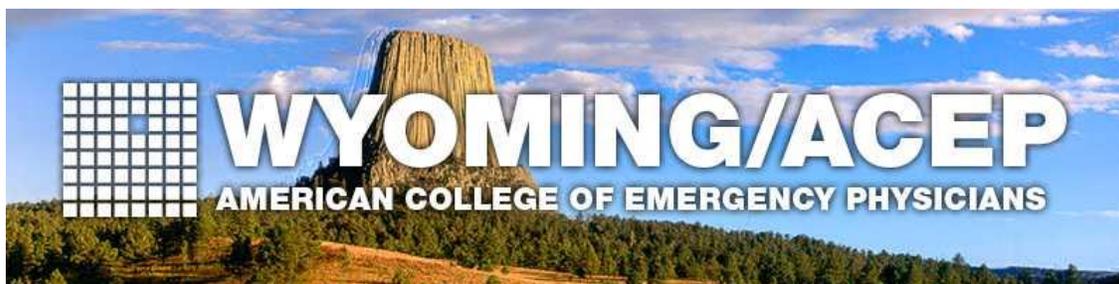


A Newsletter for the Members of the Wyoming ACEP Chapter



Buck W. Wallace, MD, FACEP
President

[Adriana Alvarez](#)
Executive Director
Phone: (855) 568-1546
Fax: (972) 767-0056

Table of Contents

- [President's Letter](#)
- [President-Elects Letter](#)
- [Adriana's Corner](#)
- [2018 State Legislative Issues](#)
- [ACEP's 50 Years](#)
- [High Standards for Clinical Ultrasound](#)
- [Geriatric Emergency Department](#)
- [Annals of Emergency Medicine ACEP's Policy Statements & PREPs](#)

From the President
Buck W. Wallace, MD, FACEP

Season's Greetings!

Maintenance of Certification with ABEM seems to be a hot topic these days. I was involved in a teleconference with ABEM and wanted to share some thoughts. ACEP is working with ABEM to improve the process and big changes have happened and will continue to happen. Did you know that you can take the written recertification exam in the years BEFORE you are due to expire without risk of losing certification? It may be a great option to decrease the stress of the big exam. They are considering a home-based internet exam as well but the logistics of that seem difficult to me. Like you, I have been frustrated with the process but still believe Board Certification is noteworthy achievement. Changes are in the way for LLSA as you should be able to pick among articles relevant to your learning objectives.

This month I attempted a PALS, ACLS, ATLS trifecta in addition to my online classes required by my malpractice carrier and a ridiculous update to Epic that changed everything yet nothing. Meanwhile I watched as journals that I preferred to read piled up. I am certain this is not the way to keep me engaged in current emergency medicine. Fortunately, ACEP continues to push against these "merit badge" certifications and if your hospital still requires them for privileges, 2018 might be the year to try to change that.

Finally, call me old but I am still worried about the outpatient treatment of pulmonary embolism. I just started trusting that Xeralto wasn't going to be pulled for an increase in mortality. Yes, we might have literature to support it, but make sure your medical community is in agreement. We use the more conservative PESI criteria but have involved local hospitalists, internists, and family practitioners in the algorithm. In addition, consider ED observation for the 23-hour period for borderline cases. Those savvy in ultrasound might do a bedside scan looking for RV strain. What's this? not ultrasound savvy? Watch the Virtual ACEP lecture on bedside echo and in a few scans, you'll be a pro.

From the President-Elect Carol L. Wright-Becker, MD

For a first-time attendee of *ACEP17* it was rather enlightening to go to the Council Meeting and a worthwhile event. The Council Meeting was conducted in the ballroom at the Marriott Marquis in DC. The meeting was conducted in traditional parliamentary manner with the parliamentarians in the front, with hundreds if not thousands of attendees almost all Emergency Medicine providers. The object of the Council Meeting is to vote and make resolutions and recommendations to give out to the greater Emergency Medicine community. It is quite a sight to see the debates and the issues at hand for current providers.

