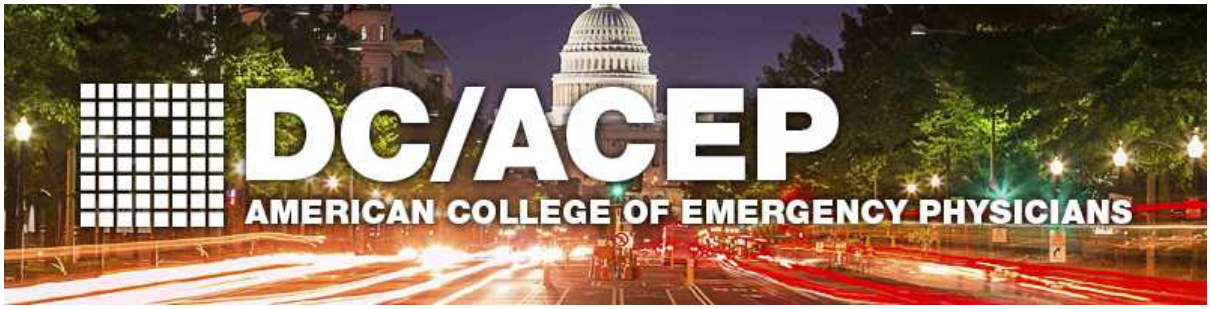
A Newsletter for the Members of the District of Columbia Chapter - Winter 2020



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View from the Top
Jessica Galarraga, MD, MPH
DC ACEP Chapter President

Greetings to my fellow DC emergency physicians!

It is with great excitement that I can share with you today that our membership has increased by nearly 26%.

The increase in membership has resulted in an additional councilor position for the ACEP Council meetings.

This means your voice continues to become stronger as we work to ensure the interests and perspectives of DC emergency medicine physicians are represented on the national stage.

Also, since the national ACEP19 meeting in Denver, we have furthered our momentum in addressing a controversial piece of local legislation that will impact balance billing practices for DC Medicaid. We have established a “DC Balance Billing Task Force” which is engaging other key stakeholders in our region, and we have instituted a basecamp to align communications in support of our advocacy efforts. If you are interested in joining the basecamp communications for this task force, please inform us.

We will be engaging with DC councilmembers over the upcoming months to ensure that, while we support protecting patients from the hardship of surprise out-of-network bills, that undue burden is not transferred from the insurer onto emergency medicine physicians and we protect the fiscal solvency of our emergency departments which serve a critical role as safety net providers across the District.

There are also several exciting upcoming DC ACEP events to look forward to.

DC ACEP Chapter 13th Annual LLSA Review Conference
On **Monday, May 4th**, we will be hosting our **13th Annual LLSA Review Conference** starting at **7:30 AM**. The conference will be held at the NRH Auditorium on the MedStar Washington Hospital Center (MWHC) campus.

This is a valuable member benefit which helps us all maintain our board certifications in a collaborative environment with volunteer speakers from our chapter presenting ABEM's assigned articles. If you have any questions about the conference and/or would like to participate as a presenter, please reach out to Adriana Alvarez, our Chapter Executive.

This event will be free to DC ACEP members. Information on how to register and other details will be provided soon.

DC ACEP Chapter Annual Meeting
Our annual meeting will be held on **Monday, April 27th** at **4:00 PM**. The meeting will be held at the Grand Hyatt in Washington, DC in the Farragut Square conference room during ACEP's Leadership & Advocacy Conference.

We have many topics to discuss as a chapter. This year an election will be held. The positions that are open are the following: Secretary/Treasurer, President-Elect, and four Councillor positions as well as several Alternate Councillor positions. If you are interested in running for an open position on the DC ACEP Chapter Board, send an email to Adriana Alvarez, our Chapter Executive. Adriana will be able to share with you more information about the role and responsibility of the position you are interested in.

We hope that you can set aside an hour to join us at the annual meeting.

DC, Maryland and Virginia Chapter Happy Hour
IIn partnership with the Maryland and Virginia ACEP chapters, we will also be hosting another happy hour at the ACEP's Leadership and Advocacy Conference on **Monday, April 27th** at **5:00 PM**, which will take place at the Grand Hyatt in Washington, DC.

