Of Dmitri Mendeleev, Strategy & Emergency Medicine

by Don Stader, MD, FACEP

The United Nation’s has officially declared 2019 as International Year of the Periodic Table of Chemical Elements. The declaration celebrates the 150th anniversary of when Dmitri Mendeleev created the iconic table, long loved by chemists and loathed by high school students.

Since its inception, the table has grown to over 18 groups (columns) and 7 periods (rows), representing 118 elements. While seemingly unrelated – the famed periodic table and our proud specialty share many similarities. The central genius of both comes from creating order and understanding from what was before chaotic. Mendeleev, guided by atomic numbers and chemical properties created a construct around which all elements were put in order.

Every day our emergency physicians, armed with their clinical acumen and tenacity provide care and affect the lives of thousands of patients. Just as Mendeleev’s invention revolutionized the field of chemistry 150 years ago, so has ACEP and our specialty, changed the face of American healthcare.

In 2019, Colorado ACEP is undergoing its latest round of reorganizing in the form of strategic planning. Our goal: to better serve our patients and members. With that in mind, we are adopting a new committee & priority structure. In honor of Mendeleev, it is our pleasure to share these new committees with you in chart form and to extend you an invitation: Please join a committee! Help improve and advance emergency care.
and community in our state. If you’re interested email me (Donald. stader@gmail.com) & our amazing executive director Barb Burgess (barbacep@gmail.com)

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>STRATEGIC GOAL</th>
<th>2019 OBJECTIVES / OPPORTUNITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION</td>
<td>To provide excellent, relevant medical education to COACEP members.</td>
<td>This year we are proud to host ACEP19. We hope to develop a robust social and educational program around this meeting. We also hope to continue to find new educational outlets for our members outside of our annual educational meeting.</td>
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<tr>
<td>LEGISLATIVE</td>
<td>To advocate for laws that protect and promote the interests of emergency physicians and our patients.</td>
<td>This year is going to be a very important year for our legislative efforts. There are many laws that affect emergency physicians that are being put forth by the legislature including laws on mandatory e-prescribing, balanced billing, cost transparency, malpractice and liability caps, opioids and more! To prepare CO-ACEP has hired an additional legislative lobbyist to our team and recruiting new members from within and outside the board to serve on our Legislative Committee.</td>
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<td>PRACTICE</td>
<td>To create and disseminate policies, guidelines or resources that help advance the practice of emergency medicine in Colorado and the nation.</td>
<td>Colorado ACEP’s 2017 Opioid Prescribing &amp; Treatment Guidelines helped transform emergency care across Colorado and have been adopted in hospitals and health systems across the country. Colorado leads the nation in adoption of ALTO practices and continues to be an innovator and leader in this space through our unique collaboration with the Colorado Hospital Association. Our Opioid Task Force will continue its work with a priority of rolling out more resources around Medication Assisted Treatment for Opioid Use Disorder. We are investigating the formation of a Mental Health Task Force to better address issues with the care of this vulnerable patient population.</td>
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<td>MEMBERSHIP</td>
<td>To grow Colorado ACEP and continuously improve member value and service.</td>
<td>Colorado ACEP deeply values its members and seeks to continuously improve its products, service and value. This committee interfaces with membership to define and direct how COACEP can improve its service to members and helps Colorado ACEP grow and connect with new members.</td>
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On behalf of all of us on the Colorado ACEP board, we thank you for your membership and look forward to a productive and fruitful 2019, spent in the service of our members and our patients. ☑
Colorado ACEP was honored to have Representative Kyle Mullicca speak about the upcoming legislative session and answer questions on upcoming legislation. Suzanne Hamilton and Dan Jablan reported on What to Expect during the 2019 Legislative Session.

The 2019 Colorado ACEP Board

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John Marx Education Award . . . . . . . Gannon Sungar, DO

Congratulations to Colorado ACEP Award recipients:
No kidding. It’s going to be that kind of year for health care at the legislature.
With an anticipated 700 bills introduced into this 2019 Legislative Session, a full 300 are expected to relate to the delivery of health care in Colorado. Bills will touch on everything from the licensure of physicians and professional review committees through the wide gamut of all thing’s health insurance.

The Colorado Medical Practice Act is up for its Sunset Review and has been heard in the Senate Judiciary Committee. Senators Joann Ginal and Pete Lee will sponsor the bill aimed at continuing the licensure of physicians in Colorado. While the bill itself is necessary and does not run a great risk of being killed by the legislature, there are enumerable amendments that could be added to the bill that could cause great challenges to physicians practicing in Colorado. We have the utmost confidence in our bill sponsors and will work diligently on securing the passage of a patient safety centered Medical Practice Act.

