A Newsletter for the Members of the Minnesota Chapter

Fall 2008

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President

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President's Message
Drew Zinkel, MD, FACEP

Fall has come and with it so will seasonal influenza. The state of Minnesota's influenza-like-illness (ILI) activity level is currently listed at 'sporadic' per the Center for Disease Control and Prevention's definition, which means small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI. For weekly updates on ILI activity during this flu season in Minnesota and other nearby states follow this page on the **CDC website**.

Many of you were able to attend the American College of Emergency Physicians annual Scientific Assembly in San Diego this past October. Attendance at this event set an all-

time record of over 7,500 attendees. The weather did not disappoint, and many attendees utilized the easy availability of motorized scooters through mobile phone applications, hopefully returning unscathed and rejuvenated. At the meeting the ACEP Council approved many resolutions covering a wide range of topics including patient and physician mental health issues, opposition to 'safe discharge' mandates, funding for medication assisted treatment programs, increased naloxone layperson training, medical cannabis, as well as updates to several ACEP Policy Statements.

Our very own Shari Augustin, MNACEP's Executive Director for the last 35 years, has spent the last 15 years along with her husband, Dave Augustin, a North paramedic, responding to hurricanes and other natural disasters as part of the MN Disaster Medical Assistance Team (DMAT) with the National Disaster Medical System (NDMS). They recently responded to hurricane Michael with a team from Minnesota that was stationed just outside of the Gulf Coast Regional Medical Center in Panama City, Florida. They volunteered their time 12 to 14 hours per day in pop-up hospitals, sleeping in nearby tents at night. They describe the work as very rewarding, and if asked to deploy again they are ready.

Network and get engagED in your specialty. Join **ACEP's new online community** and collaboration hub by adding a profile. Post a message, get expert advice, connect and collaborate with another member or peer, browse ACEP resources, or collaborate with your section, committee, or state chapter. View or participate in the latest discussions in your specialty on a state and national level at **https://engaged.acep.org/home**.

Please save the date for our annual MNACEP Emergency Medicine Summit coming this January 28th at the Westin Edina galleria. This meeting will update and engage emergency medicine personnel throughout Minnesota on statewide issues pertinent to the practice and management of an emergency department. Moderated, interactive discussions will be presented by expert faculty from several health systems within the state as well as a question and answer session. Major topic areas this year will include opioid prescribing and addiction, high-yield hand orthopedics and pediatrics, as well as design, programming, and accreditation. We have a lineup of great speakers for this event and we hope to see you there!

We encourage you to get involved in your chapter by serving on a chapter committee. If you have an area of interest, please let us know by contacting the **Chapter Office**.

SAVE THE DATE AND REGISTER FOR THE MNACEP EMERGENCY MEDICINE SUMMIT JANUARY 28, 2019

Registration is now open for the 2019 Emergency Medicine Summit. Watch for your brochure with additional information to arrive by email and USPS. **Register today**!

EMERGENCY MEDICINE

SUMMIT 2019

Presented by:

Minnesota Chapter
American College of
Emergency Physicians®

MONDAY,
JANUARY 28, 2019

Westin Edina Galleria
3201 Galleria • Edina, MN

If you are a physician director, assistant director, nurse manager, PA, NP, administrative leader or future leader in the emergency department, this course is for you!

Legislative Update
Buck McAlpin, Legislative Consultant

I find it hard to believe that we are approaching the November mid-term elections already. This election will decide the make-up of the MN House and who the new Governor will be. Also, of interest is that the MN Senate has a 33-33 tie currently with the resignation of Senator Fischbach this summer. Senator Fischbach resigned to run with Tim Pawlenty for Governor over the summer. With his loss in the 2018 primary to Commissioner Jeff Johnson it left an open Senate seat that will be elected in November. Whoever wins that seat may decide the fate of the Senate 34-33 either way DFL or Republican.

The next legislative session in Minnesota will begin on January 6th at noon. This legislative session is the longer session with a focus on completing a bi-annual budget for the next two years. Rumors have circulated of a possible $1 billion-dollar surplus. The way the next session works is that the Office of Management and Budget will release a budget forecast in late February. From that forecast the Governor's office and legislators will begin the daunting task of building budget proposals for all three governing bodies.

Then as we all know the last few weeks of session are settled in conference committees negotiating a budget that the Governor, House and Senate agree on. And most importantly can be signed into law.

Two areas that MNACEP has already been asked to weigh in on is the Opioid Crisis and our MNCare 2% provider tax. Last year we had included in the final budget bill funding to work on and build out the statewide Prescription drug monitoring program. Unfortunately, that bill was vetoed by the Governor. We are working with Representative Dave Baker on re-introducing that language in the 2019 session in another Opioid package bill.

