

A Newsletter for the Members of the Oklahoma College of Emergency Physicians

Winter 2018



**Jeffrey Goodloe, MD, FACEP, President**

**Gabe Graham, Executive Director**  
**Phone: 918.809.9464**

**President's Message**  
**Jeffrey M. Goodloe, MD, NRP, FACEP**  
**OCEP President**

Amazing how fast 2 months fly by when your ED is overflowing, with your hall beds that most often don't exist now full up, and EMS crews and their patients (now ours) on stretchers backing up in the few hall passages that are available. Conventional wisdom and truth do

occasionally intersect, though as you know all too well, while you've certainly made some holders of branded oseltamivir stock a bit happier, it's more and more of the usual results from lifetimes of "Oklahoma healthy choices" in the forms of COPD, CHF, ACS, and stroke in abundance in these past weeks.

I'd be wholly remiss without first recognizing your fabulous dedicated work in somehow staving off disasters on individual patient levels and simultaneously finding ways to still serve arriving masses of humanity with their myriad ills and injuries. It distinctly falls into the category of "This is how we roll." Gotta admit, we roll remarkably well when it matters the most, even in the physical chaos of Winter's EDs.

The writing deadlines adjusted on me a bit, but even with 30 days less than usual since my last thoughts with you, OCEP activities are spilling over any proverbial brim.

As I mentioned in the last newsletter, we decided to save ten thousand plus dollars (easier to make that decision when those thousands functionally don't exist!) and are using our energetic OCEP Vice President Jim Kennedy as our de facto chief lobbyist and official state legislative call to action bugler. The Oklahoma regular legislative session for 2018 convenes just 4 days from the time I am writing. Your OCEP BOD has already reviewed over 30 bills that have implications, some with serious financial impact, regarding your emergency medicine career. Dr. Kennedy's fantastic work is evident in how he summarizes the most salient bills in his message following mine.

We are continuing to utilize national ACEP's state legislative tracking resources to closely follow these bills, being constantly at the ready to mobilize OCEP voices to 23rd and Lincoln in OKC. We will be strategizing on testifying in committees and via speaking on an individual basis with key legislators. It bears repeating from my last message, now that the legislative time is fully upon us, to remind you that if we ask you to send a word or two to your particular state representative and/or senator, please know it really is important to act quickly. Despite close surveillance, some of the bills move through the legislative process with short notice. We will provide you all the tools at our hands to make any contact you initiate easy and efficient, with some suggested language you can use as well.

Gabe Graham, our dependably quick acting Executive Director, has already sent "Save the Date" notices to the entirety of OCEP membership regarding our upcoming social functions in both Oklahoma City and Tulsa. We have received excellent support in advance from Genentech to provide brief stroke-related education, delivered by an experienced emergency physician colleague, that honestly does NOT represent an ad for tPA. I've personally attended one of these events elsewhere and can report it was a nice review of acute stroke assessment

without a single mention of any pharmaceutical. Honest. Our focus in these newly created social functions is that we want you to have a great time networking in a social setting, while maximizing how many benefits we can provide you, conservatively using your dues dollars. An OCEP trifecta!

Genentech reps in Oklahoma have graciously agreed to fund the education and "nutritional" component of the evenings. OCEP will be funding the bowling costs at the Dust Bowl after dinner at Yokozuna in the Blue Dome District in Tulsa on April 4th. We'll also provide baseball tickets for those attending the event that starts at Mickey Mantle's in OKC's Bricktown on May 8th. Come out and watch the action at Chickasaw Bricktown Ballpark as your OKC Dodgers take on the Memphis Redbirds. Please RSVP to [Gabe Graham](#) as soon as you can to help us plan most accurately.

We are also continuing our collaboration with our friends and colleagues in hosting the Southeast ACEP Conference to be held in Sandestin, Florida from June 4th-7th. Conference brochures are just around the corner so look for those via Gabe asap. You'll have some OCEP speakers on the agenda to share with others our Oklahoma success stories in EM. This one is definitely a family friendly event, so please think about bringing some friends and family to join you for some fun, sun, sand and waves for everyone!

I'm so excited to see what the near future brings for us. We see life's challenges for certain as emergency physicians, serving anyone, anytime. That said, we are incredibly fortunate to have the impact we have in the lives of others. John C. Maxwell, one of my favorite teachers and authors, shares that we all have lives with a date of birth and eventually, a date of death. Between those dates is a "dash" mark. John asks others, "What are you doing with your dash?" As emergency physicians, we make a positive difference, a meaningful positive difference.

Thanks for staying alert on the front lines in serving those who need your skills, so expertly delivered. It remains a fantastic, humbling honor and privilege to serve you in OCEP.

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## **OCEP Legislative Update** **January 31, 2018**

Happy New Year to all Oklahoma EM Docs!

