



Margaret Greenwood-Ericksen, MD, MSc, FACEP
President

Sylvia Lyon
Executive Director
505.821.4583

sylvia.lyon@gamamed.org
[Website](#)

From the President

Margaret Greenwood-Ericksen, MD, MSc, FACEP

Greetings New Mexico Chapter ACEP Colleagues –

We had a successful quarterly meeting last week – it seems “virtual” meetings are well suited for a state as diverse and rural as ours – with Zoom participation of our members across the state. Highlights included:

- A high-yield talk on **Multisystem Inflammatory Syndrome in Children (MIS-C)** from Dr. Rachel Tuuri, which will be disseminated via engagED for review and sharing!
- Dr. Melissa Fleegler’s efforts introducing the non-partisan platform VotER (<https://vot-er.org/>) to UNM to facilitate voting registration to our patients. I would strongly encourage us to all set this up in our local EDs as a way to improve emergency medicine’s public health impact.
- A guest speaker from the [New Mexico Perinatal Collaborative](#) introducing their efforts to promote evidence-based reproductive and perinatal health practices – and their interest in partnering with emergency medicine to improve maternal morbidity and mortality across the state. As president, I am eager to partner with them this year and into the future on how emergency medicine can collaborate to expand their initiatives in our EDs statewide.

In an important and exciting education update - **NM ACEP is now partnering with UNM’s Grand Round Speaker Series for 2020-2021** for access to all speakers and associated CME. Select speakers include Michelle Lin, Esther Choo, Kenji Inaba, and Anand Swaminathan. These are on select Wednesdays throughout the year at noon – watch for announcements on the preceding Monday via the engagED platform.

As we press on through this unprecedented time, I am so proud to be your colleagues and be part of the amazing response within our state to the pandemic. Our COVID-19 numbers have stabilized after a surge in both the Northwest corner, Southeast corner, and the Albuquerque-area. We all anticipate a deeply challenging winter viral season – and in this summer lull, it is critical we all take the rest, personal time, and space that we need to recharge. I urge you all to be sure to take time away from work and seek help if you find yourselves facing unexpected emotional challenges. New Mexico has launched a [support line](#) specifically for healthcare workers and first responders and Project ECHO has a weekly [First Responder Resiliency ECHO](#) - both of which may serve as useful resources to you all in this time of need.

Finally, please read the **truly excellent NM ACEP resident's corner article by Dr. Jess Evans-Wall** on difficult conversations and communication in the era of COVID. I would like to close by paraphrasing Dr. Evans-Walls when she noted at our quarterly meeting that she was “looking forward to the eventual closure of the COVID-chapter of her residency career.” We all look to that day into the future and until then, we are in this together and I am honored to serve as your presidential representative.

Communication Breakthrough: Coming of age as a physician in the time of COVID 19 Jessica T Evans-Wall, MD

Language is power. In healthcare, we daily use words which carry immense emotional weight; death, illness, future. We know that the way we communicate with patients affects their medical outcomes. We can build or break trust with our communication alone. While our medical interventions and treatments are important, in the time of COVID, when so much is uncertain, it seems we must rely more and more on the mundane magic of words.

Since mid-March, all of my difficult conversations with family members about their loved ones in the hospital have occurred over the phone. Medical schools invariably have training on calming body language, on how to set a room appropriately, we learn to bring tissues and sit in silence with an empathetic expression for conversations surrounding end of life discussions. While I hope that these skills will be employed again throughout our careers, all of that preparation has been replaced with timing and word choice over telephone wires. Families cannot see shared tears that I shed for patients or the range of interventions that the healthcare team performs to care for their loved ones. They can only trust that when I say “we are doing everything we can,” that I am speaking the truth. But trust over the phone relies so heavily on language and word choices. How do we make better choices in order to use our power of communication to spread trust and compassion?

