A Newsletter for the Members of the New Mexico Chapter

Fall 2018

Tony B. Salazar, MD, FACEP, President

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President's Message
Tony B. Salazar, MD, FACEP, President

Greetings NM ACEP members,

Our fall newsletter comes on the heels of ACEP's 50th Anniversary, which was celebrated in San Diego, CA. I hope many of you were able to attend and enjoy the memorable celebration of ACEP18. As in prior years, NMACEP was well represented at ACEP18 and the 2018 ACEP Council meeting. Dr. Heather Marshall and I served as the NM Councilors and Dr. Eric Ketcham and Dr. Alex Feuchter served as Alternate Councilors. The Council addressed many important issues regarding our practice of emergency medicine. For a review of Council actions, please visit the **Council page of the ACEP website**.

On September 27, 2018, we joined the New Mexico Hospital Association and held our First Annual NMACEP Leadership Summit. We had three awesome panels that

addressed the Emergency Department Information Exchange (EDIE), Advanced Practice Providers in NM emergency departments, and telemedicine in NM. In place of our Spring Annual Symposium, we will again plan on teaming up with the New Mexico Hospital Association in 2019 for a Leadership Summit.

We scheduled our quarterly meeting on October 23, 2018. However, we did not achieve a quorum, so no official business was conducted. As part of our fiduciary responsibility to NMACEP, our Board of Directors continuously addresses the budget of chapter. This year, we have been working with Board members to host our meetings, in an attempt to decrease spending. Please make sure to RSVP for our meetings, so we can plan accordingly. Similarly, if you RSVP to attend a function, please notify our executive director, Sylvia Lyon, of any change in your plans. We missed an opportunity to discuss our strategic planning for the upcoming legislative session, to pass our revised bylaws and to begin planning our annual meeting.

NMACEP remains fully engaged with the Office of the Superintendent of Insurance, the New Mexico Medical Society, the Greater Albuquerque Medical Association, the insurance industry, Physicians for Fair Coverage and Fair Health regarding surprised billing. Dr. Heather Marshall, Dr. Matthew Walsh and I continue to represent NMACEP in these very important discussions.

Please mark your calendars for our winter meeting in Santa Fe, NM on January 22, 2019 to be held at 6pm. Dr. Eric Ketcham will again host our meeting. Shortly thereafter, we will also be joining the Greater Albuquerque Medical Association on February 7, 2019 for the Annual GAMA Day at the Legislature.

Lastly, our Annual Meeting will take place on Saturday, April 27, 2019. In lieu of our Annual Symposium, we plan to host the UNM Emergency Medicine Residency Program Research Forum immediately preceding our business meeting dinner. This will be an exciting opportunity for the UNM EM residents to showcase their research and for NMACEP members to hear about their great work!

Resident’s Corner
Sean Rooks, M.D.
PGY2 Resident Physician
U. New Mexico Dept. of Emergency Medicine

I thought for the next few editions of Resident's Corner I would try something a little different. So I will be talking with some of the medical directors in the region about their jobs and what advice they have for residents as they transition into young attendings. To start off, I’ll be talking with Darren Shafer, who is the Medical Director for all of the Presbyterian Emergency Medicine sites in Albuquerque, Espanola, and Santa Fe.

Darren, tell us a little about yourself:

I was born and raised in Albuquerque and went to California for medical school, from there I did my Emergency Medicine residency training in Detroit. Albuquerque was always home for me though so after training I returned to Albuquerque with my wife and took a clinical position at Presbyterian.

What is your position at Presbyterian?

I am the program medical director for all of the Presbyterian emergency medicine sites here in Albuquerque as well as Espanola and the new Santa Fe sites, I also oversee our urgent care, Albuquerque ambulance services, some of our adult hospitalists, adult intensivists, neurohospitalists, and neurosciences.

Was it always your intention to get into administration or did this career path happen organically?

No, administrative work wasn’t my initial intention at all. I worked purely clinical shifts my first few years, then in 2007 the assistant medical director at Presbyterian moved on so I filled that role, from there it was a natural progression to medical director and further leadership responsibilities. I think it’s been a nice progression to my career. I still stay active in the department and work between 4-5 shifts a month.

What sort of unique challenges do you face in your ED?

A lot of it has stemmed from our increasing census. With the increased number of patients and increasing acuity, we have had increasing numbers of boarded patients. The

increased volume has also forced us to adapt our systems practices. Many ED practices that work for small or medium sized ED's don't work as the census grows and systems are strained.

What advice do you have for graduating residents?

My biggest piece of advice would be that your career is a marathon and not a sprint. It can be tempting to get out of residency and work a lot of shifts and make a lot of money in an effort to pay off your loans. I have seen this lead to burnout in my peers which makes them jaded and prone to making medical errors. When you get out try and find your work-life balance of outside interests that can balance the intensity of working clinically.

Alternatively, I have also seen a lot of newer graduates seeking a focus on better work life balance at the expense of their foundational clinical practice right out of residency. This is important, but I also think that you really need the first 2-3 years out of residency to establish the practice patterns you will have for the rest of your career. I usually suggest new graduates practice full time for a few years at the minimum before they scale back their shifts. In the end it is a balancing act where each physician must weigh the sustainability of their practice on graduation and then continue to reevaluate annually to make sure it still fits.

What are the major challenges new graduates face adapting to your practice environment?

Usually new graduates don't struggle with the medicine, but if they came from training programs that have more congested emergency departments they tend to struggle with the efficiency and multitasking required to function in a busier community department where they may be seeing more patients in a shift. This is why at Presbyterian we have a committed coaching program to help each physician adjust with support and tools to improve.

