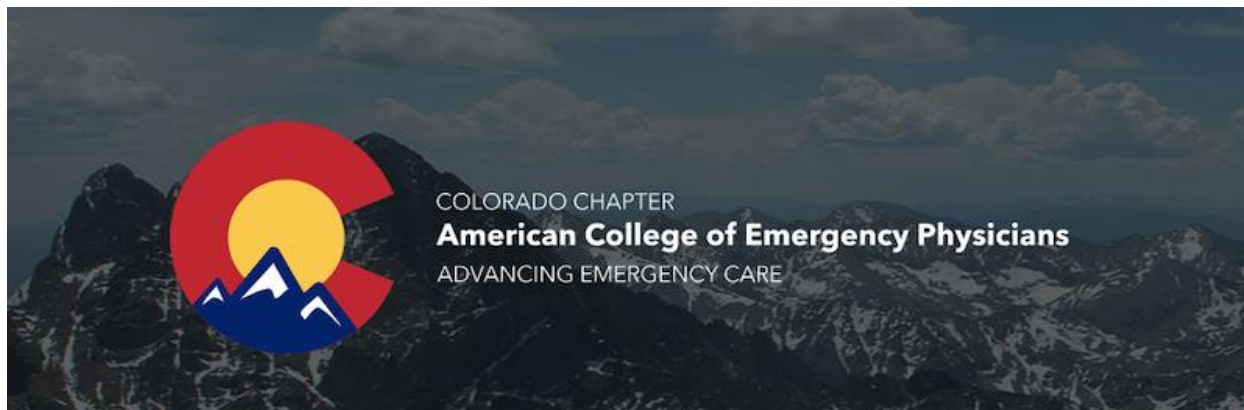


A Newsletter for the Members of the Colorado Chapter - Winter 2023



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CO ACEP President's Corner

Anna Engeln, MD, FACEP

One of my mentors gave me this advice as I was graduating residency, "You do not always know what sea you are sailing in, but you have all the tools to guide the ship through any storm."

These words still resonate with me, as our daily practice of Emergency Medicine is dynamic, unexpected, and unscripted. In just one shift, our broad clinical knowledge may

be needed to deliver a baby, run a cardiac arrest at any age, activate the Cath lab, repair a vermilion border laceration, reduce a fracture, diagnose and treat a stroke, manage croup, reverse opiate overdose and treat withdrawal, resuscitate sepsis, insert a chest tube, treat a mental health crisis, and evaluate and treat multiple patients from the same car accident. We are sleuths, diagnosticians, MacGyvers, and we are the frontline of medicine. Our clinical knowledge spans all medical and surgical conditions, and we have the responsibility and requisite skill sets to care for patients during every stage of life.

Emergency Medicine Physicians are witnesses to the issues medicine is currently facing, from the opioid crisis to housing shortages. We see the impacts of social disparities leading to lack of access to medical care. We are profoundly impacted by staffing shortages and boarding as our doors are always open even when our hospitals are full. We are prepared for the mass casualty events that affect us all, working with our prehospital colleagues implementing practiced MCI protocols to triage and treat too many victims at one time. Emergency Medicine Physicians are innovative and brave, thoughtful and caring. We are the safety nets for the communities we care for.

We possess exceptional clinical acumen to recognize and treat all who seek emergency care. While we are prepared in the medical arena, often overlooked is our intimate involvement in the numerous challenges affecting healthcare, from social disparities of patients, to budgeting, to legislation. Our experience as Emergency Physicians caring for our diverse patient population provides tremendous opportunities for us to share our knowledge with those who can intentionally address these issues in order to promote even greater patient care and outcomes.

This frontline vantage point gives us the opportunity to be the advocate, the fixer, the brainstormer. Through our interactions with our communities we have the opportunity to identify and address challenges. The goal of CO ACEP is to promote the interests and values of Emergency Medicine Physicians and our patients by giving you the tools to support the highest quality of emergency medical care.