The law allowing for the functioning of Professional Review Committees is also up for its Sunset Review. Fortunately, the Department of Regulatory Agencies, after a thorough review of the current statute, has put forth a favorable continuation recommendation. While we are awaiting the initial scheduling of the review, we are hard at work to ensure that professional review committees can continue to operate with patient and system safety at the forefront.

On the issue of health insurance, there will be a variety of bills. There are already several that address a “public option” for health insurance allowing for Coloradoans to buy into the Medicaid system. There are two competing bills attempting to address the highly publicized “surprise bills” issue. We are doing our best to educate the legislature that the “surprise” in surprise bills are that the health insurance companies are not fulfilling their role as prescribed by current statute. To the extent that out-of-network care is provided, both bills attempting to enhance patient disclosures as to their rights under Colorado law and protecting against alleged excessive charges.

Dave Downs, MD past-president of the Colorado Medical Society notes the variances of the two bills. “The two bills differ in several fundamental ways. HB19-1174 (Representative Esgar) sets a minimum payment standard for OON physicians that will demonstrably allow commercial insurance companies with already disproportionate leverage over physicians to renegotiate physician in-network rates downward and pocket the difference (except for Kaiser Permanente given its unique relationship with Colorado Permanente Medical Group). HB19-1174 contemplates voluntary negotiations to resolve remaining OON physician payment disputes whereas SB19-134 (Senators Fields and Tate) establishes a process for “baseball arbitration” if voluntary negotiations are unsuccessful when OON physicians believe additional payment is warranted due to particular circumstances.”

We are diligently working to find a compromise between the two competing bills, at the bill sponsors request. It is imperative that patients are kept out of the middle of the consequences of narrowing networks while maintaining physician leverage to negotiate reasonable contracts within a consolidated market of health plans.

Stay tuned, sit tight and secure you seat belt low and tight across your lap.

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Meet Dan Jablan, Your Newest Advocate

By Suzanne Hamilton

Your Colorado ACEP Board of Directors has retained an additional lobbyist with the heavy workload this legislative session has in store for medicine. Dan Jablan is our newest member of the ACEP lobby team. He is the principal and founder of Cherry Point Strategies. Mr. Jablan is a veteran lobbyist at the Colorado Capitol. Mr. Jablan has more than 19 years of government relations and grassroots experience.

Prior to starting Cherry Point Strategies, Mr. Jablan was the in-house lobbyist for Farmers Insurance in Colorado and New Mexico. While working at Farmers Insurance, Mr. Jablan grew the largest political action committee in the insurance industry in Colorado, and one of the top three business political action committees in the state of Colorado. In addition, Mr. Jablan won numerous awards with Farmers Insurance, including Government Affairs Manager of the year, and Grass Roots Manager of the year multiple times. Mr. Jablan was the President and legislative liaison for the Rocky Mountain Insurance and served on the Colorado Guarantee fund board.

Mr. Jablan’s expertise lies in working with party leadership in both chambers as well as key legislators. Mr. Jablan has a Bachelor of Science degree in Business and Literature (Dual Emphasis) from University of Alabama and a Master of Liberal Studies in Political Science from Fort Hays State University.

JOIN US FOR THE

ACEP19
Scientific Assembly

Denver, CO • October 27-30, 2019

Registration Opens June 3, 2019

Colorado ACEP Calendar

COACEP Membership Meeting Dates
Mar. 20, 2019
May 15, 2019
July 17, 2019
Sept. 18, 2019
Nov. 20, 2019

ACEP Leadership & Advocacy Conference
May 5-8, 2019 – Washington, DC
Register at acep.org/lac or CLICK HERE

Legislative Conference Calls:
Every Tues. during the Legislative Session
Time: 12 noon – 12:30
Conference call in number is
712-432-0800 - Access Code is 208589#

ACEP Scientific Assembly –
October 27-30, 2019 – Denver, CO
Linsey Sandoval, MD

**Where did you train?**

I’m touring the West!

**Bachelors:** University of California, Davis

**Medical School:** University of New Mexico

**Residency:** University of Arizona

**Where do you practice in Colorado?**

I joined EMS PC, a group in Colorado Springs, which staffs several emergency departments in Colorado Springs. The group staffs Memorial Central, a level 1 trauma center with >100,000 visits per year, two community hospitals in Colorado Springs, four free standing EDs in the Springs area, and Pike’s Peak Regional Hospital - a critical access hospital in Woodland Park.

