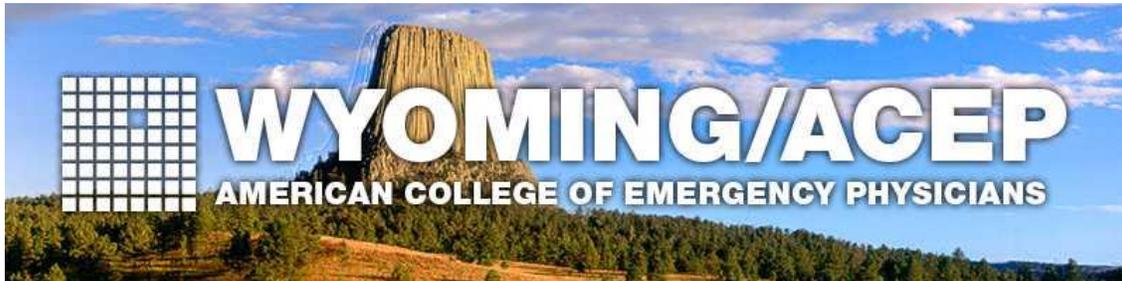


A Newsletter for the Members of the Wyoming ACEP Chapter



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## **From the President** **Buck W. Wallace, MD, FACEP**

Howdy!

I was asked to step in as Chapter President for Wyoming ACEP for Dr. Khawaja due to family circumstances. I hope this e-newsletter finds him well!

I started practicing as an Emergency Physician in Wyoming in 2001 as a Resident and knew that Wyoming would be my medical home. I moved to Wyoming in 2002 and continue to reside in Daniel, WY. I have worked full-time and locums across the state in large and small

emergency departments and even primary care offices. I have worked in prosperous times and yet more recently helped Sublette County navigate significant emergency medicine "right-sizing". Beyond surviving a winter with record snow falls and historic low temperatures, Emergency Physicians in Wyoming are facing serious financial struggles both in our health care delivery systems as well as our patient's pockets. I don't have numbers to prove it, but as coal and gas jobs have come to a crashing end, I wonder how many patients have sought our services knowing that we never turn our backs on them, insured or not.

I guess that I am optimistic that despite whomever you voted for in the Presidential election, Donald Trump is our President and he will perhaps provide Wyoming with some temporary economic recovery. I am also optimistic that perhaps President Trump and his staff can transform the Affordable Care Act into Affordable Care. As the market place has consolidated and insurance premiums and deductibles sky-rocketed, the dreams of the ACA seemed long forgotten. I would not try to convince any of you that I am an expert at guessing what "Trump-Care" might encompass, but like most of you my goal for 2017 is to stay informed and raise my voice regarding critical health policy decisions. Part of staying informed is figuring out where to get information that you can trust. I believe [ACEP](#) is a great starting point. Don't forget the Wyoming Medical Society, the Wyoming Hospital Association, and even neighboring state medical societies.

Hopefully Facebook is low on your list! Most importantly, don't trust what you hear, look for facts and challenge those who do not have them. In the meantime, if you have a suggestion on what the chapter can do to voice our opinion, please send me an [email](#) and let's get the ball rolling.

## Wyoming ACEP Chapter Annual Meeting!

Don't forget about this year's **Chapter Annual Meeting**. The meeting will be held via conference call on **Monday, February 27th at 5:00pm**.

The **call-in** details are the following:

### **Call-In Details**

**Number: (866) 951-1151**

**Conference Room: 220-877-756**

**\*2 to Mute/Unmute**

We look forward to your participation!

## Adriana's Corner

[Wellness Week](#) came and went. I hope that all of you were able to take some time from your busy schedules to do something specific to take care of your health. If not, it's never too late.

Here at the national office, every day, we were sent various health tips. A particular one that caught my attention was the following:

### HAVE A GOOD LAUGH

Maintaining a sense of humor can relieve stress in several ways. First, there are specific benefits that you get from laughter that can help you relieve stress and even stay healthier in your life. Also, laughter connects people, and social support is good for stress relief. It's hard to stay stressed when you're laughing. And maintaining a sense of humor reminds us that our stressors may not be as menacing as they seem, and probably have solutions, too. For these reasons, laughing in the face of stress can help you feel better in a matter of minutes. Learn more about the benefits of laughter and how to maintain a sense of humor in the face of stress by clicking [here](#).

