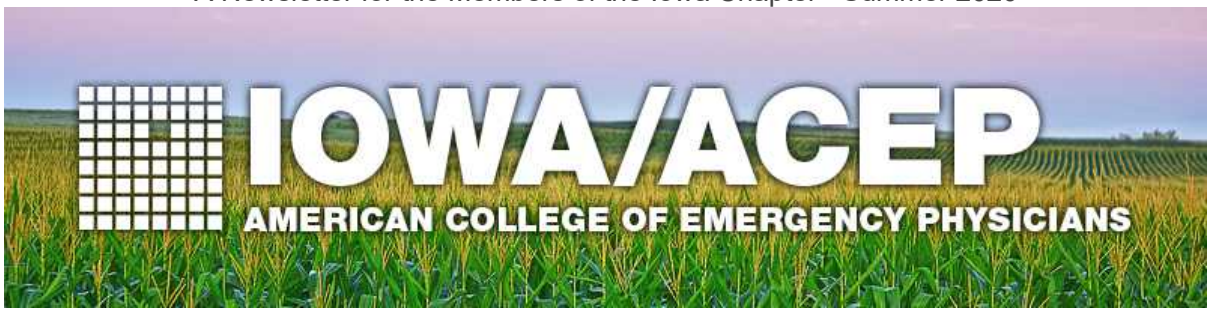
A Newsletter for the Members of the Iowa Chapter - Summer 2020




**Stacey M. Marlow, MD, JD, FACEP**
**President**

Adriana Alvarez
Executive Director
800.798.1822 Ext. 3312 | Website

---

## President's Message
## "Better at Home"

Iowa ACEP Members,

It certainly has been quite the start to my tenure as President of the Iowa Chapter of the American College of Emergency Physicians. Pandemics, no school, no travel, mask-ne (acne from excessive mask use), pay cuts, the uncertainty around going back to school, socially distanced gatherings… the list could be never ending. That anxiety.

I have never been an anxious person. Most of us in EM do not have anxious personalities. I have a skydiving license. I have owned a motorcycle. I have jumped off 35-foot cliffs in Jamaica. I have swum in open water with sharks in the Galapagos. I have spent multiple days sleeping on cow dung with the Maasai in Tanzania. You get the idea.

COVID-19 made me anxious. It was such a weird feeling. I did not even know what I was feeling for a few weeks. March of 2020 left me reading too many articles, watching too much news, constantly reading every single treatment option, prevention, and risk factors I could find. I told the family to get their groceries because stores would be closing. I knew the schools would close any day. I quickly became the leper on our street. Neighbors would tell my husband (from at least 20 feet away) that they were “thinking of” me and our family. Our normal neighborhood gatherings excluded us for the “safety” of everyone. I drank too much wine and never slept more than 4 hours. It was not a good month.

At Allen Memorial in Waterloo, we are also in very close proximity to the Tyson meat packing plant. I saw very sick people with COVID19. I intubated many. I even had to intubate a 2-year-old with SpO2 of 17%. I worried every day that I would bring this virus home to my two former preemies. I worked with the Anesthesiology department on a COVID19 team. I had so many meetings and so many emails. It was overwhelming. I was stressed. Everyone was.

In April things started to improve. Not from a COVID19 patient standpoint, but from a personal stress and anxiety level. I now had enough time to realize that this was a disease I would need to learn to live with and prepare for, but not fear. I was able to

sleep again. I quit watching the news. I started saying “no” to extra meetings, committees, and emails. Although we were still the lepers on the street, one neighborhood household was willing to see us socially distanced and allow the kids to play outside. My kids still asked me when “the virus” would be over, and when they would be able to go places again, it was better than March - by a lot.

In May I started to enjoy COVID19 and its idiosyncrasies. I enjoyed not having to plan anything or go anywhere. I enjoyed the true family time. We found fun things to do that were at our own home. For the first time in forever I did not have an agenda for every single day.  There were multiple days in a row where the farthest we went was the backyard. My multiple day trip for a half marathon was cancelled. I organized every room in the house and it felt great. I worked out at home. I slept 8-9 hours each night. I ate well. We had time to cook. I read books for pleasure. When was the last time that happened?!

