



Summer 2015

From the President

Douglas Char, MD, FACEP

Memorial Day has come and gone. Severe weather has devastated parts of Oklahoma and Texas, rising rivers threaten to flood parts of the upper Midwest, hurricane Dolphin just missed Guam last week, and the world is still dealing with aftershocks in Nepal following a devastating earthquake. It may be on the cusp of summer but Mother Nature has clearly reminded everyone that she remains firmly in control. Once again first responders and those who staff our Emergency Departments are in the front line and ready to help. There were lots of BBQs as part of hospital festivities during “EMS Week” May 17-23. I hope that you had an opportunity to thank our pre-hospital colleagues for all they do and the risks they take every day on behalf of patients.

It has been a busy spring for MOCEP. We held our annual meeting the weekend of April 17-18, in Kansas City in conjunction with the Missouri State Medical Association meeting. Our first MOCEP-EMRA happy hour at Anton’s Taproom was a great success. It was great to mingle with old friends while saying hello to new faces. We welcomed students, residents and faculty from KCUMB, UMKC and KU to the event and introduced them to MOCEP and EMRA. I presented a roundup of this year accomplishments at the General Meeting (slides have been posted to the members only section of the [MOCEP website](#)). We held elections and welcomed Dr. John Owen (Heartland Hospital) to the Board. Having another voice from the western side of the state is

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a big plus. Dr. Chuck Sheppard from Springfield rotated off the Board.

This year's ACEP *Legislative Advocacy Conference and Leadership Summit* was held at the Grand Hyatt Washington, DC. Seven residents from St. Louis University and Washington University joined with a Kansas City University of Medicine and Biosciences student and five board members to storm Capitol Hill May 5. We were invited back on Wednesday morning to meet with Senator Roy Blunt. Read more about all that went on at LAC in this edition of the EPIC.

By anyone's stretch of the imagination this was a strange year for Missouri legislative antics. I want to thank Jorgen Schlemeier and his team at Gamble & Schlemeier who have worked diligently to get our message out there and represented MOCEP before state lawmakers. Please read Jorgen's 2015 Legislative summary for more information about what did and didn't make it through the sausage factory.



Drs. Douglas Char, Evan Schwarz and Rob Poirier meet with Sen. Roy Blunt at the Leadership and Advocacy Conference

May is graduation season. MOCEP is fortunate to have a large number of Emergency Medicine residents and students from around the state on our membership rolls. To those who are finishing up and moving on to fellowships or their first full time EM job – congratulations! We are proud of the 6 medical schools and 4 residency programs that call Missouri “home.”

The MOCEP board isn't taking any time off for the summer. Cecile Landrum, our Executive Director, attended LAC in May and will be at ACEP Headquarters in Dallas for a Chapter Executives training session in June. We have committed to a 2-day board retreat and strategic planning session in early July. One of my goals for the coming year is to create a 5-year plan for MOCEP. I want the board, with the assistance of our Executive Director, to map out priorities and identify resources that we'll need to accomplish our goals. We'll be meeting in St. Louis so that the Board can attend our next MOCEP-EMRA Happy Hour ([Brennan's](#) in the Central West End) on Friday evening, July 10. We want to take this opportunity to meet with residents, senior medical students who are planning to pursue a career in Emergency Medicine, faculty, and EM physicians from the St. Louis region. Please plan on joining us!

Remember the next Council meeting and ACEP15 in Boston is only 4 months away.

Plan to attend now – click [here](#) for more information and registration. Have a wonderful and safe summer!

MOCEP Welcomes New Board Member, John D. Owen, MD



Dr. John D. Owen, M.D. specializes in emergency medicine and family medicine and is the medical director for the Emergency Department with Mosaic Life Center (formerly Heartland Regional Medical Center) in St. Joseph, Missouri. Dr. Owen attended medical school at the University of Missouri – Kansas City and completed his residency at the University of Oklahoma – Tulsa Medical College. He has a distinguished military career with the US Air Force and Air National Guard and retired in 2012. He resides in Liberty, MO with his wife, Deborah Stover.

Legislative Update Jorgen Schlemeier

From me to you – the legislator, that is.

The 2015 legislative session, which has to be the most bizarre I have experienced, has concluded which means your 2016 legislative session has begun. They left my town and have returned to your town. TAG! You are it!