Health Care Access Fund and Provider Tax
As you know, the Health Care Access Fund (HCAF) is funded by the 2% provider tax that is set to sunset December 31, 2019 – total annual revenue in the HCAF is $800M. While there are some uncertainties in the projections for the HCAF – namely, re-authorization of the reinsurance program and uncertain stability of federal investments for MinnesotaCare – as of current law, the fund will run out of money shortly after the end of FY 2020 (June 30, 2020).

HCAF Revenue	% of total HCAF Revenue	HCAF Expenditure	% of total HCAF Expenditure
Provider Tax	83.6%	Medical Assistance	76.9%
Gross Premium Tax (plans)	11.1%	MNCare Premiums (state share)	5.7%
MNCare Premiums	4%	MNCare Direct Appropriation	4%
Federal Match on Administrative Costs	1.3%	DHS	6%
		MDH	6%
		Other	<1%

The current Gubernatorial candidates have publicly stated their stance on the Provider Tax:

- Walz: stated he would propose re-instating the provider tax and consider expanding the level of the provider tax to fund the MinnesotaCare buy-in option.
- Johnson: No plans to keep the provider tax and would consider cutting HHS (likely not cuts to funding for elderly or disabled) in order to keep a balanced budget.
- Local payers assert they are already paying providers for the cost of the provider tax. We are still working on internal assessments, but we may see a 2% reduction in some reimbursements if/when the provider tax goes away as it is "baked into the rates" according to the health plans.

It is also worth mentioning – the MHA and MMA have joined resources to hire a consulting firm to 1) develop a list of alternatives; and 2) in coordination with MHA and the MMA, narrow the list of alternatives and complete a deeper dive analysis on three options.

After the general election in November when we see the make-up of the legislature we will be scheduling a MNACEP Policy and Advocacy meeting to filter through some recommendations for a position for the full Board.

NEWS FROM ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

Information Papers:

- **Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database**
- **Emergency Ultrasound Standard Reporting Guidelines**
- **Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine**

Other Resources:

- **Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention**
- Smart Phrases for Discharge Summaries
  - **CT Scans for Minor Head Injuries**
  - **MRI for Low Back Pain**
  - **Sexually Transmitted Infection**
  - **Why Narcotics Were Not Prescribed**

Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

Sam Shahid, MBBS, MPH
Practice Management Manager, ACEP

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.

Anderson TS, Thombley R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**
The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to "Medically Clear" Psychiatric Emergencies in the field, 2011-2016**
The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County's standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. **Full text available here**.

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA,

Mazor SS.**Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**
The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. **Full text available here**.

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**
This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion (≥10 units), but not in those who receive <10 units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**
The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may

indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.

Interested in Reimbursement for EM?

Apply for the Reimbursement Leadership Development program! Program members will gain a thorough understanding of the EM reimbursement process, be poised to assume reimbursement leadership positions, and obtain a highly valuable skill set that will help them in their professional growth, practice, and path to ACEP leadership. Deadline is Nov. 9. **Apply now**.

Upcoming CEDR Webinar on November 15

Year 3 Proposed Rule: 2019 Participation in APMs
Speaker: Corey Henderson, Health Insurance Specialist within the Center for Medicare and Medicaid Innovation Center CMS-CMMI | November 15, 2018 1:00 PM CST - **Register Today**!

Want to improve your skills managing behavioral or medical emergencies?

Come join the Coalition on Psychiatric Emergencies (CPE) for a pre-conference workshop on Dec. 12th in Las Vegas Nevada. The Coalition is presenting two pre-conferences: **Critical Topics in Behavioral Emergencies for Emergency Physicians and Critical Topics in Emergency Medicine for Psychiatrists**. Come improve your

skills and earn CME! The early-bird rate for members is $149. To view the full schedule and to register, visit the **pre-conference website**.

Introducing BalancED

A new, **physicians-only wellness conference** where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

