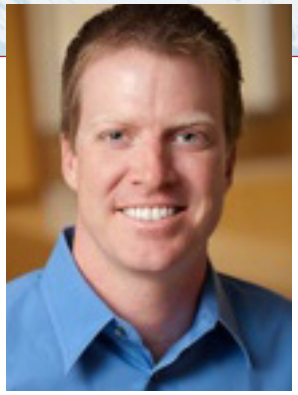
EPIC

October 2018

COLORADO CHAPTER
American College of Emergency Physicians
ADVANCING EMERGENCY CARE



Telemedicine and the Future of Healthcare Delivery

by Kevin McGarvey, MD

Emergency physicians have been on the frontline of our healthcare system for over 50 years. When healthcare reaches a tipping point, our specialty will experience change in many ways.

The brick and mortar environment of the emergency department is an amazing place. Anything can come through the front door, and it does. Over the last two years, I stepped away from clinical practice to focus on how digital health innovations could shape healthcare in the future. I am curious if and where the walls of the emergency department will start to blur, as new digital health technologies gain traction. Will emergency physicians start to have more reach before and after the isolated emergency department encounter to better manage patients? Will a combination of patient wearables, artificial intelligence and data interoperability lead to our specialty looking more like an air-traffic control tower than a fish-bowl? Only time will tell.

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Ultimately, it will be a combination of competitive forces and policy change that shifts how we work. As health care costs have continued to increase, we have started to see new entrants into our industry like Amazon, Apple and Google. To be clear, I don't expect any of the tech companies to figure out how to send TPA by quadcopter to an acute stroke patient using the latest iPhone app. However, I do think that our specialty needs to pay close attention to how these companies, that have disrupted other industries, are thinking about healthcare. It takes only one of them to figure out a better comprehensive care model to impact us all.

As emergency physicians, I hope some of us work to collaborate with these companies to ensure that our specialty and our profession have a seat at the table. One area that I have focused on is telemedicine. Page two shows a predicted telehealth growth curve submitted by Dr. Eric Topol, a Scripps cardiologist and medical futurist. He believes that virtual visits will grow 10X over the next 5-7 years while in person visits will be reduced by 40%.

We are still early on in the telehealth industry, and it is a technology that could dramatically change how we staff our emergency departments and how we engage with patients as a specialty. Similar to free standing emergency departments in Colorado the last 10 years, it was a combination of state policy and competitive forces that led to a wave of growth and change. If a telehealth model starts to

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INSIDE:

EPIC

COLORADO CHAPTER
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"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."

CHAPTER OFFICE

Colorado ACEP
10465 Melody Drive #101
Northglenn, CO 80234
Phone: 303-255-2715
Fax: 303-255-2704
Email: bburgess@estreet.com

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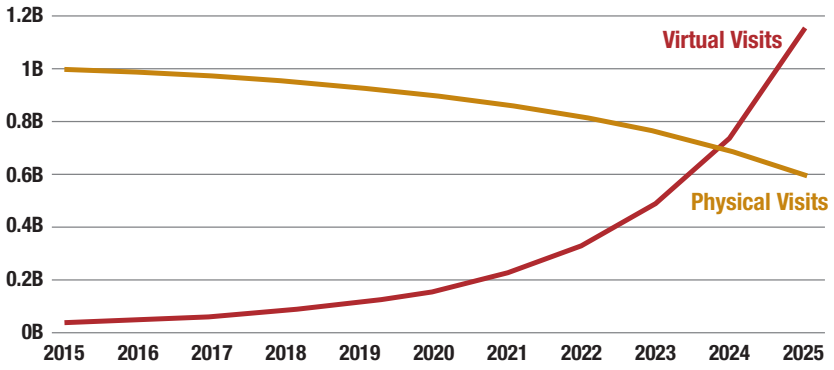
outcompete the status quo, there could be another wave of change, and this one may not have a facility fee attached to it. With that said, quality of care and standards of care will be scrutinized - and should be - for any new model that disrupts the norm.

Projected Number of Office Visits — 2015 to 2025

Social forces, including the mobility of the nuclear family, the aging of populations, and the rapid adoption of technology are expected to expand the use of telemedicine visits.