So, by June I was full on loving my newfound COVID19 lifestyle. Of course, I was still seeing COVID19 patients in the emergency department. Some of them were sick, but not like March and April. I have not intubated anyone with COVID19 since April. I am enjoying my time at home, with nothing and no one fighting for my time but my own family. We got two kittens. My time felt well spent with my family. My kids are 6 and 3 and are so much fun. Time goes too fast. Even COVID19 times.

For that I am grateful for this pandemic. It has made me slow down and enjoy what I have at home. I did not think that was something that I even needed to do pre-COVID19. I was all about the “work hard, play hard” mentality. Now I understand that work less, travel less, and schedule less really has more benefits than I ever imagined. I will forever be thankful for this previously forced, but now welcomed, slowed down family time. Things are better at home.

---

## HFNC Showing Promise in the Heartland
## Nicholas Kluesner, MD, FACEP

Des Moines has been highlighted in the news for successes in novel stabilizing treatments for COVID-19 patients' hypoxia. While the therapy of high-flow high-humidity nasal canula (brand named AIRVO) is not new this year, a collaboration between the ED, ICU, and IM teams in Des Moines has been applying this more aggressively with impressive results. Due out in formal publication soon, the data is presented here to continue the early and wide dissemination.

During the first phase of the pandemic, UPH-Des Moines hospitalized 441 COVID-19 positive patients - to our knowledge this is more patients than any other location in the state during the same time. Of these patients, 149 (34%) required escalation in their oxygenation support above 4L NC. These were all transitioned to HFNC first.  65% of those patients never required further escalation (in other words, 35% ultimately required intubation). They spent a mean time of 4 days on HFNC. The total intubation rate of all our hospitalized patients with COVID-19 was 10%.

Most impressively, a mortality rate of 65% was observed in patients arriving to the ICU already intubated (usually intubated pre-hospital or in outlying hospitals before transfer), whereas the mortality was only 33% in patients who were first started on HFNC (even when proceeding to intubation later).

ICU LOS and Hospital LOS were also significantly decreased by HFNC utilization. The majority of these HFNC patients were managed safely and effectively on the Med/Surg floor. It was not considered an aerosol generating procedure, and hence contact and droplet precautions were utilized by RT, nursing, and physician staff

totaling 9,553 staff hours of direct patient care with zero known virus transmission to those healthcare workers.

These data are consistent with the anecdotal experience of the clinical staff in the ED, ICU, and hospital floor that patients stabilized on HFNC fair far better than those aggressively intubated early. It was initially a challenging practice change to stomach - not moving to intubate a patient with an oxygen saturation of 65% on full face mask - but by utilizing a ROX index, prone positioning, these advanced oxygen delivery modalities, and good old-fashioned collegial collaboration (largely among the RT leadership in Julie Jackson and ICU leadership with Dr. Matt Trump), these patients have seemed to have much less pulmonary injury from the ventilator and retain much more functional status from the ability to eat, talk, and walk on their own. While we are unlikely to find a silver bullet for the COVID-19 pandemic, HFNC has shown to be a promising intervention to improve patient outcomes and conserve critical care resources.

Read the KCCI news article here.

---

## Resident Corner
## Sea Change
## Brooke A. Dugdale, MD

I was particularly struck this year by the abrupt disappearance of the residency class ahead of mine. They were the ones I had looked up to and laughed hard with for two years, day and night. Then with the turn of a calendar page from June 30 to July 1, my colleagues and friends were gone. Suddenly, the new interns appeared bearing with them all the excitement, anxiety, and nerves that those first days being a ‘real doctor’ hold. What a difference had occurred in those overnight hours between June and July!

However, nothing is likely truer about 2020, than that it has been a year of unending change. COVID brought much uncertainty. Emergency departments fell quiet in the lull and anticipation of what was to come. Some of our colleagues experienced uncertainty of jobs and income.  At work, we adapted to new procedures and tools and protocols and dress. Life changed too, as we schooled children and stayed home and learned to shop uni-directionally (did anyone else’s grocery store make one-way aisles?!).

Everything changed. And then we asked for more change. With a few precious days off, I traveled home to my parents in Minneapolis at the end of May. The day after my arrival George Floyd was killed. My city rose, protested, and burned. We, who often accompany at the end of life, can certainly appreciate the dissonance of its senseless loss and the weight of history.