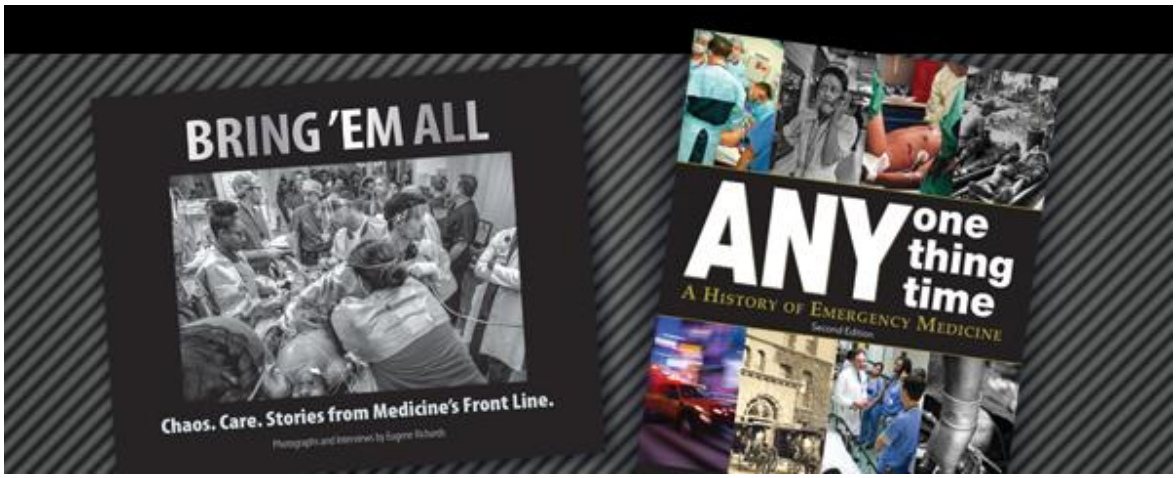
ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website**www.emergencycareforyou.org**. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- **Cats, Dogs and Dander… Oh, My!**
- **Dear Patient: A Letter from Your Emergency Physician**
- **Your Summer Guide to Bug Bites & Skin Rashes**

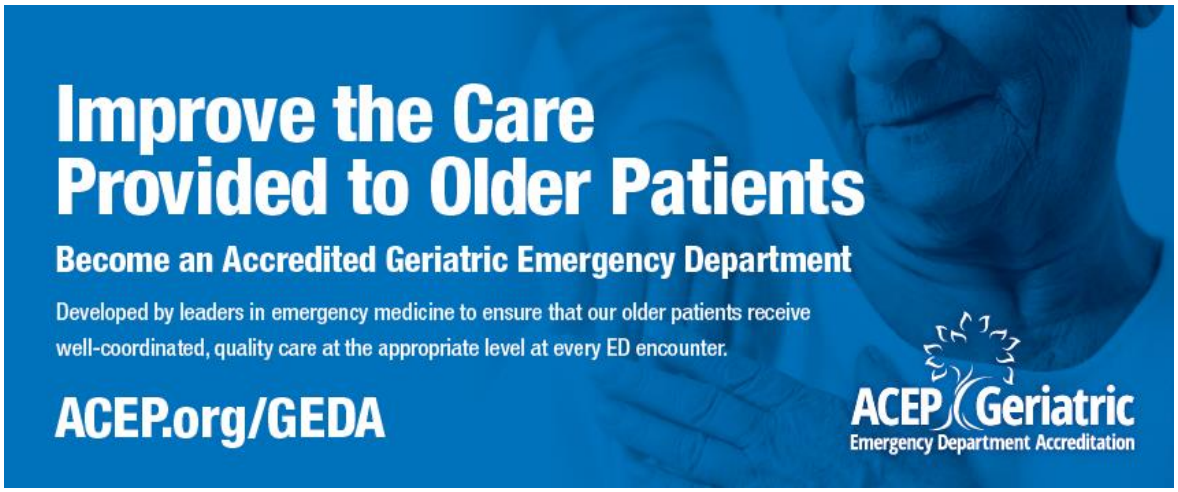
- **Heat Stroke and Hot Cars**
- **Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety**

Contact **Steve Arnoff** to learn more about contributing to the ACEP Doc Blog.



ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! **Bring 'em All** and **Anyone, Anything, Anytime** available at **bookstore.acep.org**.



Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, **guidelines to improve ED care for older adults** have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the **Geriatric ED Accreditation Program (GEDA)** to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.

Free Medication-Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the **MAT Waiver Training Calendar**. For more information on PCSS, **click here**. For more information on MAT training, email **Sam Shahid**.

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated $100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email **Sam Shahid** for more information.

NEMPAC
National Emergency Medicine PAC

NEMPAC On Track to Reach Record Fundraising Goal

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than $350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of $2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than $2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the **full-length article** published in ACEP Now on October 3.

For more information about NEMPAC, visit **our website** or contact **Jeanne Slade**.

Welcome New Members

Alisha Su Fujita
Ben R Burton
Boris Michael Beckert, MD
Brian Thomas Gooley

Brian Vincent Thielen
Chris M Olson, Jr
Elizabeth Anne Smith
Haley Ruth Patterson
Jenna Marie Geers
Michael Thomas Farrell
Mitchell R Cleghorn
Sarah Kay Scharber
Tyler J Koonst

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