Source: University of Rochester Medical Center

While healthcare reform has been a political buzz term for decades, we are at an interesting convergence of low cost scalable innovations and massive organizational consolidations in the face of continued increasing healthcare costs that are frustrating employers and consumers. In my opinion, health care reform will not happen from a change in governmental policy. The market needs and expectations are too entrenched to ever allow the government to dictate to all Americans a single-payer model or a fixed structure. I think real change will come from competition and innovation.

Major mergers between entities like CVS and Aetna as well as early market entry of Amazon-Berkshire Hathaway-JP Morgan Chase into our $3T system will start to impact the status quo. Health insurance executives are stating that they are not concerned about the entry of these non-traditional entities, as they don't realize how complex our system is. However, these massive organizations have the power to create total new end-to-end solutions

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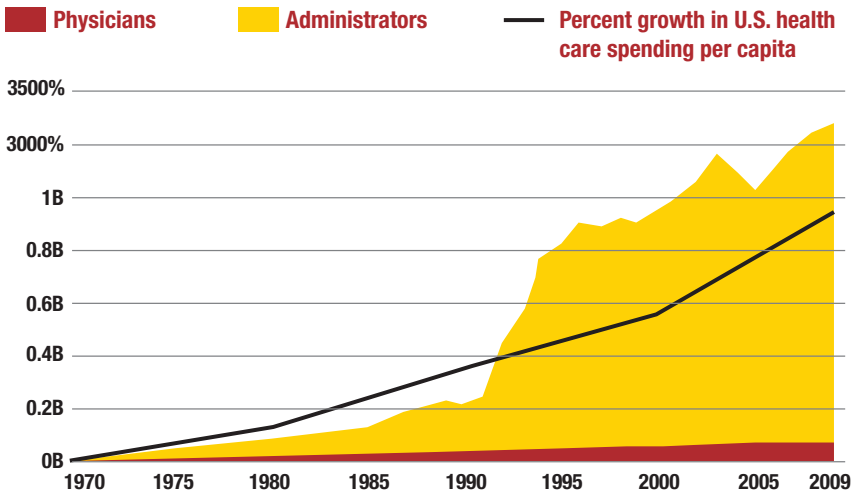
throughout an entire geography, where they control all aspects of the industry. Only time will tell if an industry outsider can bring a different set of resources to the table and truly change healthcare.

We work in a "cost-plus" model, which can create incentives for insurance plans to allow costs to grow over time. Even though insurance plans fight providers tooth and nail at times over money, their leadership ultimately benefits in the long-run if the overall cost of care goes up. They just tack on a 20% management fee for all the dollars flowing through the system, so the more dollars, the better. As a result, this has led to a proliferation of administrators of care, rather than a proliferation of givers of care. Below is a graph that cites the growth of healthcare costs over the last few decades relative to the growth of physicians and growth of administrators. If you have not seen this analysis yet, it may make you wonder what our system would look like if we invested in more top care professionals.

Growth of Physicians & Administrators — 1970 to 2009



Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolander analysis of CPS

While technology companies like Amazon can appear intimidating to our current established practices, I think one of the real opportunities these companies have is to remove much of the unnecessary administrative burden. In theory, artificial intelligence and machine learning (AI/ML) can be applied to nearly every process in healthcare. Why not insurance and administrative functions? At the end of the day, expert and compassionate care will always be highly valued.

I believe there is a wave of change about to take place with healthcare delivery as technology companies enter into healthcare. The good news is that there will always be a need for well-trained, dedicated emergency physicians. The better news is no one has our level of training across such a breadth of issues. In this way, our specialty is poised to participate in riding the wave of change to truly shape the future of emergency medicine and the influence the patient experience. My hope is that this wave of disruption leads to better things for our specialty and our patients. Your engaged participation is important to ensure a good outcome. **E**

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Colorado ACEP at Wings Over The Rockies

By David Ross, DO FACEP
Chair, 2018 CSEM Planning Committee

On August 23 2018, Colorado ACEP's 9th Annual Colorado Symposium on Emergency Medicine (CSEM) conference was held. The unique venue this year was the Wings Over the Rockies Air and Space Museum in the Lowry area of Denver. A combination of 60 emergency physicians and medical students attended.

