

Newsletter for the Members of the New Mexico Chapter

Winter 2018



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## **Message From the President's Corner**

### **Heather Marshall, MD, FACEP**

The end of 2017 and beginning of 2018 has been an action packed time for NM ACEP. We had a very successful experience at the ACEP Council Meeting in October 2017. Several resolutions were adopted by the Council that members of NM ACEP had a hand in developing. In 2017, NM had a Councillor allotment of 3 councillors, as we had more than 200 members as of December 31, 2016. Unfortunately, our membership fell just below 200 as of December 31, 2017 and so our Councillor allotment will go back down to 2 for the 2018 Council meeting in San Diego. Please remember to keep your membership active so we can maximize our number of councillors.

Our chapter continues to work with the Office of the Superintendent of Insurance to develop a solution to the out of network/narrow network/surprise insurance coverage gaps that our communities continue to have. We vastly prefer a solution that includes our perspective rather than trying to defeat legislation that prohibits balance billing. Members of the Board of Directors engage on a weekly basis with other state leaders for this issue and any member with a particular concern is encouraged to reach out to our leadership.

Upcoming events include our annual symposium and chapter meeting in Albuquerque April 21, 2018, the Leadership and Advocacy Conference in Washington DC May 20-23, 2018 and ACEP18 in San Diego October 1-4, 2018. I am grateful for the opportunity to serve our chapter this year and look forward to meeting as many of you as I can this spring.

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## **A Resident's Perspective**

### **Itty Mathew, MD**

Having just finished a five month stretch in the Emergency Department in the midst of my PGY-2 year, I have come to feel resigned to some of the things we see in the UNMH ED: our high resource utilizers in the various stages of alcohol withdrawal, sepsis and trauma of various severities, the complications of polysubstance abuse. I have become in many ways inured to what people at other institutions, and certainly the lay public, would find fascinating or disgusting or somewhere in between.

On one of my last shifts in the ED recently, I encountered a patient with the chief complaint of abdominal pain. When I first entered the room, I found a very healthy and fit male on the

stretcher wearing glasses, reading a novel. During the course of the interview, I was surprised to find out that he had liver cirrhosis and asked him about the cause. He told me about being an alcoholic, of being four and a half years sober. He knew the date marking his sobriety and said that doctors once told him he would need a liver transplant. He seemed to spend his time most days hiking in the foothills, at the gym, the library, or AA meetings, which he went to most days of the week. We talked for a bit about it, but not an extensive time, and I told him how rare it is to meet someone like him. He chuckled. He knew - most of us don't make it, he said. We parted ways, but I left that shift refreshed, feeling hopeful, and broken out of my desensitization - it was a reminder of the positive things that can come from the privilege of being part of someone else's story.

It can be easy to feel at times that the work with our addicted patients borders on futile, but this was a prompt to remember that one can never know when someone is going to decide to change their life.

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## **Consider Donating to the NM ACEP PAC Matthew Walsh, MD FACEP, PAC Treasurer**

The NM ACEP Political Action Committee currently has 4 active members:

Robb McLean, President

Matt Walsh, Sec-Treasurer

Rob Alunday

Tatsui Norii

These members and any other NM ACEP members discuss and may meet with both current and prospective NM state legislators and decide if the NM ACEP can support these Legislators and/or Candidates. If so, we may give endorsements and financial support based on our resources. Donations to the PAC are accepted from ACEP members and others interested in our issues of patient care.

We currently have about \$5000 available for donations this year and would encourage all interested persons & especially NM ACEP members to donate to the PAC as it helps us to have a voice in Legislative activities about health care for all New Mexicans. To donate, contact [Matthew Walsh, MD FACEP](#), PAC Treasurer.

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## 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 Rekia 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](#).

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## Help Us Celebrate ACEP's 50th Anniversary

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

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!](#)

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## Upcoming CEDR Webinar

In depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Topics for this webinar will include selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR.

Register for the [Reporting MIPS through CEDR](#) webinar to be held on **March 13, 2018** at **1:00 PM CDT**. After registering, you will receive a confirmation email containing information about joining the webinar.

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# ULTRASOUND TRACKER



## 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.

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## New 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 a minimum of 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](#).

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### **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.

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## Welcome New Members

Dane Abruzzo

Natasha Beachum

Brennan Gibbs

Emily A Pearce

Elizabeth Richardson

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