EM MAT Waiver Course
Additionally, as you know, DC is no exception to the national opioid crisis and the waiver for medication-assisted treatment (MAT) has been noted to be a significant barrier for providers to be able to prescribe suboxone from the ED. With the support of National ACEP, we will be hosting a MAT waiver course as a one-day event at a catered venue, which is a unique opportunity for many of us to collaboratively receive this certification. The MAT waiver course will be taking place on **Monday, June 1st.**

Please place these dates on your calendars, stay tuned for additional details and don't forget to RSVP for the up and coming chapter events.

Maryland Chapter Educational Conference & Annual Meeting
Maryland is hosting a valuable educational CME opportunity on **March 12, 2020**, which is open to DC Chapter members at Maryland's member rate as part of our chapter collaboration. A series of interesting lectures will be presented at the conference, covering a broad range of topics, and our own DC ACEP member, Dr. Rahul Bhat, will be among the stellar line-up of speakers presenting. Click here for agenda details and registration instructions.

***ACEP19* - Denver**
With our growing voice at national ACEP, we are also continuing to examine potential resolutions to co-sponsor or introduce at the annual Council meeting. In *ACEP19*, DC ACEP co-sponsored two resolutions that successfully passed: (1) the compensation protection resolution condemning the practice of using back pay and malpractice insurance as leverage against physicians during contract disputes and requiring hospitals and contract management groups to guarantee physicians continue to receive pay during labor negotiations, and (2) the STRAP, Stimulating TeleHealth Research and Programs, resolution that supports future telemedicine research examining how this technology can advance emergency department operations and improve outcomes for emergency department patients. If there are certain issues or policy changes you would like to see sponsored by DC ACEP at the future annual meeting, please let us know.

We are here to represent your voice!

ACEP19 Council Meeting Highlights
Natasha N. Powell, MD, MPH, FACEP
President - Elect

The American College of Emergency Physicians Council met in Denver, Colorado in October ahead of the 2019 Scientific Assembly. Our local District of Columbia ACEP chapter, represented by three voting councilors, joined hundreds of members from ACEP's 53 chartered chapters, member sections, and affiliated organizations, such as CORD and EMRA, to help shape the development of ACEP's policies by reviewing, testifying, and voting on resolutions to inform the actions of the ACEP Board of Directors. Reference committee B largely focused on issues of advocacy and policy. Many of the resolutions adopted shared near unanimous support from the council and were believed to be represent relevant concerns to emergency physicians in the District of Columbia as we strive to provide care for patients seeking treatment across our city.

Several resolutions were of interest to the DC ACEP council delegation as they address barriers in care, we recognize in our practice settings:

Resolution #23 was adopted, which argued for allowing emergency physicians to prescribe buprenorphine. Specifically, this resolution recommended ACEP work

directly with the DEA and SAMHSA to minimize barriers for emergency physicians to enact meaningful therapy for patients in a time of opioid crisis by advocating for the develop emergency department specific reasonable training requirements and removal of the DEA-X waiver requirement for emergency physicians who prescribe bridging courses of buprenorphine for opioid use disorder.

Resolution #26 was adopted, which recommended ACEP support and advocate that all EMTALA-mandated services have liability coverage commensurate with that which exists under the Federal Tort Claims Act for National Health Service members.

Resolution #32 was adopted, which recommended the ACEP oppose state or federal legislation and/or regulation that created criminal penalties for the practice of medicine within a physician's scope of practice.

Resolution #35 was adopted, which recommended that ACEP develop and enact strategies (including state and federal legislative solutions) to prevent payors from arbitrarily down coding charts and that ACEP work to develop and enact policy at the state and federal level that prevents payors from down coding based on a final diagnosis and provides meaningful disincentives for doing so.

Resolution #36 was adopted, which recommended that ACEP work with stakeholders to raise awareness and advocate for research funding and legislation to address both firearm violence and intimate partner violence.

The DC ACEP Chapter represents the emergency physicians practicing across the city and welcomes feedback on how we can better address the concerns of our members and advocate for improving the care we are able to provide to the men, women, and children in the District of Columbia.

