

Jack of All Trades, Master of Many

*by Andrew French,
MD, FACEP*



Many of us have heard the phrase “jack of all trades, master of none” used humorously and sarcastically to describe emergency physicians. Early in my career, I have to say that I did not necessarily disagree with that. Part of the reason I love emergency medicine is the broad knowledge base that allows us to see and treat every kind of patient one could imagine.

However, as I have grown as a clinician and a leader, I began to take a new pride in all of the things in which we do hold expert knowledge. Emergency airway management, procedural sedation, and emergent evaluation of both medical and surgical conditions are merely a few of these items. Despite our clinical expertise in so many key life and limb saving conditions, the item that may be our most underappreciated and underutilized area of knowledge is our expertise in the challenges facing healthcare. Ranging from reimbursement to lack of patient access and even fragmentation in care, we see and deal with these issues daily. We are the earliest and most frequently impacted by changes in healthcare whether it is at the hospital, system, state, or national level.

Emergency physicians are arguably the “masters” of knowledge when it comes to the structure, barriers, and issues in healthcare. We must reflect on what this means for each of us as individuals and what it means for our specialty. We must decide what responsibility this intricate understanding of healthcare (and opportunities for improvement) bestows upon us. Once we have reconciled the level of responsibility we hold, it is time to take action.

The great news is that the opportunities are seemingly endless. Positive impacts on healthcare and our patients can easily be made at the hospital level through committee involvement but could also extend to political advocacy on the national stage. It could mean making a phone call to a state representative or gaining an audience for a brief conversation with your hospital CEO.

As I transition into my role as Past President of Colorado ACEP, I can tell you with certainty that once you take the first step in helping to make a positive impact, it can become infectious. The immense personal and professional satisfaction can be further enhanced through participation in these activities with your colleagues. I would encourage

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each of you to inquire who amongst your colleagues shares your interest and concerns related to issues in healthcare. Make it a goal to attend at least one Colorado ACEP Board meeting in the coming year. Learn more about the issues we face as a specialty

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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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and see what this dedicated and passionate group of individuals are doing to protect our patients, advance our specialty, and improve our practice environment.

Make it a goal to attend at least one Colorado ACEP Board meeting in the coming year to learn more about the issues we face as a specialty.

It has been my honor to serve Colorado ACEP and the emergency physicians of our state over the past year and encourage you can find an opportunity to make an impact in healthcare in 2018. We are really "the jack of all trades, master of *many*." May you find the inspiration in your extensive expertise to influence improvement in our great profession. **E**

JOIN US

UPCOMING COLORADO ACEP 2018 MEETINGS

- March 21
- May 16
- 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 other-
wise noted



Ben Honigman Receives CO ACEP Legacy Award

"I am a part of all I have met"
– Alfred Tennyson

Acceptance speech by Ben Honigan, MD, FACEP

I am honored to be selected for the Colorado ACEP Legacy Award. I have spent the majority of my career in Colorado beginning with residency training at Denver General in 1977. As I approach my retirement, I agree with Tennyson: my achievements and successes over the past 41 years as an emergency physician are truly built on the relationships and collaborations I have built in these four decades.

There are countless individuals who have made important contributions to my career and to the advancement of emergency medicine in Colorado, but I would especially like to point out a few exceptional colleagues. My apologies in advance to all those I have left out.

I have divided the individuals into 5 waves.

Wave 1: The Faculty at Denver General

Peter Rosen and Vince Markovchick—my first mentors and teachers and role models.

Gerry Gordon—the developer of Denver Paramedic Training, whose innovations are the foundation for the Service's excellence.

Peter Bryson—a toxicologist who made practicing emergency medicine fun.

Wave 2: Denver General's Next Stars

John Marx, Bob Jordan, Steve Cantrill and Peter Pons—my contemporaries and friends were the first group of colleagues with whom I collaborated on research, education, and policy. They along with Peter and Vince built the dynasty of emergency medicine training at Denver General in the 1980's and 90's.

