A Newsletter for the Members of the Nevada Chapter - Fall 2022
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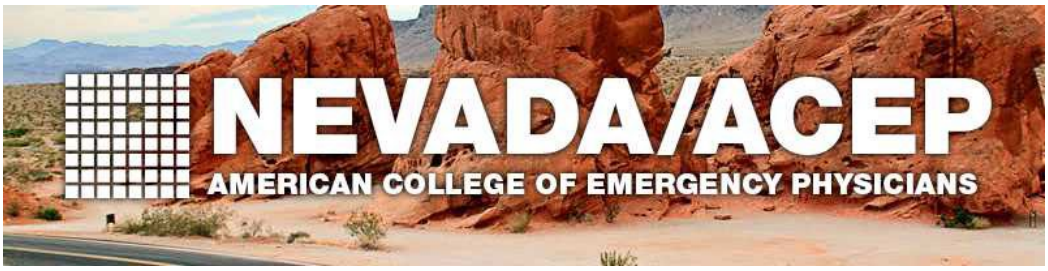

In this Edition

President's Message
Brian M. Trimmer, MD, FACEP

I hope many of you were able to attend ACEPs Scientific Assembly. The ACEP Council Meeting met just prior to the assembly and Nevada was fully represented. The Council Meeting meets to discuss resolutions that guide policy development and activities of the College.

Topics discussed included reproductive health, substance abuse and addiction, corporate medicine, workplace violence and the practice of mid-level providers. There were a broad range of opinions and sometimes the discussion was heated, but as Emergency Physicians have a unique ability to do, conflicts were resolved, and the most democratic solutions were reached.

I personally found the discussions surrounding substance abuse and addiction quite interesting.I think we can all agree that substance abuse and addiction is a major problem in the United States that impacts our practice daily. Overdose is a leading cause of death and despite efforts this is only worsening. Of course, the roots of the problem are multifactorial, but we as Emergency Physicians can make a difference in the lives of these patients. Emergency medication-assisted treatment (MAT) is a powerful tool that we must help our patients and has been demonstrated to improve survival and retention in treatment. This year ACEP adopted a resolution supporting Buprenorphine as an essential medicine.

If you have not already done so, I would highly encourage you apply for the DEA x waiver exemption. This process is no longer burdensome and will likely take you less than 5 minutes to complete. To apply for your x waiver, click this link https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php. Undeniably, getting x waivered is simply a starting point and Nevada ACEP encourages you to

develop a protocol with your hospital to include ED initiated MAT, peer support, and close outpatient follow up if not already in place.

I appreciate everything that each and everyone of you do daily. Your effort truly makes a difference.

Below, is a message from a Nevada PhD candidate who is conducting a survey on the perspective of emergency physicians regarding opioid use disorder.

Over four thousand patients with Opioid Use Disorder present each year to Nevada Emergency Departments, and almost 500 Nevadans die each year from opioid overdose. I need your help to better understand what can be done to stop this. This brief survey focuses on exploring treatments for opioid use disorder from the perspective of emergency medicine physicians (University of Nevada, Reno IRB #1861327-3). Please take a moment right now to follow this link to complete the survey (you could also win one of twenty-five $20 gift cards at the end of the survey):

Thank you for your help. I appreciate you taking the time to complete this survey.

Sincerely,

Olufemi Ajumobi, MD, MPH
PhD Candidate
School of Public Health
University of Nevada, Reno

Council Meeting Summary
Jacob M. Altholz, MD

This year's ACEP Council Meeting was a busy one. Numerous resolutions regarding social issues were presented to the floor including many referencing reproductive healthcare, drug decriminalization, and heavily debated topics regarding the workings of the Council itself.

Nevada itself has four delegates allotted annually with four alternates, a number proportional to the membership of Nevada within ACEP. Residents were directly represented by the Emergency Medicine Residents' Association contingent with eight fully credentialed delegates at any given time, EMRA itself an author on many resolutions debated on the floor.