We were fortunate to have two keynote speakers for the conference. Diane Birnbaumer, MD, is Emeritus Professor of Medicine at the UCLA School of Medicine and Senior Clinical Educator in the Department of Emergency Medicine, Harbor-UCLA Medical Center, Torrance CA. Andrew Herring, MD, is Associate Director of Research, Department of Emergency Medicine and Attending physician, Highland Hospital Interdisciplinary Pain Medicine Program, Oakland, CA.

In the morning, Dr. Birnbaumer, whom we have been fortunate to have at past CSEM conferences, and is a well - known lecturer and contributor to Emergency Medicine Abstracts, discussed two topics: "The Brave New World of Anticoagulation: An Emergency Physician's Nightmare" and The Behaviorally Challenging Patient."

This was the first time that Dr. Herring has presented at our conference. He is a well-known clinician and an expert in both medication assisted treatment (MAT) and ultrasound guided nerve blocks. He discussed "Opiate Use and Suboxone Treatment from an Emergency Medicine Perspective". Immediately following Dr. Herring's presentation, Kevin Kaucher, Pharm,D., Clinical Pharmacy Specialist, Emergency Medicine, Denver Health Medical Center, updated attendees on the "Impact of Opiates in Colorado.

Also, in the morning session, Christine Miller, MD, a western Colorado-based emergency physician and founder of Eat and Live Healthfully presented an inspired talk entitled, "Bring Your Best Self: Everyday Wellness Techniques to Live Well and Thrive."

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Carla Murphy, Garrett Smith, Chris Miller, Barb Burgess, Maria Moreira, Eric Olsen.

Denver Health Chief Residents, Drs. Ben Li, Brittany Catanach, Andres Camacho, Brittany Catanach, Shea Gilliam.

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The afternoon session featured two one-hour presentations that half of the audience could attend and then alternate with the other offering. Dr. Herring led a hands-on ultrasound guided nerve block lab and several Denver Health Emergency Medicine residents presented a reprise of the very popular "Colorado Case Files" under the leadership of Maria Moreira, MD.

Comments from the attendees at the conference and review of the written evaluations were extremely positive. All presentations were very well received.

We would also like to thank our vendor sponsors. Companies supporting the 9th CSEM this year included: US Acute Care Solutions – Luncheon Sponsor, Collective Medical – Break Sponsor, Envision Physician Services and Pfizer. Konica Minolta and Mindray supplied Ultrasound Machines. Also, we appreciate the Rocky Vista University College of Osteopathic Medicine loaning Two ultrasound machines and other equipment for the lab session.

Lastly, thanks to the CSEM Planning Committee for their efforts. Members of the committee included Barb Burgess, David Ross, Don Stader MD, Allison Trop MD, Carla Murphy DO, Tom McNally PA-C and medical students, Ryan Lucas, Logan Ternes, Brittany Stansbury, Kira Grush and Sara Muramoto.

Since our national conference will be in Denver next year for ACEP 19, we do not plan to hold the CSEM this coming year. But we are hopeful to offer it again in 2020.

Thank you to our Sponsors of the 9th Annual Colorado ACEP Symposium on Emergency Medicine

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ACEP Council News

By Allison Trop, MD
Colorado ACEP Leadership Fellow

As a first time attendee to the ACEP Council Meeting it was exciting to see the inner workings of lobbying and the development of our specialty. On September 29-30, the ACEP council met to discuss new resolutions and chapter concerns as well as to elect a new President-elect and 4 ACEP board members.

421 people from all state chapters and associated groups met to discuss these topics. Various resolutions were submitted throughout the year by state chapters and other interest groups. Members appointed to the reference committees met to modify these resolutions and discuss the merits of passage of each. Resolutions were then passed on to the ACEP Council Meeting for broad discussion and evaluation for adoption. Topics of interest included: imposition of co-pays on Medicare patients, the signing of death certificates by EM physicians and the need to develop a toolkit to help us do so, and adjustment to the ACEP bylaws to assess the numbers of councillors allocated to each state.

