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President's Letter

Kathryn K. Dierks, DO, FACEP

Welcome

Happy summer to all! I hope this letter finds you doing well, keeping cool in the air conditioning, and enjoying time off with family and friends. I have been enjoying eating the delicious vegetables from my garden and watching the butterflies fly around my flower garden. There is nothing more special than summers in Iowa! Although I am not originally from Iowa, I consider myself Iowan at heart. There are so many things that I love dearly about this state. But perhaps what I love most is the practice of emergency medicine in Iowa and my community of emergency physicians. We are a strong group of physicians fighting to provide quality care for our patients.

I am extremely excited to start my term as President of the Iowa chapter of ACEP. Sincerely thanks to Dr. Ryan Dowden, Immediate Past-President, who did an outstanding job leading our group for the past two years. Dr. Dowden has always been a role model to me since I first worked with him, when I was a medical student. I hope that I can provide our group with the same level of leadership that he has provided us during the past two years.

Recap-Chapter Annual Meeting

Iowa ACEP hosted our annual chapter meeting on June 28th at Cedar Ridge Winery. We had the distinct pleasure of hosting special guest speaker, Dr. Aisha Liferidge. Dr. Liferidge is associate professor of emergency medicine at George Washington School of Medicine and Health Sciences and is serving her first term on the national ACEP Board of Directors. Dr. Liferidge discussed current updates with national ACEP, including the lawsuit that ACEP has filed against Anthem Anthem's Blue Cross Blue Shield of Georgia in federal court in an effort to compel the insurance company to rescind its controversial and dangerous emergency care policy that retroactively denies coverage for emergency patients. She also provided us with updates regarding the current change in ACEP presidential leadership. President-Elect, John Rogers, MD, FACEP, resigned his position as President-Elect citing that he did not want his lack of emergency medicine board certification to be a distraction to the College and voiced his desire to unify the specialty. Despite the Board of Directors attempts to refuse his resignation, he formally resigned. On June 28th in an election run by the Council of officers, the ACEP board selected Vidor Friedman, MD, FACEP to serve as President-Elect. During the September 2018 Council meeting in San Diego, the Council members may either ratify that decision or elect a new President-Elect.

During her lecture, Dr. Liferidge also discussed the vital role that advocacy plays in our

specialty. Although participating with advocacy events on a national level can play a role in health care policy change for emergency medicine, far more important is becoming involved with local and state-wide advocacy efforts. Creating relationships with local lawmakers, hosting them for site visits at our local departments, and writing letters to our representatives are just a few ways that we can start to make progress within our state. We thank her sincerely for taking the time to speak with our local chapter.



New Chapter Management

Margo Grimm recently announced her retirement as chapter executive. After lengthy discussion, the Board has chosen chapter services to be managed by National ACEP. Adriana Alvarez is our new Chapter Manager and has already been hard at work facilitating chapter business. We are extremely lucky to have her on our team!

CME Probe

Iowa ACEP is working hard to improve member benefits and services. We would like to implement more CME activities and would like to hear what activities would be most beneficial. We are planning hands-on training labs such as Point-of-Care Ultrasound and ultrasound guided vascular access courses. Would you find these beneficial? Please contact me via [email](#) with comments or suggestions.

Iowa ACEP Advocacy Task Force

As was emphasized by Dr. Liferidge, participating in advocacy within our local and state government is crucial to the success of emergency medicine, the safety and our patients, and the protection of our physicians. I am extremely passionate about our specialty and feel that as a group we can make a huge impact within our state. With that, I have created the Iowa ACEP Advocacy Task Force team. This group is open to any and all members of Iowa ACEP who also share a passion for advocacy and creating necessary change.

Our advocacy team has been hard at work already tackling some of the most important issues facing emergency medicine in our state. Our first order of business was addressing the Iowa Department of Human Services and the recent release detailing Medicaid reimbursement changes. Earlier this month, the IDHS released Informational Letter NO-1919 detailing the following:

“starting August 1, 2018, a claim for an emergent service must contain an approved emergent diagnosis in the primary (first) position to receive the full reimbursement amount of the claim. If the primary (first) diagnosis on the claim is not emergent, the member will be responsible for any applicable copay amounts.”