Since the session has concluded there is no need to talk about past issues. Now is the time to get to know your legislators, and more importantly, for them to get to know you. They are right there in your community, hunt them down and pin your business card to their forehead. Like medical school, there will be a test at the end

of the semester (December) with two questions, which I am giving you in advance. First, do your legislators know your name without prompting if they would see you in the hall of the Capitol or local grocery store; and second, do they know what you do for a living? If you miss either of those questions, don't despair; there is a bonus question – have they seen your name on a check made out to their campaign? You don't have to do both, although heavily encouraged, but one or the other is a necessity.

The session began with the most unfortunate news of Auditor Tom Schweich's death, followed 5 weeks later by the death of his chief political advisor, both by suicide. The State budget took more twists and turns than I can recall in recent years. The Senate used a procedural motion that has not been invoked for 8 years to pass Right to Work Legislation (which will be vetoed, for those interested), and then the Speaker of the House resigned from his post on the final day of session.

To put this in perspective: the last 6 days of legislative session is when the Senate passes 70% of all the non-budget bills for the year. That would account for approximately 120 bills, each of which contains several issues. This year, the final 6 legislative days saw 2 bills cross the finish line, both of which were single subject and not omnibus bills.

Our 2015 legislative report card, like most sessions, was a mixed bag despite the turmoil that took place. There are some victories, like medical malpractice reform, but there is still some work left on unfinished business, like the Prescription Drug Monitoring Program.

The Governor signed the Medical Malpractice legislation in May. The bill limits non-economic damages to \$400,000 for negligent claims and \$700,000 for "catastrophic events" including death, paraplegia, and loss of a major organ function. The bill will go into effect August 28. As you recall, the previous established caps of \$350,000 for all claims for non-economic damages was tossed by the Supreme Court, and we have been pushing for an alternative solution ever since. Many believe this bill will not withstand a court challenge, but only the court can settle that speculation. If they do, in fact, strike this bill down, the next route to reinstate the cap is to pass a constitutional amendment, which will be costly and difficult.

Sponsors Representative Holly Rehder and Senator David Sater did a very good job promoting the bill, but the Senate proved to be the hurdle once again that we just couldn't clear. Infringing on people's freedom and liberty is the key argument of the opponents.

MOCEP did see success this session with several other bills. First, a Regional Care Coordination project to better share real time health care data between EDs to reduce duplicate tests on Super Utilizers was passed. We are working with MoHealthNet (Division of Medicaid) to begin this program as soon as possible after the funding becomes available on July 1, which is the start of the new fiscal year. The Governor has already signed the budget, which included this item.

The repeal of the helmet law failed. This bill seems to creep a little further each year, however it continues to face a similar resistance as the drug-monitoring bill does on the Senate floor.

Several bills were introduced this year to cap reimbursement Medicaid provider rates. Who thinks Medicaid over pays providers? These bills, while falling flat on their face, were most harmful to ED physicians. There is no other provider who is required to see a Medicaid patient other than an ED physician. In fact the somewhat dismissive argument against the bill by many providers was, "we are not opposed, we are just informing the legislature that we will no longer remain Medicaid providers." We, actually just you, not me, do not have available the option of calling the Medicaid "sign up window," and cancelling your subscription to "Take Medicaid Patients and Get Rich."

The Nurses tried to play their annual "get out of Collaborative Practice free" card. This year it came in a bit of a different form. The chain pharmacies attempted to work with the nurses to relieve the APRNs of some of the constraints contained in the current collaborative agreements. The doctor groups opposed any loosening, except in the end they gave a quarter of an inch. The agreement was to allow the APRN to waive the 30-day on-site practice requirement with the collaborating physician IF one 30-day on-site requirement had been fulfilled and the APRN is simply changing collaborating physicians but not practice sites. That bill failed in the end, nonetheless.

There were many other issues affecting your profession that we interacted with

this session, and you can read all of them by visiting the [Legislative Updates](#) tab under the Members Only section of the website.

Remember, 2 questions: do your legislators (Representative and Senator) know 1) your name and 2) your profession?

Super Utilizers Bill

Randy Jotte, MD

Working closely with members of state legislators and officials within MO HealthNet, MOCEP succeeded this spring in proposing that Missouri fund a pilot project to coordinate care for Emergency Department Super Utilizers. On May 8, Governor Nixon signed House Bill 11, authorizing \$2 million to fund a Regional Care Coordination Model for Super Utilizer patients.

As emergency physicians, most of us are familiar with our emergency department Super Utilizers. While cohorts may differ, healthcare utilization patterns are similar. These patients receive most if not all of their care in one or multiple emergency departments. Some present on a monthly basis, some weekly, and a few almost daily. Many of us see these patients more often than we do some family members or neighbors. We call them frequent fliers, Super Utilizers, or complex patients and often know them on a first name basis. Their care tends to be redundant, fragmented, and inevitably, expensive individually and collectively. They also provide tremendous opportunities to provide better care at lower costs.

