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Investing in Tomorrow – NRMP Match 2018

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It has been quite a busy time for the two Emergency Medicine programs in Mississippi, with the Match from the National Resident Matching Program (NRMP) having concluded on Friday, March 16th. As the 2018-2019 academic year approaches, things are certain to accelerate toward the great things planned for tomorrow's independently practicing physicians.

In Hattiesburg, the Merit Health Wesley program received 290 applications for 6 resident positions. The program hosted 7 interview dates, and, during that time, their faculty and residents interviewed 60 well qualified candidates pursuing the 6 available positions in the program. Half of the 6 matched applicants are from William Carey in Hattiesburg, while the others hail from osteopathic schools in Missouri, South Carolina, and New York. The success of this Match, along with the consistent progress over the past few years, demonstrates the persistently rising interest in this program that is sure to continue its dedication to the State of Mississippi.

Jackson's University of Mississippi Medical Center achieved similar interest from applicants this season. This September, 784 individuals (a 10% increase from last year) applied to the program. Over 11 interview dates, residents, faculty, and staff hosted 140 applicants pursuing 14 positions. With 2 of the 14 incoming interns from UMMC's School of Medicine, the program is delighted to welcome the remaining 12 from the Southeast with 1 from New York. The UMMC Class of 2021 is comprised of 4 osteopathic graduates, 2 international medical school graduates, and 8 allopathic graduates who are sure to propel the State of Mississippi toward a healthier tomorrow.

As the July 1st start date approaches, both Merit Health Wesley and UMMC prepare current faculty and staff for the opportunity to invest in tomorrow, which is sure to hold great things for, and from, the Classes of 2021.

Approaching Annual Meeting

Sarah A. Sterling, MD

President, MS-ACEP

It's hard to believe, but it's time to start planning for our Mississippi ACEP Annual Chapter meeting. Please save the date for our Annual Meeting – August 16, 2018, 6:30 pm, at Walkers' Drive-In in Jackson, Mississippi.

We realize that given our schedules as Emergency Physicians, there is no perfect time where all of us can meet in person. After a lengthy discussion and vote at our last meeting, it was determined to keep our MS-ACEP Annual Meeting at the same time as the previous several years. This time and location was chosen for several reasons, primarily the central location of Jackson and the Annual Mississippi State Medical Association's (MSMA) Annual Session of the House of Delegates which will occur on August 17-18th in Jackson. This year is expected to be a particularly well attended event as it is the 150th Anniversary of the MSMA Annual Session of the House of Delegates. Given the attendance of many MS-ACEP members at both of these meetings, the majority of the feedback we've received has favored keeping our Annual Meeting the night before the start of the MSMA Annual Session.

This is an important Annual Meeting for Mississippi ACEP as well. We will elect new officers to the Board of Directors: Secretary-Treasurer, President-Elect, and the Resident representative from University of Mississippi Medical Center. Additionally, we will have the transition of the President-Elect to President. This is also the meeting where we will update the membership on a variety of important topics from financials to advocacy and

accomplishments, and where we will look for feedback and direction on MS-ACEP's agenda and plans for the upcoming year. In order to encourage participation of those who cannot attend in person, we are looking into different audio or audiovisual options to allow meeting participation remotely. More details will follow as they become available.

We hope to see you there, and please consider bringing an Emergency Physician colleague, especially one who is not a member of MS-ACEP! This is a great time to expose potential members to MS-ACEP and to get to know Emergency Physicians across our state. As the largest organization of Emergency Physicians in our state, it is important for us to work together to improve emergency care for ourselves and fellow physicians, and most importantly, our patients.

SEC/BIG 12 ACEP Chapters Educational Conference

Sarah A. Sterling, MD
President, MS-ACEP

Mark your calendars for June 4-7, 2018, for the SEC/Big 12 ACEP Chapters Educational Conference in Destin, Florida, at the Sandestin Golf and Beachclub Resort!

The conference is designed to update the participants on the current emergency management of several commonly encountered conditions, with special emphasis on changes that have occurred over the past several decades in a broad range of topics from trauma to toxicology, sepsis, pulmonary embolism, physician wellness, and many more.

The conference is targeted to physicians, nurse practitioners, and physician assistants with over 20 credits of continuing education credits available. So join us in sunny Florida for a fun educational opportunity with your emergency medicine colleagues from around our state and region.

Review the [conference brochure](#) for additional information.

