A Newsletter for the Members of the Minnesota Chapter

Summer 2018

Drew Zinkel, MD, FACEP
President

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President's Message
Drew Zinkel, MD, FACEP

August is here and summer is flying by as usual. This past May several board members took the opportunity to represent Minnesota at ACEP's national Leadership and Advocacy Conference in Washington, D.C. We met with state legislators and their aides to discuss issues important for emergency physicians on a national level. This included asking them to sign on to a bipartisan-supported letter written by ACEP along with several other specialty organizations directing Dr. Scott Gottlieb, the FDA Commissioner, to convene a task force to address ongoing, persistent drug shortage issues affecting emergency and other physicians. We are glad to announce that our voice was heard! In July, a new FDA Drug Shortages Task Force was created and charged with identifying and addressing the root causes of drug shortages affecting the health care system.

Locally in the Twin Cities there has been a lot of press recently on the use of ketamine in the prehospital setting in emergency care research. There have been many viewpoints expressed, including a press release by Senator Jeff Hayden, DFL-Minneapolis, and Hennepin County Commissioner Peter McLaughlin which stated: “Performing medical research where patient consent is not given is unconscionable and unethical.” MNACEP reached out to national ACEP’s Board of Directors, President, Dr. Paul Kivela, and Chair of the Research Committee, Dr. Philip Levy, who wrote a formal response regarding the importance of exception of informed consent under FDA guidelines to improve care in time-sensitive life-threatening emergencies. The research utilizing ketamine in the prehospital setting has currently been suspended while an independent review is underway.

Nationally in July, ACEP and the Medical Association of Georgia filed suit against Anthem’s Blue Cross and Blue Shield (BCBS) of Georgia in federal court in an effort to compel the insurance giant to rescind its controversial and dangerous emergency care policy that retroactively denies coverage for emergency patients. Anthem implemented this policy over the last year in Georgia and five other states including Indiana, Kentucky, Missouri, New Hampshire and Ohio. According to the lawsuit, Anthem BCBS of Georgia’s policy violates the prudent layperson standard, which is a federal law requiring insurance companies to cover the costs of emergency care based on a patient’s symptoms and not their final diagnosis. “We can't possibly expect people with no medical expertise to know the difference between something minor or something life-threatening,” says Paul Kivela, ACEP President.

Our busy summer season of trauma and environmental exposures will blend into fall and influenza season soon. This Fall we will celebrate the 50th anniversary of ACEP at our annual**Scientific Assembly** in San Diego, California, October 1-4th. We hope you can join your colleagues and board members at this celebration of the history of our specialty.

Finally, please save the date for our annual **MNACEP Emergency Medicine Summit** coming**January 28, 2019**. We already have a lineup of great speakers and topics coming together for this event and we hope to see you there!

LEGISLATIVE UPDATE
Buck McAlpin, Legislative Consultant

While the elections this year do not bring the hype of a Presidential election, it is still a very important mid-term election for Minnesota with all Congressional and statewide races on the ballot along with all state House seats and one majority-deciding seat in the state Senate. Even though there is no Presidential race this year, there will still be millions of dollars spent in Minnesota on the US Senate, Congressional and Gubernatorial races.

The mid-term elections will bring major changes to the pollical and policy landscape in Minnesota. In additional to the polarizing political climate, the state has had consistent leadership with Governor Dayton and his administration since the 2010 election cycle. While health care does not seem to be as high of a priority for political talking points as it was two years ago, it is still a top issue with many of the candidates and their visions and policies will have significant impacts on the health care industry.

This update includes the front-running candidates for Congressional and state-wide races, candidate's health platform information included in public forums, and some potential major topics of interest that are being discussed leading up to the 2019 legislative session.

MNACEP does not endorse candidates as an organization. This update is intended to provide information on candidates running for offices that will be influencing policies that impact our membership statewide.

Mark your calendar
The primary election is August 14th and General Election is November 6th. Early and absentee ballots are **available here**.

