George Gershwin’s musical musings include that summertime’s livin’ is easy, which is definitive proof that Gershwin was NOT also moonlighting as an emergency physician. If you are reading this newsletter (I’m always genuinely grateful for our reading members), and especially if you have the time to do so when in your emergency department, then count the time a blessing of the day. My experiences over the past weeks are closer to the typical January and February than the hoped for June and July. Packed hallways with patients awaiting beds presenting with chronic illness exacerbations, sepsis, and/or acute
vascular events more so than traditional summer trauma. Go figure. Does keep it interesting for us all, doesn’t it?

Speaking of interesting, it’s been a particularly busy time away from the ED, too. Since our last newsletter deadline, ACEP held its annual Leadership and Advocacy Conference (LAC) in Washington, DC in mid-May. While the “swamp” weather was decidedly hot and humid, we had remarkable success in our Congressional visits this year. Please see the pictures below depicting your OCEP delegation representing you on Capitol Hill.

We chose to highlight three issues, in coordination with national ACEP legislative goals:

1) The current opioid challenges that you and I see every day now in the ED, along with important non-opioid solutions already being implemented by emergency physicians. Both pieces of legislation, ALTO and POWER, are included in the larger opioid related legislation championed in both the House and the Senate. I encourage you to keep up with ACEP’s many helpful opioid resources by going to acep.org, select “topics” in the header bar, and then "opioids" in the subjects that pop up.

2) The importance of a better coordinated federal center for disaster preparedness, clearly important to emergency physicians working and residing in a state that is no stranger to tornadoes, wildland fires, winter storms, flooding, and earthquakes. Being an Oklahoma native, I never thought I’d feel the earthquakes I’ve felt in both OKC and Tulsa the past few years.

3) The need for the FDA to act now in finding answers to critical care medications that are in dangerously short supply. How’s your ED stock of diazepam? diltiazem?normal saline? dextrose? haloperidol? I hope your experience has been better than mine, but I’ve been challenged in both EM and EMS practices of medicine with shortages of ALL of the above in the past year. Arghhhhh!!! as Charles Brown, MD would say to Lucy van Pelt, MD in Peanuts General Hospital’s ED. I’m very pleased to report our advocacy in May, coordinated by ACEP with advocacy by other specialists using the same messaging, has resulted in FDA Commissioner Dr. Scott Gottlieb convening a task force to find ways to improve the supply of these crucial medications. Supporting ACEP advocacy through financial contributions to NEMPAC and making Hill visits does work!
Dr. Miranda Phillips (OCEP BOD Member; Saint Francis Hospital – Tulsa), Dr. Olivia Reed (Resident – Norman Regional Health System), Senator James Inhofe, Dr. Jeffrey Goodloe (OCEP President; University of Oklahoma EM Residency), and Dr. Chris Stokes (Saint Francis Hospital – Tulsa). As can be objectively seen, Dr. Stokes brought his angelic halo effect to the discussion with Senator Inhofe.
Drs. Stokes & Goodloe (left) join Drs. Phillips and Reed (right) in visiting Cambridge Neal, Legislative Correspondent in Senator James Lankford’s office. Senator Lankford did personally greet us, but he could not be pictured as he was literally running to represent Oklahomans in a Senate Committee hearing.
Dr. Stokes (left) joins Drs. Goodloe, Phillips and Reed (right) in visiting Representative Frank Lucas’s office. We enjoyed a productive conversation with Health Legislative Assistant Christian Dibblee.

Also, as an added benefit to attending ACEP’s LAC18, the Surgeon General, Dr. Jerome Adams, visited with attendees in an interview Q&A style presentation with then-ACEP President-Elect, Dr. John Rogers. See picture below taken from my second row seat for this exciting presentation. Dr. Adams is an anesthesiologist by training from Indianapolis.
In early June, I was honored to represent OCEP with BOD member Dr. Dana Larson (St. John Medical Center – Tulsa) at the SEC/Big 12 ACEP Chapters Educational Conference in Sandestin, Florida from June 4th-7th. The educational offerings were top notch, very practical CME and I particularly enjoyed the clinical case photos from Dr. Larry Stack.
(Vanderbilt University Medical Center). Most conference attendees have been coming for years and we quickly were welcomed into the “SEC family” of physicians, without any OU or OSU ribbing. The resort provided a perfect Florida beach background for family fun in the sun. See included photo to help entice you to add this OCEP co-sponsored conference to your June 2019 plans. I’m definitely going back and bringing more family and friends next year.

