

A Newsletter for the Members of the Mississippi Chapter

Winter 2018



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Membership Update

As you may be aware, our membership numbers are reported at the beginning of the calendar year. Our total membership determines the number of Councilors, and therefore votes, that we are allowed at the Councilors' meeting prior to the Scientific Assembly. Our membership numbers dropped slightly this year, so our number of Councilors went from three to two. Thank you to Drs. Lawrence Leake, Jonathan Jones, and William Walker who have served as our Councilors and who have represented MS-ACEP at a national level.

In addition to keeping our vote strong at the national level, a broad membership base is important in keeping our membership diverse and ensuring we represent the needs of all Emergency Physicians in our State. Please continue to be a part of ACEP and MS-ACEP, and please encourage your colleagues to join ACEP and MS-ACEP.

As the largest professional organization for Emergency Physicians in our State, it's important that we have a strong voice to advocate for our profession and for emergency care in Mississippi.

Bylaws Update

We are happy to announce that the MS-ACEP Bylaws have been officially updated and accepted by the membership. Thank you to all that provided feedback on the Bylaws and helped with the process. A special thanks to Dr. Greg Patiño, who was instrumental in the process.

If you would like more information or a copy of the MS-ACEP Bylaws, please contact our Executive Director [Patrick O'Brien](#).

Lobbyist

Over the past couple of years, MS-ACEP has taken a more active stance in legislative issues that affect Emergency Physicians and emergency care in Mississippi. In conjunction with the State Chapter of the American Academy of Pediatrics, the State Medical Association, the Mississippi Chapters of the American Heart and American Lung Associations, MS-ACEP joined the Mississippi Cancer Action Network's Tobacco Tax Coalition in supporting the tobacco tax initiative.

Further, we have supported Harley's Law, mandating seatbelt use by all vehicle passengers, which was recently signed by the Governor, and both have become new laws in our State. While we have been successful in these efforts, we feel there are more opportunities to expand our voice in Mississippi and to advocate for Emergency Physicians and for our patients. In order to pursue this more robustly, the Board of Directors is discussing engaging a lobbyist to represent and advocate for our organization, in keeping with other professional organizations throughout our State.

We think this could be an important opportunity to more completely and effectively represent MS-ACEP and its members. Thank you to Dr. Jonathan Jones, who has been helping with this

process. We will keep you updated, but, if you have any questions or feedback, please contact [Patrick O'Brien](#) or [Dr. Sarah Sterling](#).



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 Reikia 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](#).



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!](#)

Want to Know More About Reporting MIPS?

This is for you - an in-depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Learn about a selection of reportable measures, Advancing Care Information data entry, and Improvement Activity reporting through CEDR. The webinar is scheduled for **March 13, 1 PM CDT**. [Register now.](#)



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.

ACEP Awards Nominations Now Open

Recognize leadership & excellence in significant professional contributions, as well as service to the College, through the ACEP Awards Program. Know someone who deserves a prestigious ACEP award? [Send entries by April 2 to the Awards Committee.](#)

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](#).

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.

Welcome New Members

Nicole R Novotny
Laura Lee S Beneke

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