Wave 3: The Facilitators

Barry Rumack—Who provided me the opportunity to be the editor of the first electronic text/database in emergency medicine that was the forerunner to *Up to Date*

Alden Harken—Chair of Surgery who started the academic unit of Emergency Medicine at the University of Colorado and who hired me to lead it in 1985

Eugene Moore—A true friend and collaborator with Emergency Medicine, who along with Peter Rosen built a model for how Emergency Medicine and surgery could collaborate in clinical care and academics. Their model was the envy of the nation

Fred Grover—Chair of Surgery who allowed our unit to flourish at the medical school and who (mildly begrudgingly) allowed us to develop our own academic department

Wave 4: The Three Amigos

Steve Lowenstein, Jean Abbott, Mike Yaron—My original partners at the University. We started both the Section of Emergency Medicine at the medical school and the clinical



Benjamin Honigman, MD, FACEP – Legacy Award recipient

ACEP LEGACY AWARD cont.

department at the University Hospital (Colorado General in 1985) in an environment where there was little to no understanding of our specialty. We built it from ground zero and provided the platform for the remarkable achievements that have taken place clinically and academically in the last decade.

Wave 5: The Present and the Future

In this wave are all of you and your colleagues in Colorado ACEP—those who work in leadership such as **Andy French, Jim Cusick, Doug Hill** and **Fred Severyn** to name a few. Those who work in the community emergency departments who are the new innovators of care such as **Dylan Luyten, Adam Hill, Phil Mitchell, Don Stader** and hundreds more. My academic colleagues and leaders including **Rich Zane, Jennifer Wiler, Kelly Bookman, Kennon Heard, Andrew Monte, Emmy Betz, Adit Ginde, Rick Dart, Jason Haukoos, Bonnie Kaplan, Mike Overbeck** and so many more who are involved in the academic practice of our specialty. Again, my deepest apologies for not mentioning by name so many of you that have made a difference in my career and in the advancement of our specialty. The future is yours and the advances in Emergency Medicine rest with you.

As I reflect back over the past 40 years, I am amazed at how far we have advanced the care of medicine in such a short time with no regard for the economic or social status of our patients. I have truly been blessed to have practiced, researched and taught in such a special field of medicine.

I would like to close with a quote from Oliver Wendell Holmes which speaks to this last wave of present and future emergency physicians:

"I find the great thing in this world is not so much where we stand, as in what direction we are moving: To reach the port of heaven, we must sail sometimes with the wind and sometimes against it - but we must sail, and not drift, nor lie at anchor." **E**



*David Richards, MD –
John Marx Education Award*



*Jennifer Wiler, MD, FACEP –
Meritorious Service Award*



The Colorado ACEP Annual Meeting was held January 17, 2018 at the Denver Chop House.

Highlights of the meeting include the presentation of Colorado ACEP Awards. This year the following members were recognized. Congratulations to:

Benjamin Honigman, MD, FACEP – Legacy Award
Jennifer Wiler, MD, FACEP – Meritorious Service Award
David Richards, MD – John Marx Education Award

2018 Board Election Results:

President: Kevin McGarvey, MD

President Elect: Don Stader, MD, FACEP

Secretary-Treasurer – Nathaniel Hibbs, DO, FACEP

2018 Board of Directors:

New Colorado ACEP Board Members:

Pramod Vangeti, MD, FACEP and
Dylan Luyten, MD, FACEP

Re-Elected Members:

Christopher Johnston, MD and
Caleb Hernandez, DO, FACEP

What's Happening at the Colorado State Capitol

By Suzanne Hamilton

Between bills addressing the opioid epidemic, free-standing emergency departments (FSEDs) and consumer protections in out-of-network (OON) situations this legislative session has gotten off to a busy start. Colorado ACEP is currently involved in 58 bills and has had members come to the Capitol to meet with legislators and testify on almost a dozen occasions.

There are now seven opioid epidemic related bills that have been introduced. Dr. Don Stader has been critical in the drafting and amending of these bills as well as providing testimony on behalf of Colorado ACEP. The bills are as follows:

- HB18-1003 - Opioid Misuse Prevention
- HB18-1007 - Substance Use Disorder Payment & Coverage
- HB18-1136 - Substance Use Disorder Treatment
- SB18-022 - Clinical Practice for Prescribing Opioids
- SB18-024 - Expand Access to Behavioral Health Care Providers
- SB18-040 - Substance Use Disorder Harm Reduction
- SB18-168 - Medication-assisted Treatment Through Pharmacists

Two bills have been introduced, with another expected, which deal with FSEDs. In years prior, Colorado ACEP has been invited to the table to develop approaches meant to educate patients about the difference between FSEDs and Urgent Care facilities. This year a few legislators have taken

their own aim at this problem. Dr. Nathaniel Hibbs has met with legislators, provided outstanding testimony and served as the point person on this issue. We are actively working to amend the two bills that have been introduced. These bills are:

- SB18-146 - Free Standing Emergency Departments Consumer Notices
- HB18-1212 - Free Standing Emergency Licensure
- The anticipated bill will require a separate NPI number for each facility in order to track services and costs associated with care delivered at FSEDs.

