

A Newsletter for the Members of the Nevada Chapter

Spring 2018



Tressa D. Naik, MD, FACEP, President

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From the President
Tressa D. Naik, MD, FACEP

Dear Colleagues,

It is my honor to serve as your Nevada ACEP president for 2018. I have practiced Emergency Medicine for over 20 years, 13 of which have been in Nevada, and have seen changes that have greatly affected our day to day practice.

Some of the issues that have faced us and continue to face us in the future:

Anthem Blue Cross and the attack on Prudent Layperson Standard

Balanced Billing

Opioid Crisis and the new requirements for emergency physicians

Repayment of physician services

Mental Health

Access to Medical Care

Physician Burnout

It is time for us as colleagues and members to band together to continue the fight to defend emergency physicians in the Legislature both at the local and national level. Encourage your colleagues to join us in this endeavor. I look forward to continuing the fight on the onslaught of issues that face us daily and ultimately change how we practice medicine.

I would also like to honor those Emergency Physicians, that came together on October 1st, 2017 and the ensuing dates to provide medical care to the Victims of the Route 91 shooting. This is a shining example of the great work we do as emergency physicians and continue to provide to the members of our communities.

Sincerely,
Tressa D. Naik, MD, FACEP

Legislative Update **Bret Frey, MD, FACEP**

Nevada ACEP has historically been involved in most state and national issues of import to our specialty. Network adequacy, access to emergency and primary care, disaster preparedness, the opiate crisis, fair payment/fair coverage, tort reform (KODIN) and emergency physician training/recruitment/retention to name just a few. Turns out, giving folks great emergency care is the easy part. More difficult is the challenge every two years when our elected officials gather in Carson City for a few months to hopefully make things a little better rather than a lot worse.

It may help to understand our elected officials are only as good as we make (elect and educate) them, and conversely, they are only as good as they wish to be (educated) regarding the substantial emergency medicine issues which have faced the state for almost two decades. I have witnessed a steady decline in the willingness of those in committee positions of power to sit down and try to truly appreciate the delicate balance of networks, contracting and physician retention in Nevada. There is already discussion of another bill to limit or ban “balance billing” and yet another that would embrace a “Medicaid for all” model, the first of its kind in any state. The unintended consequences of this type of “single payor” approach could be disastrous, particularly for our patients.

Fall of 2016 saw both houses move Democrat, and subsequently in the 2017 session, the Southern NV Health Care Coalition felt empowered to put forth a bill (AB382 Ford/Parks/Cancela) which would ban balance billing and empower insurers to (potentially/probably) cancel contractual relationships with emergency providers knowing they only have to pay what the new legislation prescribed. It is likely a similar, if not the same, bill will be presented again in 2019. Veto power may not be there as it was for AB 382, and the Governor's race has taken on substantial meaning for the fabric of EM in Nevada.

Nevada's Anesthesia and Emergency Medicine communities were in strong partnership last session with NSMA as we collectively brought forth SB 289 (Hardy), a bill rooted in the Fair Health Database. The Ingenix lawsuit which determined substantial collusion in the New York State insurance market led to the creation of the Fair Health Database, and it is widely used by insurers (including those in NV) to determine UCR base on geo-zip. Fair Health has already been used positively in both New York and Connecticut legislation to shape the balance between payers and provider. Alas, the majority of our representatives did not entertain the reasonable notion of fair coverage for our patients, and fair compensation for our unique skillset using Fair Health.

Network adequacy has been a topic of much discussion in past sessions, and we hope to revive discussion in the interim as this issue is tied directly to access and "fair coverage" as we like to frame it. So many insurers have narrowed their networks to the minimum standards, and then turn around and demonize physicians who don't contract with them for essential Medicare-like rates. It is important that we all understand the relationship of narrow networks and poor reimbursement laying the foundation for an out of network event, which we would always prefer to avoid. Fair Payment and Fair Coverage are the only way patients are kept out of the middle, and we keep the Safety Network of Care intact.

The Nevada State Medical Association also partnered with the Nevada Hospital Association to give oppositional testimony regarding AJR 14, which passed in June 2017. If this becomes law, it would essentially "rate set" hospitals (much like they do in Maryland) at 150% of Medicare, and potentially place a stranglehold on future investment in care delivery infrastructure for decades to come. This joint resolution requires a second passage in both houses in 2019 before potentially going to a ballot question in 2020. Once passed as a ballot question, it becomes embedded in the State of Nevada Constitution. Once in the Constitution, removal is almost impossible. This could be how lawmakers treat physicians in 2019 as well.

KODIN (keep our doctors in Nevada) will no doubt be active once again as the forces in opposition to TORT reform gather once again to attempt to revert us back to the days of Med-Mal insurance instability (remember the UMC closure days). In contrast, we will beat the drum of “same specialty standard” for testimony and try to strengthen our current reforms.