Post CME on a sunny afternoon at Sandestin Resort in the Florida Panhandle. Beach chairs are available for you in 2019!

As I write this, I’m excited to be attending an American Hospital Association/ACEP co-sponsored workshop focused on patient flow efficiencies in the hospital setting. There is a real science to patient movement, looking at surgery scheduling “smoothing” as you’ve probably read about in publications within the past year, increasing weekend and after “normal” hours discharges, and full capacity protocols. We all feel the strain of inpatient boarding in our EDs and I’m hoping to better understand the dynamics that can be overcome with validated practices elsewhere. More on that in the next newsletter.

Please also see our report from OKC’s Spring Social Event at the Oklahoma City Dodgers game.
Jim Kennedye, OCEP Vice President, has graciously grabbed the baton for OCEP’s ACEP18 Social Event scheduling and is hard at work for our members planning to be in San Diego in early October. As you know by now, this is ACEP’s 50th Anniversary Celebration and it’s going to be a big one! Amidst all the history of EM and ACEP, the usual high-quality CME and exhibits, and the College business in council, board, and committee meetings, will also be some social events on a scale never seen at this yearly event. It’s not too late to take those first few days in October off, so please join us in sunny San Diego. Gabe Graham, our Executive Director, will be sending out invites and reminders as soon as details are finalized for our third installment of what is becoming a marquee OCEP event.

Please also read Vice President Jim Kennedye’s update on this legislative year in the Sooner State. Huge thanks to Jim for keeping us on top of developing action throughout this last legislative session.

Welcome to Oklahoma’s newest EM interns in the residencies affiliated with OSU and OU around the state. I invite each of you to get involved in EMRA, OCEP, and ACEP as your interests and time allows. Obviously, the early days of residency are full of clinical shifts and academic reading, but as efficiency is gained, great personal satisfaction can result from some energy invested in advancing our specialty for all of us.

Finally, a sincere thanks to all OCEP members for continuing to serve Oklahomans. Sudden illness and injury and exacerbations of chronic conditions are plentiful in our state. Our fellow citizens continuously depend upon us on some of their worst days and nights. It’s a privilege to say you are my colleagues when I think about how admirably and selflessly you care for these patients in need.

Until the next newsletter, keep up the hard work done well and let’s stay safe out there…

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One Thousand Plus Words about OCEP’s Spring Social Function in OKC
Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS - OCEP President
OCEP members enjoyed a great baseball game between the OKC Dodgers and Memphis Redbirds at the Chickasaw Bricktown Ballpark on May 8th. This picture is not zoomed. We had front row seats for all the action, including watching out for many foul balls headed our way.

The athletic achievements on the diamond followed a fantastic presentation on subtle stroke presentations in the ED given by Dr. Ben Usatch from Lankenau Hospital, located in metropolitan Philadelphia. Dr. Usatch is double boarded in EM and EMS medicine. His presentation stimulated great conversation among attendees about the interface between EMS systems and Emergency Departments and the promising advances we are collectively seeing in stroke care. One OCEP attendee held others in rapt attention with tales about his rural EM practice in far Southwest Oklahoma, being the ONLY physician available for emergencies within FIVE counties during the overnight shifts. Impressive and illustrative of the great value that OCEP members give to the communities and citizens they serve.

The education program was held with dinner at Mickey Mantle’s Steakhouse to everyone’s delight. Many thanks to Genentech representatives P J Richards and Michelle Steele for supporting OCEP by funding this educational dinner event.
Monday
10.01.18 5:30pm-7:30pm

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Oklahoma College of Emergency Physicians

