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From the President Natalie Kirilichin, MD, MPH

I would like to extend a warm welcome to new members of our DC ACEP community and thank returning members for their continued support and participation in our chapter. This past year provided us with a wealth of educational content and community engagement in the form of our Fall Member Benefit, "Safe Pain Management in the ER;" our Spring Member Benefit, "Technology and Information in the ED;" our Resident Joint Journal Club; and our ever popular annual LLSA event. Our home city also hosted *ACEP17* where a new tradition was born, namely, a joint reception with our neighboring states of Maryland and Virginia. This year, this event will recur **Monday, October 1st** from **5:30pm-7:30pm** at the **Manchester Grand Hyatt, Hillcrest B Room**. Please don't forget to **RSVP** for the upcoming **Chapter Annual Meeting** and the **DC, Maryland and Virginia Reception** to be held at **ACEP18**. More details can be found in the articles below. I hope to see you at both events!

This forthcoming year, I look forward to building upon the collaborative momentum we've established with MD and VA. My primary leadership goal is to open access to additional enrichment opportunities for DC ACEP members through thoughtful partnership with our sister chapters. Your Board is actively working to include DC members in each chapter's annual conference. Longitudinally, we envision these partnerships will extend to mutual support of shared advocacy agenda.

I'm equally excited to introduce this year's leadership to you:

BOARD MEMBER	TITLE
Natalie L. Kirilichin, MD, MPH	President
Jessica Galarraga, MD, MPH	President-Elect
Natasha N. Powell, MD, MPH	Secretary/Treasurer
Guenevere Burke, MD	Immediate Past-President
Philippa N. Soskin, MD, MPP	Director
Herman S. Kalsi, MD	Resident-Director
Zhaoxin Yang, MD	Alternate Resident-Director
Allen F. Wang, MD, MPH	Resident-Director
Leah E. Steckler, MD	Alternate Resident-Director
Rita A. Manfredi-Shutler, MD, FACEP	Councillor
Jessica Galarraga, MD, MPH	Councillor
Natasha N. Powell, MD, MPH	Councillor
Danya Khoujah, MBBS, FACEP	Councillor

Natalie L. Kirilichin, MD, MPH

Alternate Councillor

Our very own Dr. Aisha Liferidge continues to serve on ACEP's Board of Directors at large, carrying our small chapter's priorities on a national level. I encourage anyone interested in occupying a leadership role in the future to reach out.

Finally, I'd like to take a moment to thank our Immediate Past President, Dr. Guenevere Burke, for her gracious dedication over the last year. We will continue to uphold her ideal of ensuring each endeavor we undertake concretely better the practice of emergency medicine in the District.

Honored to serve as your President!

DC Chapter Meeting

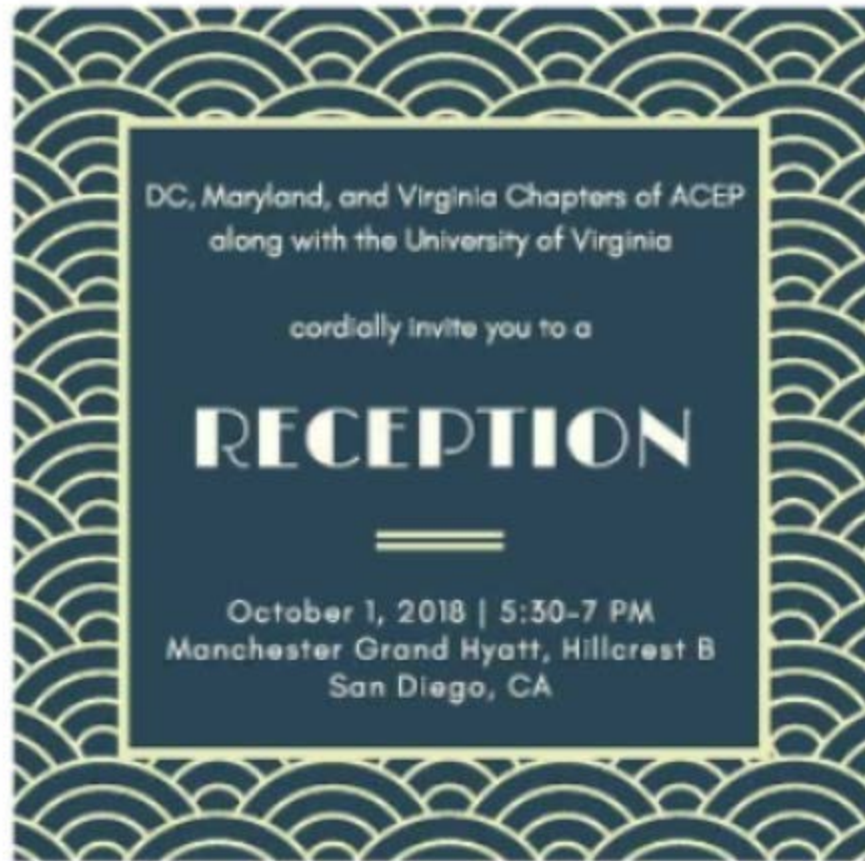
A chapter meeting will be held in San Diego during [ACEP18](#).