Below are some of the highlights of the meeting that were discussed which will likely

impact emergency medicine in Wyoming:

- ACEP is working with other medical groups to investigate root causes of drug shortages to have an adequate supply of essential drugs. This is relevant given we have all been affected by the shortages of drugs such as Saline and Ativan
- Prudent Layperson: this is one of the more difficult concepts. Basically, it says that insurance should reimburse a visit to the ER if a "prudent layperson" (someone with average knowledge of health and medicine and might anticipate serious impairment to their health) would go visit the ER for such a complaint despite the final diagnosis. Such an example would be going to the ER with chest pain or abdominal pain regardless of the final etiology. There are some issues with insurance i.e. Anthem insurance who is trying to not reimburse ER visits based on final diagnosis code. This is especially relevant given we all are under EMTALA laws and cannot turn anyone away. ACEP is for keeping a Prudent Layperson cause so that insurance cannot refuse to pay the provider even if the final diagnosis is not that of a life-threatening illness
- Balanced Billing: for those not familiar with the concept it is the practice of providers billing for the difference between what the patient's insurance chooses to reimburse and what the provider actual charges. The pros for this for Emergency Medicine Community is that provides the ability to cover those who are uninsured especially when there are no laws that require payment to allow for viability of emergency care given the payer mix. There was a presentation covering the fact that "surprise bills" (an example would be going to an in-network ER with out of network ED provider and getting a \$10k bill for a concussion work up) is a very tiny percentage of all ER visits. Most states such as Wyoming currently do not have legislation on balanced billing and it was recommended that if possible get them to legislature to help assure that laws exist especially in Emergency Medicine to not outlaw Balanced Billing.

Other topics that were discussed include:

- ACEP passed a resolution to support diversity and inclusion in emergency medicine as well as encourage including residents and young physicians in the Counsel Meeting
- Mentions of how community providers vs. academic providers have more difficulties running for election to the Board given the time needed to commit to campaigning.
- ACEP officially decided to NOT take a position on the use of medical marijuana, cannabis or synthetic

- There was a close vote on injection centers. Verbatim the endorsed language states: "Endorse syringe services programs, promote access to these programs for people who inject drugs, educate members on harm reduction techniques". This is in alignment with the phrasing supported by the AMA. While an injection center is unlikely to be established in Wyoming the near future it could be on the horizon, given no community is free of injection drug users.

Some less exciting highlights include changes to the Bylaws and how amendments are changed, like the following:

- Creating a new chapter for Locums
- Support CPR training for Laypersons

If your schedule permits, I encourage you to get more involved at the chapter level and attend the Council Meeting at least once and represent the Wyoming Chapter at this exciting Council Meeting held every year by national ACEP.

Adriana's Corner

This year is just about over. The days, weeks and months just fly by. And usual chapter business must continue. I am certain 2018 will be a great year for you as emergency physicians and for the Wyoming Chapter. I look forward to continuing to work with all of you the upcoming year. In the meantime, please contact [me](#) if I can help you in any way.

State Legislative Issues for 2018 by Harry J. Monroe, Jr. ACEP Director, Chapter and State Relations

Two years after the nearly miraculous successful retreat by the British army from Dunkirk, Prime Minister Winston Churchill remarked on the first actual British victory of the war by declaring, "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

We may be at a similar point in our legislative battles over balance billing and out of network reimbursement. In many states, policymakers that have been considering the issue for multiple sessions will look to address the issue once and for all. Thus, it will be important that we stand

ready to engage an issue that continues to pose a threat to our specialty and most importantly, access to care for our patients. Certainly, we want to be paid fairly, but we also want to focus on making sure that insurer practices are not causing patients to delay receiving emergency care out of uncertainty as to what the insurer will pay.

ACEP has developed, and is continuing to refine, resources to help states engaging this issue. On [our website](#) you will find numerous documents that will be of help in working on this issue, including talking points, copies of written testimony produced in a number of states, information on why Medicare is not a sound benchmark for determining reimbursement, and many other materials. I would encourage you to take a look.

Additionally, we have worked hard over the last two years to build relationships with other specialty societies and the AMA, based on shared consensus principles and solutions documents that are included on the website, that have helped us collaborate on these issues. In most states that we have engaged, the national collaboration has helped with building alliances at the state level, with the result that the house of medicine has been largely united in our response to legislation. In addition to fighting off bad legislation, we have looked for opportunities to promote positive legislation on the issue, and model legislation has been developed to that end. In addition, to our collaboration with other specialties, another outside organization, Physicians for Fair Coverage, has been formed and has helped to provide and coordinate resources in this fight.

