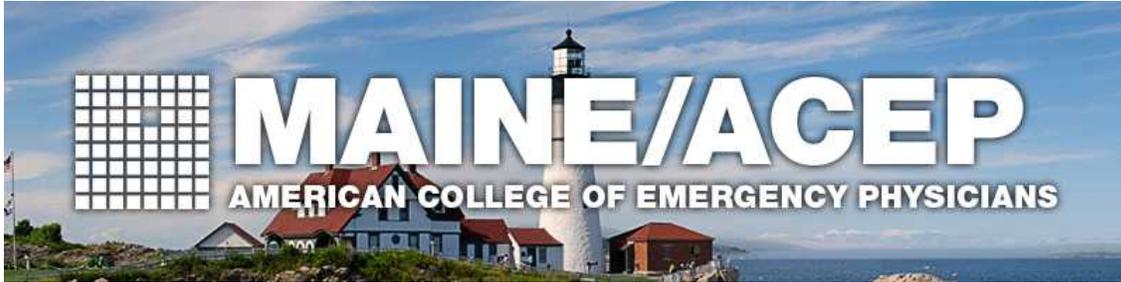


A Newsletter for the Members of the Maine Chapter

Winter 2017



**Thomas C. Dancoes, DO, FACEP, President**

**[Maureen Elwell](#), Executive Director**

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## **From the President Thomas Dancoes, DO, FACEP**

Happy Winter! As I sit to write this I realize this is my last letter to you as president. I want to thank you all for the support and help that you've given me and each other. If you had the opportunity to attend our winter meeting in Portland, you heard the presentation regarding peer support. I don't believe that there is a specialty in the medical field more in tune with the need to provide support to our colleagues when the job gets tough. We here at Maine ACEP are here to support you. The presentation was an introduction to what we hope will grow into a robust group that will provide support to our members over the coming years. Those of you who are interested in helping to support your colleagues are encouraged to contact Maureen or myself. Many thanks to Christine and Marcus for their excellent presentation.

We have accomplished a lot over the past two years. Our state chapter has grown and progressed in many ways. We now have nearly 250 members and are consistently holding our membership above the 200 mark.

We have started the membership, communication and legislative committees, which have begun to make noticeable changes in our organization.

A lot of work has been done to improve the treatment of both our psychiatric patients and those suffering from substance use disorder.

Thank you to all our members for being in Maine and improving the quality of Emergency Medicine in our state.

I look forward to seeing all of you at our meeting on March 8th at 6pm at Sugarloaf in Carrabassett Valley, which is being held in conjunction with the Emergency Medicine Winter Symposium. Remember to stretch out and take a few warm-up runs before the Ski and Snowboard race on March 8th from 11:00-12:30. The course will be setup on Boardwalk Run next to the Double Runner chair. Everyone, including family members, are encouraged to get out on the course and have some fun!

Cheers,

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## **Council Corner**

### **Garreth C. Debiegun, MD, Councillor**

#### **INTRO**

Greetings from a big year in Las Vegas, with a record number of people here at *ACEP16* (formerly known as Scientific Assembly): over 7200! Not as many from Maine as last year, but it's quite a bit further away (and it feels far as Portland had its first frost while we were here, but the desert is 90). Remember the Council corner format. Installment 1 (first newsletter after council meeting) will have the Clinical Council Pearls: a small description of how ACEP or the council works AND a small numbers update on some ACEP component. Each of the subsequent three newsletters will highlight a proposed resolution in the SBAR (Situation, Background, Assessment, Recommendation) format to demonstrate how the council works & how it has guided ACEP.

#### **CLINICAL COUNCIL PEARLS**

Many people wonder what it means to be the ACEP president or the Board of Directors (BOD), let's elucidate. The BOD is a group of 12, elected by the council, to serve as the primary policy makers for ACEP. Specific tasks (such as new clinical policy development, NEMPAC

management, EMF management, or public relations) are accomplished by task forces, or committees but nearly all of these have a BOD representative. The council votes on important issues with a broad scope; the BOD determines more specific actions based on the council's guidance. BOD terms are 3 years and are term limited to 2 terms.

