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**View from the Top**  
**Kathryn K. Dierks, DO, FACEP**  
**Iowa ACEP Chapter President**

Greetings to my fellow Iowa emergency physicians!

I hope you have had a wonderful holiday season and happy new year! Winter is rapidly winding down and spring is upon us. Growing up in Arizona, I never really understood the magic in the changing seasons and it's one of my favorite parts about living in this beautiful state. I am eagerly anticipating the warmer months and have already started planting my vegetable seedlings.

Election season is upon us and while this means being bombarded by a steady stream of political ads, this is also an excellent opportunity for us to reach out to candidates to visit our emergency departments and discuss the most valuable topics such as surprise billing, Medicaid reimbursement, and treatment for substance abuse disorders. Candidates are eager to hear from constituents and we have a unique opportunity to provide our expertise regarding healthcare policy. Several of our Iowa ACEP chapter members have hosted candidates in their departments in previous years and have had successful conversations about the practice of emergency medicine. It is up to us as emergency physicians to help our government understand what is happening on the front lines of healthcare and how their decisions directly affect the way we are able to practice emergency medicine. Please consider inviting a candidate to your department. If you would like assistance with learning who is available for a visit and how to schedule a site visit, please contact [Harry Monroe](#)

with National ACEP. As an alternative, your hospital may have a government relations officer that may help facilitate that visit.

### **Physician Day on the Hill - Des Moines**

It is with great pleasure that to announce that Iowa ACEP will be working with the Iowa Medical Society (IMS) to participate in Physician Day on the Hill on **Wednesday, March 4, 2020** at the Capitol in Des Moines. We will be meeting with our state legislators to discuss tort reform. In the state of Iowa, there are currently no hard caps for noneconomic damages in medical malpractice cases. As a result, juries have awarded plaintiffs millions in non-economic damages. Iowa has seen a substantial increase in high-dollar medical malpractice awards against physicians and health care facilities during the past three years. 34 states have hard caps on noneconomic damages, including nearly every neighboring Midwest state. As trial lawyers exploit Iowa's lack of hard-caps on noneconomic damages, these large judgements are placing small, rural facilities in financial danger and in some cases, causing facilities to close. In our rural state, there are already barriers to access to care and we must do what we can to ensure that our facilities remain open so that we may care for the people in our state. Our legislators rely on our professional expertise to vote of issues that affect patient care and the practice of medicine. Let's make our voices heard!

The day will begin at 11:00 AM and conclude by approximately 2:30 PM. We would like to have as many physicians as possible representing Iowa ACEP and invite you to participate in this exciting event.

To register to participate in Physician Day on the Hill, follow the registration [link](#). Please register as soon as possible. The agenda for the day is listed below.

### **Agenda**

11:00 AM - 12:15 PM

Advocacy Training & Issue Briefing at the State Historical Museum Auditorium

12:15 PM - 12:30 PM

Shuttle Starts to the Capitol (meet at the base of the first floor grand staircase for group photo)

12:30 PM - 1:30 PM

Legislative Lunch in Round Table

1:30 PM - 2:30 PM

Meetings with Legislators

### **Upcoming Chapter Events**

**SAVE THE DATE** - Iowa ACEP Chapter Annual Meeting

We will be hosting our annual chapter meeting on **Tuesday, June 16th**. The meeting will be held in Cedar Rapids at [Cedar Ridge Winery & Distillery](#).

Special guest speaker will be [John T. Finnell, MD, FACEP, FACMI](#) who will present a National ACEP Update and the topic on well-being: Work/Life Balance. This topic affects all of us.

An election will be held during the annual meeting. The positions that are open are the following:

President-Elect, Treasurer, Elected Councillor, Resident Representative (UICCM), Resident Representative (DMU), Medical Student Representative (UICCM), and Medical Student Representative (DMU)

If you would like to run for any of these positions, please send an [email](#) with your bio, a headshot and an explanation as to why you think you would be a good candidate for the position. **The deadline is Monday, April 27th.**

If you would like more information about a specific position, please send an [email](#) to Adriana Alvarez, our Chapter Executive and she will be able to provide you with more details.

#### **SAVE THE DATE** - EM Mat Waiver Course

We will be hosting our 1st ever CME event in Des Moines. Tentative dates are May 19th or May 21st. Please pencil in the dates as we finalize the details of this amazing opportunity offered by National ACEP. We will be inviting neighboring chapters like Nebraska, Missouri, South Dakota to attend this course. The course will be free for Iowa ACEP Chapter Members with a nominal fee for non-members and APP's. You will be required to register online for this course to be able to get your CME. More details to follow.