On the 2018 Ballot

	Democrat-Farmer-Labor (DFL)	Republican (GOP)
Congressional Races*		
US Senate	Incumbent Amy Klobuchar	Jim Newberger
US Senate Special Election	Incumbent Tina Smith	Karin Housley
CD1 – Southern MN	Dan Feehan	**Primary Race** Jim Hagedorn Carla Nelson
CD2 – South suburbs	Angie Craig	Incumbent Jason Lewis
CD3 – West suburbs *Maple Grove, Minnetonka, Plymouth, Brooklyn Park*	Dean Phillips	Incumbent Erik Paulsen
CD4 – East Metro *Roseville*	Incumbent Betty McCollum	**
CD5 – West Metro *Robbinsdale, North Minneapolis, New Hope, Brooklyn Center*	**Primary Race** Ilhan Omar Patricia Torres Ray Margaret Anderson Kelliher	**
CD6 – North suburbs & central MN *Elk River, Blaine*	**	Incumbent Tom Emmer
CD7 – Northwestern MN	Incumbent Collin Peterson	**
CD8 – Northern MN	**Primary Race** Jason Metsa Joe Radinovich	Pete Stauber
Statewide Races*		
Governor	**Primary Race** Erin Murphy and Erin May Quade Lori Swanson and Rick Nolan Tim Walz and Peggy Flanagan	**Primary Race** Jeff Johnson and Donna Bergstrom Tim Pawlenty and Michelle Fishbach
Attorney General	**Primary Race** Keith Ellison Deb Hilstrom Mike Rothman	Doug Wardlow
State Auditor	Julie Blaha	Pam Myhra
Secretary of State	Incumbent Steve Simon	John Howe
State Legislature		
Senate District 13	Joe Perske	Jeff Howe
All 134 House Seats are up for election or re-election		

Health Care Platforms for 2018 Statewide Candidates

(In alphabetical order)
Below are the health care priorities of gubernatorial team and US Senate candidate that are in leading positions for the seats they are running for. This does not include the jobs, economic, wages, equity, or other priorities and policy proposals that candidates may or may not support that could have an impact on our membership.

Gubernatorial Candidates

Erin Murphy and Erin May Quade (DFL)
http://murphyformn.com/values-vision/

Erin Murphy is a former nurse in a rural hospital then on a transplant team and former Executive Director of the MN Nurses Association. This team believes:

- We should have a single payer system and supports a Minnesota Health Plan (Sen John Marty authored legislation) but recognize we would need federal participation for full single payer system. They propose to start by opening up MinnesotaCare to anyone who wants it.
- In contracting directly with providers – nurses, doctors, and hospitals – to drive better value and health outcomes
- In investing in our health care work force – nurses, home healthcare workers
- In tackling health disparities by disrupting the health care delivery model
- In reproductive choice and making sure all women have access to affordable health care, contraception and abortion services

Jeff Johnson and Donna Bergstrom (GOP)
http://www.johnsonforgovernor.org/issues

Jeff Johnson is currently a Hennepin County Commissioner and ran for Governor in 2014. This team:

- Cites high health insurance costs, lack of access and MNsure as major problems in health care.
- Wishes to take advantage of Federal waivers to allow Minnesota to abandon the provisions of Obamacare that have limited choice and increased costs.
- Intends to create an interstate compact with other Midwestern states to increase competition to sell and buy insurance across state lines.
- Action plan on healthcare: coming soon.

Lori Swanson and Rick Nolan (DFL)
https://www.loriswanson.com/vision

Lori Swanson is currently the state's Attorney General. On her website she has links to articles and blogs she has authored:

- Articles: "For-profit HMOs: Minnesota is posed to Fall into a Trap" published May 2017 in the Star Tribune; "Congress Needs to Act on Prescription Reform" published December 2016 in the Duluth News Tribune;
- Blog Posts (highlights below): "Big Pharma (Part 1): A Better Pill to Swallow" September 2017; "Big Pharma (Part 2): PBMs: Sunlight is the best Disinfectant" October 2017; "The Opioid Epidemic" June 2017;
- Big Pharma: A Bitter Pill to Swallow:
    - Increases in prescription drug costs over the last several years have been significant and manufacturers often cite research and development
    - Those uninsured and in high-deductible plans do not get benefits of rebates or negotiated prices
    - Congress should pass a law that allows the federal government to negotiate medication prices for Medicare
    - State-based reforms could include negotiating with the pharmacy industry for purchasing drugs in prisons, schools, state nursing homes, and other public facilities and also allows residents who are uninsured or on high-deductible plans to take advantage of the prices
- Big Pharma: PBMS: Sunlight is the Best Disinfectant:
    - Pharmaceutical costs consume nearly 17% of the health care dollar in the US, prescription drug costs are the fastest growing component of health care
    - Along the way prescription benefit managers (PBMs) have become a significant part of the pharmaceutical industry and collectively generate over $280 billion in revenue
    - Conclusion: We regulate the maximum rate for interest on consumer loans, the price of electricity and natural gas, and to a degree the price of auto and health insurance. Not so for the price of pharmaceuticals
- The Opioid Epidemic proposals:
    - Require prescribers and dispensers to review a patient's history in Minnesota's prescription drug monitoring database before prescribing or dispensing controlled substances
    - Opioid prescribers and dispensers should be required to receive periodic continuing education on pain management, substance abuse disorder, and painkiller risks

