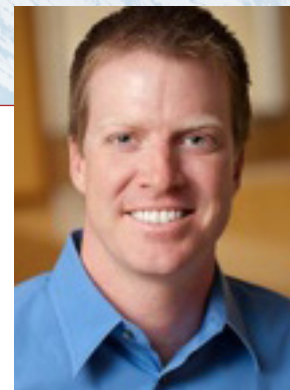


A Dynamic Environment for Emergency Medicine



by Kevin McGarvey, MD

Colorado continues to be an interesting, dynamic environment for the evolving role of emergency medicine in delivering acute care to all comers. Healthcare costs and access to emergency departments - freestanding and hospital-based - continues to grow in Colorado. Consolidation of health organizations and groups have also led to more concentration of services throughout Colorado as health systems and groups expand. A number of new models for population health are starting to grow in Colorado as well to help better connect care and deliver value-based outcomes. The next several years in Colorado could cause a shift towards new ways to access care, as legislation and technology help shape the marketplace.

This year, state legislation has touched on health care reform and changes in a number of ways that impact our practice of emergency medicine. Freestanding emergency department regulation continues to be a focus at the state capitol. One of our board members, Dr. Nathaniel Hibbs, worked closely with legislators to ensure new laws for freestanding emergency departments helped to maintain safety and quality clinical care without compromising the ability for emergency physicians to practice in a clinically feasible environment. Of the 700 bills presented to the state legislature this year, 3 were on the topic of freestanding emergency departments and 2 passed with terms put in place by Dr. Hibbs' efforts and other Colorado ACEP team members to help protect physician and patient interests.

Pricing transparency was an issue that the state legislation worked to address this year with a front page article published in the *Wall Street Journal* highlighting consumer concerns on the "opacity" of healthcare in Colorado. Legislation was blocked this year due to excessive demands and requirements being asked of health system stakeholders. While physicians were in favor of price transparency and would be happy to share information at the right times, we felt it was important to not allow discussions of cost to interfere with emergency care. The issue of pricing transparency will be closely monitored by Colorado ACEP to ensure any future reform keeps the

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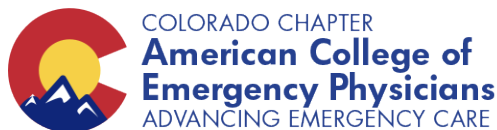
interest of quality care for our patients first while allowing for greater transparency and understanding of costs and insurance benefits or lack thereof.

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EPIC



"The mission of the Colorado Chapter, American College of Emergency Physicians is to serve as the primary organization in the State of Colorado representing the specialty of Emergency Medicine, promoting the interests and values of emergency physicians and patients by giving physicians the tools to support the highest quality of emergency medical care."

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Dr. Don Stader successfully helped shepherd several state bills into law to address the opiate epidemic in our state. Perhaps the most relevant to ED practice is a new bill that limits opioid prescriptions for acute pain to 7 days, following precedent set by several other states and organizations. Due to the work and collaboration of many stakeholders in our healthcare community, Colorado is poised to lead innovative change for reducing opiate addiction and deaths. The new laws await signature by Governor Hickenlooper after passing both the Colorado Senate and House. You'll be hearing from Dr. Stader and our legislative advisor Suzanne Hamilton once these bills are signed into law.

In addition to being a great place to practice emergency medicine, Colorado is also a vibrant startup environment for healthcare-related technologies. This year's annual meeting held a small panel highlighting a few of the startups working to shape the future of healthcare in our state and nationally. Dispatch Health is leading the way for in-person mobile care to provide on-demand acute care interventions and meet patients wherever they are in urban communities. Orderly Health has developed an artificial intelligence chat bot to help patients navigate the complicated, fragmented pieces of information patients need to know for determining their cost of care. OpiSafe and Collective Medical Technologies are delivering critical clinical information to care providers at the point of care for better controlling unnecessary opiate use and addiction. There are a number of other startups working to more efficiently connect patients and providers in a way that enables compassionate, quality care while preventing health care costs from spiraling out of control.