Colorado health care consumer groups are attempting to promote patient disclosures of their rights when they access emergency care that is out of their insurance plans network. Currently, plans regulated by the Colorado Division of Insurance are required to hold patients harmless for going out-of-network for emergency care. This means that the patient is only responsible for paying their in-network co-pays and deductibles. The remainder of the charges are the insurance plans responsibility. We are currently working on your behalf to protect every physician's ability to negotiate acceptable rates and determine with which plans to contract.

For additional information on these bills or any other bill Colorado ACEP is involved with, please refer to the Legislative tab on the Colorado ACEP webpage. [E](#)

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Revisions to Colorado Board of Health Rules and Regulations

Recently, the Colorado Board of Health adopted revisions to 6 CCR 1009-7 concerning the Detection, Monitoring, and Investigation of Environmental and Chronic Diseases. The revision was approved by the state Board of Health on November 15, 2017 and went into effect on January 14, 2018.

In addition to the environmental diseases, syndromes or conditions reportable listed in Appendix A of rule 6 CCR 1009-7, the following conditions are reportable:

1. A disease, syndrome, or condition that is known or suspected to be related to an exposure to a toxic substance, prescription drug, over-the-counter medication or remedy, controlled substance, environmental media, or contaminated product that results in hospitalization, treatment in an emergency department, or death, and meets at least one of the following:
 - a. Suspected of being a cluster, outbreak or epidemic,
 - b. A risk to the public due to ongoing exposure,
 - c. At an increased incidence beyond expectations,
 - d. Due to exposure to food, environmental media (including water, air, soil or sediment), or other material, such as marijuana products, that is contaminated by a toxic substance, hazardous substance, pollutant or contaminant,
 - e. A case of a newly recognized or emerging disease or syndrome,
 - f. Related to a healthcare setting or contaminated medical devices or products, such as diverted drugs, or
 - g. May be caused by or related to a suspected intentional or unintentional release of chemical or radiological agents.

To view more information about reporting environmental conditions, [CLICK HERE.](#)

To view the revised Rules and Regulations, [CLICK HERE.](#) **E**

EXPOSING COVERAGE DENIAL

ACEP's Viral Video Campaign to Expose Anthem Policy

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

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

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



[CLICK TO SEE VIDEO](#)

NOMINATE YOUR COLLEAGUES

National ACEP Awards Nominations

NOW OPEN

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

CLICK HERE



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

HELP US CELEBRATE ACEP's 50th Anniversary

- Follow us on Twitter and Facebook to see our weekly Tues/Thurs 50th Anniversary posts
- Talking 50th Anniversary on social media? Use #EMeverymoment
- Show your EM pride with ACEP's new "Anyone. Anything. Anytime." Facebook profile frame
- Visit our **50th Anniversary site** here for year-round updates
- Got something cool to share about the college's history, or your own with EM? **CLICK HERE!**

DREAMLAND IN DENVER

By Erik Verzemnieks

In an effort to combat a public health crisis that is on pace to claim more Americans in one year than the entire Vietnam war, visionaries from throughout the Colorado healthcare community came together to produce an evening of inspiration and education to help combat the opioid epidemic. With generous financial support from Colorado ACEP and the collaborative efforts of the Colorado Consortium of Drug Abuse and the Emergency Medical Minute, *Dreamland in Denver: Confronting the Opioid Epidemic in the Mile High City* was an overwhelming success.

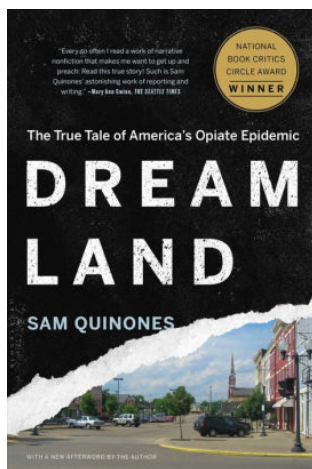
A well-rounded group of local and national leaders on the opioid epidemic presented powerful personal stories and insightful medical knowledge to the sold-out crowd. Leading off the night was Retired Navy Admiral Sandy Winnefeld and his wife Mary Winnefeld, who spoke about the death of their son Jonathan this past year from an accidental opioid overdose at the University of Denver, and their efforts to help other families from experiencing the same. Alby Zweig, Magistrate of Denver's Drug Court, followed with not only a tale of triumph over heroin addiction, as he now presides over the same drug court that gave him a

chance nearly 20 years earlier when struggling with heroin, but a deeply personal perspective of addiction.