Certainly, change and challenge have been recurring themes in 2020. I write these words not on my Macbook, but with my hand on pen and paper by the light of a camping lantern. Southern Iowa learned about ‘derecho’ winds in a mega-storm in early August, which challenged us further, beyond COVID and our ‘normal’ obstacles, to adapt to life for days without electricity or internet or alarm clocks (early shift beware!).

Thankfully, I believe that we as emergency providers are specially equipped to encounter such change and challenge. Few start their workday not knowing what it may hold, as we do daily. We encounter obstacles and figure out a way. Hopefully, we can aid others in navigating these turbulent times with a steady hand, because that is what we are so aptly trained to do!

## Re-entering the Emergency Room - A Medical Student's Perspective

**Brady Bollinger**
**Iowa ACEP Chapter Medical Student Representative**
**Des Moines University**

Recently hospitals across the country have been allowing students to come back to in hospital rotations. As a 4th year medical student this means that my one single emergency medicine audition rotation is now beginning. As I enter a large academic emergency room in the Midwest for the first time since the end of March, I begin to feel the unspoken, uneasy, discomfort that has likely been a theme inside United States hospitals for the past few months. I am hoping my mask does not hide my smile and excitement as I introduce myself to the attending, residents, nurses, and techs that I will be working with for the shift.

My attending recommends that I sanitize my workstation as best I can and after we can talk about expectations for the shift. As we receive sign out, everyone appears somber at the fact that we will be continuing care for a gunshot wound, a stabbing, an assault, and a likely domestic abuse patient with severe injuries. Everyone tries to remain positive, but this cooped up city has seen more meaningless violence now than ever remembered by the experienced staff. Whether it be the warm weather, the frustrating pandemic, or the social climate of today's world, no one can be certain. The confidence of the team is ever present, but at the same time patients and staff appear to dance around PPE as if every step is mindful to avoid bringing the virus home to their families. Touching every surface and donning every piece of equipment, which used to be muscle memory, becomes a conscious act.

The first new patient on the tracker is a man in his 60s with chest pain. I am excited to see the patient, until I see a fever of 100.8 on the triage vitals. "Better to avoid seeing this patient because of the fever Brady, don't worry, there will be plenty more this evening". There are plenty more that evening, each alone and unable to have family or friend support in the room until they test negative for COVID, usually a two-hour test where I am located. However, as the shift continues the many reasons I love emergency medicine slowly start to unveil. Things go from calm to exciting at the most beautiful and inopportune times imaginable. The kindness that we show our patients during their worst hours makes a difference and the special feeling of saving a life is unmatched. There is no greater team nor support system than that of the emergency department. Lastly, it is fun to think complexly about patients and know that you must make decisions without having all the information.

My advice to my fellow students returning to hospitals in these trying times is to stick close to the values that define emergency medicine. Be kind to everyone that you see. Be stubbornly resilient but do not be afraid to ask for help. Know that you are a contributing member of the team and you can contribute to an enormous amount of good in this world. Stay busy and fight off the "under the microscope" feeling that all medical students have. In general, I have realized "how can I help" is better than "who can I see next". Lastly, it does get easier and remember to take care of one another. I genuinely believe that we are privileged to do what we do, and I hope everyone keeps that notion close as we continue our education.

Best of luck and please reach out to me if you are wanting to get more involved in Iowa ACEP, or just in need of some support.

---

## Upcoming Chapter Event: EM MAT Waiver Training Course

**Registration is Open!**

Tuesday, January 5th
Read more about this event here.

---


***New*** **FACEP Designation!**

Congratulations to Brooke A. Dugdale, MD, FACEP.