#### **Upcoming National ACEP Events**

##### **SAVE THE DATE** - Leadership & Advocacy Conference - Washington, DC

Mark your calendars for the Leadership and Advocacy conference in Washington, D. C. on April 26-28, 2020. This is one of the most compelling conferences that ACEP offers. Whether or not you have any experience with political advocacy, this conference covers current healthcare policy issues and how they are affecting our specialty. Have you even been frustrated by policy changes that affect your patients and how you practice medicine? Have you ever wanted to speak directly to those policy makers and express your ideas? Then this is the conference for you!

For beginners, there are seminars that review topics all the way from basic healthcare policy to how to talk to your representatives. This conference provides learners with tools to advocate for legislation in emergency medicine on both local and national levels. As a grand finale, conference participants are scheduled to meet with their assigned member of congress on Capitol Hill to discuss the legislation affecting our specialty and how their votes can influence how we care for patients. This is the most empowering experience any provider can have! If we are not the voice of our patients, then others who have no healthcare background will vote on legislation. This conference will teach you how to be the voice of your patients and your specialty! Whether you are a first-year medical student or a seasoned attending physician, we hope to see you there!

#### **Spotlight**

Read the Spotlight article below about one of our own Iowa Chapter Board Members - Dr. Carreon. I am sure you will enjoy reading the article as much as I did!

Do you work with someone you would like to recognize? [Send in your article.](#)

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## Spotlight Hijinio G. Carreon, DO, FACEP

### **What inspired you to pursue a career in emergency medicine?**

Emergency medicine physicians are the frontline of medicine and play a vital access point into the healthcare system. As someone who grew up in a lower socioeconomic home and had to rely heavily on the care emergency medicine physicians provide, I honestly never envisioned any other career path.

### **Any advice you'd give to those interested in pursuing a similar career path?**

During my time as a hospital administrator I've found experience and networking to be two important factors in understanding and attaining a leadership role. I suggest prospective physicians take opportunities to build their experience by volunteering their services and time in leadership roles within their organizations. Additionally, plan on doing a lot of networking. I found myself forging contacts at meetings, finding mentors, and presenting on various issues of interest. In the long run, the connections you make and the relationships you build will benefit you exponentially, as you pursue a career in hospital administration.

I have had the pleasure of participating in three of the four phases of ACEP's Emergency Department Directors Academy. Each step created an opportunity for me to network amongst thought leaders in our industry while learning management skills and gaining a better understanding of the business of healthcare delivery. I encourage anyone interested in hospital administration to consider this option.

### **What aspect of your current work means the most to you?**

I take pride in knowing the decisions we make as physicians executives positively impact patients and their care, and create for them a quality of life equally as comfortable from when they first came into our hospitals.

### **What are your hopes for the future of emergency medicine and healthcare in general?**

My vision for the future of emergency medicine includes integrating emergency care with the various health care resources, working together, concentrating on the needs of our patients. It's vital for emergency medicine to continually define itself or someone else will. Today, emergency care is often fragmented and poorly connected across the continuum. I'd like to see the development of a highly integrated, virtual care platform to come to the patient and assist in the management of chronic conditions, which is interoperable between any electronic health record.

Finally, to ensure patients needs remain the focus of healthcare, the term physician-led must not be a catchphrase but the norm and physician leadership should be a requirement at all levels.

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**Resident Corner**  
**Code Delivery: New Life in the ED**  
**Brooke A. Dugdale, MD**  
**Iowa Chapter Resident Representative (UICCM)**

“Code delivery” is a phrase that evokes a knee-jerk response in the typical ED doctor. In the lead up to my OB rotation this month, I enjoyed asking several of my attendings about their experiences with new life in the ED. Mostly, I heard from them tales of harrowing elevator rides, sprints across parking lots and through hospital corridors, and other such heroic efforts to deliver the as-of-yet undelivered patient safely to L&D. It piqued my curiosity about the complexities of childbirth from the provider perspective--and this month has not disappointed! It has been a rich experience in so many ways.

As an ED physician, even one only 1.5 years into residency training, death has not been an unfamiliar occurrence in the department. We gain experience in accompanying those near the end of life, which perhaps makes it all the more remarkable to be present in the first breaths of life as well. It is certainly a contrast. I can attest that those moments of guiding a neonate into this world and praying that I would not drop them (I have not!), have been equally emotion-filled. There are not reliable statistics about the number of births in Emergency departments, but I am so grateful for the training, in order to be ready should a precipitous delivery come my direction.

Along the way this month, I have learned a great deal about this ‘special population’ of pregnant women. The distortion of normal physiologic parameters and the gravid body’s response in trauma are valuable things to have seen. So too, diagnosing and treating pre-eclampsia, or following an early HELLP syndrome, actively managing while LFT’s climb and platelets disappear, have been excellent learning. Frighteningly, even the most straight-forward vaginal delivery could quickly become complicated by failure to progress or shoulder dystocia, necessitating McRoberts, other specialized maneuvers or possibly a c-section at which we would assist. Finally, the ED consults followed by OR trips that verified the acute abdomen and nearly ruptured ectopic pregnancies, are not soon to be forgotten.