Preparing to Give Testimony before State Legislators

Harry J. Monroe, Jr.
Director, Chapter and State Relations, ACEP

Over the years, I have worked with many lobbyists preparing for upcoming meetings. In some of those instances, the lobbyist would be gathering information to represent us himself in meetings of stakeholders or legislators or staff. In other instances, the legislator was preparing the client to give testimony at a legislative hearing.

In all of these circumstances, every good lobbyist I have worked with has required an answer to this question: what is the argument of the other side? What will our opponent say?

If you do not have a fair answer to that question, then you are not yet prepared to provide your testimony.

Because we tend to live in an environment in which we share our views with people who agree with them, too often we fail to think through the alternative point of view. Thus, insurers are against us, we often state, for example, because they are only in this for the money. They don't care about their "customers," our patients. The bottom line for their shareholders is their only concern.

My point is not that there is not a point to this. However, no insurer is going to arrive at a hearing to explain that, you know, we caught him. He doesn't care about anything but making a buck.

There are no Perry Mason endings at legislative hearings. Insurers don't confess.

The truth is that insurers, wrongly I think most of the time, have their own story, their own rationale, for their policy. We have to understand that story so that we are sure to be able to counter it – and to avoid walking into traps as we tell our own story.

None of this to say that we should have a need to fully explain or defend the insurer's point of view. Quite the contrary, a more typical approach, as appropriate, would be to briefly summarize the opposition's position before pivoting to an explanation as to why it is wrong and how we have a better solution to the problem that the policy maker wants to solve.

That sort of response is a way of showing ourselves to be fair minded and solutions oriented. It is a crucial part of effective state advocacy.

Articles of Interest in *Annals of Emergency Medicine*

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.

Kellogg K, Fairbanks RJ.

Approaching Fatigue and Error in Emergency Medicine: Narrowing the Gap Between Work as Imagined and Work as Really Done.

Annals of Emergency Medicine – April 2018 ([Epub ahead of print](#))

This is an editorial commenting on an article by Nicolas Perisco and colleagues, “Influence of Shift Duration on Cognitive Performances of Emergency Physicians: A Prospective Cross-Sectional Study.” The article reports that there was significant cognitive decline after a 24 hour emergency shift, though not one after a 14 hour shift. The editorial goes on to describe some of the consequences of their finding, for example the fact that any cognitive decline likely also occurs in all emergency workers. They suggest we repeat the study using 8 and 12 hours shifts which are more common in the US.

Hall MK, Burns K, Carius M, Erickson M, Hall J, Venkatesh A.

State of the National Emergency Department Workforce: Who Provides Care Where?

This is a cross-sectional study that analyzed the Centers for Medicare and Medicaid Services’ (CMS) 2014 Provider Utilization and Payment Data Physician and Other Supplier Public Use Files and found that of 58,641 unique EM clinicians, 61.1% were classified as EM physicians, 14.3% as non-EM physicians, and 24.5% as advanced practice providers. Among non-EM physicians categorized as EM clinicians, Family Practice and Internal Medicine predominated. They also found that urban counties had a higher portion of EM physicians compared to rural counties.

Stiell IG, Clement C M, Lowe M, Sheehan C, Miller J, Armstrong S, Bailey B, Posselwhite K, Langlais J, Ruddy K, Thorne S, Armstrong A, Dain C, Perry JJ, Vaillancourt C.

Multicentre Program to Implement the Canadian C-Spine Rule by Emergency Department Triage Nurses.

This multicentre two-phase study demonstrated that with training and certification, ED

triage nurses can successfully implement the Canadian C-Spine Rule, as reflected by more rapid management of patients, and no missed clinically important spinal injuries.

Lumba-Brown A, Wright DW, Sarmiento K, Houry D.

Emergency Department Implementation of the Centers for Disease Control and Prevention Pediatric Mild Traumatic Brain Injury Guideline Recommendations.

These are the Centers for Disease Control and Prevention's (CDC) 2018 "Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children," published in JAMA Pediatrics. As the Emergency Department clinicians may be the first healthcare provider to evaluate an injured child they play an important role in the recognition and management of mild traumatic brain injury. The key practice-changing takeaways in these new guidelines include: using validated and age-appropriate post-concussion symptom rating scales to aid in diagnosis and prognosis; and incorporating specific recommendations for counseling at the time of ED discharge.