Heated debate was had around reproductive healthcare and specific wording, careful consideration given to which healthcare practices fall into the lane of Emergency Medicine and which lie elsewhere. Still, ACEP adopted a position that ultimately supported an equitable access to care wherever a patient may live. Many nuanced debates about the bylaws and the procedures for the council were had, many being referred to the Board of Directors for further consideration.

Residents made up more than just the EMRA delegation per usual. Residents sat on numerous delegations including California, Government Services, and the

EMRA delegation itself contained one resident from UNLV. For many it is their first heavy dive into organized medicine. For others, it represents a natural progression of a career of advocacy for their colleagues and their patients. EMRA Representative Council came only days after ACEP Council, reproductive healthcare once more a hot topic as well as provider and staff safety.

Elections also occurred this year, a new cycle of leadership for both ACEP and EMRA. Dr. Gillian Schmitz, well known for her passionate testimony on the Council floor transitioned into her new role as the Immediate Past President of ACEP with Dr. Christopher Kang taking over the reins. Unopposed but not without massive support, Dr. Aisha Terry was elected to her role as the President-Elect.

Legislative Update
Cha-Cha-Cha-Cha-Changes....in EM
Bret Frey, MD, FACEP

Trying to Face the Strain
One thing you can always count on: change. So many things have changed or will change soon in EM. Can make one's head spin for sure. Seems like insult to injury following a pandemic where we have gone from heroes to zeros in the eyes of many lawmakers.

Let's consider a few top of mind issues.

Balance Billing
State of NV: AB469
Well, we fought hard at the state level and the insurance companies will tell you that "the patients won" which is a euphemism for their victory. The reality is insurers wanted more leverage in the market to ratchet down contracts and force us to the arbitration table. They succeeded, and we are already seeing many major insurers across the states display shenanigans openly. Arbitration is not cheap, and we often must pay more than the service is worth to adjudicate the dispute. We get the money back if we win, but what a mess. Trouble is that if we don't participate in the process, we are in danger of allowing the market to collapse over time and with it your compensation (for services already rendered mind you). AB 469 does not apply to ERISA plans unless they "opt-in" which almost none of them have, even though most of them sat in the insurers camp during debate.

Federal: No Surprises Act
This one was full of surprises. First, the "patient centric" bill was passed after ACEP fought hard to include some critical provisions on payment considerations only to have the regulators completely screw the pooch (as my aussie friends like to say). Even the authors of the law asked the regulators to go back to the drawing board. What ultimately came out is a little better but still skewed in the favor of insurers, who frankly have better lobbying power that doctors and hospitals. The federal arbitration process is like the Nevada process. Difference is that disputed claims already run into the "well over 100k nationally" and climbing. We have yet to see where this will go, and yes, it is affecting cash flow in EM and other specialties across the land.

Note: The state law supersedes federal law only if HHS deems Nevada's process meets or exceeds the federal requirements of dispute resolution in non-ERISA, non-CMS payor claims. Most larger ERISA plans in Nevada such as Culinary have not "opted-in" to AB469

Action Item: Please report all contract cancellations and non-renewals to the Division of Insurance as they are mandated by law to track them. This is the only decent report feature we were able to get in the legislation. Also ask your leadership to rigorously fight substandard payments through the arbitration process. The alternative is you work harder for less compensation for the rest of your career.
Documentation

The single biggest change to the way we are compensated will start January 1st, 2023 in the form of new coding E/M guidelines issued by CMS. Unless you are prepared for this significant change in documentation, you will be left behind and suffer the financial consequences.

Main broad-brush strokes here. The CMS goal was to "get rid of the junk". Parts of the note that didn't contribute much to care and are essentially just adding to "note bloat". Come January, almost everything BUT the MDM and procedures sections of your note won't matter to the coder. It will matter to the reader, mainly other practitioners. Keep in mind that your patients have real time access to your notes now (MyChart etc) and it is important to have the entire chart reflect the visit well. In this new construct, it's all about the COPA. Not the cabana mind you (now digressing and thinking about my next vacation). The "Complexity of Problems Addressed" is the key to unlocking your best coding for the visit. Safe to say we could be our own worst enemies here if we fail to document all we did for the patient. All diagnostic possibilities, and tests we considered but did or didn't do (yes, we get credit for not doing a test because we conveyed why it is not needed…PERC, Wells, HEART, PECARN, etc).