From the unique perspective that we have as Emergency Medicine Physicians, Colorado ACEP will continue to thoughtfully and purposefully engage with our state legislators as they create policy that affects us and our patients.

This is where CO ACEP needs your help to address these questions:

- What resources do you need to do your job better?
- What are the barriers that impact your ability to provide the best care for your patients?
- What barriers are patients in your community facing when accessing care?

The best way to affect positive change is by sharing your frontline experiences. Please join our next virtual Medical Director Meeting (Monday March 13th 4:40-5:30) as we discuss current legislation, brainstorm solutions, and identify barriers to providing care. Colorado ACEP will continue to work hard to protect our patients, advance our specialty, and improve our practice environment.



From the Capitol

Dan Jablan
CoACEP Lobbyist

The 2023 Legislative Session is fully underway. With 348 bills introduced as of the writing of this report, CO ACEP is already involved with 36 bills. (A complete list of those bills can be found on our [website](#).)

Several themes have already become clear. With a super majority in the House and Senate along with a democratic Governor, Colorado democratic leadership has declared an ambitious agenda including the cost of housing, crime reduction, protecting reproductive rights, gun control and protecting the environment. While the republican minority is focused on similar issues, the approach to those issues is vastly different as would be expected.

It seems as though there is never a legislative session without a significant focus on the delivery of medical care. This session is no different with health care being a priority for both parties. Much like last year, there are several bills relating to expanding the scopes of practice of non-physician health care providers. A bill granting psychologists prescriptive authority for psychotropic drugs with additional education is moving quickly through the legislative process.

More impactful to emergency medicine is [SB23-083](#). As they have attempted the past two years, the Colorado Association of Physician Assistants (CAPA) is seeking to remove physician supervisory requirements for PAs. CO ACEP continues to value the contributions PA make to the health care team in the emergency department and hold the PAs in the highest regard. To that end, your leadership is continuing to work to address the obstacles preventing PAs from practicing to the full extent of their education, training and experience while maintaining the highest quality and safe patient care. This bill will remain a high priority for CO ACEP with the hopes of resolving our differences with CAPA.

Being proactive, CO ACEP continues to seek opportunities to grant some leverage to emergency medicine physicians when dealing with insurance companies, especially related to the Colorado Out-of-Network statute as well as the federal No Surprises Act. I encourage you to join your CO ACEP leadership on one of the monthly Medical Directors' calls (you need not be a medical director to participate) or a Board of Directors' meeting to hear more about this issue and other priority legislation. If you wish to participate in any of these or other CO ACEP meetings, contact your Executive Director, [Suzanne Hamilton](#).

CO ACEP 2023 Annual Meeting



Rebecca Kornas, MD, FACEP
President Elect CO ACEP

This year's Colorado ACEP, Annual meeting was held on January 25th, 2023 at the Denver Art Museum. It was a wonderful event where everyone was able to catch up with old friends and connect with new additions to the Colorado ACEP family.

We were grateful to have Representative Lindsey Daugherty (D), the Chair of the House Health and Finance Committee, as our keynote speaker, who expounded on the state of healthcare in Colorado. With Suzanne Hamilton serving as our Executive Director, and many actively engaged physicians advocating for us throughout the year both at the Capitol and in their home districts, Colorado ACEP has established itself as the go to medical society in Colorado.



When legislators want to get the opinion of the house of Medicine, they are now looking to us, as well as the Colorado Medical Society for opinions on their bills.

The keynote address was followed by elections where the Denver Health's own, Anna Engeln, MD, FACEP was elected president, Dr. Rebecca Kornas, MD, FACEP was elected President-Elect and Dr. Jamie Dhaliwal, MD, MPH, MBA was elected Treasurer. And the board was rounded out with the addition of Dr. Kristen Nordenholz, MD, FACEP and the reelection of Drs. Alexis Garza, MD, FACEP, William Hilty, MD, Rachelle Klammer, MD, FACEP and Neal O'Connor, MD, FACEP.

