

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

Fall 2018



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## **President's Message**

**Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS  
OCEP President**

Today is newsletter deadline day for me (again). I'm grateful for such deadlines, because they allow a "hard stop" at least for an hour or two to share some perspectives on the recent 90 days and thoughts on those directly ahead for us. One more thought on deadlines: they are actually "lifelines" in a way, as they keep us moving along.

The subject of our moving about brings up several points of pride about EM in Oklahoma. We have another wave of energetic medical students and resident physicians now firmly in their new status since July. It's always invigorating to see medical students discovering

our specialty and how integral we are to the health of so many Oklahomans. As a residency program faculty, it's also great to see new residents able to successfully apply years of study to dynamic, challenging patient encounters that they progressively orchestrate. All part of the journey. Just as notable as our newest members are the many OCEP members that are in the part of their careers when family and friends start asking about retirement dates. It's one thing to keep working involuntarily for overwhelming financial needs, but so many of our more experienced members, those that poured the foundation for our EM house today, choose to continue to work in substantial part for the satisfaction they receive from making a real difference in their communities. EM is never easy, though it is often gratifying to know we can do so many things uniquely important for others when they need us, often more than they realize.

I certainly don't want to marginalize the many OCEP "in-betweeners" because I am one myself! It does seem strange at times to think my own residency graduation was 20 years ago now, but for all the stress and frustrations from trying to save the world daily, I think in some ways EM can help us stay young in mind...and heart. No matter what volume of ED you may be in today or tonight, or the type of EM-related practice if not in an ED, there is always something to do and/or someone to treat.

I honestly don't feel much less energy than I did 20 years earlier. I'm sure you've had the same experience that I'm thinking about when taking care of patients that are your age but surely look MUCH older. I still find myself doing a serious double take at what the demographics say when comparing that to how such a patient presents. A very wise man from which I had the pleasure of learning a great deal from his sermons was particularly fond of saying in an encouraging way, "Keep on keepin' on!" I like that. I think it may just be part of extending our own lives while we care for others. We've all seen the unanticipated consequences in folks that slow down too much. I think I'll order some new athletic shoes and keep on keepin' on. I encourage you to do the same. We need you, your skills, and your energies.

Please never doubt that last sentence above. We recently recognized, for the first time on a national scale, Physician Suicide Awareness Day (September 17, 2018). It doesn't take long in reading research manuscripts, or even medical news articles, to get a bit numbed by statistics. We all have heard being a physician puts us at higher than average risk for depression and suicide. If you haven't personally known an emergency services colleague that has committed suicide, count yourself blessed and join all of us in encouraging one another to stay safe. Think of how much energy we collectively commit to keeping our fellow Oklahomans from acting on suicidal thoughts. You are ALWAYS worth saving. Reach out for help and be on alert to reach out to a brother or sister in EM

that is struggling. Together, we can and we must make that same difference to each other.

We also recognized in much happier emotions our ACEP 50th Anniversary as a big part of ACEP18 in San Diego. What an exhilarating week! Some of you who attended, particularly our OCEP councillors, know how busy an ACEP18 week can be. It was a fantastic ACEP Council meeting and your councillors (pictured below) represented your interests well in acting on the multitude of resolutions that came before us this year. We also elected a new ACEP President-Elect, Dr. William Jacquis, and Board of Directors members Drs. Christopher Kang (incumbent), Mark Rosenberg (incumbent), JT Finnell, and Anthony Cirillo. The Council has a great track record of making the right decisions for ACEP and I'm excited to be working with each of these mentioned national leaders.