    - Patients should be given plain-language information about the risks of opioid abuse and the proper disposal of these medications when they fill a painkiller prescription
    - Limit diversion of drugs, there should be a collection receptacle in each county to dispose of unwanted opioid painkillers
    - Stop painkillers from falling into the wrong hands, the time period for a painkiller prescription to become void if not filled should be shortened
    - Occupational health licensing boards and law enforcement agencies should be given access to data to shut down “pill mills” that use professional licenses to sell inappropriate drugs to addicted patients
    - Drug treatment should be substantially expanded

Tim Pawlenty and Michelle Fishbach (GOP)
http://timpawlenty.com/pages/issues/

Tim Pawlenty is a former Governor of MN and served from 2002-2010. This team looks to:

- Create solutions to bring down health care costs while maintaining quality
- Hold State Government Accountable: cites - broken websites (MNsure); childcare providers defrauding the state of massive amounts of money; and a recent audit from the OLA that found the state is paying hundreds of millions in benefits to people not even eligible because the state government fails to verify income eligibility
- Skyrocketing health care premium increases are crushing too many Minnesotans
- One way to hold down health care costs is to require transparency regarding health care prices and to make sure consumers have user-friendly information about both the price and quality of care they receive
- Opioid Crisis: one key step toward addressing this problem is to hold big drug companies and others involved accountable for their role in this crisis. Need to make sure those companies partner with the state and provide resources to help fix the problem.
    - Better monitoring of prescription drug abuse by doctors and patients,
    - More training for first responders and access to Nalaxone kits
    - More treatment options for patients
    - Stopping the importation of cheap and dangerous drugs from Mexico and other countries into Minnesota

Tim Walz and Peggy Flannagan (DFL)
https://walzflanagan.org/our-agenda/health-care/

Tim Walz is currently serving as the Congressman from Minnesota's first Congressional District. This team believes:

- Health care is your right
- "Of course, no Minnesotan hopes to use our health care system. But when they do, they want it to be affordable, they want it to be close to home, and they want to get better quickly"
- In providing a strong public health care option for any Minnesotan who wants it- single payer type system (takes federal action) so MinnesotaCare is a public health option that Minnesotans can afford
- In building a One Minnesota coalition with the best health care minds and Minnesota Families to focus on reducing health care costs and increasing access to care that makes sense for their community
- Tackling Mental Health Barriers- Access to affordable mental health care is a right
- Investing in medical research – Minnesota is where we can find solutions to bringing down health care costs through public institutions, medical device industry and medical facilities
- A woman's right to choose and standing with organizations that support women's health

US Senate Candidates

Karin Housley (GOP)
"Obamacare has failed hardworking Minnesotans. A government takeover of health care has driven up costs, hurt small businesses and reduced the quality of care. I believe in a patient-centered, market-driven health care system that provides individuals and families with affordable, accessible coverage and care."

Amy Klobuchar (DFL)
"Amy is taking on big interests to bring down everyday costs for families and protect consumers. She is leading the fight to allow Medicare to negotiate for cheaper prescription drugs for seniors and to bring in safe, affordable drugs from Canada."

Jim Newberger (GOP)

"It's time to free up our health care markets, cut the bureaucrats out of the decision making process and get back on the path of becoming the greatest healthcare providing nation in the world. I support President Trump's push to fix this mess and look forward to doing so."