After this year's violent tragedy in Colorado Springs at Club Q, Colorado ACEP wanted to recognize those physicians who worked at Memorial Central, Leslie Moats, MD and Katie Picard, DO, as well as at Penrose Main Natalie Ayers, MD and Jason Younga, MD and at Memorial North, Kate Steinberg, DO on the night of the shooting and offered excellent trauma care to the victims who presented to their emergency departments. A donation was made to the victims foundation, Colorado Gives 365, in their name from Colorado ACEP.

After the presentation of these awards, Dr. Engeln gave her presidential address and spoke of goals for Colorado ACEP for 2023 and going forward. 2023 promises to be an exciting year for emergency medicine in Colorado. We hope to see you at future events and will continue to advocate for our specialty, our colleagues, and our patients.

Board Member Spotlight

Allison Trop, MD, FACEP
CO ACEP Immediate Past President

Meet Kristen Nordenholz, MD



- Where did you train?
 - Medical school: University of Rochester School of Medicine and Dentistry (upstate NY)
 - Residency: The Johns Hopkins Hospital
- Where do you practice in Colorado?
 - The University of Colorado Hospital (CU School of Medicine Faculty)
- Why did you choose to practice where you do?
 - I returned to academics after 5 years with the Indian Health Service, because I am interested in research and teaching. Most of my career has been studying venous thromboembolism diagnostic and treatment strategies (Role of D dimer, Decision rules, PERC rule, Thrombolytics for submassive PE, and now the role of IR Thrombectomy as well as the transition to care with DOACS and outpatient management of DVT and PE). Now, later in my career I am also transitioning more to Social Emergency Medicine and advocacy.
 - I am very interested in optimizing health care pathways to provide the best care for our patients with state of art information.
- Hobbies outside of medicine?
 - Singing. I sing with the Colorado Symphony Chorus, which means I love Beethoven's 9th symphony (May 7, 2023), Mahler's #2, Mozart's Requiem (July 15, 2023 Bravo Vail), Brahms' Requiem (March 24-26, 2023), etc.
 - Hiking (I completed 270 miles of the Colorado Trail summer 2021) and camping
- Favorite place to visit in Colorado?
 - WOW - hard to say! Love Ouray, Dinosaur, Rocky Mountain, Black Canyon, Crested Butte . . .
- Anything else you would like us to know about you?
 - I am passionate about providing the best care possible to our ED patients and feel that advocacy is extremely important to accomplish this!
- Why did you choose to join the CO ACEP Board?
 - Advocacy! And because you folks are incredibly bright, motivated, enthusiastic and energizing and it is really fun to be part of this!
 - I am thrilled about this opportunity to be on the BOD! Thank you!

Clinical Corner

Case Report: Acquired Thrombotic Thrombocytopenic Purpura (TTP) associated with SARS-CoV-2 Infection

Evan Gerber, MD and Matthew Zuckerman, MD, FACEP

Introduction

SARS-CoV-2 and other viral infections present with a wide spectrum of acuity, ranging from that of a mild viral upper respiratory tract infection to critical illness with acute hypoxic respiratory failure.

Several case reports have suggested a relationship between Sars-CoV-2 infection and acquired thrombotic thrombocytopenic purpura (TTP).¹⁻⁴ Here, we present a case of acquired TTP associated with COVID-19 infection in a patient with seemingly low risk features on initial evaluation.

Case Report

A 29-year-old male with no reported past medical history presented to the ED with worsening nausea, vomiting, diarrhea, and fatigue on day 8 of known COVID-19 illness. He also complained of intermittent epistaxis for 1.5 hours earlier the same day that was effectively controlled with direct pressure. He was unvaccinated against COVID-19 and was not on any treatment for recent COVID-19 diagnosis. The patient's vital signs were notable for a heart rate of 106 bpm. Physical exam was notable for dried blood at the nares without active bleeding, reassuring cardiopulmonary exam, and a benign abdominal exam. He had normal mental status. Chest x-ray and EKG were notable for sinus tachycardia and features of COVID infection. The patient's symptoms were controlled with ondansetron and he was discharged.