Action Item: Many of you are already receiving preliminary guidance from your respective coding and billing vendors, some internal and some external. Read them. Re-read them. Study them, practice them, implement them BEFORE this goes live. The house of EM cannot afford yet another blow to our market while insurers dance and sing. Best to "load the boat" with the MDM section reflecting all your thoughts about DDx, conversations with specialists, caregivers, family members, EMS, Case Managers, Social Workers, Behavioral health, Pharmacy, and many more. Also consider ability of your patient to adhere to the plan of care with respect to social determinants of health such as food, housing, and access to care insecurities.

Access to Health Care, Med Mal and Nevada's Doctor Shortage
Unfortunately, Nevada remains near the bottom in many categories such as physicians per capita. Many specialties are especially underrepresented, and this places more burden upon those doing the work. Many folks who are currently uninsured have yet to sign up for a PPACA compliant product after all these years (Obamacare is now 13 years old).

Access is particularly tied at the hip to Med Mal issues. We are constantly pressured to "appropriately utilize" the system, avoid unnecessary (social etc.) admissions, and somehow get folks where they need to be…to the right specialist or PCP in a timely fashion, SNF, Rehab, Psyche hospital, Group home, home with home health, etc. etc. We are not magicians and none of these dispositions are without risk or significant work. Access is simply a huge challenge for a significant number of Nevadans and is unlikely to change in the short term.

No doubt in 2023 the Plaintiff Attorneys will try to pierce the current med mal law ($350k pain and suffering cap) while staying silent on all the issues which play into our risk. Our best tool is doing the best we can for the patient within the system we

work when they don't qualify for transfer to a higher level of care, and don't qualify for admission. The system unfortunately does not hold you harmless when you do all the right things, but it may penalize you more for not documenting all the right things you did.

Action Item: Ensure your system has a way to identify those folks who don't have an insurance product yet qualify for one, especially Medicaid. We must get as many people into an integrated primary care setting to avoid medical disasters downstream such as admissions to the ICU (DKA, CHF, COPD, etc). Report significant access issues that result in bounce backs to your hospital leadership as this will help them at the government affairs and NV Hospital Association levels. Our legislators still paint a rosy picture about the current state of access so they can avoid the harder and larger questions their constituents have.

Tying it all Together
Do what you document and document what you do. Palindromic words to live by in 2023.

We will not have a fighting chance at the state or federal arbitration table without stellar documentation. We will not receive an appropriate service level if we are not attentive to the COPA, addressing those "extra multiple c/o issues" we sometimes in the past would shy away from as we focused on the "chief complaint". We have an opportunity to improve our documentation as our best defense against a ravenous med mal system that is poised to potentially worsen in the coming session.

We often are anxious about change. Let this season be one full of change in our documentation and overall practice for the better. Taking on these challenges will not be easy, but I suspect it will make us all more mindful of our practice, and this may just translate to better patient care.

We shall see.

Join us in congratulating a new FACEP!

Brian M. Scheele, DO, FACEP

Welcome Members!

A special welcome to the new members of the Nevada Chapter and to those that renewed their membership. Please reach out if you would like to become involved at the chapter level, including leadership opportunities.

We are excited to have you!

Cong Huy Nguyen Le	Elizabeth A. Groesbeck
Erika Assoun	Hannah Miller
Jake Bauer	Natalie Marie Zaharoff, DO
Sara Hanneman	Shawn Christopher Slattery
Taylor B. Myatt, MD	

FROM NATIONAL ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Resources & Latest News

ED Boarding: Advocacy on the Front Lines: ACEP launched an advocacy and public awareness campaign to sound the alarm on the ED boarding crisis.