Tina Smith (DFL)

- Universal Health Coverage – single payer health care is the most direct way to ensure universal coverage; co-author on the State's Public Option Act that would allow Americans to purchase Medicaid coverage and Choose Medicare Act that would allow individuals and businesses to buy in to an enhanced benefit plan under Medicare.
- Lowering the Cost of Prescription Drugs – by addressing the corporate loophole that giant drug companies use to game the system and keep affordable generic drugs off the market; Is questioning what Big Pharma CEOs have done with the money saved from the GOP tax bill
- Addressing the Opioid Epidemic – supports the "penny-a-pill" requirement for prescription drug companies to fund treatment options; advocates for better prevention and treatment options.
- Expanding Mental Health Services in our Schools. The close of the 2018 session resulted in a number of issues undone after the veto of a nearly 1000-page omnibus supplemental budget bill. In addition to many carry-over topics, the 2019 session will have a new Governor and administration, new committee chairs, the House and Senate may flip control and the legislature will be responsible for passing the biennial budget in its entirety.

Some of the HHS topics that will likely be taken up and/or magnified include:

- **Pharmacy Reimbursements and 340B** – while the structure of the 340B program continues to be discussed at the federal level, the state is currently out of compliance with CMS pharmaceutical reimbursement methodology. In order to mitigate risks, the state proposed language to align pharmaceutical reimbursement with federal law and rules but were unsuccessful in getting the provisions signed into law. According to CMS, the state is at risk of losing our Federal match on Medical Assistance, up to $190 Million.
- **Provider Tax** – The provider tax generates over $600 Million per year in the Health Care Access Fund (HCAF) and is currently set to sunset on December 31, 2019. The HCAF funds part of the MinnesotaCare program, some Medical

Assistance expenses, the state-based reinsurance program (must be re-authorized in 2019), functions at DHS and MDH, transfers to the general fund and various other health programs.

- **Reinsurance and Individual Market Stabilization** – In 2017 the state implemented a reinsurance program to stabilize the individual market that costed the state over $400 Million. The funding for the reinsurance program was only for FY 18 and FY 19 and will need to be re-authorized to keep consistency in the individual market, or other policy and funding proposals will need to be considered.
- **Surprise and Balance Billing** – In addition to surprise billing being a topic of interest for a few HHS leaders at the state capitol, there have also been a number of stories in the news about patients not being able to afford emergency ambulance or air transportation.
- **Price Transparency** – One of few bills that was passed in the 2018 session included provisions, effective on July 1, 2019 that will require providers to post pricing information for the top 25 most frequently billed CPT codes over $25, including their average reimbursement from commercial payers, the cash pay amount for uninsured patients, and the Medicaid and Medicare FFS schedule for each service. While this bill was passed and signed into law in 2018, many gubernatorial candidates have discussed the need for more price transparency, and the bill authors, Dr. Sen. Jensen and Rep. Anderson are also likely looking at additional ways to improve price transparency for health care consumers.
- **Direct Provider Contracting** – Both DHS and CMS have released their own versions of frameworks for direct provider contracting and requests for additional information on how to alter and/or implement a direct provider contracting model. In addition to the agencies exploring options within the current Federal and State laws many legislative leaders and leading candidates for statewide office have mentioned, explored, and included in their platforms this type of conceptual model. While the details are unclear, the growing amount of the total economic spending that health care is consuming continues to be part of the conversation on both sides of the aisle.

NEWS FROM ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP eCME

Updates in Reimbursement and Coding – 2018

Reimbursement and coding can be an ongoing challenge for the emergency physician. This**collection of courses on ACEP eCME** will give you the latest information on reimbursement, quality measures and common documentation errors to help ensure you receive appropriate reimbursement for your skilled procedural work.

New ACEP Policy Statements and Information Paper

During their June meeting, the ACEP Board of Directors approved the following new or revised policy statements:

- **Access to 9-1-1 Public Safety Centers, Emergency Medical Dispatch, and Public Emergency Aid Training** – New
- **Appropriate Use Criteria for Handheld/Pocket Ultrasound Devices** – New
- **Coverage for Patient Home Medication While Under Observation Status** – New
- **Delivery of Care to Undocumented Persons** – Revised
- **Disaster Medical Services** – Revised
- **Financing of Graduate Medical Education in Emergency Medicine** – Revised
- **Guideline for Ultrasound Transducer Cleaning and Disinfection** – New