Guiding a new life out and into the world has been a singular experience. May my reflections on this learning experience perhaps trigger your own memories, and prompt inquiries to your colleagues of their adventures in welcoming new life to the ED. I’m sure there are stories...

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**Follow up from down the Rabbit hole (read Alice in Wonderland already!)**

**Thomas E. Benzoni, DO, FACEP**  
**Alternate Councillor**

In reaction to my prior column on privacy and use of cell phones, I’ve received a number of comments. Some were made in private, some asking for perspective and many asking for more information. This is a brief follow-up.

One physician sent me a very interesting process that their employer is requiring them to do. Once again it required the downloading of an app from an online store. It then required the individual to give the app and/or employer access to their credit record. This second part is what raised this physician's concern. The individual was specifically instructed to remove credit check blocking from their credit services. In my not-very-humble opinion, this seems to be a spectacularly bad idea but is a great indicator.

To me, this is a clear line crossing a boundary. There is no reason that you should remove any credit protections from your personal accounts for your employer's use. This is a red flag that is so huge even the color blind can see it. This appears to create/be an example of an open door to social phishing.

My personal feeling on this is to understand the following: "No" is a complete sentence.

There is no reason you should be giving your employer access to your credit history. When you open access to your credit report, it is obviously open to everyone. When your employer says, "Trust me." that may be the time to look for alternate arrangements. This is not in your best interests. On that note, if the good physicians who are aware of these efforts by employers to enter their personal lives told their employers "No, thank you. You'll need to find another way." these efforts would quickly stop. They have to have your agreement to take advantage of you. They need your DEA (which, like your medical license, is as personal property as your car.)

There are many ways to do dual-factor authentication. Fingerprint readers are one. Your employer can subscribe to a service that you are probably already using for your banking or on-line trading account where a time sensitive code is sent to you as a text message. Many more methods exist; they require an adult conversation. These latter methods do not raise privacy concerns.

Additionally, remembering that only the paranoid survive. Feel free to follow this link or enter these search terms into Google for a little more hair-raising education on the flaws and foibles of downloading more apps to your Phone for your employer to use.

[Search Forbes: Google Confirms Android Camera Security Threat: 'Hundreds Of Millions' Of Users Affected. Android Malware Abuses App Permissions to Hijack Phones](#)

Let's keep up with discussion on this topic of protecting physicians' personal lives from employer intrusion. That's my opinion; what's yours?

**Up Next: A novel photo best-practice for you to take to your employer.**

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**Welcome New Members**

A special welcome to the new medical student members of the Iowa Chapter. We are excited to have you!

Brian Bottke  
Anthony R. Rauschenbach  
Mitchel Lane Oltmanns  
Eric David Polich  
Maggie Mahaffa

You may wonder if you should get involved with Iowa ACEP or EMRA or even at the national level? We encourage you to please get involved.

If you are unsure how to get involved, feel free to [contact](#) the chapter.

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## FROM NATIONAL ACEP



### **Articles of Interest in *Annals of Emergency Medicine* - Winter 2020**

**Sam Shahid, MBBS, MPH**

**Practice Management Manager, ACEP**

ACEP would like to provide you with very brief synopses of the latest articles and articles coming soon to *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. [View synopses here.](#)

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### ***Annals* Supplement: Social EM**

Want to know more on social determinants of health? Check out the special, open-access *Annals of Emergency Medicine* supplement "[Inventing Social Emergency Medicine: A Consensus Conference to Establish the Intellectual Underpinnings of Social Emergency Medicine.](#)"

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### **New Policy Statements and Information Papers**

The following policy statements and information papers were recently approved by the ACEP Board. For a full list of the College's current policy statements, consult the [ACEP Policy Compendium](#).

### **New Policy Statements**

[Pediatric Readiness in Emergency Medical Services Systems](#)

[Opposition to Copays for Medicaid Beneficiaries](#)

### **Revised Policy Statements**

[Firearm Safety and Injury Prevention](#)

[The Role of Emergency Physicians in the Care of Children](#)

### **New Information and Resource Papers**

[Information and Resources Addressing Falsification of Data in Research](#)

[Resources on Behavioral Health Crowding and Boarding in the Emergency Department](#)



### **Announcing the new ACEP Clinical Alert**

Keep up with the latest physician guidance and clinical updates from the CDC with the [ACEP Clinical Alert](#) online.

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### **ACEP Introduces Citizen First Responder Program**

ACEP's new first responder training program, Until Help Arrives, was officially unveiled during ACEP19 in Denver with a series of events to highlight how emergency physicians can positively impact their communities by conducting training sessions to teach the public basic life-saving skills. [Read more](#).

