

A Newsletter for the Members of the New Mexico Chapter - Spring 2024



---

**In this edition:**

President's Corner  
Empathy

**News from ACEP:**

Resources and Latest News  
Upcoming Events and Deadlines

---

**President's Corner**

Tony Salazar, MD, FACEP  
NM ACEP President

Greetings NM ACEP members,

This President's article is mostly an update on the recent ACEP Leadership and Advocacy Conference as summarized by Dr. Scott Mueller, President-elect.

-----  
Bipartisan bills that ACEP was supporting:

H.R. 2663 Workplace Violence Prevention for Health Care and Social Service Workers Act

H.R. 2584 SAVE Act

H.R. 5414 Improving Mental Health Access from the ED Act

(Pending bill number) Physician and Patient Safety Act

Scott Mueller, DO (President-Elect NM ACEP), Cait Bonney, MD, and Andrew Bivin, MD represented New Mexico at this year's Leadership and Advocacy Conference. They were joined by medical students Kyle Essex (Burrell) and Lila Baca and Emerald Goranson

(UNM). Together, they met with lawmakers to discuss issues that have been affecting emergency physicians across New Mexico.

Perhaps the most frustrating issue for emergency physicians is boarding. Boarding has significantly worsened nationwide and has become its own public health emergency. It affects every facet of healthcare, including workplace violence.

Healthcare workers are five times more likely to experience workplace violence than other industries. Senator Heinrich, Senator Lujan, and Representative Stansbury are all aware of this serious issue and have already supported the bipartisan "Workplace Violence Prevention for Health Care and Social Service Workers Act" (H.R. 2663/S. 1176).

Boarding also affects access to mental health resources. Patients with behavioral health needs to wait on average three times longer for an inpatient bed than medical patients. ACEP urged legislators to cosponsor the "Improving Mental Health Access from the ED Act" (H.R. 5414/S. 1346) and SAVE Act (H.R. 2584/S. 2768).

With long wait times, emergency physicians may not feel they are providing adequate care to their patients. Some physicians may be afraid to speak up for fear of retaliation. The right to due process ensures that emergency physicians can fully advocate for their patients, without fear of reprisal. As such, ACEP urged legislators to cosponsor the recently drafted "Physician and Patient Safety Act."

An ongoing annual issue is Medicare reimbursements, or lack thereof. Annual Medicare physician reimbursements have failed to keep up with inflation for well over the last 20 years. Unlike other specialties that could potentially opt out of Medicare, emergency departments cannot refuse any patient, regardless of insurance status or ability to pay. As physician payments continue to decrease, there will be fewer incentives to pursue emergency medicine. Although Congress is busy with overseas turmoil, ACEP and Congress both recognize the need for a long-term bipartisan solution.

Next year's Leadership and Advocacy conference will take place in Washington, D.C. April 27-29, 2025. Mark your calendars!

-----

As my term as President winds down, I would like to take time to thank each of you for your continued support and membership. Our chapter continues to grow, and we are fortunate to see this trend in NM.



---

## **Empathy**

Kathryn L. Freeman

It was a Friday night, and it was living up to the hype. The chief complaint was opiate withdrawal in a 19-year-old, and I thought he looked surprisingly comfortable as I pulled him into the little cubicle-style “confessional” in the back of the crowded waiting room. I mentally checked my “likely discharge” box as I introduced myself and asked how I could help. He told me he wanted to be sober.

As I ticked through my questions about symptoms, current usage, and social support, I found myself redirecting him often. I was trying to hit all the elements of a good HPI and to do it quickly. I had a backlog of tasks, and our conversation was taking longer than I’d mentally allotted. My phone was vibrating, and I glanced down at the backlog of text pages, and when I looked back up his voice cracked, and I realized he was telling me the name of his younger brother who had died. He suddenly looked his age. The surge of empathy was

followed quickly by guilt. I was treating him like a problem to be solved, a task on my checklist. It shouldn't have taken a shared experience to find empathy for the person sitting in front of me.

He wasn't a problem, of course. He was a kid, and his life had not been easy. He was the oldest of five, and as I read later in his chart, all his younger siblings had all died together in an unimaginable tragedy that he had witnessed. One parent had abandoned him, and the other was serving several life sentences. He'd grown up a ward of the state, which had gone exactly like you'd expect. He'd been using opiates since middle school, and he hated that they controlled him. And he wanted to be sober.