- **Impact of Climate Change on Public Health and Implications for Emergency Medicine** – New
- **Interpretation of Diagnostic Imaging Tests** – Revised
- **Interpretation of EMTALA in Medical Malpractice Litigation** – New
- **Non-Discrimination and Harassment** – Revised
- **Patient Autonomy and Destination Factors in Emergency Medicine Services (EMS) and EMS-Affiliated Mobile Integrated Healthcare Community Paramedicine Programs**– New
- **Prescription Drug Pricing** – New
- **Relationship between Clinical Capabilities and Medical Equipment in the Practice of Emergency Medical Services Medicine** – New
- **Resident Training for Practice in Non-Urban/Underserved Areas** – Revised

The Board also approved the following information papers and PREP:

- **Electronic Health Record (EHR) Best Practices for Efficiency and Throughput (PDF)** - New
- **Initiating Opioid Treatment in the Emergency Department (ED) - Frequently Asked Questions (FAQs)** (PDF) - New
- **Emergency Department Physician Group Staffing Contract Transition** (PDF)
- **Emergency Physician Contractual Relationships - PREP** (PDF) - Revised

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Articles of Interest in *Annals of Emergency Medicine*

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.

Duber HC, Barata IA, Cioe-Pena E, Liang SY, Ketcham E, Macias-Konstantopoulos W,

Ryan SA, Stavros M, Whiteside LK. **Identification, Management and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department**

In this clinical review article, they examine the current body of evidence underpinning the identification of patients at risk for OUD, ED-based symptomatic treatment of acute opioid withdrawal, medication-assisted treatment (MAT) of OUD upon discharge from the ED, and transition to outpatient services. In this article they also present options for targeted opioid withdrawal and management, as well as a variety of other medications to consider for symptomatic opioid withdrawal treatment for patients that do not require opioids for acute pain. **Full text available here**.

Klein LR, Driver BE, Miner JR, Martel ML, Hessel M, Collins JD, Horton GB, Fagerstrom E, Satpathy R, Cole JB. **Intramuscular Midazolam, Olanzapine, Ziprasidone, or Haloperidol for Treating Acute Agitation in the Emergency Department**

In this prospective observational study of 737 patients, medications were administered based on an a priori protocol where the initial medication given was predetermined in the following 3-week blocks: haloperidol 5mg, ziprasidone 20mg, olanzapine 10mg, midazolam 5mg, haloperidol 10mg. The primary outcome was the proportion of patients adequately sedated at 15 minutes, assessed using the Altered Mental Status Scale (AMSS). Results showed that Intramuscular midazolam achieved more effective sedation in agitated ED patients at 15 minutes than haloperidol, ziprasidone, and perhaps olanzapine. Olanzapine provided more effective sedation than haloperidol. No differences in adverse events were identified. **Full text available here.**

Brenner JM, Baker EF, Iserson KV, Kluesner NH, Marhsall KD, Vearrier L. **Use of Interpreter Services in the Emergency Department**

This paper highlights the importance of effective communication in the provider-patient therapeutic relationship and how language barriers have the potential to compromise all aspects of medical care. The authors identify that in the US, as of 2013, more than 25 million persons had limited English proficiency, making quality medical interpreter services an important public health issue that affects a large proportion of our diverse population. They recommend that a professional interpreter should be offered if practical and available when a patient has either limited English proficiency or hearing impairment and that a modality of interpretation should be chosen between in-person, video, or telephone based on what best suits the clinical situation. **Full text available here**.

Nowak RM, Gandolfo CM, Jacobsen G, Christenson RH, Moyer M, Hudson M, McCord

J. **Ultra-Rapid Rule-Out for Acute Myocardial Infarction Using the Generation 5 Cardiac Troponin T Assay: Results from the REACTIONUS Study**

The objective of this study was to determine how well a new FDA approved single cardiac troponin T Generation 5 (cTnT Gen 5) below the level of quantification (6 ng/L) baseline measurement and a novel study derived baseline/30 minute cTnT Gen 5 algorithm might adequately exclude acute myocardial infarction (AMI) in patients with suspected acute coronary syndrome (ACS) in a United States (US) Emergency Department (ED). They enrolled patients presenting with any symptoms suspicious of ACS. Baseline and 30 minute blood samples were obtained, the cTnT Gen 5 levels later batch analyzed in an independent core laband the AMI diagnosis was adjudicated by a cardiologist and an emergency physician. They found that a single baseline cTnT Gen 5 measurement <6 mg/L and values at baseline <8 ng/L and a delta 30 minute < 3 ng/L ruled-out AMI in 28.8% and 41.0% of patients respectively. The authors did identify limitations such as single center ED, selection bias and the exclusion of patients with life-threatening illness, cardioversion or defibrillation within 24 hours of presentation, STEMI patients requiring immediate reperfusion or those who were pregnant or breast feeding, and highlighted that additional multi-center US studies evaluating these ultra-rapid AMI ruleout guidelines are needed.