If you have a health tip you feel has helped you and would like to share it with the members of the chapter, please send it via [email](#). I'd be happy to send it to the members of the chapter for you.

## Clinical News

### CT Can Indicate Mortality Risk in Elderly with Trauma

**NEW YORK (Reuters Health)** – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

[Read More](#)

### HCV Infections Less Prevalent than Previously Estimated

**NEW YORK (Reuters Health)** – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections

and HCV-related deaths more attainable, researchers suggest.

[Read More](#)

### **Free CME for Reading Annals of Emergency Medicine's Practice and Clinical Updates**

Earn CME credit while reading the number-one journal in our specialty. Each month, a new Annals of...

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## **Diversity and Inclusion: Our Chapters, Our Duty**

**Ryan P. Adame, MPA, CAE**

**Deputy Executive Director, California ACEP**

**Chair, ACEP Chapter Executives Forum**

**Member, ACEP Diversity & Inclusion Task Force**

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read “diversity” and “inclusion” because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty’s diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

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## **New Congress, New Administration, New Challenges**

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

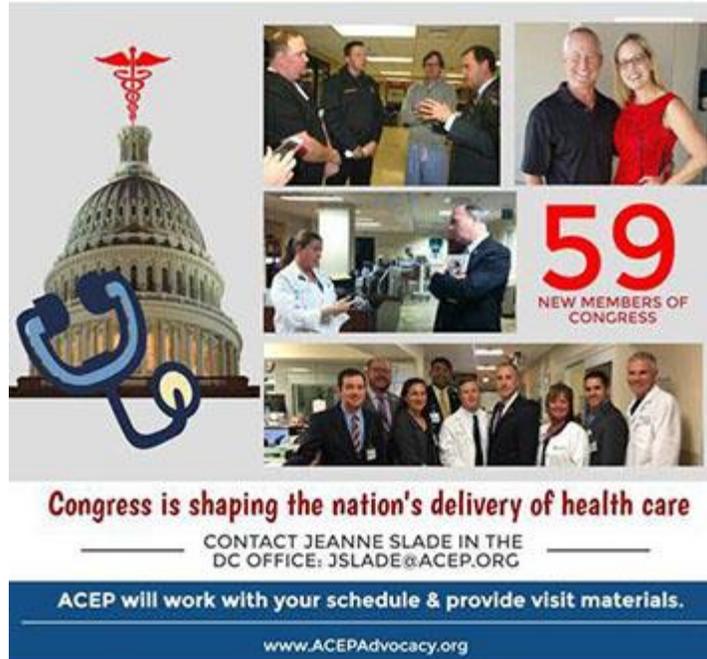
Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

## ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department

A graphic for the ACEP 911 Legislative Network. It features a central image of the US Capitol building with a blue stethoscope graphic overlaid. To the right, there are three smaller photos: the top one shows a man in a suit talking to a group of people in an emergency department; the middle one shows a man in a suit talking to a woman in a white lab coat; the bottom one shows a group of people in an emergency department. A large red number '59' is prominently displayed, with the text 'NEW MEMBERS OF CONGRESS' underneath it. Below the photos, the text reads 'Congress is shaping the nation's delivery of health care'. At the bottom, it says 'CONTACT JEANNE SLADE IN THE DC OFFICE: JSLADE@ACEP.ORG'. A dark blue banner at the very bottom contains the text 'ACEP will work with your schedule & provide visit materials.' and the website 'www.ACEPAdvocacy.org'.

Go to the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

## Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

### EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click [here](#) to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more! This program developed and presented by ACEP in collaboration with Haymarket and is made

possible through an educational grant from Novartis.

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## **Welcome New Members!**

Mr. Rage Geringer - Glendo, WY

Ms. Rebekka A. Lee - Cheyenne, WY

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c/o National ACEP  
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