While the United States spends more per person on healthcare than any other developed country, those costs are intensely concentrated. One percent of the population accounts for almost 23 percent of U.S. healthcare spending as shown by the 2012 federal Medical Expenditure Panel Survey. Five percent of the population accounts for 50 percent of healthcare expenditures. In contrast, the half of the population with the lowest healthcare expenses accounts for only 3 percent of total spending. This top 1 percent annually spends over \$97,000 per person in healthcare, the top 5 percent over \$43,000 per person, and the bottom

50 percent only \$234 per person. Efforts to reign in healthcare costs must focus intensely on this upper 1 percent, the so-called Super Utilizers.

Certainly, some of the most expensive patients suffer conditions -- active cancer, premature birth, or severe trauma -- that would be costly to manage under any circumstance. However, many Super Utilizers suffer chronic conditions like diabetes, emphysema or heart failure that simply are poorly managed. Often, addiction, mental illness, poverty and social isolation compound their conditions. Care for these individuals generally is provided in numerous emergency rooms and hospitals and is often fragmented, redundant, temporary and cumulatively very expensive.

Several pilot programs have been initiated elsewhere to try to these patients better. They seek to not only save money but to also improve their care and enable healthier lives. A Washington state public-private care coordination program for Super Utilizers spearheaded by Washington state ACEP assures emergency department access to a customized care plan formed in collaboration with the patient's physician, integration of mental healthcare and instant notification of primary care providers when enrolled patients arrive in the emergency department. Super Utilizers emergency department visits fell 37 percent, with initial Medicaid savings exceeding \$33 million. Similar pilots have started in New York, Pennsylvania and Minnesota.

Since November 2013, MOCEP has worked closely with legislators and state officials to implement a pilot program for Super Utilizer patients. A program was authorized by the General Assembly in 2014. Citing large budgetary shortfalls, Governor Nixon vetoed this pilot in 2014 along with multiple other programs. MOCEP Board Members have maintained close contact with legislative leaders, specifically Representatives Flanigan, Allen and Haefner and Senator Schaefer, as well as officials within MO HealthNet. These legislators proposed a care management pilot in 2015 for Medicaid Super Utilizers in Missouri in the Regional Care Coordination program. With widespread support among Republicans and Democrats, this proposal was approved by the General Assembly and in early May was signed by Governor Nixon.

Most would agree this solution benefits Medicaid, healthcare providers, and most importantly, patients. While only 8,700 of Missouri's 870,000 Medicaid patients

are considered Super Utilizers, better management of this group poses an important opportunity to lower costs while improving overall quality of care.

With a Medicaid budget exceeding \$7 billion, substantial savings can be realized. Most importantly, patients will receive the right care at the right place and at the right time.

Chapter Executive Remarks

Cecile Landrum

Attending *LAC* in Washington, DC was a great learning opportunity. I especially enjoyed the time I got to spend with the MOCEP residents and the chance to absorb some of their enthusiasm and excitement! The Chapter Executives met as a group on Sunday. There were informative presentations from ACEP on chapter operations along with good networking sessions with other chapters of similar size. I am looking forward to my one-on-one orientation at the ACEP national office in Dallas mid-June and hope to bring back some new ideas and strategies.

Registration for **ACEP15** (formerly known as *Scientific Assembly*) is now open. Make your hotel reservations as soon as possible. MOCEP will be hosting a member and alumni reception again this year, most likely on Monday evening. Mark your calendar now and spread the word!

MOCEP & EMRA St. Louis Networking Reception

Hope you can join us at **Brennan's on Friday, July 10, 2015!**



**Missouri College of Emergency Physicians
&
Emergency Medicine Residents' Association**



Invite Medical Students, EM residents,
Physicians and Faculty
to join us for a networking and social event
Bar & Light Refreshments Provided

Date: **Friday, July 10, 2015**

Time: **6:00 – 8:30 pm**

Place: **Brennan's**

Central West End
4659 Maryland Ave
St. Louis, MO 63108

Questions: Cecile@mocep.org ♦ 573-636-2144

Congratulations to the 2015 R.R. Hannas Award Recipients

The R.R. Hannas, M.D. Emergency Medicine Award, is named after Dr. Hannas, one of the “founding fathers” of Emergency Medicine, who practiced Emergency Medicine in Kansas City on and off for approximately thirty years. Dr. Hannas was chairman of the committee that originally founded the American Board of Emergency Medicine (ABEM). He served on the Board for twelve years and was the organization’s fourth president. He was instrumental in helping to organize the fifth Emergency Medicine program in the country at Northwestern University, and he is also a past president of the American College of Emergency Physicians (ACEP).