It will be important for our chapter to remain engaged with all the stakeholders in our healthcare community to help lead and shape policy that is best for our patients. **E**

SAVE THE DATE

Thursday, August 23, 2018

9th Annual
**Colorado ACEP
Symposium on
Emergency
Medicine**

Location:
**Wings Over the Rockies
Air and Space Museum**
7711 E. Academy Blvd.
Denver, CO 80230



**We anticipate 6 hours of CME – Please
mark your calendars and plan to attend.**

**More information
coming soon.**

Legislative Wrap-up

By Suzanne Hamilton
Colorado ACEP Lobbyist



It was a wild legislative session right down to the final hours. A package of six bills came out of the Opioid Interim Task Force and saw great success.

The bill with the biggest impact on physicians was SB18-022. Through the amazing dedication of Dr. Don Stader, this bill establishes prescription limits for opioid naïve patients to a 7-day supply with a subsequent fill if the prescriber deems it appropriate. Such subsequent fill does require a check of the PDMP. Appropriate exceptions to this limit are included in the bill. It further allows for the electronic transition of the prescription. When you access the PDMP it will require you to identify your specialty for the purpose of periodically receiving “report cards” comparing your prescribing pattern to other physicians in your specialty. The purpose of these report cards are confidential and educational in nature and are meant to provide for peer norming.

The other bills included the following: HB18-1003 addresses opioid misuse and prevention and extended the legislative task force; HB18-1007 expands access to insurance coverage for the treatment of addiction, removed barriers to care (i.e. prior authorizations for buprenorphine and step-therapy which includes an opioid) as well as protected physicians from adverse action as a result of patient satisfaction surveys related to pain management; HB18-1136 authorizes the state Medicaid program to expand coverage to include residential and in-patient care as soon as federal matching funds become available; and SB18-024 intends to expand access to behavioral health care services through loan repayments and scholarships directed towards providing additional training to providers in areas of need. SB18-040 was the only causality of this legislative session. It was the most

controversial, as it would have allowed for the establishment of supervised injection facilities. The bill also included other harm reduction elements, but they were overshadowed.

It seems like we might have the free standing emergency department (FSED) issue contained for a while. Two of the three bills introduced relating to this issue were passed and are waiting for the Governor’s signature. SB18-146 increases disclosures to patients in order to provide clarification that an FSED is NOT an urgent care clinic, patient rights when receiving care and facility fee disclosures. HB18-1282 requires that all facilities have their own NPI number, including off-campus FSEDs of hospitals. This will enable for the more accurate tracking of care delivered and health care spending in FSEDs. The third bill, HB18-1212, passed the House, but was killed in the Senate committee. It would have created a separate licensure program for FSEDs. (Currently, FSEDs operate under a community emergency care clinic license.) Not only were there Republican concerns about creating a new category of licensure, but there were deeper concerns as the bill also include a cap on facility fees. There was a concern that the facilities may not be able to meet/maintain the requirements that the Colorado Department of Public Health & Environment were to establish in order to qualify for an FSED license.