**Why did you choose to practice where you do?**

Although I grew up in San Diego and do love the beach, I have come to love the mountains more. Colorado Springs is a big city with amazing trail access. I knew I wanted to live in a big enough city where I would have choices, but be close enough to run through pine trees an hour before work. The city is big enough to have plenty of patient variety as well. The small group I work for is personable. I feel valued, supported, and I can contribute ideas to make our emergency departments better, even as one of the newest physicians hired.

**Favorite part of emergency medicine?**

It is something I get to do with my husband! My husband and I did residency together in Arizona, and I love that we get to compare thoughts on challenging cases, be each other’s sounding board, and can even switch a shift last minute when our kids need some extra mom time.

**Hobbies outside of medicine?**

I like to say emergency medicine is my hobby, but being a mom and making sure I raise caring, loving and kind children is my real job. I do love to be outside and to move! I run regularly and run for one of the brewery teams in the Springs.

**Favorite place to visit in Colorado?**

Being new to the state, there is still so much to explore! So far, Maroon Bells in the fall has been one of the prettiest hikes I’ve ever taken.

**Anything else you would like us to know about you? Or interesting fact about yourself.**

Most people think my husband and I met in medical school or residency since we both are emergency medicine physicians now. Really, we met when he was 19 and I was 20 at a triathlon. We have gone through the process together. He started medical school years before me, so I’ve been several rolls in this process from supportive spouse, Dr. Mom, and Dr. Mrs. Sandoval. After one of my rotations ended as a medical student, I got on a plane at 39 weeks pregnant to fly to Houston where my husband was doing his first residency in med-peds. He did not get paternity leave as a resident, and we wanted to be together to have our first baby. Luckily there was no baby at 30,000 feet!

Medicine can act like this pursuit of a career as a physician is the center of the universe, and we have spouses who are just here at our whim. Obviously, I know medicine is demanding and time consuming. One of the toughest jobs I’ve had though is being a spouse of someone going through this process. It has helped me value my spouse more and my larger support network, as well as foster my efforts to promote physician wellness as a member of the physician wellness committee at my hospital now.
During their January 2019 meeting, the ACEP Board of Directors approved the following new or revised policy statements/PREP/information paper:

New Policy Statements:
- Autonomous Self-Driving Vehicles
- Reporting of Vaccine Related Adverse Events

Revised Policy Statements:
- Advertising & Publicity of Emergency Medical Care
- Economic Credentialing
- Emergency Physician Stewardship of Finite Resources
- Medical Services Coding
- Patient Information Systems
- Providing Telephone Advice from the ED

New Information Paper:
- Suicide Contagion in Adolescents: The Role of the Emergency Department

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**Bedside Tools**

ACEP has a number of web-based tools for you to use at the bedside. From sepsis, to acute pain to agitation in the elderly – we’ve got you covered!

- **ADEPT** - Confusion and Agitation in the Elderly ED Patient
- **ICAR2E** - A tool for managing suicidal patients in the ED
- **DART** - A tool to guide the early recognition and treatment of sepsis and septic shock
- **MAP** - Managing Acute Pain in the ED
- **BEAM** - Bariatric Examination, Assessment, and Management in the Emergency Department. For the patient with potential complications after bariatric surgery

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**Help Us Improve Care for Patients with Opioid Use Disorder**

**Win an Amazon Gift Card!**

On many shifts we see patients whose lives have been negatively impacted by the opioid crisis. Some have overdosed, some have abscesses, and others are requesting opioid pain medications in the ED yet again. We do a great job of treating their acute issue, knowing their addiction will make a repeat visit inevitable. These are the names we recognize as soon as we pick up the chart; the PDMP’s we’ve checked multiple times before. We’re hoping you can help us develop some options.

The Colorado Office of Behavioral Health and the emergency departments at the University of Colorado and Saint Anthony’s North are piloting initiation of medication assisted therapy (MAT) in our EDs. Ultimately, we’re hoping this improves patient outcomes as well as the patient and the provider experience. There’s a lot of discussion about what tools and incentives we need to make such systems work.

Please scan code or CLICK HERE to participate in our quick survey.

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**Unscheduled Procedural Sedation:**

**A Multidisciplinary Consensus Practice Guideline**

The new ACEP policy statement, Unscheduled Procedural Sedation: A Multidisciplinary Consensus Practice Guideline, was approved by the Board in September 2018 and has been endorsed by several other organizations. Read the final version of the policy HERE.

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It’s completely voluntary and any Colorado ED provider can take this anonymous survey to see how they feel about ED buprenorphine (commonly called Suboxone) and what tools they need to improve care for patients with opioid use disorder. Respondents will be entered to win a $100 Amazon gift card.

COMIRB# 19-0088 PI: Matthew Zuckerman Study Title: Attitudes to Emergency Department Medication Assisted Therapy matthew.zuckerman@ucdenver.edu