In New Mexico, we serve a diverse population of patients, many of whom prefer to communicate about their healthcare needs in languages other than English. With family members out of the hospital, we must be even more cognizant of being advocates for our patients. We know that native communities in New Mexico, both Navajo Nation and numerous Pueblos, are being disproportionately affected by this virus. In this time it is

especially important that we, as providers, are actively seeking to address healthcare disparities. One way to do this work every day is to focus on communication. As the pandemic limits in person interpretation, it remains vital that we communicate with our patients in their preferred language even if it means using an at times clumsy phone service. Departments across the state are prioritizing in person and in house interpretation when it is safe for interpreters to be involved in care. With COVID positive or COVID suspected patients, the phone remains the best option. Check your institution's interpretation services; there may be much more available than you think. What else can we do as providers over the phone to improve communication?

Whether speaking to families or patients, once the correct language has been selected, the more difficult task of using correct words begins. Setting the scene remains a helpful starting point. Start with introducing yourself and your role on the medical team as it relates to the patient. With genuine curiosity ask how the patient or family would like to receive medical information, if they would like details or just the big picture.

If the patient is likely to get discharged, ask about home situations, do not assume. Ask if electricity is available 24/7, ask about water access. Ask about barriers the patient or family may see to getting better at home. Ask about Tribal affiliation to better identify resources that may be available for patients and families.

If a patient is seriously ill and you are trying to establish goals of care, use positive language such as *"we hope that you/they get better," "we wish to help you feel better,"* throughout the conversation to maintain focus on positive shared goals. For those of Navajo background, it can be helpful to speak in the third person about patients so as to not be directing negative thoughts towards the patient. When speaking about worst case scenarios or a poor prognosis, try phrases such as *"some patients who are as sick as you/they are..."* Always end conversations with a *"no matter what"* statement, confirming that no matter what happens we are there to care for the patient to the best of our ability.

When you have no more to offer of medicine or procedures, offer yourself as a conduit to spread information and convey the compassion that infuses your care through communication. Make it personal. Learn their dog's name, share your favorite poem. This communication is for us as providers too, it reminds us of the "why" in our practice.

The following is an incredible resource for residents and attendings alike to reference throughout this Pandemic and beyond. It was developed through a collaboration between physicians at Gallup Indian Medical Center and UNM Internal Medicine.

[Improving Care for Native American Patients](#)

During the COVID era, the necessity of having difficult conversations about end of life care in Emergency Departments is being highlighted. As it can be difficult to extubate patients who are seriously ill with COVID 19, conversations with them prior to intubation, if possible, are of utmost importance. May the lessons we learn coming of age as physicians in a pandemic make us more compassionate and communication focused in our careers. As uncertainty continues, and helplessness looms, may we remember to reach for the immense power of words.

Welcome New Members!

Emily Ball
Carl Beranek, MD
Mitchell Byrd
Richard R. Capone, II
Marc Cassone, DO
Tushank Chadha
David A Cheever
J Michael Disney, Jr, MD
Greg Doctor, MD
Jonathon Robert Eck, MD
Adriana Hall
Katrina Alexandra Hauck
Isabel Makman, MD
Jamie Lee Marliere
Angela Mize, MD
Renee Michelle Moffitt, DO
Hayley H Musial, MD
Arram Noshirvan, MD
Om Pathak, ACLS, BLS
Emma A. Robertson
Christopher W Root, MD
Bianca Shepherdson
Michael F Spigner, MD
Krista Stephens, MD
Jimmy To,
Jeffrey Wayland, MDC
Hayes Wong, MD MPH

FROM NATIONAL ACEP





Stay current with the [COVID-19 Center](#). It's your one-stop-shop for clinical and legislative updates. **Quick Links:** [Physician Wellness Hub](#) | [COVID-19 Field Guide](#)

Get PPE through Project N95

With member concerns about the quality of N95 masks on the open market, ACEP has joined with Project N95 to offer PPE to you at volume prices. This [exclusive benefit for ACEP members](#) is available only through August 26. Registration opens at 4 p.m. ET today Wednesday, August 19 and is only available to members in the 50 states of the US, DC and Puerto Rico.