Come join us for drinks and appetizers at happy hour in the heart of
San Diego’s  Gaslamp Quarter
Greetings!! As your OCEP Vice-President and Legislative Advocacy officer, I am pleased to offer you this review of the 2018 Oklahoma Legislative Session as the 56th Oklahoma State Legislature (2017-2018) came to a close on May of 2018. While there are thousands of bills introduced each session on both the House and Senate sides, a small proportion of them are related to health and public safety and an even smaller portion are of direct interest to you, the emergency physicians of the state of Oklahoma and our patients. As a service to you, we would like to keep you up to date on those that can have a direct impact on your daily work. This was my 4th year earning my chops learning to navigate the legislative process in our state. I have made significant inroads at nurturing personal relationships that will help legislators enact smart and informed policy when it comes to emergency medicine and public safety. There is a tremendous void of leadership in our state government when it comes to health, medicine, and public safety. We had a fellow emergency physician in the State House of Representatives, Dr. Doug Cox, but he termed out of office in 2016. The Legislature was down to two physicians in the legislature, Dr. Mike Ritze in the House and Dr. Earvin Yen in the Senate. Dr. Yen was recently defeated in his District 40 primary in May 2018 and Dr. Ritze is currently embattled in a closely contested race in his own district and is headed for a runoff election. Also, Representative Claudia Griffith, a nurse and public health expert passed away suddenly on July 14th, 2018. I have been fortunate to speak personally with each of these individuals on many occasions and the loss of these voices will be missed. This means that the upcoming 57th Legislature convening January 8th, 2019 may very well be without a member with experience with direct patient care and medical expertise. Senator Rob Standridge is a pharmacist and owns several pharmacies in Oklahoma and could very well end up being the lone legislator with a modicum of patient care experience.

Additionally, State Question 788, Medical Marijuana Legalization Initiative passed on June 6th, 2018. The Oklahoma State Health Department quickly convened and laid out rules for its use and dispensing in an attempt to protect public safety. This was followed by significant public outcry and numerous lawsuits against the State Health Board. While it has been long felt that overdosing on THC was not a clinical entity, there have been a large surge in THC related ED related visits in states where marijuana is legalized and there was a [case report published in Clinical Practice and Cases in Emergency](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6478308/).
Medicine in 2017 from emergency medicine specialists and clinical toxicologists from the Rocky Mountain Poison Control Center and Denver Health of a case of pediatric death from THC overdose due to myocarditis from ingesting concentrated THC edibles.

This has been challenged, but suffice it to say we are in the infancy of understanding the clinical effects of high concentration THC and this is a story that will be played out in the years to come. This is, no doubt, in the minds of those who aim to guard the public safety around formulating the first rules and policies regarding medical marijuana in the State of Oklahoma. We very well could also see patients coming to the emergency department seeking prescriptions for medical marijuana as has happened in other states unless smart rules and policies are hammered out in advance.

I will continue to follow state legislative issues with relevance to emergency medicine as we go forward and, as always, welcome your ideas and input.

Respectfully,
Jim Kennedye
Email | 405-209-2378

2018 Oklahoma Legislative Update/Summary
July 28th, 2018
By James Kennedye MD, MPH, FACEP

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 database (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.

Update 3/20/2018: Referred to Retirement and Insurance Committee where it sits as of this time; Chair: Sen. Bill Brown, Marty Quinn Vice-Chair. This bill is a preemptive strike from Sen. Yen as the well financed and lawyered insurance industry will be pressuring state legislatures for many years to come with legislation beneficial to insurance company profits and severely detrimental to fair physician reimbursements. If a law that is fair to physician reimbursements is not hammered out preemptively, we risk constant assault in years to come and potentially being caught unaware by fresh tactics from the insurance industry in the future.

Update 7/28/2018: Died in committee as the 56th Legislature adjourned May 2018. Senator Yen was defeated in his District 40 Primary Election by challenger Joe Howell on June 26th, 2018.

**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.

Update: Failed vote on the floor; 12 ayes, 32 nays.

Summary: A law banning of financial arrangements between physicians and NPs failed. Physicians can still be paid for collaborative agreements with nurse practitioners. The primary arguments centered around the idea that if physicians received no compensation to supervise prescriptive authority, then fewer doctors would take on the role and fewer nurses would be able to write prescriptions for controlled medications.

**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.

Update 3/16/2018: Referred to House Rules Committee

Update 7/28/2018: Died in committee. As the 56th Legislature has adjourned, the bill is effectively dead and must be reintroduced as a new bill in subsequent legislature sessions.

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

Update: 3/20/2018
Passed out of the House by a vote of 58 to 32 on 3/15/18. Referred for engrossment. The bill proceeded to the Senate where it was read on 3/19/18 and had a 2nd reading on 3/21/18 where it was referred to Health and Human Services Committee. It effectively died in committee as the 56th Legislature adjourned in May 2018. The previous stiffer ambulance staffing requirements are still in effect.

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 3230

Author: Lewis Moore (R) District 96 in Oklahoma County: Insurance Industry
Establishes licensing requirements, expectations, and inspections for freestanding emergency departments.


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)
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, Marshall 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.


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 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.

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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 bipartisan 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

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](http://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.

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**Welcome New Members**

Nicole L Abel
Kelechi Agu, MD