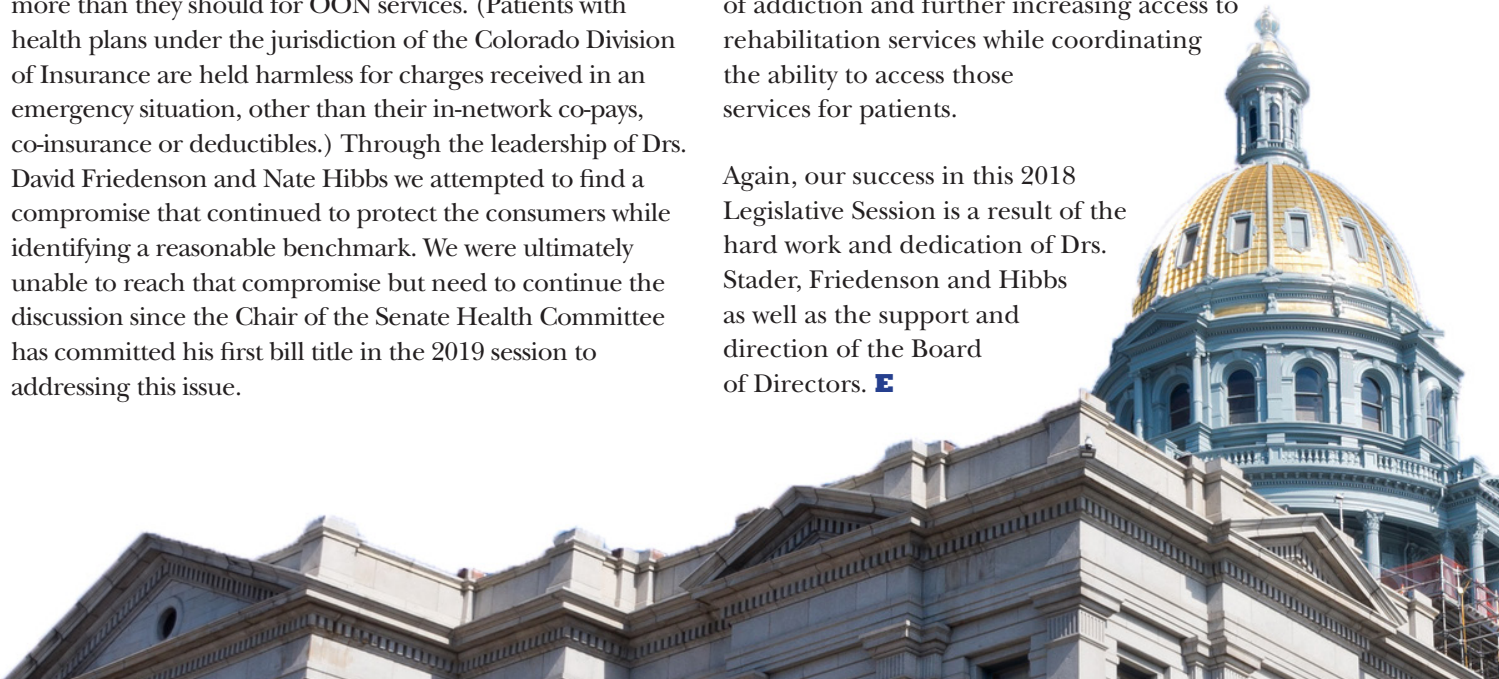


It seems like we might have the free standing emergency department (FSED) issue contained for a while. Two of the three bills introduced relating to this issue were passed and are waiting for the Governor’s signature.

Finally, regarding the out-of-network (OON) issue, while we were able to kill SB 237 (which would have muddled the waters as to setting an in-network level benchmark) we were asked to step up to solve the problem of consumers paying more than they should for OON services. (Patients with health plans under the jurisdiction of the Colorado Division of Insurance are held harmless for charges received in an emergency situation, other than their in-network co-pays, co-insurance or deductibles.) Through the leadership of Drs. David Friedenon and Nate Hibbs we attempted to find a compromise that continued to protect the consumers while identifying a reasonable benchmark. We were ultimately unable to reach that compromise but need to continue the discussion since the Chair of the Senate Health Committee has committed his first bill title in the 2019 session to addressing this issue.

The interim is going to fly by as we have the elections, the OON issue to solve and the Opioid Interim Task Force. The Task Force is looking to take up issues revolving around the legal system, the underlying causes of addiction and further increasing access to rehabilitation services while coordinating the ability to access those services for patients.

Again, our success in this 2018 Legislative Session is a result of the hard work and dedication of Drs. Stader, Friedenon and Hibbs as well as the support and direction of the Board of Directors. **E**



CALL FOR APPLICATIONS

Colorado ACEP Leadership Development Program Fellowship

PROGRAM GOALS

- a) Develop interested emergency physicians into leaders within Colorado and National ACEP;
- b) Provide mentorship and guidance to allow potential leaders to promote emergency medicine locally and nationally;
- c) Encourage program graduates to apply for leadership positions both locally and nationally.