The ACEP president is elected from the BOD by the council. Any BOD member may run, but typically it is a senior BOD member on a second term. Once elected, the BOD member spends one year as the president-elect, then one year as the president, then a year as the immediate-past-president; each year has specific duties. The president is an active BOD member but also serves as a primary "voice of the college" role, speaking to the press, representing ACEP to government and the college members (President Gerardi visited Maine last year).

#### **ACEP BY THE NUMBERS**

Last year we reviewed EMF, the Emergency Medicine Foundation. NEMPAC, the National Emergency Medicine Political Action Committee is our voice in DC. Our political system is experiencing rough times, but we still need to be there speaking on behalf of our specialty and our patients; NEMPAC does that for us. NEMPAC was founded in 1980 and has grown to be the 4th largest medical specialty PAC, raising about \$1 million per year. NEMPAC supports candidates from all political parties. The NEMPAC Board of Trustees, comprised of ACEP members, approves a candidate budget for each election cycle. Evaluation criteria is based on the candidate's or Member's support of ACEP's legislative priorities. Other factors considered include the member's committee assignment, leadership position and difficulty of his/her election campaign. We also rely on the input of ACEP state chapter leadership, individual 911 Network members, and NEMPAC supporters when evaluating open seat and challenger races.

85-90% of the councillors donated to NEMPAC raising about \$290,000 this year. 100% of the Maine councillors donated. Thus we were entered into a raffle and won access to the VIP lounge at ACEP!

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## **Maine ACEP Calendar Notes: Meetings and Educational Events**

**March 8, 2017 at 6:00 pm**

Chapter Meeting, in conjunction with the Emergency Medicine Winter Symposium  
Grand Summit Hotel, Sugarloaf

**March 12-15, 2017**

*Leadership and Advocacy Conference*

Washington, DC

**June 22, 2017 at 4:30 pm**

Chapter Meeting

Cabbage Island Lobster/Clam Bake

Boothbay Harbor

**September 9, 2017 at 2:00 pm**

Chapter Meeting, in conjunction with the Maine Medical Association's Annual Session

Bar Harbor

**October 30-November 2, 2017**

*ACEP 17*

Washington, DC

**December 13, 2017 at 1:00 pm**

LLSA Articles Review

Portland Regency Hotel

Portland, Maine

**December 13, 2017 at 5:00 pm**

Chapter Meeting

Portland Regency Hotel

Portland, Maine

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## Clinical News

### **CT Can Indicate Mortality Risk in Elderly with Trauma**

**NEW YORK (Reuters Health)** – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

[Read More](#)

### **HCV Infections Less Prevalent than Previously Estimated**

**NEW YORK (Reuters Health)** – The global estimate of hepatitis C virus infection (HCV) is lower

than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.

[Read More](#)

#### **Free CME for Reading Annals of Emergency Medicine's Practice and Clinical Updates**

Earn CME credit while reading the number-one journal in our specialty. Each month, a new Annals of...

[Read More](#)

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## **Diversity and Inclusion: Our Chapters, Our Duty**

### **Ryan P. Adame, MPA, CAE**

#### **Deputy Executive Director, California ACEP**

#### **Chair, ACEP Chapter Executives Forum**

#### **Member, ACEP Diversity & Inclusion Task Force**

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read "diversity" and "inclusion" because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices

and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty’s diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

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## **New Congress, New Administration, New Challenges**

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

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.

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.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

## ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department



The graphic features a central image of the US Capitol building with a blue stethoscope overlaid. To the right, there are three smaller photos: the top one shows a man in a suit talking to a group of people in an emergency department; the middle one shows a man in a suit talking to a woman in a red dress; the bottom one shows a group of people in an emergency department. A large red number '59' is prominently displayed, with the text 'NEW MEMBERS OF CONGRESS' underneath it.

**Congress is shaping the nation's delivery of health care**

CONTACT JEANNE SLADE IN THE  
DC OFFICE: JSLADE@ACEP.ORG

ACEP will work with your schedule & provide visit materials.

[www.ACEPAdvocacy.org](http://www.ACEPAdvocacy.org)

Go to the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

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## Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

### EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click [here](#) to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more!

This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

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## Welcome New Members

Sean Bilodeau

John Forrester

Jack Christopher Lewis

Jessica Patel

Danielle A. Sultan

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