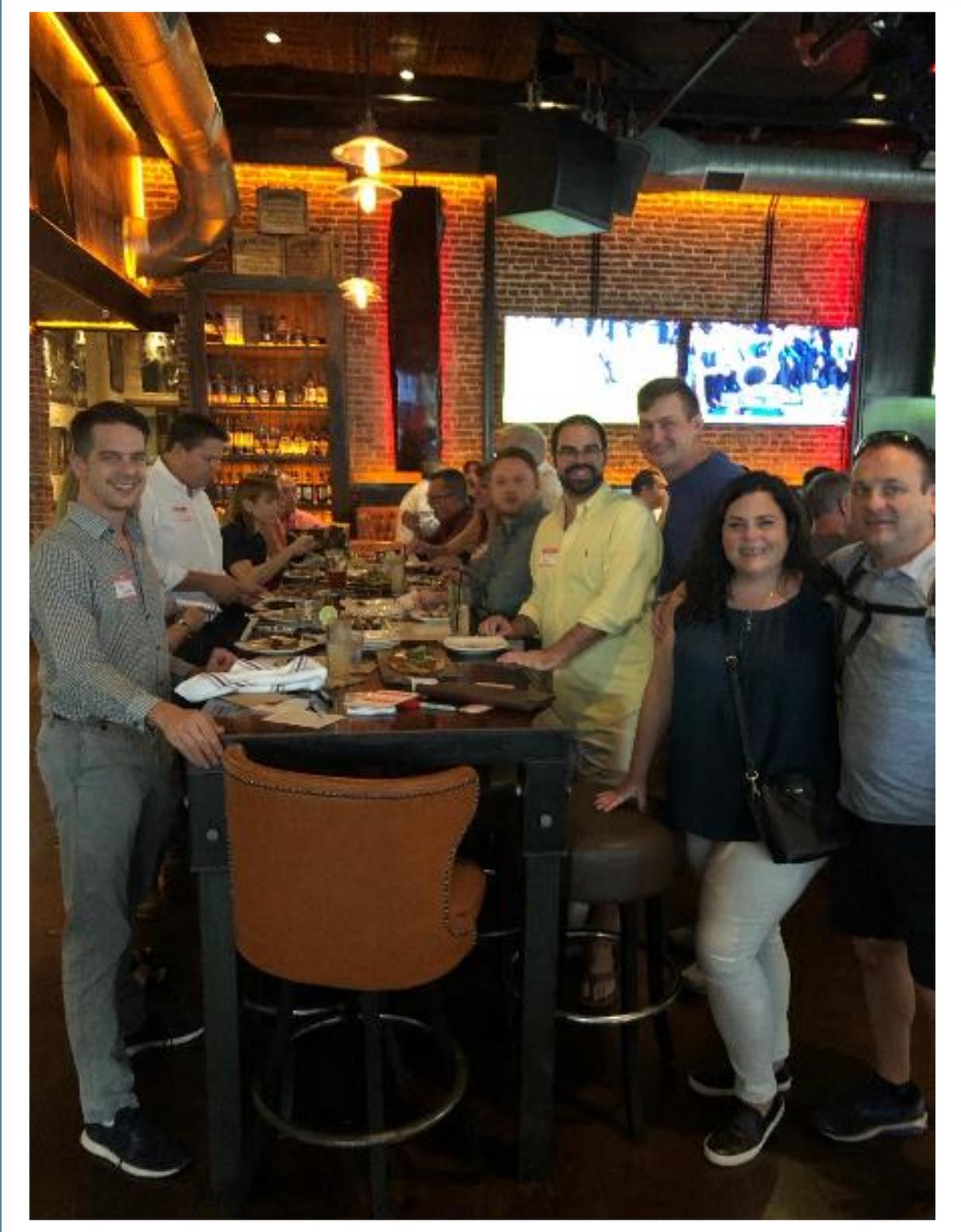
2018 OCEP councillors (l to r) Drs. Cecilia Guthrie, Jeffrey Goodloe (President), Jim Kennedy (Vice-President), and Craig Sanford. Dr. Guthrie was also chosen to serve the ACEP Council as a

teller, a particular honor that involves overseeing councilor credentialing and elections. A special thanks to Craig, the long-time dean of OCEP councillors, for making a last-minute, just in time for elections, literal sprint guest appearance this year to sub in for a colleague with unexpected medical illness. We appreciate you keeping our fourth vote alive this year, Craig!

Many of you are aware that I also ran in the national Board of Directors election as a first-time candidate. Several of my state and national friends have already made it a point to encourage me to run next year and I'm committing to you that I will accept another OCEP nomination to the ACEP Nominating Committee for the 2019 elections. Ballot inclusion is out of my hands beyond that, but I certainly am very hopeful that I can represent you in next year's election. These are incredibly tight, challenging elections and it was one of the most wonderful experiences in my 27 years of ACEP membership. I met many new friends in the process and humbly, I believe I've become a better leader from the experience. I want to publicly and sincerely thank everyone for the support over the past months. Our OCEP Vice President, Jim Kennedy, deserves a special thanks for helping me stay energized on very little sleep the first weekend of ACEP18 and for sending a very thoughtful encouragement once we got back to Oklahoma. When everything goes easy (does it ever in EM?) you may not know who your friends are. When things wind up in Plan B land, what a great serendipity to know people really care. Ever onward...