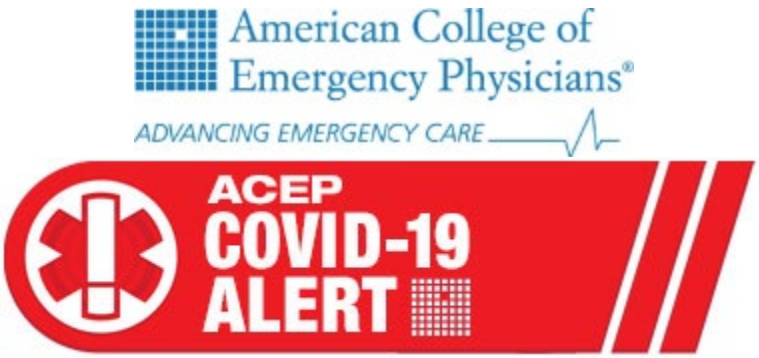
---

**IMS Policy Forum**
**Take Action!**

Submit your idea for state medical policy changes for IMS to adopt and start pushing. This can be a new policy, a change of an existing policy or a removal of a current policy. Read more here or send an email here.

---

## FROM NATIONAL ACEP




Stay current with the COVID-19 Center. It's your one-stop-shop for clinical and legislative updates. **Quick Links:** Physician Wellness Hub | COVID-19 Field Guide

---

**Get PPE through Project N95**
With member concerns about the quality of N95 masks on the open market, ACEP has joined with Project N95 to offer PPE to you at volume prices. This exclusive

benefit for ACEP members is available only through August 26. Registration opens at 4 p.m. ET today Wednesday, August 19 and is only available to members in the 50 states of the US, DC and Puerto Rico.

---

**ACEP & EMRA Launch Diversity Mentoring Initiative on August 15**
This collaboration between the ACEP Diversity, Inclusion and Health Equity Section (DIHE) and EMRA's Diversity & Inclusion Committee that supports leadership and career development for diverse medical students, residents, fellows, academic attendings and community emergency physicians in the EM community. The first 200 mentees have been matched with 100 mentors from across the EM community. If you're interested in being part of the next cohort, slots will open up in six months. Follow #mentorsofEM and #menteesofEM on Twitter to keep tabs on the program's progress, and learn more at mentor.acep.org.

---

**New Policy Statements and Information Papers**
During their June 2020 meeting, the ACEP Board of Directors approved the following new policy statements and information/resource papers. For a full list of the College's current policy statements, consult the ACEP Policy Compendium.

**New Policy Statements:**
Antimicrobial Stewardship
Expert Witness Cross-Specialty Testimony for Standard of Care
Leadership and Volunteers Conduct Policy
Medical Neutrality

**Revised Policy Statements:**
2020 Compendium of ACEP Policy Statements on Ethical Issues (page two of the Code of Ethics)
Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department
Role of the Emergency Physician in Injury Prevention and Control for Adult and Pediatric Patients

**New Information/Resource Papers (Smart Phrases)**
Antitussive Medications for Children
Asthma Exacerbation
Asymptomatic Hypertension
Coronavirus Concern — Confirmed or Suspected
Ethanol Intoxication
Influenza-Like Illness
Injection Drug Use
Motor Vehicle Crash

---


**ACEP20 is a CME Jackpot + Announcing Special Guest: Dr. Anthony Fauci!**
ACEP20 will include more than 250 hours of CME education, but here's the best part: Attendees get access to this education and **CME for THREE YEARS** after the event! All of the live events will be debuting during the original dates: Oct. 26-29. We are happy to announce our **first special guest at ACEP20 – Dr. Anthony Fauci,** NIAID Director. We'll be unveiling other celebrity keynote speakers throughout August, so follow ACEP's social media channels for those exciting announcements. Click here for more information and to register.

---

**Upcoming Webinar: The Long and Winding Road of an Epidemic: Prescription Opioids, Heroin, and Beyond**
Join us on August 31, 2020 from 1pm - 2pm CT for the first installment in a 6-part **free** webinar series on opioid use disorder, federal and state regulations/regulatory considerations and state initiatives. Click here to register.

Moderator and Panelists:

- Chadd K Kraus, DO, DrPH, MPH, FACEP, Director, Emergency Medicine Research Core Faculty, Geisinger Medical Center, EM Residency Associate Professor of Medicine, Geisinger Commonwealth School of Medicine
- Harry Monroe, Director, Chapter and State Relations, ACEP
- Jeffrey Davis, Regulatory Affairs Director, ACEP

The webinar will be recorded and link to recording will be made available to all registrants. For more information, please email Mari Houlihan at mhoulihan@acep.org.

---


---

## Regulatory Updates

Check out our Regs & Eggs blog for the latest regulatory updates.