New Resources from ACEP

The following **policy statements** were recently revised and approved by the ACEP Board of Directors:

- Alcohol Advertising
- Trauma Care Systems

Four **information papers and one resource** were recently created by several ACEP committees:

- Disparities in Emergency Care – Public Health and Injury Prevention Committee
- Empiric and Descriptive Analysis of ACEP Charges of Ethical Violations and Other Misconduct – Ethics Committee
- Fostering Diversity in Emergency Medicine through Mentorship, Sponsorship, and Coaching – Academic Affairs Committee
- The Single Accreditation System – Academic Affairs Committee
- Resources: Opioid Counseling in the Emergency Department – Emergency Medicine Practice Committee

These resources will be available on the new ACEP website when it launches later this

month. In the meantime, for a copy of any of the above, please contact [Julie Wassom](#), ACEP's Policy and Practice Coordinator.

Help Fight to Protect Our Patients Against Anthem's Unlawful Practices

ACEP continues to keep the pressure on Anthem Blue Cross Blue Shield for denying coverage to emergency patients in six states with a [new video campaign](#). More will follow if this effort isn't stopped. Anthem's policy violates the prudent layperson standard, as well as 47 state laws. [Spread the word!](#) #FairCoverage #StopAnthemBCBS



Upcoming CEDR Quality Measures Webinar on May 8

A review of quality performance measures that are included in CEDR for 2018 reporting. | May 8, 2018 1:00 PM CDT - [Register Today!](#)

Graduating Residents: Renew your Membership Today!

Take advantage of huge discounts and freebies!

ACEP is offering \$20 off national dues, PEER for \$50 and a free 2018 Graduating Resident Education Collection of 25 courses specifically for emergency physicians in their first year out. Just go to www.acep.org/renew to take advantage. Those who renew also get a cool ER/DR T-Shirt and Critical Decisions in Emergency Medicine online free for one year. [Renew now](#) using Promo Code FOCUS2018. Check it off the list!



Don't Miss the Premiere Event for Emergency Medicine Advocates and Leaders!

Attendees at the annual [Leadership & Advocacy Conference](#) will advocate for improvements in the practice environment for our specialty and access for our patients. First-timers will receive special training on how to meet and educate your Members of Congress while seasoned participants will build upon valuable Congressional connections. A new "[Solutions Summit](#)" has been added on May 23 where attendees will discover innovative solutions on key topics such as opioids and end-of-life issues that demonstrate emergency medicine's value and leadership. CME credit will be given for the Summit.

Confirmed Speakers Include:

- U.S. Surgeon General Vice Admiral (VADM) Jerome M. Adams, M.D., M.P.H.
- HHS Assistant Secretary for Preparedness and Response Bill Kadlec, MD will be presenting during the Public Policy Town Hall on Emergency Preparedness.
- Amy Walter, National Editor for The Cook Political Report, will offer her predictions for the mid-term elections.
- Senator Bill Cassidy, MD (R-LA)
- Representative Kyrsten Sinema (D-AZ)

[REGISTER TODAY!](#)

Not able to attend the LAC18? Now is not the time to sit on the sidelines.

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts. With the mid-term elections coming up in November and party control of the House and Senate hanging in the balance, now is the perfect time to reach out on the local level to educate your legislators about the specialty and offer to serve as a local

resource on issues relating to the delivery of health care.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter. Visit the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

Free Training on Medication-Assisted Treatment

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 (Provided twice a month by PCSS partner organization American Osteopathic Academy of Addiction Medicine)

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](#).

Become an Accredited Geriatric Emergency Department Today

Recognizing that one size ED care does not fit all, [The Geriatric Emergency Department Accreditation Program](#) (GEDA), was 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. Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.

Make Change Happen in ACEP

The Council meeting is YOUR opportunity to influence the ACEP agenda. If you have a hot topic that you believe ACEP should address, write that resolution! It only takes two members to submit a resolution. [Click here](#) to learn the ins-and-outs of Council Resolutions, and [click here](#) to see submission guidelines. **Deadline is July 1, 2018.** Be the change - submit your resolution today.

Learn to Improve Patient Safety, Reduce Costs at One-Day Hospital Flow Conference

ACEP is pleased to announce this collaboration between ACEP and the American Hospital Association. Join leaders in hospital flow at the [Innovation Leadership Challenge: Collaborating to Improve Hospital Flow, Save Lives & Reduce Costs Conference](#) to learn about proven innovative processes, tools & insights prior to the AHA Leadership Summit July 25. [Register today.](#)



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