iowa Chapter ACEP

P. O. Box 1408, Waterloo, IA 50704

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