The meeting will be held on the following:

**Tuesday, October 2nd
4:00pm-5:00pm
Manchester Grand Hyatt
Mission Beach C**

We look forward to seeing you there!

DC, Maryland, Virginia Chapter Reception



From the President-Elect Jessica E. Galarraga, MD, MPH

The Baltimore Washington Transforming Health Policy Forum

Health policy in the United States continues to be in a volatile state, riddled with experimentation in health care delivery and payment reform models and gaining increasing attention from the public that underscores the need for legislation on a scope of issues, ranging from the opioid epidemic and mental health reform to the instability of the health insurance marketplace. Considering the elasticity and openness to change in health policy at the national and regional level, it is all the more important that emergency medicine physicians in the district take the lead in a dialogue with health policy leaders on issues that are relevant to our field.

In the spirit of regional collaboration among health professionals to examine the prevailing policy issues facing us today, the Baltimore Washington Transforming Health Policy Forum (BWTHPF) was founded in 2016 by emergency medicine health policy faculty at the Georgetown University-MedStar Health, the George Washington University, and the University

of Maryland. The mission of the BWTHPF is to create a space where diverse circles of physicians, researchers, and policy experts intersect to have a dialogue on leading health policy issues and the evidence behind its policy approaches. Because emergency medicine physicians are in the front lines witnessing the needs of our public's health, we are uniquely equipped to advise on policy approaches that support our patients' interests and the integrity of our health care system.

On September 11, 2018, George Washington University hosted our most recent BWTHPF event titled, "**Humane Treatment of the Mentally Ill: Solutions to Better Access and Management.**"

The forum examined policy solutions to the challenges patients are facing with access and treatment to mental health services at the regional and national level. Guest experts participating in the forum included Dr. John Cosgrove, VA Chief of Emergency Psychiatric Care, Dr. Kahlil Johnson, Past Congressional Fellow and psychiatrist at the George Washington University, and Mr. John Snook, Executive Director of the Treatment Advocacy Center.

We look forward to multiple productive dialogues this academic year with local physicians, researchers, and leaders in health policy, while incorporating the emergency medicine perspective along the way.

If you have requests for health policy topics covered at future forums, please share them via [email](#).