Two hours later the patient re-presented to the ED complaining of unresolved myalgias and ongoing intermittent epistaxis. Vital signs and examination were similar to prior with the addition of a respiratory rate of 26 bpm. His serum chemistry was unremarkable except for a creatinine of 1.7 milligrams per deciliter (mg/dL) (reference range: 0.60-1.20 mg/dL) without prior history of kidney disease. Laboratory studies were notable for severe thrombocytopenia and anemia.

Further workup after admission revealed hyperbilirubinemia, undetectable haptoglobin, elevated d-dimer, negative direct antiglobulin test, positive schistocytes on peripheral smear, and very low ADAMTS13 level. The patient's presentation and laboratory studies were most consistent with acquired TTP. He was treated with plasma exchange therapy (PLEX), corticosteroids, and caplacizumab (a monoclonal antibody used to treat acquired TTP). Although rituximab is recommended for treatment of TTP in the current guidelines, its use was deferred given his active COVID-19 infection.⁵

With treatment, the patient demonstrated improvement in his laboratory markers of hemolysis, thrombocytopenia, and renal function over the following week and was discharged from the hospital with hematology follow up.

Discussion

Acquired TTP is an autoimmune thrombotic microangiopathy characterized by hemolytic anemia and thrombocytopenia. The pathogenesis of this illness involves the production of auto-antibodies against ADAMTS13 - a protease involved in the cleaving of von Willebrand factor - leading to platelet aggregation and consumption with microvascular thrombosis and hemolysis.⁶ Without treatment, mortality for acute TTP is estimated to be greater than 90%.⁷ With treatment, it may be up to 20%.⁷

Symptomatic COVID-19 presents the ED with a wide spectrum of both symptoms and acuity. TTP is a challenging diagnosis to make with significant mortality if left untreated. Additionally, epistaxis is a common condition in hospitalized patients with

COVID-19.⁸ Current guidelines do not suggest routine evaluation of renal function and complete blood count (CBC) in ED patients with COVID-19. There are multiple case reports describing acquired TTP associated with SARS-CoV-2 infection suggesting a possible relationship between them.¹⁻⁴ Many patients with suspected infection are discharged without laboratory testing – thus it is important to maintain a high index of suspicion for this pathology – especially in those with associated bleeding or bruising. However, it is also important to note the paucity of literature on this topic and this observed association between the two may not be demonstrated in future literature.

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Upcoming Events Calendar

CO ACEP 2023 Board of Directors' Meeting Schedule

- March 22, 2023 12pm – 2pm Board of Directors
- May 24, 2023 12pm – 2pm – Board of Directors
- July 26, 2023 12pm – 2pm – Board of Directors
- September 27, 2023 12pm – 2pm – Board of Directors
- November 2, 2023 11am – 1pm – Board of Directors, Park Hyatt Resort and Spa in Beaver Creek. CO

Upcoming Medical Director Call Dates (all CO ACEP members are welcome)

- March 13, 2023 4:30pm – 5:30pm
- April 10, 2023 4:30pm – 5:30pm
- May 8, 2023 4:30pm – 5:30pm
- June 12, 2023 4:30pm – 5:30pm
- July 10, 2023 4:30pm – 5:30pm
- August 14, 2023 4:30pm – 5:30pm
- September 11, 2023 4:30pm – 5:30pm
- November 2, 2023 1:00pm – 5:00pm, Park Hyatt Resort and Spa in Beaver Creek. CO
- December 11, 2023 4:30pm – 5:30pm

Additional Important Meeting Dates

- April 30 – May 2, 2023 ACEP's Leadership and Advocacy Conference – Washington DC
- October 6-8, 2023 ACEP's 2023 Council Meeting, Philadelphia PA
- October 9-12, 2023 ACEP's Scientific Assembly – Philadelphia PA
- November 3, 2023 8am - 5pm CME Program "High Risk - Do Not Miss" in Beaver Creek, CO

For more information about participating in any of the meeting listed above, please contact CO ACEP Executive Director Suzanne Hamilton.