Yes, another year has passed and the lawmakers are ramping up the newest legislative

session at 23rd and Lincoln. As your Oklahoma College of Emergency Physicians (OCEP) Vice-President and State OCEP Legislative and Advocacy Officer, I'd like to update you on a few bills of interest to Physicians and Emergency Medicine at the Oklahoma State Capitol.

As usual, there are thousands of bills to sift through and many have medical or patient safety themes. I have identified seven (7) bills that could have a potential affect on you as emergency physicians, your patients or EMS public safety. I have listed the bill number, the chamber in which it is being presented (House vs. Senate), the Author with brief personal bio and a summary of each bill. The OCEP Board has met and discussed each one and our general stance is noted. Most bills will be read for the first time on 2/5/2018.

### **OK Senate Bill 1478**

*Author: Senator Yen (R) Urban district 40; Cardiac Anesthesiologist*

AKA "Clinician Out-of Network Act". This is a proposed bill in response to SB 518 from 2017 by Senators Smalley and Marlatt. This bill did not make it out of committee, but if enacted, would have banned balance billing for ER visits for out of network patients, capped payments for EMTALA required screening exams and indexed out-of-network visit reimbursements to 130% of notoriously low Medicaid rates. This would be the new UCR for reimbursements. This would have incentivized insurance companies to shrink networks in order to save money by limiting visits that were considered "in-network". This has already been happening across the country. This bill was most likely ghost written by the insurance industry, as these senators have no tie to the medical industry whatsoever.

Senator Yen's 2018 bill aims to set the MBS (minimum benefit standard) at 80%ile of independent regional data base (Fair Health) charges for any given service/procedure. It also bans balance billing for ER services (other services too) as long as the MBS has been met.

### **OCEP Stance: Generally Support**

### **OK HB 2721**

*Author: Todd Russ (R) Rural district 55; Finance/Bank President/Nursery/Minister*

This bill is an attempt to amending the Oklahoma Emergency Response Systems Development Act. It aims to define ambulance attendant and driver requirements, providing for exceptions. These exceptions are for municipalities with less than 5000 people. It will reduce staffing requirements and will allow EMS attendants to be and EMT-B (120 hours training) OR an Emergency Medical Responder (24-60 hrs. experience/training) and allows for the ambulance driver to not be medically trained at all, allowing them to take only an Emergency Vehicle

Operator Course within 4 months of being hired.

**OCEP Stance: Oppose**

**OK HB 3228**

*Author: Lewis Moore (R) District 96 in Oklahoma County; Insurance Industry*

AKA "Patient Protection Act"

This aims to force physicians not in the PPO (who are not preferred providers) to accept the highest contracted rate and not balance bill the patient.

First Reading 2/5/2018

**OCEP Stance: Oppose**

**OK HB 3091**

*Author: Josh Cockroft (R) District 27 (Cleveland/Pottawatomie Counties) Employee: Efficient Heating and Cooling. Chairman of House Special Investigation Committee of the Oklahoma State Health Department.*

This bill aims to end oversight/supervision/collaborative agreements of nurse practitioners by physicians. Also aims to give full prescriptive authority for nurse practitioners.

**OCEP Stance: Oppose**

**Senate Bill 1127**

*Author: Earvin Yen*

Modifications to the Oklahoma Nursing Practice Act. Continues physician supervision for nurse practitioners and modifies supervision of nurse practitioners to prohibit financial arrangements for such supervision.

**OCEP Stance: Support**

**OK HB 3230**

*Author: Lewis Moore (R) District 96 in Oklahoma County; Insurance Industry*

Establishes licensing requirements, expectations, and inspections for freestanding emergency departments.

**OCEP Stance: +/-**

**OK HB 3242**

*Author: Lewis Moore*

"EMS Access Act"

This bill asks that the State Department of Health 1) Establish an EMS tracking database using specific quality monitors to ensure appropriate, 2) Create a One-call emergency management software system to improve communication and care between 911 dispatch, EMS services and hospital ER staff and 3) Establish new EMS standards after conducting a study of each state to identify best practices, per capita ambulance ratios, response times and funding success.

**OCEP Stance: +/-, Generally support.**

The OCEP Board of Directors and National ACEP are open and actively encourage open discussion on any and all bills that look to affect emergency medical practice and care. If any OCEP member has a question regarding a particular bill, please look over the [text of the bill](#). Once there, type in the bill number in the L upper hand corner box and it will give you the latest version of the bill with the latest markups.

Please feel free to contact me, [Jim Kennedy](#) should you have any questions/concerns you would like me to pass along to the board or the legislator. As always, do not be shy about contacting the legislator personally about your concerns of any given bill. We will continue to monitor and advocate for you, our OCEP members, at the State Capitol and report back to you in a timely fashion.