Baltimore Washington Transforming Health Policy Forum

Humane Treatment of the Mentally Ill: Improved Access and Management
September 11, 2018 at 6:30 pm

George Washington Univ. School of Medicine & Health Sciences
2300 I Street, NW, Washington, DC 20052
Ross Hall Room 117
Please RSVP: <http://bwthpf.rsvpify.com>

PANEL OF GUEST SPEAKERS
Dr. Kahlil Johnson, Dept. of Psychiatry, George Washington Univ. Hospital; Past Congressional Fellow
Dr. John Cosgrove, Dept. of Psychiatry, Washington DC Veterans Affairs Medical Center
Mr. John Snook, Treatment Advocacy Center, Executive Director

Literature to be Reviewed:

- Hester, RD. Lack of Access to Mental Health Services Contributing to High Suicide Rates Among Veterans. *International Journal of Mental Health Systems*. 2017.
- Nicks, BA et al. The Impact of Psychiatric Patient Boarding in Emergency Departments. *International Emergency Medicine*. Volume 2012. June 2012.
- Pinals, DA et al. Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care. *Treatment Advocacy Center*. October 2017.
- Snook, J. *The Real Civil Commitment Crisis and How to Solve It*. *Health Affairs*. May 2018.

Georgetown University
MedStar Health
THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC
UNIVERSITY of MARYLAND

THE GEORGE WASHINGTON UNIVERSITY
THE DEPARTMENT OF EMERGENCY MEDICINE
GW MEDICAL FACULTY ASSOCIATES

Resident Corner

Mike Yang, MD, PGY-3

Georgetown University Hospital/Washington Hospital Center EM

Finding a Niche in Emergency Medicine

Fall is an exciting time of year as new interns start learning the ropes of Emergency Medicine and senior residents start planning their lives after residency. As one of my mentors once imparted on me, the primary focus of a resident should be to soak up knowledge and become the best clinician he or she can be. A close second priority is to find a niche. EM is a vast field full of different opportunities; finding a specific area of interest can help add value to your career, your program, and your department. How do you choose and develop a niche?

1. Start by talking to your program director or chair of the department. These individuals have the best overarching view of opportunities and can suggest specific needs for your program. Tell them about your passions and how you would like to apply them. These leaders can also recognize your strengths and put you in contact with different faculty.
2. Seek out faculty with similar interests and have them provide mentorship. Both Georgetown and GW have great faculty interested in a variety of subjects. Seek them out early and ask them about any ongoing projects with which they may need assistance. Schedule shadowing sessions or coffee dates to discuss interests. Fellowships that Georgetown offers can be found [here](#) and those that GW offers can be found [here](#).
3. Become the resident expert and go-to person on a subject of interest. Peruse the EM and subspecialty literature on your interest. Give lectures about the topic, both at a local and national level. Attend national meetings and meet others who are equally passionate about the subject.

At the end of the day, developing a niche helps you become a stronger clinician. Becoming a relative expert in an area and spreading that knowledge will also help our field grow.

Medical Student Corner

Cara R. Muñoz Buchanan, MSIV

George Washington University School of Medicine & Health Sciences

Skewing the Evidence for Empathy

As a fourth-year medical student, I have participated in various iterations of discussions around the concept of empathy fatigue. Evidence-based literature demonstrates an inverse relationship between years of medical training and capacity for empathy. The naïveté and enthusiasm of the first-year medical student is often compounded by exhaustion, stress, and well-described imposter syndrome by the time fourth-year rolls around. Then enters a brief intermission for the daunting excitement of “the match” and matriculating to intern year, before the cycle renews

again, en route to assuming the role and responsibility of a senior resident and subsequently, an attending physician. For myself and perhaps others, I resist the notion that I, too, will fall into this pattern so strongly supported by empathy research and data. A desire to dovetail social justice with medicine drew me onto this path, and I have tried fiercely to hold fast to those ideals. However, doing so has often felt like a Sisyphean task.

As an aspiring Latina emergency physician, I feel deeply connected to the emerging challenges of immigrant health disparities, human rights, and questions of how to responsibly carve out a role for physician leadership. In medical school I have been fortunate to have strong mentorship and guidance in developing a criminal justice health curriculum and elective rotation for medical trainees. This project invigorated my pursuit for creative solutions to tackling emergent issues of justice-health at a time of unprecedented disparities. The sojourn into my next chapter of residency training will undoubtedly present many challenges to the management of time, energy and empathy. Yet what fuels my dedication to emergency medicine is the fluidity between the presentation of daily patient encounters as mirrors of the emergent social and structural challenges facing our local and global communities.