ACEP & EMRA Launch Diversity Mentoring Initiative on August 15

This collaboration between the ACEP Diversity, Inclusion and Health Equity Section (DIHE) and EMRA's Diversity & Inclusion Committee that supports leadership and career development for diverse medical students, residents, fellows, academic attendings and community emergency physicians in the EM community. The first 200 mentees have been matched with 100 mentors from across the EM community. If you're interested in being part of the next cohort, slots will open up in six months. Follow #mentorsofEM and #menteesofEM on Twitter to keep tabs on the program's progress, and learn more at mentor.acep.org.

New Policy Statements and Information Papers

During their June 2020 meeting, the ACEP Board of Directors approved the following new policy statements and information/resource papers. For a full list of the College's current policy statements, consult the [ACEP Policy Compendium](#).

New Policy Statements:

[Antimicrobial Stewardship](#)

[Expert Witness Cross-Specialty Testimony for Standard of Care](#)

[Leadership and Volunteers Conduct Policy](#)

[Medical Neutrality](#)

Revised Policy Statements:

[2020 Compendium of ACEP Policy Statements on Ethical Issues \(page two of the Code of Ethics\)](#)

[Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department](#)

[Role of the Emergency Physician in Injury Prevention and Control for Adult and Pediatric Patients](#)

New Information/Resource Papers (Smart Phrases)

[Antitussive Medications for Children](#)

[Asthma Exacerbation](#)

[Asymptomatic Hypertension](#)

[Coronavirus Concern — Confirmed or Suspected](#)

[Ethanol Intoxication](#)

[Influenza-Like Illness](#)

[Injection Drug Use](#)

[Motor Vehicle Crash](#)



ACEP20 is a CME Jackpot + Announcing Special Guest: Dr. Anthony Fauci!

ACEP20 will include more than 250 hours of CME education, but here's the best part: Attendees get access to this education and **CME for THREE YEARS** after the event! All of the live events will be debuting during the original dates: Oct. 26-29. We are happy to announce our **first special guest at ACEP20 – Dr. Anthony Fauci**, NIAID Director. We'll be unveiling other celebrity keynote speakers throughout August, so follow ACEP's social media channels for those exciting announcements. [Click here for more information and to register.](#)

Upcoming Webinar: The Long and Winding Road of an Epidemic: Prescription Opioids, Heroin, and Beyond

Join us on August 31, 2020 from 1pm - 2pm CT for the first installment in a 6-part **free** webinar series on opioid use disorder, federal and state regulations/regulatory considerations and state initiatives. [Click here to register.](#)

Moderator and Panelists:

- Chadd K Kraus, DO, DrPH, MPH, FACEP, Director, Emergency Medicine Research Core Faculty, Geisinger Medical Center, EM Residency Associate Professor of Medicine, Geisinger Commonwealth School of Medicine
- Harry Monroe, Director, Chapter and State Relations, ACEP
- Jeffrey Davis, Regulatory Affairs Director, ACEP

The webinar will be recorded and link to recording will be made available to all registrants. For more information, please email Mari Houlihan at mhoulihan@acep.org.



Opioid Use Disorder: A Regulatory Perspective

Join us for a 6-Part Webinar Series on Opioid Use Disorder, Federal and State Regulations/Regulatory Considerations and State Initiatives.

The first webinar will provide a national perspective and the follow-up webinars will be focused more regionally.

For more information about this series please email Mari Houlihan at mhoulihan@acep.org

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 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.



Regulatory Updates

Check out our [Regs & Eggs blog](#) for the latest regulatory updates.

2021 Physician Fee Schedule Proposed Rule: What You Need To Know

ACEP recently published a new [comprehensive summary of the 2021 Physician Fee Schedule Proposed Rule](#) and its potential effect on emergency medicine. Last week, we [sent a letter](#) expressing our concerns with the proposed cuts and calling on Congress to waive budget neutrality requirements to avert the cuts that pose a significant threat to EM physicians and the health care safety net. [Voice your concerns](#) by joining the thousands of ACEP members who have urged their legislators waive the budget neutrality requirement for calendar years 2021 and 2022 by signing on to a bipartisan "Dear Colleague" letter.