Kevin Baumgartner, Washington University
School of Medicine Recipient
Emergency Medicine at Barnes Jewish
Hospital, St. Louis, Missouri



Jordan Gipson, University of Missouri -
Columbia Recipient
Army Emergency Medicine program, San
Antonio, Texas



Benjamin Hermanson, Kansas City University
Recipient
Medical College of Wisconsin Affiliated
Hospitals



Bailey Hunkler, University of Missouri - Kansas
City Recipient
Residency: Emory University School of
Medicine, Atlanta, Georgia



Kristin Lythgoe, A.T. Still Recipient
University of Buffalo School of Osteopathic
Medicine in New York



Nicholas Patrick Pallo, Saint Louis University
Recipient
Emergency Medicine at the University of
Kansas School of Medicine

2015 Graduating EM Residents

June has arrived and that means that it's time to bid farewell to graduating residents from across the state. These individuals have spent the last 3-4 years honing their craft and learning what it means to be an emergency physician. In the process they have cared for countless Missourians and improved the health of our state.

Nine of the 27 residents listed below are planning to practice or complete fellowships in the state of Missouri. Please welcome our newest group of colleagues!

Saint Louis University

- Dr. Joseph M. Schuster, DePaul Health Center, SSM Health Care – St. Louis, MO
- Dr. Daniel Normansell, Memorial Hospital – Belleville, IL
- Dr. Charles Pennix, St. Mary's Hospital – Decatur, IL
- Dr. Semeon Krits, DePaul Health Center, SSM Health Care – St. Louis, MO
- Dr. David Sprowls, St. Anthony's Medical Center, Hospital – St. Louis, MO
- Dr. Michelle Storkan, University of California (Wilderness Medicine Fellowship/Instructor Clinical Professor) – San Francisco, CA

University of Missouri – Kansas City

- Dr. John Buckner, North Kansas City Hospital – Kansas City, MO
- Dr. Amy Doll, St. Alexius Hospital – Bismarck, ND
- Dr. Josh Honeyman, Essentia Hospital – Fargo, ND
- Dr. Dustin Keffer, Shawnee Mission Medical Center/Ransom Memorial Hospital – Shawnee Mission, KS and Ottawa, KS
- Dr. Chris Morrison, Cox Medical Center – Springfield, MO
- Dr. Emily Roth, Via Christi Medical Centers – Wichita, KS
- Dr. Grady Thiems, Shawnee Mission Medical Center – Shawnee Mission, KS
- Dr. Katie Thompson, Mercy Hospital – Chicago, IL
- Dr. Vanessa Welbern, Ocala Medical Center – Ocala, FL
- Derek Yarmer, MD Hays Medical Center – Hays, KS

Washington University School of Medicine in St. Louis

- Dr. Dimyana Abdelmalek, Global Emergency Medicine Fellow, Case Western Reserve University – Cleveland, OH
- Dr. Anah Ali EMERGINET, Piedmont Henry Hospital – Atlanta, GA
- Dr. Julianne Dean, Anesthesia Critical Care Fellowship, WashU/Barnes – St. Louis, MO
- Dr. Maureen Gross, Sports Medicine Fellowship, Washington University – St. Louis, MO
- Dr. Scott Haight, Non-academic, MultiCare Auburn Medical Center – Auburn, WA
- Dr. Yonitte Kinsella, Attending Physician – Missouri Baptist, St. Louis, MO
- Dr. David Liss, Toxicology Fellowship – WashU/Barnes, St. Louis, MO
- Dr. Nicholas Musisca, Morton Hospital - Steward Medical Group – Taunton, MA
- Dr. Allison McGovern, Non-academic, Mercy Hospital – Coon Rapids, MN
- Dr. Sammi Jones, Camp Lejeune Naval Hospital – Camp Lejeune, NC
- Dr. Andrew Theilen, EPIC (Emergency Physicians Integrated Care), VA Salt Lake City academic affiliate hospital (associated with University of Utah) & Mountain W. Medical Center (community hospital) – Salt Lake City, UT
- Dr. Joseph Watkins, Academics, University of Arkansas – Little Rock, AR

University of Missouri – Columbia

Things are starting to heat up at Mizzou. We successfully matched our second class! We also celebrated our first resident scholarly activities by Drs. Andrew Pelikan and Catherine Parker. Dr. Pelikan presented an Innovation in Education at the national EM Council of Residency Director's Meeting. Dr. Parker has also been chosen for Regional Finals for VAP in traumatic patients admitted to the ICU. We are busy readying for our new class but putting Mizzou on the map one step at a time. Finally, Dr. Borenstein is handing over the reins of the program to Dr. Brian Bausano who will be taking over Program Director on July 1.