Read more about the resolutions here.

Update on Surprise Billing Legislation in DC and Congress
Allen F. Wang, MD, MPH
Secretary/Treasurer

The balance billing issue that is currently grappling our specialty and greater house of medicine is starting to pick up again this spring.

On the local side, the DC balance billing bill (B23-0429) that applies to DC Medicaid plans is still awaiting a public committee hearing. After its introduction in late summer 2019, there has yet to be a public forum on this. This likely took a back seat to the federal level legislation this past fall which was halted, albeit briefly, in December.

Congress this year is eager to pass bipartisan legislation that is voter-friendly before the fall elections. The national ACEP office rates the chance of passing federal surprise billing legislation by June as "high". Unlike the DC balance bill, the federal

bill would apply to all ERISA plans (i.e. patients seen with employer-based insurance). ACEP has officially endorsed H.R. 5826, which is 1 of 3 competing House bills. Compared to the 2 other House bills (H.R. 3630 and H.R. 5800) and the Senate bill (S. 1895), it takes patients out of surprise billing, allows for an independent dispute resolution option without thresholds, and prevents a maximum cap on reimbursement.

The net effect on ED clinical operations, fiscal solvency, and patient care may be extremely disruptive depending on how Congress tries to reconcile the 3 separate House bills and the Senate bill. Learn more and check out the February 2020 ACEP Surprise Billing Town Hall video here.

Medical Student Corner
Brandon K. Robinson & Sonia A. Desai

It's no secret that time in the Emergency Department is limited. Providers only have small increments of time to devote to each patient, while making sure that they are handling the dozens of other aspects of work they are responsible for overseeing. One of the most difficult tasks to maintain is the education of the dozens of medical students that are sure to rotate through the ED as part of their curriculum. As future emergency physicians, we want to make sure that our education is a priority without compromising patient safety or the workflow of the ED. We've compiled anecdotes from our experiences on rotations in the ED to demonstrate that formality isn't always necessary and to emphasize that quality over quantity can make all the difference. Our hope in this edition of the Medical Student Corner is to give educators ideas from our own perspective of what made for a successful and memorable educational experience.

Case 1: The Guardrail
One of my favorite shifts in the ED was with an attending that I saw and worked directly with for only 20 minutes over the course of 9 hours and 8 patients. However, each moment that I worked with her she maximized. At the beginning of my shift, she asked me "What is one thing you want to work on during your shift, because I am busy, so we'll pick one thing and do it well." I stated, "I would appreciate it if you would help me work on my plans." Curtly she replied, "Done" and proceeded to walk away.As patients were assigned to our team, the PA and I would alternate going to see them. After, I went back and put in orders for the attending physician to sign. While I waited for a free moment with the attending, I gathered materials ready to draw labs, started writing the note for my patient, and made myself useful. This continued until I had seen 2 patients without talking to the attending and it started to worry me. But as she was walking back to the desk, she made a point of stopping at my station where I was working and asked in rapid fire, "Who are your patients?" "What's their stories?" "What do you think is going on?" and "What do you want to do about it?". The exchange took less than 5 minutes, and within those 5 minutes she managed to

- Listen to my thought process

- Provide suggestions for how to make my assessment better with specific suggestions on how to expand my differential and things to look up
- Give me feedback on my plan, including posing the question why I wanted specific labs and how they would change my management

The biggest fear that I had going into my rotation was that I wouldn't be able to transform my thinking from the ward's mindset to the Emergency Department. I knew that I wanted to go into emergency medicine, and I was itching to start learning how to think like an EM physician. My attending didn't take a formal approach by sitting me down and philosophizing over why one lab test was better than the other. Instead, she opted to use efficiency and repetition as her tools to make sure that I was able to see enough patients to practice using the thought process she had crafted over her years of training. She turned me lose on patients and gave me appropriate checks at spaced intervals to make sure that I didn't run off the tracks. I felt more confident at the end of that shift than any prior, and all she did was listen to my thoughts.

The Mr. Miyagi

"Have you done an LP before?" my ED resident asked. "No, only in a simulation lab." I replied."Well, this will be your first—don't worry we will walk through everything beforehand."