Favorite restaurant in Albuquerque?

Yanni's off Central has great greek food.

Red chile, green chile, or christmas?

This can only be asked of NM ACEP members! For me I choose red chile. I grew up with

green chile but a few years ago I made the switch to red.

Awesome, thanks for taking the time to talk with New Mexico ACEP!

Thanks for having me.

NEWS FROM ACEP

New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

Information Papers:

- Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database
- Emergency Ultrasound Standard Reporting Guidelines
- Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine

Other Resources:

- Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention
- Smart Phrases for Discharge Summaries
  - CT Scans for Minor Head Injuries
  - MRI for Low Back Pain
  - Sexually Transmitted Infection
  - Why Narcotics Were Not Prescribed

Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

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.

Anderson TS, Thombley R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**
The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**
The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results

showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. **Full text available here**.

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS.**Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**
The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. **Full text available here**.

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**
This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour mortality in trauma patients receiving massive PRBC transfusion (≥10 units), but not in those who receive <10 units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**
The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per

year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.

Interested in Reimbursement for EM?

Apply for the Reimbursement Leadership Development program! Program members will gain a thorough understanding of the EM reimbursement process, be poised to assume reimbursement leadership positions, and obtain a highly valuable skill set that will help them in their professional growth, practice, and path to ACEP leadership. Deadline is Nov. 9. Apply now.

Upcoming CEDR Webinar on November 15

Year 3 Proposed Rule: 2019 Participation in APMs
Speaker: Corey Henderson, Health Insurance Specialist within the Center for Medicare and Medicaid Innovation Center CMS-CMMI | November 15, 2018 1:00 PM CST - Register Today!

Want to improve your skills managing behavioral or medical emergencies?

Come join the Coalition on Psychiatric Emergencies (CPE) for a pre-conference workshop on Dec. 12th in Las Vegas Nevada. The Coalition is presenting two pre-conferences: **Critical Topics in Behavioral Emergencies for Emergency Physicians and Critical Topics in Emergency Medicine for Psychiatrists**. Come improve your skills and earn CME! The early-bird rate for members is $149. To view the full schedule and to register, visit the pre-conference website.

Introducing BalancED

A new, physicians-only wellness conference where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

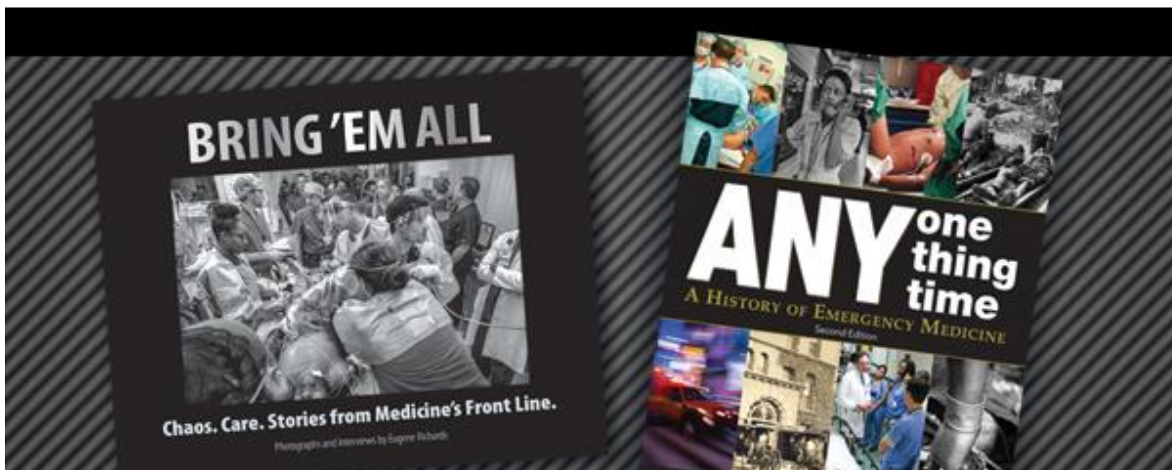
ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing

websitewww.emergencycareforyou.org. The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- **Cats, Dogs and Dander… Oh, My!**
- **Dear Patient: A Letter from Your Emergency Physician**
- **Your Summer Guide to Bug Bites & Skin Rashes**
- **Heat Stroke and Hot Cars**
- **Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety**

Contact **Steve Arnoff** to learn more about contributing to the ACEP Doc Blog.



ACEP’s 50th Anniversary Books

Buy one for yourself or give as a gift! **Bring ‘em All** and **Anyone, Anything, Anytime** available at **bookstore.acep.org**.

Improve the Care Provided to Older Patients

Become an Accredited Geriatric Emergency Department

Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

ACEP.org/GEDA

Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, **guidelines to improve ED care for older adults** have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the **Geriatric ED Accreditation Program (GEDA)** to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.

With PCSS training, you can help save lives from opioid use disorder

By getting MAT trained, you can help people take their lives back from OUD.

Visit pcssNOW.org

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Free Medication-Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the **MAT Waiver Training Calendar**. For more information on PCSS, **click here**. For more information on MAT training, email **Sam Shahid**.

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated $100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email **Sam Shahid** for more information.

NEMPAC On Track to Reach Record Fundraising Goal

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than $350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of $2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than $2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the **full-length article** published in ACEP Now on October 3.

For more information about NEMPAC, visit **our website** or contact **Jeanne Slade**.

Welcome New Members

William Chavez
Rachel Franklin
Michael Aaron Leslie
Rosalind Denise Mitchell, MD, FACEP
Amy Rost, DO

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