HHS Reopens Application Process for Provider Relief Funding

Most EM groups were eligible to receive funding from the Medicare General Distribution. If you missed the original June 3 deadline, [you may be eligible to apply now](#). Note: If you already received funding from the "General Distribution" and kept it, you cannot apply for additional funding. The cap in funding is still 2% of your annual patient revenues.

CMS Delays AUC Program to 2022

CMS recently announced that it would delay the full implementation of the Appropriate Use Criteria (AUC) program until at least the start of calendar year (CY) 2022. ACEP has long advocated for emergency physicians to be exempted from this program. [Learn more about the AUC program](#).

As of Aug. 1, all laboratories must report certain data elements for all COVID-19 tests (including patient demographic data). The responsibility of collecting this information [may fall on emergency physicians](#).

What President Trump's Executive Order on Rural Health and Telehealth Means for EM

On August 3, President Trump issued an executive order (EO) that calls on the Department of Health and Human Services (HHS) to develop new payment models aimed at transforming how clinicians practicing in rural areas are reimbursed under Medicare. Further, the President states in the EO that he believes that many of the telehealth flexibilities available during the COVID-19 public health emergency (PHE) should be made permanent and asks HHS to issue a reg that would examine which services should continue to be provided to patients via telehealth after the PHE ends. On the same day the EO was issued, the (CY) 2021 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) proposed reg was released, which includes a robust set of proposed telehealth policies. [Last week's regulatory blog](#) digs in to the telehealth proposals and what they could mean for emergency physicians.

Related News: [New Analysis Reveals Worsening Shortage of Emergency Physicians in Rural Areas](#)

Urge Congress: Please Support Mental Health Resources and Protections for COVID-19 Health Care Providers

ACEP applauds last week's [introduction of the Lorna Breen Health Care Provider Protection Act](#) in the Senate. We worked closely with the legislators on the development of this bill and encourage ACEP members to [contact their legislators to ask for their support](#). Read our [latest Member Alert](#) for information about this legislation and the other bills ACEP is supporting that advocate for the wellbeing of frontline health care workers.

Marking Physician Suicide Awareness Day

Physician Suicide Awareness Day is coming up on Sept. 17. ACEP will be providing updates on the Dr. Lorna Breen Health Care Provider Protection Act and additional tools and resources to mark this solemn occasion. As we advocate against barriers that prevent EM physicians from seeking mental health care, ACEP encourages members to visit the Wellness Hub at acep.org/wellness-hub for multiple pathways to help you find the support you need during this challenging season for our profession.

The **Innovation in Suicide Prevention Award** recognizes promising and innovative acute care activities in the area of suicide prevention that improve patient outcomes and improve lives of patients and/or providers. [Nominations are due Sept. 1.](#)

NEMPAC Charity Match

For a limited time, your NEMPAC contribution of \$100 or more will be matched 10 cents on the dollar by ACEP to a charitable cause that provides resources to the COVID-19 front lines. The more you give, the more we give back! You can choose from one of three charities after making your contribution online: EMF COVID-19 Research Fund, GetUsPPE.org or the American Foundation for Suicide Prevention. [Click here](#) to join your fellow ACEP members today to support meaningful **political and charitable** involvement.

Be Accredited to Provide Pain & Addiction Care in the ED

Show your community that your ED is part of the solution. ACEP is now accepting applications for the [Pain & Addiction Care in the ED \(PACED\) Accreditation Program](#), developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at www.acep.org/PACED or contact us at paced@acep.org

**New Mexico Chapter ACEP
c/o Greater Albuquerque Medical Association
P.O. Box 94838
Albuquerque, NM 87199**

© 2021 New Mexico Chapter ACEP. All rights reserved.