As a medical student, opportunities to perform procedures are few and far between as many residents need practice during their training. When given the opportunity as a medical student, it can be both exciting and nerve wracking—especially if you haven't done the procedure before. My first experience performing a LP was one of the best learning moments of 4th year and it was because of an amazing ED resident who invested in my learning. On reflection, the way that he broke down the procedure was not necessarily innovative, but more that he took his time to focus on one high yield area to better my education. A few reasons why his teaching was exceptional:

- Reviewed useful anatomical landmarks
- Provided a step-by-step approach before beginning
- Discussed common mistakes and how to troubleshoot if encountered
- Explained each item included in the LP kit and its purpose
- Shared tips on obtaining patient consent and proper post-procedure documentation

Despite how busy his shift was, my resident made an investment in my learning over his own productivity. He could've easily done the LP himself, however, he took extra time to teach me. It meant everything to me and truly left a lasting impression. And this was just one portion of my shift, 30 minutes at most that had one of the most significant impacts on my education. A few years from now during a busy shift as an ED resident, I will be sure to make the same investment in a medical student's learning.

The Closer

I love late night and overnight shifts. In my experience, those are the busiest times in the Emergency Department, and I like to stay busy with a constant stream of work in front of me.However, late shifts are never great for teaching due to the high volume of patients that occupy the attending physician's time. A memorable shift though was one in which the attending took the time after the shift to debrief. Once the handoff had been given to the next physician, he started to go back through the charts of his patients and write notes for them and give me feedback on the patients we had seen together. This wasn't the ordinary feedback of "you did well here" with a standard shit sandwich analysis, but a very detailed look into the patients that I had seen. As he searched the charts and made edits

to my notes, he managed to provide specific areas where I could improve on my next shift. This was WHILE he was doing work that he already had to do, and simply spoke out loud what he was thinking, essentially doing two tasks at once. I know that this was the last thing he wanted to do, spending an extra 20 minutes while he was already wanting to get home. But that experience was invaluable to me because the next day on my next shift I was able to improve just a little bit in my treatment of patients and see ways that I had become a better clinician overnight.

FROM NATIONAL ACEP

Articles of Interest in *Annals of Emergency Medicine* - Winter 2020
Sam Shahid, MBBS, MPH
Practice Management Manager, ACEP
ACEP would like to provide you with very brief synopses of the latest articles and articles coming soon to *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. View synopses here.

***Annals* Supplement: Social EM**
Want to know more on social determinants of health? Check out the special, open-access *Annals of Emergency Medicine* supplement "Inventing Social Emergency Medicine: A Consensus Conference to Establish the Intellectual Underpinnings of Social Emergency Medicine."

New Policy Statements and Information Papers
The following policy statements and information papers were recently approved by the ACEP Board. For a full list of the College's current policy statements, consult the ACEP Policy Compendium.

New Policy Statements

Pediatric Readiness in Emergency Medical Services Systems
Opposition to Copays for Medicaid Beneficiaries

Revised Policy Statements
Firearm Safety and Injury Prevention
The Role of Emergency Physicians in the Care of Children

New Information and Resource Papers
Information and Resources Addressing Falsification of Data in Research
Resources on Behavioral Health Crowding and Boarding in the Emergency Department

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Announcing the new ACEP Clinical Alert
Keep up with the latest physician guidance and clinical updates from the CDC with the ACEP Clinical Alert online.

ACEP Introduces Citizen First Responder Program
ACEP's new first responder training program, Until Help Arrives, was officially unveiled during ACEP19 in Denver with a series of events to highlight how emergency physicians can positively impact their communities by conducting training sessions to teach the public basic life-saving skills. Read more.

NEMPAC has your back in the 2020 Elections
2020 is an important election year. This is no time to sit on the sidelines! NEMPAC is working hard to ensure the concerns of emergency medicine and patients are front and center with candidates running for federal office. Your support this year will make our voice stronger to help elect emergency medicine supporters in

Congress and identify and cultivate future champions. The NEMPAC Board of Trustees and staff have put together an informative presentation on NEMPAC's role in the 2020 elections and how decisions are made to support candidates. Click here to view the presentation and click here to support NEMPAC today.