Friederich A, Martin N, Swanson MB, Faine BA, Mohr NM. **Normal Saline and Lactated Ringer's have a Similar Effect on Quality of Recovery: A Randomized Controlled Trial**

The purpose of this single-site participant- and evaluator-blinded, 2-arm parallel allocation (1:1), comparative effectiveness randomized controlled trial study was to test the hypothesis that balanced crystalloids improve quality of recovery more than normal saline (0.9% sodium chloride, NS) in stable Emergency Department patients. 157 Patients allocated to receiving IV fluids in the ED before discharge to were randomized to receive 2 L of Lactated Ringer's (LR) or NS. The primary outcome was symptom scores measured by the validated Quality of Recovery-40 (QoR-40) instrument (scores 40-200) 24 hours after enrollment. Results showed that there was no difference in post-enrollment QoR scores between NS and LR groups. Although pre-enrollment scores were higher in the LR group, adjusting for pre-survey imbalances did not change the primary outcome. The authors concluded that NS and LR were associated with similar 24-h recovery scores and 7-day health care utilization in stable ED patients.

Preorder the Title that Celebrates the Depth and Diversity of EM

Explore the side of emergency medicine few see – the emotional, the heartbreaking, the thrilling, the heroic – the human side of EM. ACEP's 50th Anniversary Book, *Bring 'Em All*, reveals how far the specialty has come in its short, vibrant life. Famed photographer Eugene Richards captures the breathtaking moments that make the lives & careers of American emergency physicians.**Reserve your copy today**.

Interested in GED Accreditation?

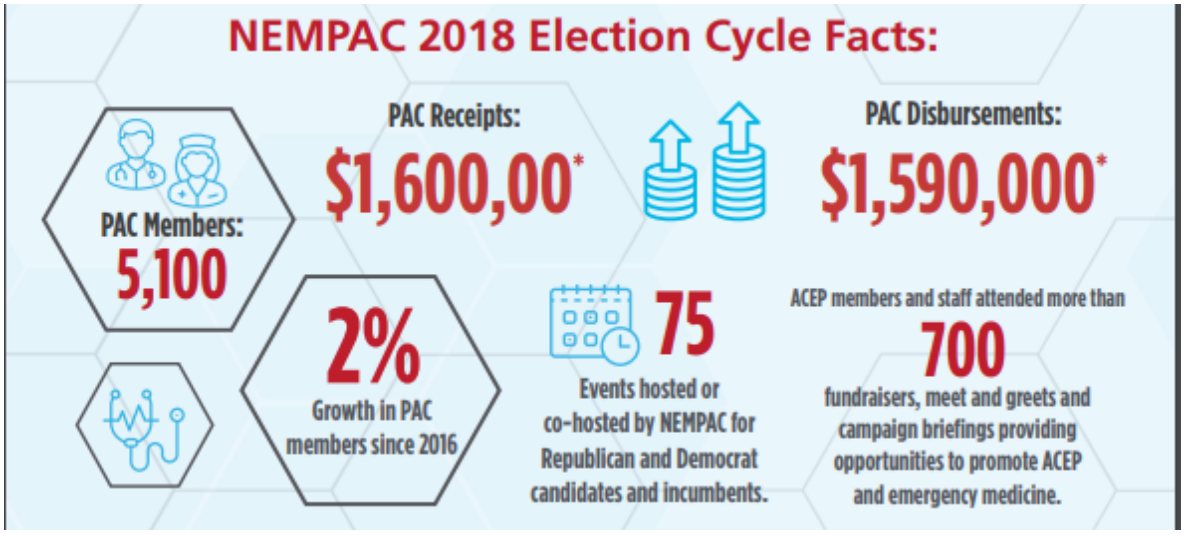
Learn how to develop a Geriatric Emergency Department (GED) with this three-hour **geriatric pre-conference** during ACEP18. Hear from the geriatric experts who will walk you through the

increasing need for geriatric medicine focusing on GED clinical workflows, training and staff development, geriatric-focused policies and protocols, and achieving **GED accreditation**. Panel discussions include institutions who have been awarded accreditation.