Complementing the personalized stories of heartbreak and triumph were Dr. Rob Valuck, Chair of the Colorado Consortium, who busted several myths regarding the administration and effects of opioids, and Lisa Raville, director of the Harm Reduction Action Center in Denver, who stressed the positive community impact of syringe access programs. Our own Dr. Don Stader summarized the role the medical community played in creating the opioid epidemic and argued for our profession to return to its Latin roots as teachers to better help our patients through their suffering.

In closing, Author Sam Quinones delivered a keynote on his critically acclaimed novel *Dreamland*, outlining the fascinating story of how capitalist pursuits from the illegal and legal drug trade fed off one another to wreak havoc on American communities and create the opioid epidemic we are experiencing today.

If you were in attendance and would like to listen again, or would like to listen for the first time, all the lectures are available for free at the Emergency Medical Minute (www.emergencymedicalminute.com). **E**



Left: Author Sam Quinones

Above: Retired Navy Admiral Sandy Winnefeld

Photos: Cameron Redwine

Ten ERs In Colorado Tried To Curtail Opioids And Did Better Than Expected

By John Daley, Colorado Public Radio / Kaiser Health News

DENVER — One of the most common reasons patients head to an emergency room is pain. In response, doctors may try something simple at first, like ibuprofen or acetaminophen. If that wasn't effective, the second line of defense has been the big guns.

"Percocet or Vicodin," explained ER doctor Peter Bakes of Swedish Medical Center, "medications that certainly have contributed to the rising opioid epidemic."

Now, though, physicians are looking for alternatives to help cut opioid use and curtail potential abuse. Ten Colorado hospitals, including Swedish in Englewood, Colo., participated in a six-month pilot project designed to cut opioid use, the Colorado Opioid Safety Collaborative. Launched by the Colorado Hospital Association, it is billed as the first of its kind in the nation to include this number of hospitals in the effort.

The goal was for the group of hospitals to reduce opioids by 15 percent. Instead, Dr. Don Stader, an ER physician at Swedish who helped develop and lead the study, said the hospitals did much better: down 36 percent on average.

"It's really a revolution in how we approach patients and approach pain, and I think it's a revolution in pain

management that's going to help us end the opioid epidemic," Stader says.

The decrease amounted to 35,000 fewer opioid doses than during the same period in 2016.

The overall effort to limit opioid use in emergency departments is called the Colorado ALTO Project; ALTO is short for "alternatives to opioids."

The method calls for coordination across providers, pharmacies, clinical staff and administrators. It introduces new procedures, for example, like using non-opioid patches for pain. Another innovation, Stader said, is using ultrasound to "look into the body" and help guide targeted injections of non-opioid pain medicines.

Rather than opioids like oxycodone, hydrocodone or fentanyl, Stader said, doctors used safer and less addictive alternatives, like ketamine and lidocaine, an anesthetic commonly used by dentists.

Lidocaine was by far the leading alternative; its use in the project's ERs rose 451 percent. Ketamine use was up 144 percent. Other well-known painkillers were used much less, like methadone (down 51 percent), oxycodone (down 43

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– Dr. Don Stader**



percent), hydrocodone (down 39 percent), codeine (down 35 percent) and fentanyl (down 11 percent).

“We all see the carnage that this opioid epidemic has brought,” Stader said. “We all see how dangerous it’s been for patients, and how damaging it’s been for our communities. And we know that we have to do something radically different.”

Claire Duncan, a clinical nurse coordinator in the Swedish emergency department, said the new approach has required intensive training. And there was some pushback, more from patients than from medical staff.

“They say ‘only narcotics work for me, only narcotics work for me.’ Because they haven’t had the experience of that multifaceted care, they don’t expect that ibuprofen is going to work or that ibuprofen plus Tylenol, plus a heating pad, plus stretching measures, they don’t expect that to work,” she said.

The program requires a big culture change, encouraging staff to change the conversation from pain medication alone to ways to “treat your pain to help you cope with your pain to help you understand your pain,” Duncan said.

Emergency medical staff are all too familiar with the ravages of the opioid epidemic.

They see patients struggling with the consequences every day. But Bakes, the ER doctor at Swedish, said this project has changed minds and allowed health care professionals to

help combat the opioid crisis they unwittingly helped to create.