Also included was a list of ICD-10 diagnosis code considered emergent in nature including diagnoses such as chest pain, abdominal pain, and headache. These are diagnoses that we commonly use after we have assessed patients and ruled out life-threatening emergencies. This proposed change is problematic for several reasons. First, this violates the federal prudent layperson standard and places the burden of self-diagnosis on the patient. For example, if a patient with a history of coronary artery disease is experiencing chest pain, he will present to the Emergency Department (ED) for assessment of his chest pain and determination of whether or not a life-threatening condition exists. In some cases, we determine that the chest pain is benign and in other cases the chest pain may be related to emergent causes such as a MI, aortic dissection or pulmonary embolism. However, these diagnoses are made after work up is performed. If this program is implemented, many patients will be discouraged from presenting to the ED for assessment placing them at risk for worsening condition and even death. The Iowa ACEP advocacy team drafted a letter to Medicaid Director Mike Randol and Governor Kim Reynolds detailing our significant concerns and requesting a meeting in person to discuss alternative solutions. We have the support of National ACEP and have partnered with government relation teams with Genesis Medical Center and Unity Point to work find other solutions that create cost savings without violating the prudent layperson standard.

The advocacy team has many other items on our agenda including addressing access to mental health care, women’s and reproductive health, protection for health care providers against violent patients. We would like to hear from you what issues are most concerning to you and how we can help address these issues. Furthermore, if you are interested in participating on our advocacy team we would love to have you join us! Please contact me by clicking [here](#).

Upcoming Iowa Chapter Reception

Please be sure to join us at [ACEP18](#) in San Diego from October 1-October 4. Our Iowa Chapter reception will be held there on **Tuesday, October 2nd** from **5:30pm-7:30pm**.

Please join us for appetizers and drinks!

Lifetime Achievement Award

Each year, Iowa ACEP honors individuals within the group who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. This year we honored two individuals who have impacted the emergency medicine community in the state of Iowa perhaps more than anyone else: Margo Grimm and Julie Koch-Hoth. Both of these incredible women have served as Executive Directors with Iowa ACEP for nearly two decades. Without them, emergency medicine in the state of Iowa would be nowhere near what it is today. Margo served as Executive Director for Iowa ACEP since 1992. She began her career as a nurse in the ED in 1972, during the early days of the College and before EM was established as a specialty. As emergency medicine developed nationally, Margo became the CEO of Emergency Practice Associates (EPA) and began a long career of managing Iowa's rural EDs. In 2004, Iowa founded its first and only EM Residency Program and Margo was instrumental in helping create the program. She played a large role in the development of Dr. Hans House in his career in emergency medicine and Iowa ACEP Board of Directors. Julie was born and raised Waterloo. She obtained her RN from Hawkeye Community College and BA from University of Northern Iowa. She worked clinically in the hospital and eventually became Director of Employee Health. She then joined EPA as Director of Staffing Services and became a certified coder, taught documentation and performed coding & documentation audits. She later became CEO at EPA in 2015 and became Co-Executive Director of Iowa ACEP in early 2000. She has served on ACEP's Reimbursement and Coding & Nomenclature Committees. Both Margo and Julie are now both enjoying retirement spending time with their families.

Margo and Julie have been the anchors for our chapter. They have worked tirelessly to ensure the success and progression of our chapter and, quite frankly, have held the chapter together. We thank you for decades of selfless service to our organization. Thank you for your influence on emergency medicine and for your work in expanding emergency medicine in Iowa. Medical students, residents, attending physicians, and most importantly, patients, have all benefited because of you. We cannot think of anyone more deserving than you!



Recap - 2018 Leadership & Advocacy Conference

We had another successful trip to Washington DC at ACEP's Leadership & Advocacy Conference, in May 2018. Drs. Stacey Marlow, Jackie Kitchen, Hans House, Sarah Hoper, Kaila Pomeranz, Mr. Gabriel Lancaster, and I attended the conference. We met with Representative Dave Loebsack, Representative Rod Blum, Senator Chuck Grassley, and staffers for Senator Joni Ernst and Representative Steve King.