Resident's Corner: *Legislative Advocacy Conference and Leadership Summit* (formerly known as Leadership & Advocacy Conference)

Advocacy Training

Lydia Luangruangrong, MD

The *Legislative Advocacy Conference and Leadership Summit* was a 4-day event held in Washington, DC that provided residents and attendees the opportunity to learn about the latest legislation and controversial topics on the Hill. The first day's information was directed toward residents; it covered health policy basics and ideas about how to get and stay involved. Much of the information reviewed can be found in the [EM Advocacy Handbook](#).

The first day also included a Journal Club which assessed a few landmark health policy articles on ED utilization and the effect of health care reform in Massachusetts, increased Medicaid coverage in Oregon, and emerging issues with new high deductible plans and anticipated reimbursement changes. The second day covered alternative payment models, psychiatric patient boarding, and state responses to the prescription drug abuse crisis, among other important topics. The third, and our final day, was an opportunity to directly interact with either Representatives, Senators, or their legislative aides in the Capitol.

EMRA's website lists a number of resources and opportunities for involvement with health policy. You can join the ACEP 911 network and get regular updates on policies, you can investigate Health Policy fellowships, and you have access to some lecture series on the topic.

Attending the conference was both eye-opening and incredibly informative. I look forward to following the progress of the legislation we advocated for and to future communication with my elected representatives.



Capitol Hill visits at LAC

National EM Priorities, Part I

Scott Haight, MD

The 2015 ACEP *Legislative Advocacy Conference and Leadership Summit* was a huge success. Emergency medicine physicians showed up en masse to advocate for our specialty and our patients. Despite the heat we trekked all over Capitol Hill for meetings with our government's national leadership. Here are the primary topics we discussed:

EMTALA Coverage for Specialists

We encouraged our legislators to vote in favor of the Health Care Safety Net Enhancement Act of 2015. This goal of this bill is to provide additional liability protections to emergency physicians and on-call specialists providing care for patients coming through the emergency department. The argument being that since EMTALA is an unfunded mandate of the federal government, we and our on-call specialists should receive liability protection just like we would if we were treating these same patients in a federally-qualified health center. A byproduct of this bill would be on-call specialists may be more likely to come in in the middle of the night to care for a patient as opposed to recommending transferring to a tertiary care center.

GME Funding

We constantly hear about the coming "Silver Tsunami" and the growing need for physicians. Medical schools have heard this message, and have responded by increasing the number of physicians they produce. Yet Congress has not responded to this message by increasing the number of GME funded residency slots available. We are producing more and more doctors but they are competing for the same number of residency slots. Unfortunately at this time there is no pending legislation to address this issue.

National EM Priorities, Part II

Julie Yue Dai, MD, MBA

SGR Repeal

Physicians have urged Congress to repeal the Medicare Sustainable Growth Rate (SGR) formula for years. In the most recent months, the house and senate approved the HR2 Medicare Access and CHIP Reauthorization act that was signed into law mid-April. It felt great personally thanking our Senators and Representative staff members for their support.

Mental Health

May is Mental Health Month, making it perfect timing to collaborate with our Senators and Representatives to increase support for psychiatric patients. The National Institute of Mental Health estimates 43.7 million adults with mental health illness in 2012, roughly 18% of our population. 4.1% of US adults suffer from serious mental illness that results in functional impairment of one or more major life activities. Over the years, state funding for mental health has slowly diminished, thus dwindling psychiatric outpatient resources. This makes it even more challenging for psychiatric patients to seek help. Many have nowhere else to turn except the emergency department, which is not only ideal for their care, but also a costly strain to emergency department flow. This year, we voiced our psychiatric patient boarding frustrations, clarified boarding interference with other patients and ED flow, explained the time consuming transfer process between facilities, urging our leaders to help increase the funding and research for mental health.

Toxicology Corner: Powdered Alcohol

Evan Schwarz, MD

Over the past year a powdered form of alcohol, Palcohol, has received a lot of attention in the media even though it is not scheduled to come to market in the United States until later this summer. The powder is easily dissolved in water or another liquid to form an alcoholic beverage with the same alcoholic content as a

standard mixed drink. The product will be produced in 5 flavors: vodka, rum, cosmopolitan, lemon drop, and a margarita flavor. It gained federal approval in 2014. Since then, several states have either passed or proposed legislation to ban the product. Legislation in Missouri stalled in committee. While similar products are already available in Europe, very little is known about them.