GUIDELINES FOR PARTICIPATION

Interested Colorado ACEP members should complete the application form (visit www.coacep.org, click 'Resources' tab). All individuals meeting the requirements will be interviewed by the CO ACEP Nominating Committee (either by phone or in person). One person will be selected for the Fellow position annually. The Nominating Committee will forward the name of individual deemed to be the first choice along with one alternate to the Board of Directors for final approval. The annual term of service will be from July 1 to June 30. The Fellow will be assigned a Mentor from the CO ACEP Board of Directors.

ELIGIBILITY REQUIREMENTS

- 1. Must be a current member of ACEP and CO ACEP. Must be actively practicing emergency medicine in the State of Colorado or in the last year of EM residency with plan to stay in Colorado after graduation.
- 2. Nominee must have a minimum of two years membership in ACEP or EMRA.

SEE CRITERIA AND APPLICATION AT WWW.COACEP.ORG. DEADLINE FOR APPLICATIONS IS JUNE 20, 2018.

The 2018 EM Boot Camp

Rocky Vista University College of Osteopathic Medicine

By David Ross, DO FACEP

Rocky Vista University College of Osteopathic Medicine (RVUCOM) held its third annual Emergency Medicine (EM) Boot Camp on Saturday, April 21, 2018. The Boot Camp was originally created by a group of students in the Class of 2018 when they were second year students. A group of current second year students led this year's Boot Camp planning. They were directed by Josh Smith, OMS II. The Boot Camp aims to prepare third year students interested in EM for sub internship success as well as by providing tips and strategies in the application for residency positions.

Each year about 30 students attend. The vast majority are in their third year, although some second year students also participate. The first EM Boot Camp, held in 2016, was funded by a CO ACEP grant. The second and third Boot Camps have been funded, in part, by an EMRA grant.

The 2018 Boot Camp featured Dan Ackil, DO, who is a Denver Health EM Ultrasound Fellow, leading instruction on FAST and RUSH ultrasound scanning. He also covered ophthalmologic ultrasound. First year students served as ultrasound models for the student attendees.

This was followed by an introduction to case presentation strategies for students rotating in emergency departments by 4th year student Danika Evans. The attendees then divided into groups of 5 students and practiced simulated case presentations to a combination of visiting emergency medical attendings and 4th year RVUCOM students who had matched into an EM residency for 2018.

Then six 4th year students beginning an emergency medicine residency this summer presented an

informational panel outlining their experiences in securing their residencies. While it was intended for the attendees to have an opportunity to practice some common ED procedures, the opportunity to gain insight from both the 4th year students and the visiting EM faculty led to the decision to forgo the procedure training.

The day concluded with 4th year Denver Health EM resident, Tim Vo MD, who gave a presentation on maximizing student success in an emergency medicine sub-internship.

We are very grateful to the following individuals who served as visiting attending emergency medicine faculty for this year's Boot Camp:

Doug Hill, DO
Jonathan Savage, DO
David McArdle, MD
Gene Eby, MD
Randy Maul, MD

Dan Ackil, DO
Caleb Hernandez, DO
Stacy Page, DO
Tim Vo, MD

The Six RVUCOM 4th year students who participated included:

Danika Evans
Rebekka Lee
Kashup Kaul

Garrett Baker
Aaron Brooks
Clementine Stowe-Daniels

We look forward to next year's EM Boot Camp in April, 2019. **E**



HARM REDUCTION

By Erik Verzemnieks
& Don Stader

Combating the current opioid epidemic requires several fundamental changes to the way we practice medicine. But beyond reconsidering how we administer and distribute opioids exists the concept of Harm Reduction, an essential component to overcoming this public health crisis. This approach requires not only a radical shift in how we perceive substance abuse but the additional implementation of a set of pragmatic and compassionate concepts aimed to reduce the negative outcomes of injection drug use. These techniques can and should be adopted by every emergency medicine provider.