There was a significant emphasis placed on physician burnout and the increased incidence of physician suicide. The decision was made that further efforts need to be undertaken to improve physician wellness and decrease the stigma against seeking help for mental health concerns as a physician. In the past this has been a barrier to securing jobs and maintaining credentialing for EM physicians, despite being fully capable of completing their daily ED duties. Notably, by near unanimous vote, the council would like ACEP to work further to lobby for amending credentialing documentation to not penalize physicians who are currently seeking or are under treatment for mental health conditions.

As concern for the opioid epidemic increases throughout the country several resolutions were adopted pertaining to this concern: support for medication assisted therapy for opioid use disorders and fair billing for opioid sparing procedures for pain control.

Elections were swift and decisive. The Council chose to elect William Jaquis, MD as our new President-Elect. He is the senior Vice-President of Envision Healthcare's east Florida division. He has served 2 prior terms on the ACEP board, 2012 and 2015. Jaquis attended the Medical College of Ohio and completed an emergency medicine residency at Case Western-Mt. Sinai Medical Center. He will begin his term as president at the ACEP Council Meeting in Denver 2019.

Additionally, two prior incumbent board members were elected to repeat terms. Christopher Kang, MD, an incumbent from Washington State, and Mark Rosenberg, DO, an incumbent from New Jersey. New board members elected were John Finnell, MD and Anthony Cirillo, MD. Each of these

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Drs. Stader, Murphy, Hibbs, Johnston, Hill, Trop, McGarvey, Verzemnicks, and Olsen.

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members voiced an interest in further evaluating APP training and scope of practice in emergency medicine, inclusion of Telemedicine in our further practice, the future of informatics in Emergency Medicine and fair billing practices.

There were also updates on the health of ACEP as an institution itself. Total ACEP membership is over 38,000 EM physicians nationally, 35% of which are residents. It is so exciting to see a young and energetic membership involved in the development of our speciality. However, we still want to grow the number of active established members.

A special thank you to all of our council members and alternates for taking the time and effort to participate in this important conference. We are all looking forward to hosting the Council Meeting next year at ACEP19 in Denver!

Join Us For

ACEP19

Denver, CO

October 27-30, 2019
(Registration Opens June 3, 2019)

Congratulations to Maria Moreira, MD who received 2018 National Faculty Teaching Award. Awardees were recognized at the President's Gala during ACEP 2018. We are so lucky to have Maria as a member of the Colorado Chapter!

We would also like to recognize the New Fellows from Colorado who were honored at the President's Gala. They are:

- Natasha L Allison, MD
- Brett Banks, DO
- Erin Drasler, MD
- Clinton James Fox, MD
- Elena D Garcia, MD
- Leah Jacoby Groves, MD
- Benjamin W Hatten, MD, MPH
- Janetta Iwanicki, MD
- Christopher David Johnston, MD
- Rebecca L Kornas, MD
- Jesse Loar, MD
- Terez Terez Malka, MD
- Garrett S Mitchell, MD
- Maria E Moreira, MD
- Adam G O'Mara, DO
- Brad A Roberts, MD
- Jason Roosa, MD
- Adam J Rush, MD
- Sabrina June Schmitz, MD
- Morgan A Skurky-Thomas, MD
- Michelle M Stone, DO

Summary of 2018 Council Resolutions

Resolutions Not Adopted (NA) or Withdrawn (W)

10 Achieving Unity by Expanding Criteria for Eligibility & Approval of Organizations Seeking Representation in the Council (NA)
15 Divestment from Fossil Fuel-Related Companies (NA)
17 Physician Suicide is a Sentinel Event (NA)
43 Fair Remuneration in Health Care (NA)
37 ACEP Policy Related to "Recreational" Cannabis (NA)

Referred Resolutions

27 Generic Injectable Drug Shortages
35 ACEP Policy Related to Immigration
42 Expert Witness Testimony

Bylaws Resolution

Requires a 2/3 affirmative vote of the Board of Directors for adoption.