Much of the media attention concerns fears of misuse and abuse. Since it is sold in small packets, there are concerns that someone could easily sneak it into a public event or purposely adulterate a drink with it. These same concerns appeared in Germany after the release of powdered alcohol there. Much of the concern revolves around misuse by underage or novice drinkers. There is also a fear that the product may be marketed towards either teenagers or young adults. Part of the concern stems from the product being available in flavors such as cosmopolitan or margarita that might appeal to a younger consumer. In Germany, the powdered product Subyou allegedly had slogans such as “taste for not much dough” and “gets a good buzz going” which may have been intended to appeal to a younger market. Since this is a new product and people will not be familiar with it, they may inadvertently misuse it. For instance, it is possible that people will not understand the alcohol content of a single packet and mix multiple packets together resulting in a higher degree of intoxication than expected. An analogous situation was seen with Four Loko and other caffeinated or flavored alcoholic beverages. People drank large amounts of the beverages because they did not realize how intoxicated they were due to the large amount of caffeine, which led to several hospitalizations and deaths. There are also fears of abuse since it is available in a powder and so could be snorted like heroin or cocaine. Snorting alcohol may seem odd but people have been quite creative in the past finding new ways to abuse alcohol such as through their eye or colon.

For their part, the company has started an aggressive campaign to nullify these concerns. Their website claims that this product fills a unique need. For instance, it might be cumbersome to carry alcohol on a long hike so it would be easier to just carry a powder and then reconstitute it later. In fact, the main page of their website argues that powdered alcohol is safer than liquid alcohol. The owner points out that if their product is consumed properly, that each packet has the same amount of alcohol in it as does a standard drink. In addition, he believes it is just as easy to smuggle powdered alcohol as it is liquid alcohol into a public venue. Of course, the website at one time described Palcohol as a concealable alternative to more expensive beverages at public events; the site has since been changed.

Lastly, he attempts to debunk fears about snorting the powder citing that it is very painful and not an effective way to become intoxicated. Unfortunately, there are some claims that seem much more dubious such as a ban being fiscally irresponsible.

We still know very little about powdered alcohols and much of the concern is purely speculative. Likely, there will be instances of powdered alcohol being misused or abused. How often this will occur, especially in comparison to the daily misuse and abuse of liquid alcohol, is still unknown. While I'm not sure Palcohol or other powdered alcohols really fill a needed niche or offer much public benefit, I'm also not sure if the entire public backlash is truly warranted.

Emergency Medicine Political Action Committee

Thank you to these members who have made a recent contribution to the Emergency Medicine Political Action Committee!

Lynthia Andrews Bowman
Gregory DeWitt Folkert
Mark Griesemer
Todd A. Hayes
Thomas Hindsley
Anahita Hojat
Dennis E. Hughes
George T. Koburov
Ted McMurry
Mark D. Newport
Rolland S. Olds
Olusola Orebiyi
Thomas Pinson
Kenneth Bruce Quenneville
Shanda Riley
Daryl Thomas Steen
Sean Stickle

Louise Wilkinson

You can make a 1-time payment or a recurring monthly payment via credit card, automatic withdrawal, or check. Visit the [Contribute](#) link to donate through the website, or print a form and mail to the MOCEP office.

Please be aware that most universities and hospitals, and many corporations cannot contribute to a PAC. If your dues are paid through a group that cannot give to a PAC, we hope you will consider making a direct contribution.

MOCEP at the Missouri State Medical Association Annual Meeting Christopher Sampson, MD, FACEP

The annual spring MOCEP meeting again took place during the MSMA meeting which was held in Kansas City over April 17-18, 2015. The educational session started with Drs. Koboldt (University of Missouri-Columbia) and O'Rourke (UMKC) providing the 2015 LLSA review. Dr. Mike Weaver (Kansas City) gave a very interesting, entertaining and informative talk on cultural and linguistic competency in the Emergency Department. Our final speaker of the day was David Reid, a fourth year medical student at KCUMB and EMRA board member, who provided an overview of the ACGME and AOA merger into a single accreditation system. The educational session was followed by the annual membership meeting.

The night before a very well attended evening reception was held at Anton's Taproom. Medical students and residents from the Kansas City and Columbia area mingled with MOCEP members from all over Missouri. Given the success of this event, a Saint Louis reception is planned for July 10th at [Brennan's](#). Hope to see everyone in Saint Louis!