A core tenant of this philosophy is the tolerance, acceptance, and respect of individuals who use injection drugs. Many injection drug users have a distrust of the medical community, much of it from the treatment and bias they are subjected to when seeking legitimate care. By leaving the typical stigma associated with drug abuse behind, patients can become empowered and are more likely to be engaged. Recognizing substance abuse as more than a moral failing and instead a complex physiologic condition is crucial to seeing the patient as more than their disease – just as we would any patient with heart disease, stroke, or diabetes.

The other central component to Harm Reduction is risk reduction. Not all patients are able or willing to quit, and by

recognizing that patients will continue to engage in risky behavior, concrete steps can be taken to help reduce adverse outcomes. While substantially reducing the risks to the individual user, these also shield their peers and the community from additional risks of their use. Examples of Harm Reduction techniques that have been successful are syringe exchange programs, HIV/hepatitis testing, health education classes, and the wide distribution of naloxone. More progressive approaches include supervised injection facilities and instruction on safe injecting practices. These principles are proven to have a significant impact on public health with reduce rates of transmission of HIV, hepatitis C, and bacterial infections, as well as lower opioid overdose rates and death.

While many of these interventions are accomplished in the community, emergency medicine physicians are uniquely positioned as one of the few physician groups many injection drug users will ever encounter. As we combat the ongoing opioid epidemic, it is therefore essential to have an understanding of Harm Reduction and the concepts that you can provide your patients to reduce the adverse outcomes from injection drug use. To learn more, please visit our CO ACEP 2017 Opioid Prescribing & Treatment Guidelines and stay tuned to future issues of the newsletter.

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CONGRATULATIONS DR. DON STADER!



Donald Stader, MD, FACEP was selected as one of the *Denver Business Journal's* "40 under 40". This honor recognizes 40 extraordinary metro Denverites under 40 years old for the commitment to community and business leadership. In the award's 22nd year, the journal received nearly 500 nomination for 259 individuals. Don was recognized at the annual awards luncheon on March 21.

Don is currently Colorado ACEP's President Elect and chairs the Colorado ACEP Opioid Prescribing and Treatment Guidelines, which the Colorado Medical Society Board of Directors voted to adopt in September 2017. Don also serves on the Colorado ACEP Symposium on Emergency Medicine planning committee. **E**



The ACEP Leadership and Advocacy Conference

was held May 20-23, 2018 in Washington, DC.

Colorado was well represented by CO ACEP members who advocated for improvements in the practice environment for our specialty and access for our patients.

512 emergency physicians representing ACEP went to Capitol Hill and met with legislators from 46 states in 363 meetings to advocate for action on drug shortages, emergency medicine opioid bills, and for putting the medical back in medical preparedness.

HIGHLIGHTS:

- Assistant Secretary for Preparedness and Response Dr. Robert Kadlec talked about the importance of strengthening medical surge capacity.
- Senator Bill Cassidy (R-LA) emphasized the importance of transparency for healthcare consumers.
- Congresswoman Kyrsten Sinema (D-AZ) talked about the need for a national conversation about realistically managing pain.
- The Surgeon General keynoted the first-ever ACEP Solutions Forum, which highlighted innovative solutions to the opioid epidemic and end-of-life issues from emergency departments nationwide.



Nathaniel Hibb, DO, MS, FACEP and Doug Hill, DO, FACEP



Don Stader, MD, FACEP, Doug Hill, DO, FACEP, Rep. Jerad Polis, and Nathaniel Hibbs, DO, MS, FACEP



Left to Right Drs. Wisniewski, Flag, Hibbs, Nguyen, Stader, Rockler, Hill, Wiesner, Kornas.

If you were not able to attend the LAC 18 – Now is not the time to sit on the sidelines.