At the time of this writing, we are also working on developing regional teams of experts that can help provide assistance in terms of legislative interpretation, understanding financial impacts, and advocacy. These should be in place by the time 2018 sessions begin.

We believe that as many as 25 states will see significant efforts by legislatures to address balance billing and out of network legislation this year. If you are facing it in your state, reach out to me [via email](#) or at 972-550-0911, ext. 3204.

In addition to balance billing and out of network issues, there will be many other important issues to address in the coming year. The prudent layperson standard remains under attack in many places by both Medicaid and commercial payers. The opioid epidemic continues to be a critical public policy concern. Of course, what the federal government does about health care, and how that filters down to the state level, promises to require our attention. This will be a busy year at the state house!



ACEP - You make 50 look good!

As we wind down 2017, we kick off a year-long celebration of ACEP's 50th anniversary starting January 2018. Plan to participate in social media campaigns that highlight the highs, lows and life-changing moments in EM. Get hyped for a historical timeline following the history of our specialty as well as anniversary-themed podcasts. Watch for anniversary editions of ACEP Now and Medicine's Frontline in addition to proclamations from members of Congress and sister medical societies. Don't forget to order copy of our commemorative coffee table book featuring the breath-taking photographs that capture a day in the life of emergency physicians collected by famed photographer Eugene Richards. [Book tickets now to ACEP18](#) and our blow-out anniversary celebration in San Diego featuring an interactive history museum showcasing the journey of emergency medicine from battlefield to inner city to rural America to every spot in between.

As we enter 2018, we begin the celebration of 50 years of life saving and boundary pushing. Are you on call for 50 more?

Show Your Commitment to High Standards for Clinical Ultrasound

You have the highest standards when it comes to your clinical ultrasound program. Show that commitment to your patients, your hospital, and your payers with ACEP's Clinical Ultrasound Accreditation Program (CUAP). ACEP's [CUAP](#) is the only accreditation program specifically for the bedside, clinician-performed and interpreted ultrasound. Now also available - accreditation for non-ED clinical settings, including freestanding EDs, urgent care centers and clinics. [Apply Today!](#)

- Ensure safety and efficacy of patient care
- Meet ACEP's high standards for point-of-care delivery
- Use your own policies or draw from expert-reviewed sample documents

Geriatric Emergency Department Accreditation Program

ACEP is gearing up to accredit geriatric emergency departments. The [Geriatric Emergency Department Accreditation Program](#) will be accepting applications after the first of the year. There will be 3 levels of accreditation ranging from a minimal commitment to better elder care to a comprehensive well-rounded robust program. Accreditation shows your patients, your institution and your payers that your ED is ready to provide care to seniors and is a quality program that meets the high standards of the American College of Emergency Physicians. [Find out more.](#)

Articles of Interest in *Annals of Emergency Medicine* by Sandy Schneider, MD, FACEP ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. [Read More](#)

Policy Statements and PREPs Approved by the ACEP Board

The following policy statements and PREPs were approved by the ACEP Board of Directors at their October 2017 meeting.

Policy Statements

[Medical Transport Advertising, Marketing, and Brokering](#) - revised

[Clinical Emergency Data Registry Quality Measures](#) - new

[Mechanical Ventilation](#) - new

[Hospital Disaster Physician Privileging](#) - revised

[Unsolicited Medical Personnel Volunteering at Disaster Scenes](#) - revised

[Sub-dissociative Dose Ketamine for Analgesia](#) - new

Writing Admission and Transition Orders - revised

[The Clinical Practice of Emergency Medical Services Medicine](#) - new

[The Role of the Physician Medical Director in EMS Leadership](#) - new

[State Medical Board Peer Review](#) - new

Pediatric Medication Safety in the Emergency Department - new

[Distracted and Impaired Driving](#) - revised

PREPs

Sub-dissociative Dose Ketamine - new

Writing Admission and Transition Orders - new

**Wyoming ACEP Chapter
c/o National ACEP
4950 W. Royal Lane
Irving, Texas 75063-2524**

Copyright © 2016 Wyoming ACEP.

All rights reserved.

[Unsubscribe →](#)

[Disclaimer →](#)