Warm Regards,  
James R. Kennedy MD, MPH, FACEP

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## ACEP's Viral Video Campaign to Expose Anthem Policy

ACEP recently launched a video campaign to expose Anthem Blue Cross Blue Shield for denying coverage to emergency patients, based on an undisclosed list of diagnoses, for conditions the insurance giant considers non-urgent. For a copy of the full press release, please contact [Michael Baldyga](#), ACEP Senior Public Relations Manager. This policy is active in six states - Georgia, Indiana, Kentucky, Missouri, New Hampshire and Ohio - but more Anthem states will follow, and more health insurance companies, if this effort isn't stopped. Anthem's policy is unlawful, because it violates the prudent layperson standard that is in federal law and 47 state laws.

Special thanks to ACEP video cast members Dr. Jay Kaplan, Dr. Alison Haddock, Dr. Ryan Stanton and Dr. Supid Bose - and ACEP staffers Mike Baldyga, Elaine Salter, Darrin Scheid and Rekia Speight!

Help us make [the video](#) go viral and top last year's that generated nearly 300,000 views on YouTube and Facebook! Please post it to Facebook pages, e-mail it to colleagues and Tweet about it using [#FairCoverage](#) and [#StopAnthemBCBS](#).

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## Help Us Celebrate ACEP's 50th Anniversary

You can help us ensure we have the most diverse, and most complete, historical collection of everything!

Follow us on [Twitter](#) and [Facebook](#) to see our weekly Tues/Thurs 50th Anniversary posts  
Talking 50th Anniversary on social media? Use [#EMeverymoment](#)

Show your EM pride with ACEP's [new "Anyone. Anything. Anytime." Facebook profile frame](#)

Visit our 50th Anniversary site [here](#) for year-round updates

Got something cool to share about the college's history, or your own with EM? [Click here!](#)

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## Upcoming CEDR Webinar

In depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Topics for this webinar will include selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR.

Register for the [Reporting MIPS through CEDR](#) webinar to be held on **March 13, 2018** at **1:00 PM CDT**. After registering, you will receive a confirmation email containing information about joining the webinar.

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# ULTRASOUND TRACKER



## New ACEP Tool Helps you Keep Track of Ultrasound Scans

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 [ACEP 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 \(PDF\)](#). We hope you find this tracker tool helpful and useful in your practice.

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## ACEP Awards Nominations Now Open

Recognize leadership & excellence in significant professional contributions, as well as service to the College, through the ACEP Awards Program. Know someone who deserves a prestigious ACEP award? [Send entries by April 2 to the Awards Committee.](#)

## New ACEP Award

### Community Emergency Medicine Excellence Award

We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018.** The nomination form and additional information can be found [here](#).

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## Articles of Interest in *Annals of Emergency Medicine*

**Sandy Schneider, MD, FACEP**

**ACEP Associate Executive Director, Practice, Policy and Academic Affairs**

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

**Babi FE, Oakley E, Dalziel SR, et al.**

***Accuracy of Physician Practice Compared to Three Head Injury Decision Rules in Children: A Prospective Cohort Study.***

This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-

15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

**April MD, Oliver JJ, Davis WT, et al.**

***Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial.***

Inhaled isopropyl alcohol as an aroma therapy has been described as effective in treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

**e Silva LOJ, Scherber K, Cabrera d, et al.**

***Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review.***

This is a systematic review of the literature on IV lidocaine for pain. There were only 6 randomized control trials of lidocaine for renal colic. The results were variable. Lidocaine did not appear to be effective for migraine headache but there were only 2 studies of this. The authors concluded that we do not have enough data at this time to definitively comment on the use of lidocaine for pain in the ED.

**White DAE, Giordano TP, Pasalar S, et al.**

***Acute HIV Discovered During Routine HIV Screening with HIV Antigen/Antibody Combination Tests in 9 U.S. Emergency Departments***

This study looked at HIV screening programs in 9 EDs located in 6 different cities over a 3 year period. There were 214,524 patients screened of which 839 (0.4%) were newly diagnosed. Of the newly diagnosed 14.5% were acute HIV (detectable virus but negative antibody) and 85.5% were established HIV (positive antibody test). This study reminds us that many patients with acute HIV will have a negative screening test that relies strictly on antibody. Many of these patients present with flu like illness as their initial presentation.

**Axeem S, Seabury SA, Menchine M, et al.**

***Emergency Department Contribution to the Prescription Opioid Epidemic.***

There has been much discussion of the opioid epidemic in both the professional and lay press. Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates

rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED.

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## Welcome New Members

Cass Cherry, DO

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**Oklahoma College of Emergency Physicians, 44065 E. 221st Street S,  
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