Join the ACEP 911 Grassroots Legislative Network today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts. With the mid-term elections coming up in November and party control of the House and Senate hanging in the balance, now is the perfect time to reach out on the local level to educate your legislators about the specialty and offer to serve as a local resource on issues

relating to the delivery of health care.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from Colorado. Visit the ACEP Grassroots Advocacy Center for detailed information on how to join the program and start engaging with legislators today! **E**

Colorado Ultrasound Administration Course



THURSDAY, SEPTEMBER 10, 2018
8 AM - 5:30 PM

Space is Limited!

TARGET AUDIENCE

Community Emergency Physicians looking to improve their skills in US program administration, improve reimbursement and become a US leader in their group.

COURSE DESCRIPTION

One-day course with classroom lectures, panels and breakout sessions with fellowship-trained US experts, followed by a full year of structured one-on-one and group mentorship by fellowship trained US experts.

TOPICS INCLUDE

The role of the US director; machine purchase; credentialing and hospital privileges, continuing education, image archival, quality assurance, maximizing US billing.

Contact Molly.Thiessen@dhha.org for details!



JOIN US

UPCOMING COLORADO ACEP 2018 MEETINGS

- July 25
- September 12
- November 7

CO ACEP Meetings are held at
COPIC/CMS Headquarters
7351 Lowry Blvd.
Meetings begin at 12:00 Noon
Lunch provided

*All meeting at COPIC/CMS
unless otherwise noted*

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.

Kellogg K, Fairbanks RJ.

Approaching Fatigue and Error in Emergency Medicine: Narrowing the Gap Between Work as Imagined and Work as Really Done.

Annals of Emergency Medicine – April 2018 (Epub ahead of print)

This is an editorial commenting on an article by Nicolas Perisco and colleagues, “Influence of Shift Duration on Cognitive Performances of Emergency Physicians: A Prospective Cross-Sectional Study.” The article reports that there was significant cognitive decline after a 24-hour emergency shift, though not one after a 14 hour shift. The editorial goes on to describe some of the consequences of their finding, for example the fact that any cognitive decline likely also occurs in all emergency workers. They suggest we repeat the study using 8 and 12 hours shifts which are more common in the US.

Hall MK, Burns K, Carius M, Erickson M, Hall J, Venkatesh A.

State of the National Emergency Department Workforce:

Who Provides Care Where?

This is a cross-sectional study that analyzed the Centers for Medicare and Medicaid Services’ (CMS) 2014 Provider Utilization and Payment Data Physician and Other Supplier Public Use Files and found that of 58,641 unique EM clinicians, 61.1% were classified as EM physicians, 14.3% as non-EM physicians, and 24.5% as advanced practice providers. Among non-EM physicians categorized as EM clinicians, Family Practice and Internal Medicine predominated. They also found that urban counties had a higher portion of EM physicians compared to rural counties.

Stiell IG, Clement C M, Lowe M, Sheehan C, Miller J, Armstrong S, Bailey B, Posselwhite K, Langlais J, Ruddy K, Thorne S, Armstrong A, Dain C, Perry JJ, Vaillancourt C.
Multicentre Program to Implement the Canadian C-Spine Rule by Emergency Department Triage Nurses.

This multicentre two-phase study demonstrated that with training and certification, ED triage nurses can successfully implement the Canadian C-Spine Rule, as reflected by more rapid management of patients, and no missed clinically important spinal injuries.

Lumba-Brown A, Wright DW, Sarmiento K, Houry D.

Emergency Department Implementation of the Centers for Disease Control and Prevention Pediatric Mild Traumatic Brain Injury Guideline Recommendations.

These are the Centers for Disease Control and Prevention’s (CDC) 2018 “Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children,” published in JAMA Pediatrics. As the Emergency Department clinicians may be the first healthcare provider to evaluate an injured child they play an important role in the recognition and management of mild traumatic brain injury. The key practice-changing takeaways in these new guidelines include: using validated and age-appropriate post-concussion symptom rating scales to aid in diagnosis and prognosis; and incorporating specific recommendations for counseling at the time of ED discharge. **E**