- The campaign centers around more than 100 boarding stories sent in by ACEP members that paint a picture of the grim situation in many EDs across the country.
- Your stories formed the heart of the letter ACEP sent to the White House on Nov. 7, cosigned by 34 health care and patient advocate organizations.
- In the latest regulatory blog, ACEP Senior Vice President for Advocacy & Practice Affairs Laura Wooster provides a progress report on these efforts and previews next steps.
- ACEP continues to collect stories. Submit yours via this anonymous form.
- Visit our new ED Boarding resource page to view the stories, read the advocacy letter and get talking points on the issue.

Prepare for the potential pediatric tripledemic: ACEP's Pediatric EM Committee has pulled together some resources to help.

- The Pediatric Tripledemic: How to Survive presented by Annalise Sorrentino, MD, FACEP
- Managing RSV and Bronchiolitis presented by Christopher Amato, MD, FACEP, and Jessica Wall, MD, FACEP
- Managing Difficult Pediatric Airways: In this episode of ACEP Frontline, Dr. Al Sacchetti reviews the approach and management of difficult pediatric airways.

CMS Finalizes Requirements for Rural Emergency Hospitals: Will any Hospitals Convert to this New Facility-type Next Year? In Regs & Eggs this week, get ACEP's analysis of the final REH policies and whether they will improve access to care.

The 2023 Physician Fee Schedule Final Reg-- Highlights and Analysis: Two major Medicare final rules were recently released, including the 2023 Physician Fee

Schedule that has a big impact on reimbursement. ACEP's regulatory team analyzed 3,000+ pages of content and wrote a special edition of Regs & Eggs.

New Data Underscores Cost and Health Outcome Concerns with Independent Practice: We know that everyone on an emergency care team is integral and valued. But our experience shows that nobody else has the training or expertise of an emergency physician. As lawmakers and administrators evaluate whether to empower nurse practitioners and physician assistants beyond the scope of their training, new data from Stanford University reinforces our reservations about exposing non-physician practitioners to responsibility they are not prepared to assume. Read more in the November ACEP Board Blog.

Childcare challenges + solutions: ACEP's Young Physicians Section convened a panel of YPs who utilize au pairs, nannies, at-home daycares and more. View the episode and related resources.

Dangerous toys? ACEP's smart phrase library has a new addition related to consumer product safety to help with reporting injuries from commercial products. View all smart phrases.

ACEP4U: Making it Easier to Find Your Crew with ACEP's New Member Interest Groups!

Honor Outstanding Medical Students with ACEP/EMRA Awards: Make sure standout students get recognized for going above and beyond! The deadline is Jan. 8 to nominate a 4th year EM-bound medical student for the ACEP/EMRA National Outstanding Medical Student Award. Learn more.

EMF Grant Cycle is Open, Set to Award $1.5 Million in Funding: Get those grant applications ready! The Emergency Medicine Foundation is set to award $1.5 million in grants, with opportunities covering a wide range of critical EM research topics. This cycle includes seven new grant categories. Apply by Jan. 20, 2023.

From the CDC: CDC Releases 2022 Clinical Practice Guideline for Prescribing Opioids for Pain: The new CDC Clinical Practice Guideline for Prescribing Opioids for Pain–United States, 2022 (2022 Clinical Practice Guideline) provides 12 evidence-based recommendations for primary care and other clinicians who provide pain care, including those prescribing opioids, for outpatients aged 18 years and older with acute, subacute and chronic pain. Read more on the CDC's website.

Upcoming ACEP Events and Deadlines

Dec. 14: Virtual Grand Rounds: Advanced Ultrasound-Guided Nerve Blocks
Jan. 8: Deadline to nominate a 4th year EM-bound medical student for the ACEP/EMRA National Outstanding Medical Student Award
Jan. 17: The Nuts and Bolts of Physician Reimbursement 2023
Jan. 20: Deadline to Apply for an EMF Grant
March 31-April 3: ACEP's Advanced Pediatric EM Assembly
April 13-15: EM Basic Research Skills, Session II

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