In her book "What Doctors Feel", Dr. Danielle Ofri, an IM physician practicing in NY wrote, "Thus, whatever the medical student has been taught, and even genuinely believes, about the ideals of medicine, the primacy of empathy, the value of the doctor-patient relationship — all of this is swamped once he or she steps into the wards. [...] It's no wonder that empathy gets trounced in the actual world of clinical medicine; everything that empathy requires seems to detract from daily survival."(1)

Beyond daily survival though, and the compassion fatigue we all battle, there's also an odd contradiction in medicine, and I think emergency medicine especially. Empathy is required to do the job well, but it can also sometimes be a barrier to that same goal. As a resident, I look up to the seniors and attendings who are able to remain emotionally disconnected and calm during resuscitation, or when dealing with agitated or violent patients. Being able to mute the fear and access the training is a significant piece of what we're in EM residency to learn. But I think it can be hard to tamp down only some emotions, only some of the time. It seems a little unreasonable to ask one's psyche to decline to empathize in the midst of a pediatric code, and then to find that empathy suddenly available in the waiting room on a busy Friday night for a teenager who isn't really withdrawing from anything.

I sat in the waiting room with my patient that evening as long as could, which wasn't very long at all. And in the end, I did all the medicine and not-medicine I had originally anticipated. I calculated his COWS, and connected him with a social worker to talk about rehab options. I brought him a turkey sandwich from the weird fridge in the back with the broken handle, and in the end I discharged him. But in the not-very-long that I sat with him, I felt empathy and I communicated that with him. I was humbled by the encounter then, and still think about it often. Especially when I find myself struggling to find empathy on busy shifts, when my sign-out feels too long, and the waiting room is full, and my patient has a list of problems I can't solve. But I think the struggle is really important. Wanting to be better surely is the first step in getting better, and cognizance and practice are needed to improve. I can't solve everyone's problems, and so sometimes empathy might be the most valuable currency I can offer as their physician. Empathy, and a maybe turkey sandwich, too.

References:

1. Ofri D. What Doctors Feel : How Emotions Affect the Practice of Medicine. Beacon Press; 2014.

---

## FROM NATIONAL ACEP



### ACEP Resources & Latest News

#### **ACEP Urges US Senate to Pass the SAVE Act, Prevent ED Violence**

ACEP and the American Hospital Association (AHA) co-hosted a Senate briefing in support of the bipartisan Safety from Violence for Healthcare Employees (SAVE) Act. ACEP polling, your firsthand accounts and more can be found [here](#). [Read more](#).

#### **It's Time to Call Out Insurance Companies — We Need Your Help**

We've all seen how insurers do all they can to delay, reduce or even outright deny payments. Enough is enough — ACEP is calling out their bad behavior and **you can help by [sharing your own story of bad insurance company behavior](#)** that put you, your group, or your patients at risk. **Sharing your firsthand experience through this [short, anonymous, online poll](#)** will help fuel state and federal efforts to push insurers toward transparency and better business practices.

#### **Urge Congress to Stop Medicare Cuts**

We need your help to urge Congress to swiftly identify policy solutions to provide long-term stability for Medicare beneficiaries and the physicians who manage and provide their health care. Without action, physicians and other providers will face yet another cut to Medicare reimbursements, further destabilizing our already fragile health care safety net. [Take action today!](#)

### **A Big Win and Strong Step Toward Banning Non-Compete Agreements**

ACEP strongly applauds the Pennsylvania court decision clearing a way for the FTC ban on non-competes to go forward. ACEP fights for you — impacting these decisions from the start — by sharing your stories and fiercely defending your rights on the job. [Read more.](#)

### **Defending You. Demanding Better. ACEP's 2023 Impact Report**

From advocating for \$25.8 million in vital funding for patient care, to confronting legislation that seeks to expand scope of practice, to influencing laws that protect your clinical authority and autonomy — ACEP is proud to share an incredible journey of advocacy and progress. [Read the report.](#)

### **Save on Fees With New Payment Option for ACEP Membership**

ACH transfers, or electronic checks, are now available for new and renewing ACEP members, allowing a secure bank-to-bank money transfer which eliminates processing fees for you and ACEP. Members on an installment plan or auto-renew can easily update their payment information any time by accessing the “Payment Methods” section of My Account on [ACEP's website.](#)

### **Register for ACEP24!**

Las Vegas is full of action, and this year, you'll have more flexibility than ever - course selection is not needed in advance. [Register before Aug. 30 and get FREE Virtual ACEP24](#) - all the courses available online for 18 months. It's your safest bet.

## **Upcoming ACEP Events and Deadlines**

**Aug 15, 4:00 PM CT:** [PEER Challenge Elite Eight](#). See who moves ahead to the Final Four in this residency program test of EM knowledge!

**Aug. 28, Noon-1 PM CT:** [Maximize Scoring in the 2024 MIPS Program](#) - CME - free, online

**Sept. 29-Oct. 2:** [ACEP24](#), Las Vegas, NV - the world's largest emergency medicine educational conference

---

## **New Mexico Chapter ACEP**

**c/o Greater Albuquerque Medical Association**

**P.O. Box 94838**

**Albuquerque, NM 87199**

© 2024 New Mexico Chapter ACEP. All rights reserved.