9 ACOEP Councillor Allocation

Council Standing Rules Resolution

The Board does not take action on Council Standing Rules amendments.

11 Codifying the Leadership Development Advisory Committee
12 Nominating Committee Revision to Promote Diversity

Non-Bylaws Resolutions

Requires a 3/4 vote to amend or overrule.

1 Commendation for Hans R. House, MD, FACEP
2 Commendation for Jay A. Kaplan, MD, FACEP
3 Commendation for Les Kamens
4 Commendation for Rebecca P. Parker, MD, FACEP
5 Commendation for Eugene Richards
6 Commendation for John J. Rogers, MD, CPE, FACEP
7 In Memory of Lawrence Scott Linder, MD, FACEP
8 In Memory of Kevin Rodgers, MD, FAAEM, FACEP
9 In Memory of Robert Wears, MD, FACEP
13 Growth of the ACEP Council (as amended)
14 Diversity of ACEP Councillors (as amended)
16 No More Emergency Physician Suicides
18 Reducing Physician Barriers to Mental Health Care
19 Reduction of Scholarly Activity Requirements by the ACGME (as amended)
20 Verification of Training
21 Adequate Resources for Safe Discharge Requirements (as amended)
22 Addressing Mental Health Treatment Barriers Created by the Medicaid IMD Exclusion (as amended)
23 Advocating for CMS Policy Restraint to Avoid Restricting Quality Emergency Care (as amended)
24 ED Copayment for Medicaid Beneficiaries
25 Funding Medication Assisted Therapy Treatment Programs (as amended)
26 Funding of Substance use Intervention and Treatment Programs (as amended)
28 Inclusion of Methadone in State Drug and Prescription Databases
29 Insurance Collection of Patient Financial Responsibility
30 Naloxone Layperson Training
31 Payment of Opioid Sparing Pain Treatment Alternatives (as amended)
32 POLST Forms (as amended)
33 Separation of Migrating Children from Their Caregivers (as amended)
34 Violence is a Health Issue
36 ACEP Policy Related to Medical Cannabis (as amended)
38 Antimicrobial Stewardship (as amended)
39 Care of the Boarded Behavioral Health Patient (as amended)
40 Care of Individuals with Autism Spectrum Disorder in the Emergency Department
41 Emergency Department and Emergency Physician Role in the Completion of Death Certificates (as amended)
44 Firearm Safety and Injury Prevention Policy Statement (as substituted)
45 Support for Extreme Risk Protection Orders to Minimize Harm (as amended)
46 Law Enforcement Information Gathering in the ED Policy Statement (as amended)
47 Supporting Medication for Opioid Use Disorder
48 Recording in the Emergency Department (as amended)
49 In Memory of C. Christopher King, MD, FACEP
50 In Memory of John Emory Campbell, MD, FACEP
51 In Memory of Adib Mechrefe, MD, FACEP

CO ACEP Campaign Donations

By Nathaniel Hibbs, DO, MS, FACEP
Member, CO ACEP Small Donor Committee

As the midterm elections are right around the corner, your CO ACEP Small Donor Committee recently met to determine which races and candidates we should support financially. With the assistance of our lobbyist, Suzanne Hamilton, we narrowed our contributions to nine key races. The committee voted unanimously to contribute $1000.00 to each of the following campaigns:

Senate Candidate Christine Jensen (R), Jefferson County
Senator Beth Martinez Huminek (R), Adams County
Senate Candidate Rep. Brittany Pettersen (D), Lakewood/West Littleton
Senator Leroy Garcia (D), Pueblo
House Candidate Kyle Mullica (D), Thornton/Northglenn
Representative Jeff Bridges (D), Englewood/Cherry Hills
Representative Matt Gray (D), Broomfield/Superior
House Candidate Yadira Caraveo, MD (D), Thornton
Representative Cole Wist (R), Centennial

Each of these candidates has either a proven track record of support for emergency medicine or a firm commitment to support the interests of emergency medicine going forward. Several have backgrounds in health care, Senator Garcia is a paramedic, Candidate Caraveo is a practicing pediatrician, and Candidate Mullica is a trauma nurse at PSL, and will be excellent allies at the Capitol. The remaining candidates have many parallel interests such as small business rights, access to care, and opioid harm reduction, to name a few. This should be a very interesting election cycle and many important issues to emergency medicine will be determined by the House and Senate. If you have any questions about any of these contributions, feel free to contact us.