American Academy of Emergency Nurse Practitioners Gain Momentum

Houston, TX — The American Academy of Emergency Nurse Practitioners (AAENP) which promotes high-quality, evidence-based practice for the more than 12,000 nurse practitioners serving in emergency care settings has announced its increased collaboration with the American College of Emergency Physicians (ACEP).

The organization recently provided expert consultation regarding Emergency Nurse Practitioner practice with the Georgia, New Jersey, Texas, & Washington Chapters of the American College of Emergency Physicians. AAENP representatives are actively collaborating with and attending ACEP State chapter board meetings to remain abreast of critical issues in emergency care delivery within their respective states impacting Emergency Nurse Practitioner (ENP) practice.

In Georgia, Dian Evans, PhD, FNP-BC, ENP-BC was invited to participate at the Georgia College of Emergency Physicians Board of Directors meeting in December, 2014. She also provided an update on AAENP efforts and membership initiatives while attending the GCEP spring legislative luncheon at the Georgia State Capital where attendees met with key legislators to discuss issues critical to providing emergency care services in Georgia.

“In the few months since she first attended our meeting in December, Dian has participated in all of our board meetings and legislative activities. She brings with her the perspective and insight of an educator, but also of nurse practitioners, who are our partners in delivering quality emergency care to all Georgians,” said GCEP President John Rogers, MD, CPE, FACS, FACEP, who sees value in furthering similar relationships. “Emergency Medicine works best when those who are caring for patients work together as a team. This requires a shared vision, purpose and goals. Including a NP leader in the discussions and activities of a State Chapter is essential in improving the care we deliver together. Through this collaboration, physicians will benefit, nurse practitioners will benefit, and most importantly so will our patients,” said Rogers.

AAENP aims to establish high quality continuing education and formal academic curricula for emergency nurse practitioner preparation. AAENP further promotes

research efforts in emergency care to inform emergency care practice guidelines, and facilitates representation of the emergency nurse practitioner within professional health organizations and academic institutions. Current initiatives are focused on expanding national educational standards for emergency nurse practitioners, supporting the practice and board certification of nurse practitioners practicing in emergency care settings, updating ENP core competencies and exploring potential partnerships with nursing and medical organizations. AAENP Board Members and State Representatives are available to work with any ACEP chapters with interests or needs related to Nurse Practitioner practice in the emergency department.

More information, including an overview of the Emergency Nurse Practitioners role, is available at their [website](#).

Clinical News

ACEP's Clinical Emergency Data Registry to Measure, Report Health Care Quality, Outcomes

As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the Clinical Emergency Data Registry (CEDR).

[Read More](#)

Measles Outbreak Highlights the Need for Infectious Disease Containment Protocols in the Emergency Department

Emergency physicians and emergency department leaders are challenged to develop a rational and consistent approach to patients...

[Read More](#)

CME Article

What Is the Best Ratio of Plasma, Platelets, and Red Blood Cells for Massive Transfusions?

Case A 23-year-old male presents to the ED with multiple gunshot wounds to the chest and is...

[Read More](#)

Make a Difference: Write That Council Resolution!

Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a few months the ACEP Council will meet and consider numerous resolutions.

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with Scientific Assembly. During this annual meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. This year there are 365 councillors representing chapters, sections, AACEM, CORD, EMRA, and SAEM.

The Council meeting is your opportunity to make an impact and influence the agenda for the coming years. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution.

I'm ready to write my resolution

Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. Whereas statements should be short, focus on the facts, and include any available statistics. The Resolved statement should be direct and include recommended action, such as a new policy or action by the College.

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a majority vote for adoption and Bylaws resolutions require a two-thirds vote. When writing Bylaws resolutions, list the Article number and Section from the Bylaws you wish to amend. The resolution should show the current language Bylaws language with additions identified in bold, green, underline text and red strikethrough for any deleted text. Please refer to the ACEP Web site article, "Guidelines for Writing Resolutions," for additional details about

the process and tips on writing a resolution.

I want to submit my resolution

Resolutions must be submitted by at least two members or by any component body represented in the Council. The national ACEP Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions are reviewed by the Bylaws Committee to ensure there are no conflicts with the current Bylaws. Any suggestions for modifications are referred back to the authors of the resolution for consideration. Resolutions may be submitted by mail, fax, or email (preferred). Resolutions are due at least 90 days before the Council meeting. This year the deadline is July 27, 2015.