Key issues we discussed were legislation addressing the opiate epidemic, specifically asking Congress to cosponsor bills that support funding for alternative opiate therapy (ALTO: alternative to opiates in the ED Act, POWER act: preventing overdoses while in emergency rooms act; addressing Nationwide drug shortages by presenting a letter members of Congress to the FDA commissioner urging the FDA to convene the Drug Shortage Task Force with stakeholders and other relevant agencies to determine the root cause of drug shortages and develop recommendations for congress; and addressing disaster preparedness, asking Congress to reinstate PAHPA Act (Pandemic and All Hazards Preparedness Act) and the Mission Zero Act as part of the 2018 update, allowing military to participate in emergency care during disasters.





Dr. House Commendation

For his years of dedication and service to emergency medicine, Iowa ACEP is co-sponsoring a commendation for Dr. House for his completion of his term on the ACEP Board. Dr. Hans R. House, MD, MPH, FACEP, has capably served the American College of Emergency Physicians with highest distinction since becoming a member in 1998. He has served in many leadership roles, including the national ACEP Board of Directors 2011-17 and as Board Liaison to a variety of committees, task forces, and sections during that time. Dr. House served on the Board of Trustees of the Emergency Medicine Foundation 2015-18 and as its chair in 2017.

Furthermore, he has extensive service in leadership roles in the Iowa Chapter, serving on the Board of Directors 2003-10 and as President 2006-08. Dr. House has helped train and mentor numerous emergency medicine residents, and currently serves as Professor of Emergency Medicine and as Vice Chair for Education for the Department of Emergency Medicine at the University of Iowa. We are extremely fortunate to have Dr. House and thank him for his years of service!



Iowa Trauma Conference

Iowa's 2018 Trauma Conference will be occurring on August 29, 2018 with a pre-conference training day on August 28, 2018. The event will be held at the Holiday Inn Des Moines-Airport/Conference Center.

Iowa's 2018 Trauma Conference is the first statewide trauma conference of its kind. Three general sessions provide participants with a multi-disciplinary approach for managing trauma patients as a system. Discipline specific tracts for nursing, EMS, emergency preparedness and physicians round out the conference.

Iowa's 2018 Trauma conference provides opportunities for collaboration and education of multidisciplinary partners to ensure the optimal care of trauma patients resulting from isolated and mass casualty incidents. At the conference participants will:

- Be provided trauma education to enhance the knowledge of the trauma system's workforce.
- Develop strength within each system discipline and increase collaboration between system partners for coordinated response to trauma inducing incidents.
- Increase knowledge about Iowa's trauma system and the role of each discipline within the system.

For more information, please visit the website by clicking [here](#).

Resident Corner
Kaila Pomeranz, DO
UIHC Resident Representative
PGY-2

Having just completed my first year of residency at the University of Iowa, I have a lot to be thankful for. One of the most rewarding experiences I had was traveling to Washington D.C with the support of Iowa ACEP for LAC.

Gabe Lancaster (MS3) and I got to share several first-time experiences of attending LAC. Aside from the great Ethiopian food and exploring our nation's capital, this conference served as a powerful introduction to the importance of involvement in advocacy. Throughout the week, we were surrounded by a community of emergency medicine physicians who share similar ideas and solutions for improvement of our specialty and the care we provide for our patients. We had the opportunity to sit with our leaders and their representatives, who have a direct influence on the laws and regulations that affect our everyday practice in the emergency department. From discussing the worsening opioid epidemic to drug shortages that are impacting our departments across the country, we gave a unique perspective to our legislators. I look forward to attending future conferences and continuing to be involved in advocacy as I move forward in my career and hope to share my experience with other residents and medical students to encourage involvement and moving our specialty forward.





Updates in Reimbursement and Coding - 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. This [collection of courses on ACEP eCME](#) will give you the latest information on reimbursement, quality measures and common documentation errors to help ensure you receive appropriate reimbursement for your skilled procedural work.