Each of these candidates has either a proven track record of support for emergency medicine or a firm commitment to support the interests of emergency medicine going forward.

2019 Colorado ACEP
Board of Directors Elections

Gain new perspectives on emergency medicine! Nominations are now being accepted for Colorado ACEP Board of Director Positions.

If you are interested in serving on the Colorado ACEP Board of Directors or would like to nominate someone please contact Barb Burgess at the Colorado Chapter office. Candidates must complete the Board Candidate Data Sheet (Download the Board Nomination Form **HERE**. Return Board Nomination Form and CV to Colorado ACEP by December 15. In your candidate statement you may comment on any ACEP issues, plans or ideas for the Chapter.

Five positions are available on the Colorado ACEP Board of Directors. As per the Colorado ACEP Bylaws: Section 3. Terms: Elected directors shall serve a term of two (2) years and may serve no more than 2 consecutive terms. Resident representative term will be for one (1) year. Terms shall begin at the end of the annual meeting. Terms of office shall be staggered in such a fashion so that Board vacancies occur annually.

Learn How To Inject Drugs?

By Erik Verzemnieks, MD

Injection drug use continues to grow in both its breadth of abuse as well as destruction of our communities. In addition to stress on the health care system, the societal burdens are tremendous: People who inject drugs (PWID) are frequently stigmatized and forgotten, seeking medical care only as a last resort – typically in our emergency departments. We as an emergency medicine community are well positioned to affect at least some of these outcomes: reducing the immediate medical harms of injection drug use through learning ourselves the techniques of the practice.

This is also a patient population who historically is very hesitant of the medical community, so introducing empathy into their visits through educational efforts may start to move the barometer to a more favorable relationship.

How many of us truly know how to inject drugs? It would be a surprise if many do. But knowing the basics, and educating patients actively injecting drugs on proper technique, can have an impact in reducing the transmission of HIV, hepatitis B and C; development of abscesses, bacteremia, and endocarditis; and possibly lead to a better physician-patient rapport among a stigmatized population.

Transmission of bloodborne pathogens occurs through much more than dirty needles. Cooking equipment, syringes, cotton, and water all must be free from contamination, in addition to needles used for injection. Pathogens such as HIV can remain virulent for weeks inside hollow tip needles. Hepatitis B and C can remain from 1-3 weeks outside the body, leading to easy transmission on shared cooking utensils, for example. While syringe exchange programs can provide clean equipment, soaking equipment in a diluted bleach solution for at least 2 minutes and then flushing with clean water may provide a temporary solution.

Many users even lack a basic understanding of germ theory – or at least completely forget when the overwhelming urge to use takes over. It is common for PWID to use saliva as a source of water to prepare their product. River water or even toilet water has been used. Bottled water is unfortunately thought by many to be sterile, when it is not. Single use sterile water containers are an ideal solution, but may be difficult for many to access, and thus boiling water for 10 minutes can suffice in a bind. Even the simple practice of cleaning the skin before injecting is not practiced with wide regularity, so educating on the use of a simple alcohol wipe to cleanse the skin may have huge dividends.

Injection drug use is risky and no form of it will eliminate the potential for serious, poor outcomes. But with many PWID injecting three to fives times daily, a small reduction in their risk exposure can have a huge impact.

This is also a patient population who historically is very hesitant of the medical community, so introducing empathy into their visits through educational efforts may start to move the barometer to a more favorable relationship.

As emergency medicine physicians, we are one of the few health care professionals that may ever have a chance to do so.

To learn more, please visit and review our CO ACEP 2017 Opioid Prescribing & Treatment Guidelines, and stay tuned to future issues of the newsletter for our ongoing series on harm reduction techniques. **E**

Where you live is a reflection of who you are. Over 200 locations and growing.

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