Also at ACEP18, our now THIRD annual OCEP Social Function at ACEP was a great success! Please see some pictures below taken at the earlier part of the function. Huge thanks to Jim Kennedy for taking over the annual social event organizing duties this year (and with our thanks to Samantha Kennedy for doing more than spouses often get credit for doing in these kinds of things!). Remember if you are going to ACEP19 in Denver, we've already started scouting some options for next year's social event. If you have some Denver favorites that we should be considering, please let either Jim or I know. Members attending this year, including Dr. Josh McFalls from the University of Oklahoma's EM Residency, can attest these events are some of the most enjoyable ways to see your dues coming back to you in very tangible form.





It's hard to believe only 90 days have passed since the last newsletter. Trying to be cognizant of your time, I'll wrap up these thoughts for now, holding onto some for the next newsletter.

Winding it up as quickly as I can Drs. Michael Smith and Jeff Dixon...

The leaves are starting to fall with increased frequency as I look out my home office window today, and it's but one more reminder that fall/winter respiratory season lies ahead. We are on the edge of another season of battle as we try to see everyone in a timely manner while keeping waiting room anarchy and fire marshal violations in the hallways at bay.

We can get so busy clinically, that is sure is easy to forget the business and advocacy side of EM. Your entire OCEP BOD is once again gearing up for legislative season in Oklahoma. Now is the very time that those 3,000+ (not a typo for anyone new to Oklahoma) state legislative bills are being drafted. Stay tuned as we mobilize as needed for you and your patients in these months leading up to the legislature's May recess.

Wishing you, your families and other loved ones the best holidays possible, knowing many of us are working those days/nights too. Thanks for the privilege of serving you as OCEP President alongside the greatest OCEP BOD we could hope to realize.

Stay safe, make a difference, and have some fun while doing it!

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**NEWS FROM ACEP**



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## **New ACEP Information Papers and Resources**

The following information papers and resources were recently reviewed by the Board of Directors:

### Information Papers:

- [Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database](#)
- [Emergency Ultrasound Standard Reporting Guidelines](#)
- [Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine](#)

### Other Resources:

- [Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention](#)
  - Smart Phrases for Discharge Summaries
    - [CT Scans for Minor Head Injuries](#)
    - [MRI for Low Back Pain](#)
    - [Sexually Transmitted Infection](#)
    - [Why Narcotics Were Not Prescribed](#)
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## Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

**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.

Anderson TS, Thombly R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**

The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic

testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**

The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. [Full text available here.](#)

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**

The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. [Full text available here.](#)

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**

This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion ( $\geq 10$  units), but not in those who receive  $< 10$  units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**

The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.

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## Interested in Reimbursement for EM?

Apply for the Reimbursement Leadership Development program! Program members will gain a thorough understanding of the EM reimbursement process, be poised to assume reimbursement leadership positions, and obtain a highly valuable skill set that will help them in their professional growth, practice, and path to ACEP leadership. Deadline is Nov. 9. [Apply now.](#)



## Upcoming CEDR Webinar on November 15

### Year 3 Proposed Rule: 2019 Participation in APMs

**Speaker:** Corey Henderson, Health Insurance Specialist within the Center for Medicare and Medicaid Innovation Center CMS-CMMI | November 15, 2018 1:00 PM CST - [Register Today!](#)

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## Want to improve your skills managing behavioral or medical emergencies?

Come join the Coalition on Psychiatric Emergencies (CPE) for a pre-conference workshop on Dec. 12th in Las Vegas Nevada. The Coalition is presenting two pre-conferences: **Critical Topics in Behavioral Emergencies for Emergency Physicians** and **Critical Topics in Emergency Medicine for Psychiatrists**. Come improve your skills and earn CME! The early-bird rate for members is \$149. To view the full schedule and to register, visit the [pre-conference website](#).