New ACEP Policy Statements and Information Paper

During their June meeting, the ACEP Board of Directors approved the following new or revised policy statements:

- [Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training](#) - New
- [Appropriate Use Criteria for Handheld/Pocket Ultrasound Devices](#) - New
- [Coverage for Patient Home Medication While Under Observation Status](#) - New
- [Delivery of Care to Undocumented Persons](#) - Revised
- [Disaster Medical Services](#) - Revised
- [Financing of Graduate Medical Education in Emergency Medicine](#) - Revised
- [Guideline for Ultrasound Transducer Cleaning and Disinfection](#) - New
- [Impact of Climate Change on Public Health and Implications for Emergency Medicine](#) - New
- [Interpretation of Diagnostic Imaging Tests](#) - Revised
- [Interpretation of EMTALA in Medical Malpractice Litigation](#) - New
- [Non-Discrimination and Harassment](#) - Revised
- [Patient Autonomy and Destination Factors in Emergency Medicine Services \(EMS\) and EMS-Affiliated Mobile Integrated Healthcare Community Paramedicine Programs](#) - New
- [Prescription Drug Pricing](#) - New
- [Relationship between Clinical Capabilities and Medical Equipment in the Practice of Emergency Medical Services Medicine](#) - New

- [Resident Training for Practice in Non-Urban/Underserved Areas](#) - Revised

The Board also approved the following information papers and PREP:

- [Electronic Health Record \(EHR\) Best Practices for Efficiency and Throughput \(PDF\)](#) - New
- [Initiating Opioid Treatment in the Emergency Department \(ED\) - Frequently Asked Questions \(FAQs\)](#) (PDF) - New
- [Emergency Department Physician Group Staffing Contract Transition](#) (PDF)
- [Emergency Physician Contractual Relationships - PREP](#) (PDF) - Revised

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.

Duber HC, Barata IA, Cioe-Pena E, Liang SY, Ketcham E, Macias-Konstantopoulos W, Ryan SA, Stavros M, Whiteside LK. **Identification, Management and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department**

In this clinical review article, they examine the current body of evidence underpinning the identification of patients at risk for OUD, ED-based symptomatic treatment of acute opioid withdrawal, medication-assisted treatment (MAT) of OUD upon discharge from the ED, and transition to outpatient services. In this article they also present options for targeted opioid withdrawal and management, as well as a variety of other medications to consider for symptomatic opioid withdrawal treatment for patients that do not require opioids for acute pain. [Full text available here.](#)

Klein LR, Driver BE, Miner JR, Martel ML, Hessel M, Collins JD, Horton GB, Fagerstrom E, Satpathy R, Cole JB. **Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department**

In this prospective observational study of 737 patients, medications were administered based

on an a priori protocol where the initial medication given was predetermined in the following 3-week blocks: haloperidol 5mg, ziprasidone 20mg, olanzapine 10mg, midazolam 5mg, haloperidol 10mg. The primary outcome was the proportion of patients adequately sedated at 15 minutes, assessed using the Altered Mental Status Scale (AMSS). Results showed that Intramuscular midazolam achieved more effective sedation in agitated ED patients at 15 minutes than haloperidol, ziprasidone, and perhaps olanzapine. Olanzapine provided more effective sedation than haloperidol. No differences in adverse events were identified. [Full text available here.](#)

Brenner JM, Baker EF, Iserson KV, Kluesner NH, Marhsall KD, Vearrier L. **Use of Interpreter Services in the Emergency Department**

This paper highlights the importance of effective communication in the provider-patient therapeutic relationship and how language barriers have the potential to compromise all aspects of medical care. The authors identify that in the US, as of 2013, more than 25 million persons had limited English proficiency, making quality medical interpreter services an important public health issue that affects a large proportion of our diverse population. They recommend that a professional interpreter should be offered if practical and available when a patient has either limited English proficiency or hearing impairment and that a modality of interpretation should be chosen between in-person, video, or telephone based on what best suits the clinical situation. [Full text available here.](#)

Nowak RM, Gandolfo CM, Jacobsen G, Christenson RH, Moyer M, Hudson M, McCord J. **Ultra-Rapid Rule-Out for Acute Myocardial Infarction Using the Generation 5 Cardiac Troponin T Assay: Results from the REACTIONUS Study**