Debating the resolution

Councillors receive the resolutions prior to the annual meeting along with background information and cost information developed by ACEP staff. Resolutions are assigned to reference committees for discussion at the Council meeting. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and participants often have questions that are best answered by the author. At the conclusion of the hearings, the reference committee summarizes the debate and makes a recommendation to the Council. The Council considers the recommendations from the reference committees on the second day of the Council meeting. The reference committee presents each resolution providing a recommendation and summary of the debate to the Council. The Council debates each resolution and offers amendments as appropriate. Any ACEP member may attend the Council meeting, but only certified councillors are allowed to participate in the floor debate and vote. Non-councillors may address the Council at the discretion of the Speaker. Such requests must be submitted in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your component body to designate you as an alternate councillor status and permission for Council floor access during debate.

The Council's options are: Adopt the resolution as written; Adopt as Amended by the Council; Refer to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee; Not Adopt (defeat or reject) the resolution.

Hints from Successful Resolution Authors

- Present your resolution to your component body for sponsorship consideration prior to the submission deadline.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP website is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before? What happened?
- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

I need more resources

Visit [ACEP's website](#). Review the "Guidelines for Writing Resolutions" prior to submitting your resolution. There is also information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. Of special note, there is a link to Actions on Council Resolutions. This link contains information about resolutions adopted by the Council and Board of Directors in prior years.

Well, get to it

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for members to provide information to their colleagues and ACEP leadership. Please take advantage of this opportunity and exercise your rights as part of our Emergency Medicine community. Dare to make a difference by submitting a resolution to the ACEP Council!

Ready-Set-Go!!! The Triple E Race (Expand-Enhance-Engage) Contest has Begun

Andrew I. Bern, MD, FACEP

National Coordinator of the 911 Network Advocacy Program

What if you could reimagine ACEP's political advocacy program? What would you change? What would be different? How would you expand, enhance, and engage the participation of your chapter members in the 911 Network? Could you imagine Political Advocacy Activities as part of your professional life-long career?

I can and hope you will join me in realizing this vision.

Beginning with the start of The *Legislative Advocacy Conference and Leadership Summit* (May 3, 2015), the number of 911 network members (ACEP and EMRA) has been tabulated for your chapter. This will be the starting point for the Triple E (Expand – Enhance- Engage) Contest.

The contest encourages ACEP chapters to sign up new 911 Network members as well as encourage their members to get involved and take their advocacy to the next level. In addition to increasing the actual number and percentage of 911 Network members in the chapter, action/ merit points will be calculated when your chapter's 911 Network members do any of the following activities:

- open / read the 911 Network Weekly Update;
- respond to an Action Alert;
- host or participate in an ED visit;
- meet with a legislator back home or attends a town hall meeting;
- deliver a NEMPAC check to a fund raising event;
- attend the *Legislative Advocacy Conference and Leadership Summit* or School of Political Advocacy at *ACEP 15*;
- Participate in a teleforum to learn more about a key legislative issue and how to take action.

Your chapter can also receive points for publishing articles or promotions (like this one!) for the 911 Advocacy Network. The top three chapters with the greatest number of new 911 Network members enrolled or the greatest percentage of overall members enrolled, combined with points for the above activities will be recognized at the ACEP Council Meeting in Boston on October 18.

Click [here](#) to learn more today or join the Network to explore the new ACEP

Grassroots Advocacy microsite. Remember that you will have to sign in with your ACEP username and password for access to the site.

What specific steps can your chapter do right now!

Encourage all chapter leaders and Councillors to join the 911 Network.

Encourage participation in the 911 Network during your chapter's leadership-training program.

Discuss and promote the 911 Network at your chapter's annual meeting.

Promote the 911 Network among your medical student and resident members.

Run articles about 911 Network activities and highlight your State Leader and Team Captains' or any ED visits for legislators hosted by your 911 members. (Full details and tools for hosting an ED visit for legislators are on the microsite.)

If you need assistance in carrying out any of the activities listed above, contact [Jeanne Slade](#).

As you or your chapter members complete any of these advocacy steps, please go to the "Contact US" area on the bottom right of the acepadvocacy.org site to provide feedback or you can also directly e-mail [Jeanne Slade](#) or [Andy Bern](#).

The "Find Your Legislators" will identify your Senators, Members of the House, and your local legislators for your registered address.

Welcome New Members

Adam N. Ali

Kurt Curtis
Joshua A. Geltman
Dharshinie Jayamaha, MD
Margaret AR Kirwin
Brendan Kurtz
Elizabeth Nguyen
Samantha J. Nohava
Thomas R. Perry

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