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### **NEMPAC has your back in the 2020 Elections**



2020 is an important election year. This is no time to sit on the sidelines! NEMPAC is working hard to ensure the concerns of emergency medicine and patients are front and center with candidates running for federal office. Your support this year will make our voice stronger to help elect emergency medicine supporters in Congress and identify and cultivate future champions. The NEMPAC Board of Trustees and staff have put together an informative presentation on NEMPAC's role in the 2020 elections and how decisions are made to support candidates. [Click here](#) to view the presentation and [click here](#) to support NEMPAC today.

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### **Update on ACEP's APM Strategic Initiative**

ACEP has an exciting update on our Alternative Payment Model (APM) Strategic Initiative. As background, a couple years ago, ACEP created the Acute Unscheduled Care Model (AUCM), a Medicare APM specifically designed for emergency physicians. Currently, individual emergency physicians and emergency medicine groups do not have any opportunities to directly participate in "Advanced APMs." Under Medicare, participation in an Advanced APM could result in a five percent payment bonus through 2024 and a higher payment fee schedule update starting in 2026. The AUCM has been endorsed by the Secretary of Health and Human Services (HHS), but not yet implemented by the Centers for Medicare & Medicaid Services (CMS).

As ACEP waits to see how CMS may implement the AUCM in Medicare, we are simultaneously pursuing model implementation by other payors, including Medicaid and private payors. More and more state Medicaid agencies and private payors are moving away from fee-for-service (FFS) contracts with physicians and other health care practitioners towards value-based payment arrangements, and the AUCM is an ideal APM construct for these payors to pursue for emergency medicine.

Through the APM Strategic Initiative, ACEP is continually providing information and resources to emergency medicine groups, state Medicaid agencies, private payors, and other stakeholders about how to structure and participate in emergency-medicine focused APMs that use the AUCM as a framework. We are happy to announce that we have updated our [APM Strategic Initiative website](#) with additional resources that provide a more detailed overview of the AUCM and its potential for improving emergency care and reducing costs.

While these resources are mainly background materials for you to learn more about the AUCM, ACEP is in the process of developing targeted tool kits that you can use to engage in discussions with state Medicaid agencies and private payors on emergency-medicine focused APMs. Stay tuned for this next phase of the initiative.

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### **Concerned About Opioid Use? \$500k ALTO Demonstration Grants for EDs**

SAMSHA released a grant opportunity for the Emergency Department Alternatives to Opioids (ALTO) Demonstration Program designed to expand non-opioid treatment protocols in emergency departments throughout the country. [Applications are due March 17.](#)

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### **Nominate Your Peers**

Nominations are open for the 2020 ACEP Leadership & Excellence Awards, honoring members who distinguish themselves for leadership and excellence in EM. Submit nominations in one or more award categories by March 1. [Learn more.](#)

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### **Until Help Arrives**

The first few minutes after a major medical emergency are critical for survival, and emergency personnel aren't always the first ones on the scene. To educate the general public on basic life-saving skills, the American College of Emergency Physicians (ACEP) created ***Until Help Arrives***, a one-hour training course taught by emergency physicians in their local communities. [Learn more.](#)

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### **Free Counseling Available for ACEP Members**

Receive exclusive access to 3 free counseling sessions through ACEP's new Wellness & Assistance Program. Support is available 24/7, & you can conduct your sessions over the phone, face-to-face, via text message or through online chat. [Learn more.](#)

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### **Be Accredited to Provide Pain & Addiction Care in the ED**

Show your community that your ED is part of the solution. ACEP will soon launch the [Pain & Addiction Care in the ED \(PACED\) Accreditation Program](#), developed for EM physicians by EM physicians. It will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

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**Registration Is Now Open for ACEP's 2020 Leadership and Advocacy Conference**

Advocate for your specialty, engage with new Members of Congress and connect with EM leaders at ACEP's Leadership & Advocacy Conference (LAC) - April 26-28, 2020 in Washington, DC. Register today with promo code CAPITOL to save \$75\* and make your voice heard! Hurry – the hotel always sells out fast.

<https://www.acep.org/LAC>

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# Is Your ED Pediatric Ready?



All EDs need to have the appropriate resources and capable staff to stand ready to care for children of all ages, yet every day in the United States, children are treated in EDs with varying levels of pediatric readiness. Start now to be **PedsReady** before taking the assessment starting **June 2020**.



For more information and resources to be PedsReady:



Bookmark the **PedsReady.org** website

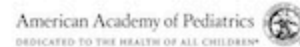


Download the 2018 guidelines: <https://tinyurl.com/PedsReady>



Like & share the PedsReady Facebook page: **@PedsReady**

Supported by:



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