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ReCharge • ReEnergize • ReFocus

ACEP • Ojai, CA • Feb 19-22, 2019

## Introducing Balanced

A new, [physicians-only wellness conference](#) where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

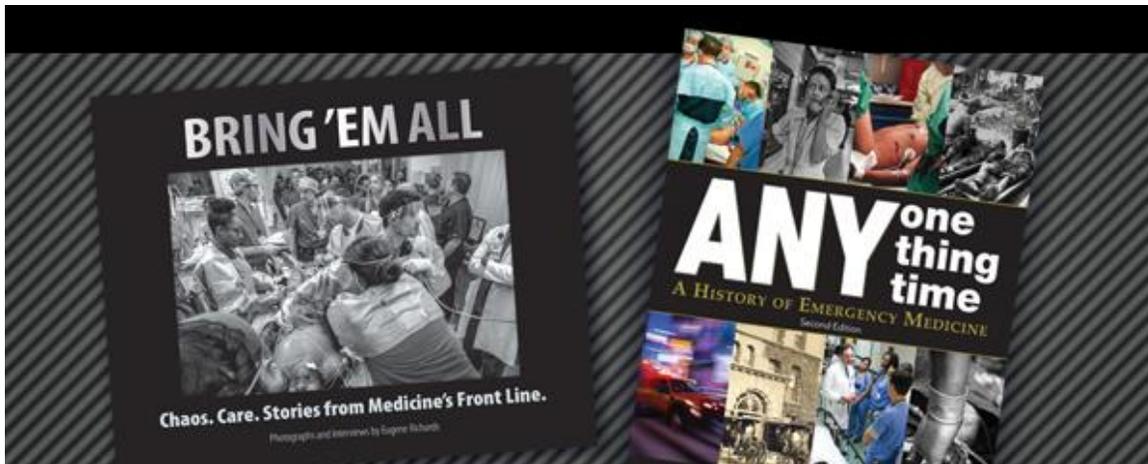
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## ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website [www.emergencycareforyou.org](http://www.emergencycareforyou.org). The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- [Cats, Dogs and Dander... Oh, My!](#)
- [Dear Patient: A Letter from Your Emergency Physician](#)
- [Your Summer Guide to Bug Bites & Skin Rashes](#)
- [Heat Stroke and Hot Cars](#)
- [Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety](#)

Contact [Steve Arnoff](#) to learn more about contributing to the ACEP Doc Blog.



## ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! [Bring 'em All](#) and [Anyone, Anything, Anytime](#) available at [bookstore.acep.org](http://bookstore.acep.org).

## Improve the Care Provided to Older Patients

### Become an Accredited Geriatric Emergency Department

Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

[ACEP.org/GEDA](http://ACEP.org/GEDA)



Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, [guidelines to improve ED care for older adults](#) have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the [Geriatric ED Accreditation Program \(GEDA\)](#) to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.



Providers  
Clinical Support  
System

With PCSS training, you  
can help save lives from  
opioid use disorder

**By getting MAT trained, you can help  
people take their lives back from OUD.**

Visit [pcssNOW.org](http://pcssNOW.org)

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 5U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

## Free Medication-Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training

- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the [MAT Waiver Training Calendar](#). For more information on PCSS, [click here](#). For more information on MAT training, email [Sam Shahid](#).



*Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

## Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated \$100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email [Sam Shahid](#) for more information.



## **NEMPAC On Track to Reach Record Fundraising Goal**

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than \$350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than \$2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the [full-length article](#) published in ACEP Now on October 3.

For more information about NEMPAC, visit [our website](#) or contact [Jeanne Slade](#).

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## Welcome New Members

Abie John  
Daniel Aaron Green, MD  
Halen Marie Borron  
James Bryan Pritchett, DO  
Jamie L Laughy, MD  
Jamin Brown, DO  
John Micah Horton Powers  
Kendall Luyt, MD  
Kristin Nicole Greer  
Mary Asal, MD, MPH  
Michelle Lynn Bates, DO  
Mitchell McCain  
Philip Zrenda, DO  
Rebecca Cherie Massey, DO  
Shelbi Alexxis Swyden  
Thang Viet Truong, MD  
Tyler John Turner  
Yashas Nathani, MD

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