**2021 Physician Fee Schedule Proposed Rule: What You Need To Know**
ACEP recently published a new comprehensive summary of the 2021 Physician Fee Schedule Proposed Rule and its potential effect on emergency medicine. Last week, we sent a letter expressing our concerns with the proposed cuts and calling on Congress to waive budget neutrality requirements to avert the cuts that pose a significant threat to EM physicians and the health care safety net. Voice your concerns by joining the thousands of ACEP members who have urged their legislators waive the budget neutrality requirement for calendar years 2021 and 2022 by signing on to a bipartisan “Dear Colleague” letter.

**HHS Reopens Application Process for Provider Relief Funding**
Most EM groups were eligible to receive funding from the Medicare General Distribution. If you missed the original June 3 deadline, you may be eligible to apply now. Note: If you already received funding from the "General Distribution" and kept

it, you cannot apply for additional funding. The cap in funding is still 2% of your annual patient revenues.

**CMS Delays AUC Program to 2022**
CMS recently announced that it would delay the full implementation of the Appropriate Use Criteria (AUC) program until at least the start of calendar year (CY) 2022. ACEP has long advocated for emergency physicians to be exempted from this program. Learn more about the AUC program.

**As of Aug. 1, all laboratories must report certain data elements for all COVID-19 tests** (including patient demographic data). The responsibility of collecting this information may fall on emergency physicians.

**What President Trump's Executive Order on Rural Health and Telehealth Means for EM**
On August 3, President Trump issued an executive order (EO) that calls on the Department of Health and Human Services (HHS) to develop new payment models aimed at transforming how clinicians practicing in rural areas are reimbursed under Medicare. Further, the President states in the EO that he believes that many of the telehealth flexibilities available during the COVID-19 public health emergency (PHE) should be made permanent and asks HHS to issue a reg that would examine which services should continue to be provided to patients via telehealth after the PHE ends. On the same day the EO was issued, the (CY) 2021 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) proposed reg was released, which includes a robust set of proposed telehealth policies. Last week's regulatory blog digs in to the telehealth proposals and what they could mean for emergency physicians.

Related News: New Analysis Reveals Worsening Shortage of Emergency Physicians in Rural Areas

---

**Urge Congress: Please Support Mental Health Resources and Protections for COVID-19 Health Care Providers**
ACEP applauds last week's introduction of the Lorna Breen Health Care Provider Protection Act in the Senate. We worked closely with the legislators on the development of this bill and encourage ACEP members to contact their legislators to ask for their support. Read our latest Member Alert for information about this legislation and the other bills ACEP is supporting that advocate for the wellbeing of frontline health care workers.

---

**Marking Physician Suicide Awareness Day**
Physician Suicide Awareness Day is coming up on Sept. 17. ACEP will be providing updates on the Dr. Lorna Breen Health Care Provider Protection Act and additional tools and resources to mark this solemn occasion. As we advocate against barriers that prevent EM physicians from seeking mental health care, ACEP encourages members to visit the Wellness Hub at acep.org/wellness-hub for multiple pathways to help you find the support you need during this challenging season for our profession.

The **Innovation in Suicide Prevention Award** recognizes promising and innovative acute care activities in the area of suicide prevention that improve patient outcomes and improve lives of patients and/or providers. Nominations are due Sept. 1.

---

**NEMPAC Charity Match**
For a limited time, your NEMPAC contribution of $100 or more will be matched 10 cents on the dollar by ACEP to a charitable cause that provides resources to the COVID-19 front lines. The more you give, the more we give back! You can choose from one of three charities after making your contribution online: EMF COVID-19 Research Fund, GetUsPPE.org or the American Foundation for Suicide Prevention. Click here to join your fellow ACEP members today to support meaningful **political and charitable** involvement.

---

**Be Accredited to Provide Pain & Addiction Care in the ED**
Show your community that your ED is part of the solution. ACEP is now accepting applications for the Pain & Addiction Care in the ED (PACED) Accreditation Program, developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at www.acep.org/PACED or contact us at paced@acep.org.

**Iowa Chapter**
**c/o National ACEP**
**4950 West Royal Lane**
**Irving, Texas 75063-2524**