The objective of this study was to determine how well a new FDA approved single cardiac troponin T Generation 5 (cTnT Gen 5) below the level of quantification (6 ng/L) baseline measurement and a novel study derived baseline/30 minute cTnT Gen 5 algorithm might adequately exclude acute myocardial infarction (AMI) in patients with suspected acute coronary syndrome (ACS) in a United States (US) Emergency Department (ED). They enrolled patients presenting with any symptoms suspicious of ACS. Baseline and 30 minute blood samples were obtained, the cTnT Gen 5 levels later batch analyzed in an independent core lab and the AMI diagnosis was adjudicated by a cardiologist and an emergency physician. They found that a single baseline cTnT Gen 5 measurement <6 mg/L and values at baseline <8 ng/L and a delta 30 minute < 3 ng/L ruled-out AMI in 28.8% and 41.0% of patients respectively. The authors did identify limitations such as single center ED, selection bias and the exclusion of patients with life-threatening illness, cardioversion or defibrillation within 24 hours of presentation, STEMI patients requiring immediate reperfusion or those who were pregnant or breast feeding, and highlighted that additional multi-center US studies evaluating these ultra-rapid AMI ruleout guidelines are needed.

Friederich A, Martin N, Swanson MB, Faine BA, Mohr NM. **Normal Saline and Lactated Ringer's have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial**

The purpose of this single-site participant- and evaluator-blinded, 2-arm parallel allocation (1:1), comparative effectiveness randomized controlled trial study was to test the hypothesis that balanced crystalloids improve quality of recovery more than normal saline (0.9% sodium chloride, NS) in stable Emergency Department patients. 157 Patients allocated to receiving IV fluids in the ED before discharge to were randomized to receive 2 L of Lactated Ringer's (LR) or NS. The primary outcome was symptom scores measured by the validated Quality of Recovery-40 (QoR-40) instrument (scores 40-200) 24 hours after enrollment. Results showed that there was no difference in post-enrollment QoR scores between NS and LR groups. Although pre-enrollment scores were higher in the LR group, adjusting for pre-survey imbalances did not change the primary outcome. The authors concluded that NS and LR were associated with similar 24-h recovery scores and 7-day health care utilization in stable ED patients.



Preorder the Title that Celebrates the Depth and Diversity of EM

Explore the side of emergency medicine few see - the emotional, the heartbreaking, the thrilling, the heroic - the human side of EM. ACEP's 50th Anniversary Book, *Bring 'Em All*, reveals how far the specialty has come in its short, vibrant life. Famed photographer Eugene Richards captures the breathtaking moments that make the lives & careers of American emergency physicians. [Reserve your copy today.](#)



Interested in GED Accreditation?

Learn how to develop a Geriatric Emergency Department (GED) with this three-hour [geriatric pre-conference](#) during ACEP18. Hear from the geriatric experts who will walk you through the increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused policies and protocols, and achieving [GED accreditation](#). Panel discussions include institutions who have been awarded accreditation.

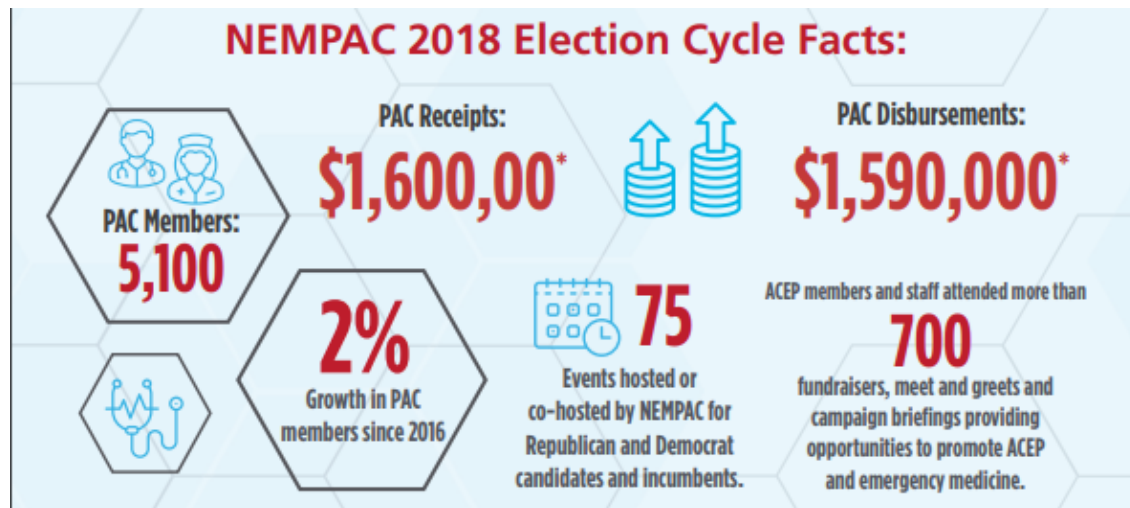


Emergency Ultrasound Tracker

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The [Emergency Ultrasound Tracker](#) was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to

your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the [ACEP Ultrasound Guidelines](#). We hope you find this tracker tool helpful and useful in your practice.