Emergency Ultrasound Tracker

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, “proctored pathways” often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The **Emergency Ultrasound Tracker** was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the **ACEP Ultrasound Guidelines**. We hope you find this tracker tool helpful and useful in your practice.



NEMPAC Mid-Term Election Update

With the mid-term elections just months away, ACEP and the National Emergency Medicine Political Action Committee (NEMPAC) are focused on electing candidates who will work on bi-partisan solutions to address emergency medicine's most pressing issues. The NEMPAC Board and staff rely on input from ACEP state chapters and local ACEP members when evaluating support for incumbent legislators and new candidates – **we want to hear from you!** NEMPAC is the 4th largest medical PAC and will continue to grow with your support. Learn more about NEMPAC today by visiting **our website** or contact **Jeanne Slade**. Keep an eye on your inbox for additional details about NEMPAC's activities as we get closer to the elections.

ED ICU Development and Operations Workshop Pre-Conference

San Diego Convention Center, Upper Level, 7B
Sunday, September 30, 2018 | 12:30 pm to 5:00 pm

If you have ever considered developing an ED ICU this workshop is for you. Participants will learn about staffing, reimbursement, collaborations, and business plan development, with the goal of developing and running their own ED-ICU. This program is directed at those along the entire continuum of ED-ICU development from conceptual to operational

phases. **Register here**. For more information, contact **Margaret Montgomery, RN MSN**.

NEWS FROM THE AMERICAN BOARD OF EMERGENCY MEDICINE – JULY 2018

American Board of Emergency Medicine

Subspecialty Certification in Neurocritical Care

The American Board of Medical Specialties (ABMS) has approved subspecialty certification in Neurocritical Care (NCC). NCC is co-sponsored by the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Neurological Surgery, and the American Board of Psychiatry and Neurology (ABPN). Physicians certified by these four boards who meet the eligibility criteria for NCC will have the opportunity to become certified in NCC.

There will be two pathways to certification in NCC: a training pathway and a time-limited practice pathway. The practice pathway will start at the time the first exam is offered. Eligible pathway criteria will be posted on the ABEM website by the end of 2018. ABPN will develop and administer the examination; physicians will submit applications to their primary certifying board. The first examination is expected to take place in either 2020 or 2021.

Letter Available Refuting Merit Badge Requirements

ABEM provides a letter of support that may be submitted to hospital administrators to forego the mandatory completion of short courses or additional certifications (“merit badges”) often needed for hospital privileges. Physicians must be participating in the ABEM MOC Program to obtain the letter.

The letter, signed by each representative of the Coalition to Oppose Medical Merit Badges (COMMB), details specific activities that board-certified physicians perform to

maintain certification. ABEM-certified physicians can now download the letter from their Personal Page on the ABEM portal by doing the following:

- Sign in to the ABEM portal at **www.abem.org**
- On the left navigation, click “Print Verification of ABEM Status”
- Under letter type, click “General Coalition ABEM”
- Click “Continue to Next Step”

Take the ConCert™ Early - Retain Your Current Certificate Date

You can take the ConCert™ Examination during the last five years of your certification (during the annual testing window). If you pass the exam early, you will still retain your certification until the expiration date on your current certificate. This is also true even after you complete all of your MOC requirements. When your current certification expires, you will be issued a new, ten-year certificate. If you take the ConCert™ Examination early and do not pass, you still retain your certification and have another chance(s) to pass it. ABEM only reports whether a physician is board certified and participating in MOC.

In 2017, 44 percent of ConCert™ test takers registered to take the exam early; that is, in a year prior to their final year of certification.

Welcome New Members

Jennifer H Block, MD
Alexander M Coomes
Joseph A Corser, MD
Samantha Gardeen
Graci Gorman
Caleb Hyde
Brian Jones, MD
Maria Kaisler, MD
Benjamin Krippendorf
Lisa Rose Poole
Bradley Robert Stroik, MD
Selina Sturman, MD
Nicole Nettum Thorndal

Stephanie Yvonne Torres, MD
Chelsea Ann Wiesner
Jeffrey Windchitl, MD
Joseph Zbaracki

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