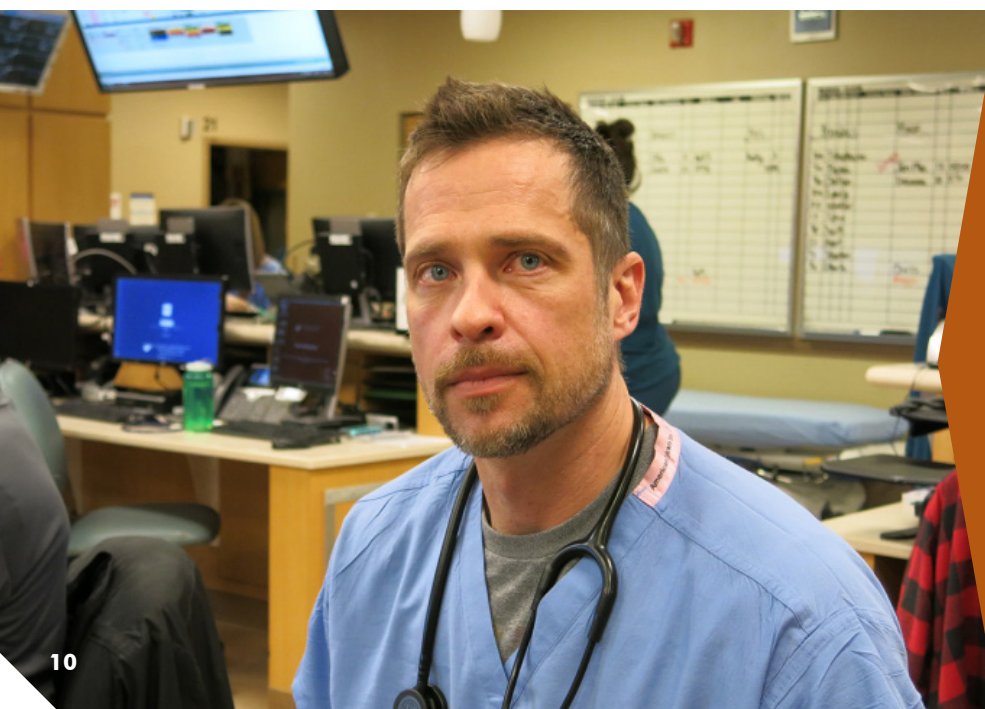
“I think that any thinking person or any thinking physician, or provider of patient care, really felt to some extent guilty, but ... powerless to enact meaningful change,” Bakes said.

The pilot project has proven so successful that Swedish and the other emergency departments involved will continue the new protocols and share what they learned. Stader said the Colorado Hospital Association will help spread the word about opioid safety and work toward its adoption statewide by year’s end.

“And I think if we did put this in practice in Colorado and showed our success that this would spread like wildfire across the country,” Stader said.

The 10 hospitals that collaborated on the project include Boulder Community Health, Gunnison Valley Health, Sedgwick County Health Center, Sky Ridge Medical Center, Swedish Medical Center, UCHealth Greeley Emergency and Surgical Center, UCHealth Harmony Campus, UCHealth Medical Center of the Rockies, UCHealth Poudre Valley Hospital and UCHealth Yampa Valley Medical Center.

*This story is part of a partnership that includes Colorado Public Radio, NPR and Kaiser Health News. Kaiser Health News is a nonprofit news service covering health issues. It is an editorially independent program of the Kaiser Family Foundation, which is not affiliated with Kaiser Permanente. **E***



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– **Dr. Peter Bakes**

Photo: John Daley/CPR News

New ACEP Tool Helps you Keep Track of Ultrasound Scans

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, “proctored pathways” often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The **ACEP Emergency Ultrasound Tracker** was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to meeting the recommendations for emergency ultrasound training put forth in the **ACEP Ultrasound Guidelines (PDF)**. We hope you find this tracker tool helpful and useful in your practice. **E**



NEW NATIONAL ACEP AWARD

Community Emergency Medicine Excellence Award

We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice.

While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for at least five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018.** The nomination form and additional information can be found **HERE**.



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

Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

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

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

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

This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

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

Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial. Inhaled isopropyl alcohol as an aroma therapy has been described as effective in treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

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

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

This is a systematic review of the literature on IV lidocaine

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

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

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

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

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

Emergency Department Contribution to the Prescription Opioid Epidemic.

There has been much discussion of the opioid epidemic in both the professional and lay press. Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED. **E**