Beyond the rhetoric of wellness and pursuit of balance, I ask, what pragmatic steps can we take to engage in purposeful activities that foster a sense of social justice in our daily work? As we proceed farther along in training with greater responsibility and potential to affect change through leadership, How can we skew the direction of a growing evidence base in such a way as to break the cycle of empathy fatigue?

ACEP18 - Council Meeting

There will be a busy [Council Meeting](#) in the days leading up to [ACEP18](#). The proposed Council resolutions are now available by clicking [here](#). ACEP Council is your deliberative, legislative arm of the College.

These resolutions direct the Board to take specific action or take positions for the future of our specialty. We wish to represent the thoughts and opinions of the District of Columbia EM physicians at this upcoming Council Meeting.

If any of these proposed ACEP resolutions resonate with you (either positively or negatively), please let [me](#) know.

ACEP18 - Walking Challenge

Sign up for the **ACEP18 Walking Challenge**. All you need to do is walk! Friendly competition!

See how many steps you take during the conference. Exceed the Challenge Step Goal and you might win a prize.

To sign up today, click [here](#).

Medication Assisted Treatment Waiver Training

ACEP will be hosting an 8-hour in person Medication Assisted Treatment (MAT) Waiver training, at **ACEP18**, as a preconference on **Sunday, September 30th** from **8:00AM to 5:30PM**.

For more information, click [here](#).

NEWS FROM ACEP



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

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 lab and 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.

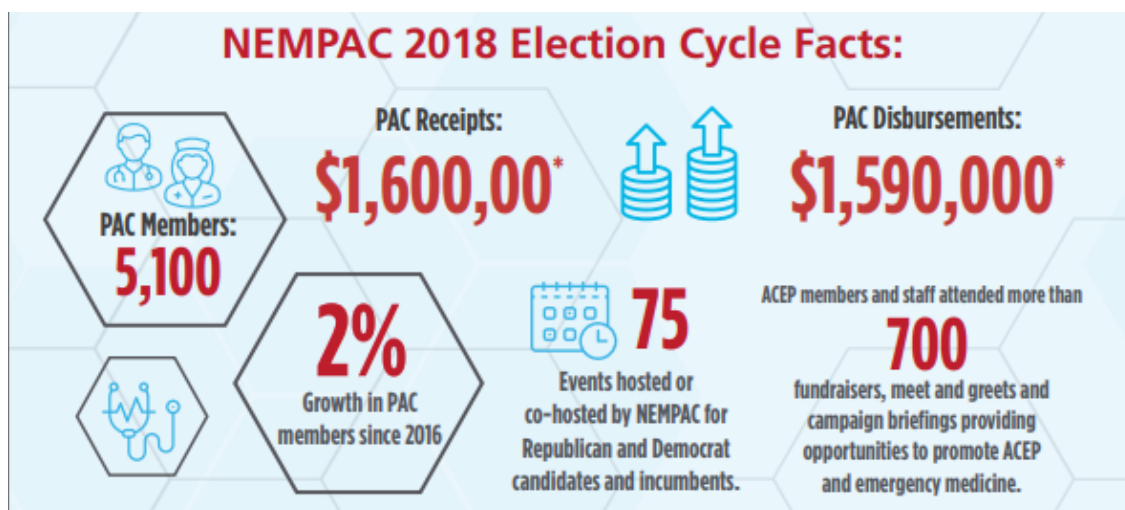


Clinical Ultrasound Accreditation

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

Vinodh Chandra, MD
Maria Lawrynowicz, MD
Amanda Jeannine Miller, MD
Alexander Vance Kolkin, MD
Monika Misak, MD

Hayley K. Harvey, MD
Colin D. Gibson (Medical Student)
Caroline H. Jensen (Medical Student)
Jesus Martinez (Medical Student)
Matthew Paik (Medical Student)
Andrew Quigley Stromberg (Medical Student)
Amir L. Rashed (Medical Student)

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