NEMPAC Mid-Term Election Update

With the mid-term elections just months away, ACEP and the National Emergency Medicine Political Action Committee (NEMPAC) are focused on electing candidates who will work on bi-partisan solutions to address emergency medicine's most pressing issues. The NEMPAC Board and staff rely on input from ACEP state chapters and local ACEP members when evaluating support for incumbent legislators and new candidates - **we want to hear from you!** NEMPAC is the 4th largest medical PAC and will continue to grow with your support. Learn more about NEMPAC today by visiting [our website](#) or contact [Jeanne Slade](#). Keep an eye on your inbox for additional details about NEMPAC's activities as we get closer to the elections.

ED ICU Development and Operations Workshop Pre-Conference

San Diego Convention Center, Upper Level, 7B
Sunday, September 30, 2018 | 12:30 pm to 5:00 pm

If you have ever considered developing an ED ICU this workshop is for you. Participants will learn about staffing, reimbursement, collaborations, and business plan development, with the goal of developing and running their own ED-ICU. This program is directed at those along the

entire continuum of ED-ICU development from conceptual to operational phases. [Register here](#). For more information, contact [Margaret Montgomery, RN MSN](#).

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE - JULY 2018



**American Board of
Emergency Medicine**

Subspecialty Certification in Neurocritical Care

The American Board of Medical Specialties (ABMS) has approved subspecialty certification in Neurocritical Care (NCC). NCC is co-sponsored by the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology (ABPN). Physicians certified by these four boards who meet the eligibility criteria for NCC will have the opportunity to become certified in NCC.

There will be two pathways to certification in NCC: a training pathway and a time-limited practice pathway. The practice pathway will start at the time the first exam is offered. Eligible pathway criteria will be posted on the ABEM website by the end of 2018. ABPN will develop and administer the examination; physicians will submit applications to their primary certifying board. The first examination is expected to take place in either 2020 or 2021.

Letter Available Refuting Merit Badge Requirements

ABEM provides a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications (“merit badges”) often needed for hospital privileges. Physicians must be participating in the ABEM MOC Program to obtain the letter.

The letter, signed by each representative of the Coalition to Oppose Medical Merit Badges (COMMB), details specific activities that board-certified physicians perform to maintain certification. ABEM-certified physicians can now download the letter from their Personal Page on the ABEM portal by doing the following:

- Sign in to the ABEM portal at www.abem.org
- On the left navigation, click “Print Verification of ABEM Status”
- Under letter type, click “General Coalition ABEM”
- Click “Continue to Next Step”

Take the ConCert™ Early - Retain Your Current Certificate Date

You can take the ConCert™ Examination during the last five years of your certification (during the annual testing window). If you pass the exam early, you will still retain your certification until the expiration date on your current certificate. This is also true even after you complete all of your MOC requirements. When your current certification expires, you will be issued a new, ten-year certificate. If you take the ConCert™ Examination early and do not pass, you still retain your certification and have another chance(s) to pass it. ABEM only reports whether a physician is board certified and participating in MOC.

In 2017, 44 percent of ConCert™ test takers registered to take the exam early; that is, in a year prior to their final year of certification.

Welcome New Members

Skyler Chouinard, MD
James W. Clevenger, MD
Brooke A. Dugdale (Medical Student)
Brian Payden (Medical Student)
Michelle N. Wong (Medical Student)
Benjamin Reinhart (Medical Student)
Terra Leigh Matthews (Medical Student)
Maria Dharini Arulraja (Medical Student)
Evangelia Maria Assimacopoulos (Medical Student)
Erin M. Renfrew (Medical Student)
Andrew Clayton Hybarger (Medical Student)
Alex Tymkowicz (Medical Student)

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