Update on ACEP's APM Strategic Initiative
ACEP has an exciting update on our Alternative Payment Model (APM) Strategic Initiative. As background, a couple years ago, ACEP created the Acute Unscheduled Care Model (AUCM), a Medicare APM specifically designed for emergency physicians. Currently, individual emergency physicians and emergency medicine groups do not have any opportunities to directly participate in "Advanced APMs." Under Medicare, participation in an Advanced APM could result in a five percent payment bonus through 2024 and a higher payment fee schedule update starting in 2026. The AUCM has been endorsed by the Secretary of Health and Human Services (HHS), but not yet implemented by the Centers for Medicare & Medicaid Services (CMS).

As ACEP waits to see how CMS may implement the AUCM in Medicare, we are simultaneously pursuing model implementation by other payors, including Medicaid and private payors. More and more state Medicaid agencies and private payors are moving away from fee-for-service (FFS) contracts with physicians and other health care practitioners towards value-based payment arrangements, and the AUCM is an ideal APM construct for these payors to pursue for emergency medicine.

Through the APM Strategic Initiative, ACEP is continually providing information and resources to emergency medicine groups, state Medicaid agencies, private payors, and other stakeholders about how to structure and participate in emergency-medicine focused APMs that use the AUCM as a framework. We are happy to announce that we have updated our APM Strategic Initiative website with additional resources that provide a more detailed overview of the AUCM and its potential for improving emergency care and reducing costs.

While these resources are mainly background materials for you to learn more about the AUCM, ACEP is in the process of developing targeted tool kits that you can use to engage in discussions with state Medicaid agencies and private payors on emergency-medicine focused APMs. Stay tuned for this next phase of the initiative.

Concerned About Opioid Use? $500k ALTO Demonstration Grants for EDs
SAMSHA released a grant opportunity for the Emergency Department Alternatives to Opioids (ALTO) Demonstration Program designed to expand non-opioid treatment protocols in emergency departments throughout the country. Applications are due March 17.

Nominate Your Peers
Nominations are open for the 2020 ACEP Leadership & Excellence Awards, honoring members who distinguish themselves for leadership and excellence in EM. Submit nominations in one or more award categories by March 1. Learn more.

Until Help Arrives
The first few minutes after a major medical emergency are critical for survival, and emergency personnel aren't always the first ones on the scene. To educate the general public on basic life-saving skills, the American College of Emergency Physicians (ACEP) created ***Until Help Arrives***, a one-hour training course taught by emergency physicians in their local communities. Learn more.

Free Counseling Available for ACEP Members
Receive exclusive access to 3 free counseling sessions through ACEP's new Wellness & Assistance Program. Support is available 24/7, & you can conduct your sessions over the phone, face-to-face, via text message or through online chat. Learn more.

Be Accredited to Provide Pain & Addiction Care in the ED
Show your community that your ED is part of the solution. ACEP will soon launch the Pain & Addiction Care in the ED (PACED) Accreditation Program, developed for EM physicians by EM physicians. It will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Registration Is Now Open for ACEP's 2020 Leadership and Advocacy Conference

Advocate for your specialty, engage with new Members of Congress and connect with EM leaders at ACEP's Leadership & Advocacy Conference (LAC) - April 26-28, 2020 in Washington, DC. Register today with promo code CAPITOL to save $75* and make your voice heard! Hurry – the hotel always sells out fast.
https://www.acep.org/LAC

Is Your ED Pediatric Ready?

National PRP
Pediatric Readiness Project
Ensuring Emergency Care for All Children

All EDs need to have the appropriate resources and capable staff to stand ready to care for children of all ages, yet every day in the United States, children are treated in EDs with varying levels of pediatric readiness. Start now to be PedsReady before taking the assessment starting June 2020.

For more information and resources to be PedsReady:

- Bookmark the **PedsReady.org** website
- Download the 2018 guidelines: **https://tinyurl.com/PedsReady**
- Like & share the PedsReady Facebook page: **@PedsReady**

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