FROM NATIONAL ACEP



ACEP Resources & Latest News

Lawsuit Win Marks Important Step Toward Fair Implementation of No Surprises Act

ACEP fights for emergency physicians across all levels, including the courts. In the past year, ACEP's litigation efforts have increased by 400%. In a [special guest post for Regs & Eggs](#), ACEP's Chief Legal Counsel explains the significance of this week's surprise billing lawsuit win in Texas and what it means for ACEP's ongoing advocacy efforts to improve the implementation of the No Surprises Act. You can also [read our press release here](#).

Innovative Telehealth Models Can Benefit Geriatric Emergency Care

It's time for the fourth installment of this special blog series delving into the concept of value-based care in emergency medicine. This one examines the innovative practice models that enable you to utilize your unique skill set outside the four walls of the ED — specifically how emergency telehealth services have been a helpful tool for geriatric patients. [READ MORE](#)

Tell Your Story, Help Change Things for the Better

It's almost time for the 2023 Leadership & Advocacy Conference! Emergency physicians across the country will come together in Washington, DC, for this intimate educational and networking event where they receive leadership and lobbying instruction and get to meet with legislators to talk about the issues that affect EM physicians every day. You may think your individual voice can't move the needle. In reality, your firsthand stories and experiences make our key advocacy issues come to life for legislators. When they hear from you, it stops being an abstract problem and becomes a real, tangible issue they need to address. LAC training teaches you how to share your personal experiences in a way that makes a positive impact for your specialty. You'll come home empowered to keep advocating for change at every level, from your facility to your state and beyond. [Save \\$100 on LAC23 registration with promo code LEADERSHIP23](#).

Heart Month: New ACEP Clinical Policy Examines Acute Heart Failure Syndromes

One of ACEP's newest clinical policies answers four critical questions for the management adult patients who present to the ED with suspected acute heart failure syndrome:

- Is the diagnostic accuracy of point-of-care lung ultrasound sufficient to direct clinical management?
- Is early administration of diuretics safe and effective?
- Is vasodilator therapy with high-dose nitroglycerin administration safe and effective?
- Is there a defined group that may be safely discharged home for outpatient follow-up?

[View this clinical policy.](#)

Catch up on latest ACEP Frontline episodes:

- [Having a Bloody Good Time with Dr. Megan Osborn](#)
- [ChatGPT and Healthcare with Dr. Harvey Castro](#)
- [ACS and Troponin Chat with Dr. Deborah Diercks](#)

Upcoming ACEP Events and Deadlines

Feb. 23: [EMDI: Utilizing E-QUAL collaboratives and linkage to CEDR to earn IA credit for MIPS](#)

Feb. 24: Deadline to sign up for [E-QUAL Opioid Use Disorder Wave](#)

Feb 27: [Advanced Airway Management in Children: Overcoming Obstacles and Optimizing Opportunities](#)

March 15: [Bias and Diagnostic Anchoring of the Behavioral Health/SUD Patient and How that Impacts Care](#)

March 15: Deadline to apply for [ACEP Board, Council Officer roles](#)

March 28: Deadline to sign up for the [E-QUAL Stroke Wave](#)

March 31-April 3: [ACEP's Advanced Pediatric EM Assembly](#)

April 13-15: [EM Basic Research Skills, Session II](#)

April 30-May 2: [ACEP Leadership & Advocacy Conference](#) (use promo code LEADERSHIP23 to save \$100 on registration!)

Contact Us

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