AB474 emerged as Governor Sandoval’s signature piece of legislation, and NV ACEP was there along with the NSMA to shape this legislation significantly. The regulatory side is still not finished, and the Nevada Board of Pharmacy understands there are many “fixes” that may need to occur in the next session. We are involved at every level of this ongoing discussion, and I encourage all to utilize the ALTO program whenever possible to curb use of narcotics in our EDs.

I encourage each of you to become more active, recruiting more NV ACEP soldiers for the session ahead. We will need folks to meet with candidates (especially if you know one personally) before fall elections and the 2019 session, which may ultimately define our specialty in unique, and not so flattering, ways. If you have not yet joined NV ACEP or the NSMA, please make it an imperative. The NSMA has a powerful advocacy voice and has worked seamlessly with NV ACEP on issues most important to us. Led by Executive Director Cat O’Mara, the NSMA has matured into a formidable and cohesive conglomerate of specialties in need of unified advocacy.

Your NV ACEP Board of Directors will soon be faced with the decision of whether or not to hire a lobbyist to ensure our issues are front and center. Access to lawmakers comes at a price, and we will need to add to our war chest to fund a more personalized advocacy effort. We are most vulnerable when we cannot educate those in power as to EM’s critical mission in service to patients in their greatest time of need. The safety net is fragile, and lives are at stake.

In Service to Our Patients,

Bret W. Frey, MD FACEP
Legislative Liaison, NV ACEP

Resident’s Corner

UNLV School of Medicine Las Vegas Emergency Medicine Residency Program Nevada

Zachary D. Skaggs, MD

PGY-3 Las Vegas EM

Management of the benign headache in the emergency department is often anything but. Low dose intravenous ketamine has been proven to be effective in pain management in a variety of pain management settings. Might it work for headache too? In "A Comparison of Headache Treatment in the Emergency Department: Prochlorperazine Versus Ketamine," **Dr. Tony Zitek**, former Chief Resident and current Assistant Research Director at UNLV SOM EM, [examines this question in the *Annals of Emergency Medicine*](#). Comparing a sub-dissociative IV dose of 0.3mg/kg ketamine + 4mg ondansetron to the standard of care of 10mg prochlorperazine IV + 25mg diphenhydramine, Dr. Zitek found more rapid and complete reductions in acute pain score and greater patient satisfaction scores in the prochlorperazine group. There was also a large subset of patients who reported a dysphoric experience to ketamine, suggesting that ketamine's reputation as a pain cure-all may be overestimated. For now, stick with the tried-and-true prochlorperazine for benign headache. Ketamine still may be considered as an adjunctive therapy.

Dr. Jordana Haber, Assistant Professor of Emergency Medicine at UNLV School of Medicine, specializes in mindfulness, writing, and--much to our benefit--resident education. In the latest edition of her "Mindful EM" column in Emergency Medicine News, Haber describes her approach to resident education [using the SMART NERDS mnemonic](#). Dr. Haber's other work can be found in [Annals of Emergency Medicine](#) and on the evidence-based medicine blog [ALIEM](#).

Las Vegas Emergency Medicine residents had the opportunity to attend the [High Risk Emergency Medicine](#) course at the Paris Hotel 9/15-9/16. **Dr. Amal Mattu** lectured on common EKG misses in ruling out ACS, using validated decision instruments such as the HEART score properly, and myths and pitfalls in managing wide-complex tachyarrhythmias. Dr. Michael Frankchaired a mock deposition for attendees to gain exposure to this frequently adversarial and unfamiliar process. **Dr. Ross Berkeley**, Program Director for Las Vegas Emergency Medicine Residency and Course Director for the High Risk Emergency Medicine program, spoke about emerging medico-legal risks with special attention to new challenges posed by electronic medical records. **Dr. Ketan Patel**, Associate Program director at Las Vegas EM, lectured on the topic of pulmonary embolism.

Drs. Omar Ahmed (PGY-3), Teya Casner (PGY-2), Rob Bechtel (PGY-2), Elliot Welder (PGY-2), Perry Lee (PGY-2), and Taylor Roth (PGY-1) were among the residents who manned the Rampart medical area 8/27-9/4/2017 at Burning Man. Medical residents had the opportunity to manage and treat a wide variety of toxidromes, orthopedic injuries, and burns.



Drs. Teya Casner (PGY-2) and Elliott Welder (PGY-2) provided care for attendees of Burning Man 8/28-9/4/2017.

Congratulations to **Dr. James Preddy** for reaching >1 million views on his [review of upper extremity anatomy](#). (Part 2 [here](#).) Dr. Preddy, in addition to being a beloved clinical assistant professor for UNLV-Las Vegas Emergency Medicine Residency, is also an experienced anatomist. Each shift worked with Dr. Preddy is a lesson not only in clinical medicine but also in its fundamental anatomical basis. Check out some of Dr. Preddy's other educational videos [here](#).

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

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!



Leadership & Advocacy Conference

May 20-23, 2018 | Washington, DC

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.](#)



Welcome New Members

Sarah L Welsh, DO
Stephan Mussehl, DO

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