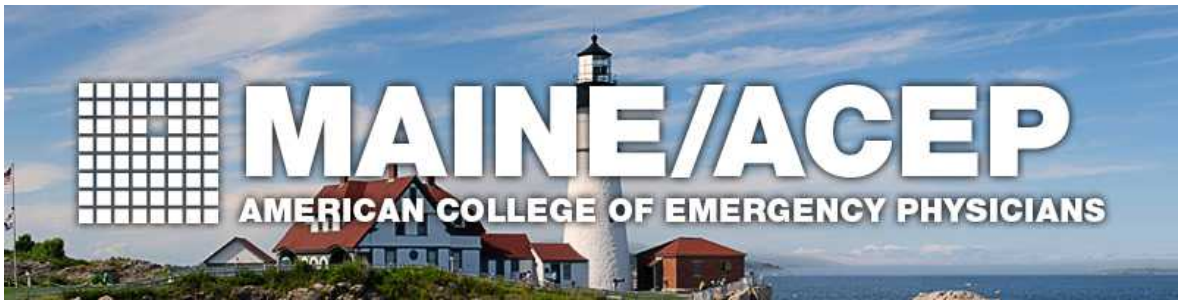
A Newsletter for the Members of the Maine Chapter

Spring 2018



James B. Mullen, III, MD, FACEP, President

Cathryn R. Stratton, Executive Director
Phone: 207.592.5725

From the President
Jay Mullen, MD, MBA, FACEP

Dear Colleagues,

Well, we made it through another winter, and with temperatures forecasted to be in the seventies or even higher, we can hope that mud season will be a short one. There has been a great deal of activity to report on.

First Annual EM Leadership Summit
With leadership from more than half of all of the emergency departments in the state, we enjoyed an interesting and lively couple of hours together at Sugarloaf in March. Dr. Paul Kivela, President of National ACEP, and Dr. Mark Fourre, emergency physician and CEO of Pen Bay and Waldo Hospitals spoke with us about the challenges facing emergency departments, hospital leadership and the health care community. The feedback from the summit has been strongly positive, and we are considering where and when to hold our next summit.

Dr. Kivela was especially impressed with the energy and talent of the Maine EM leadership. He highlighted some of our colleagues' work in helping to start patients on buprenorphine from the ED in an interview he had with the New York Times.

Membership
246 emergency physicians are active members of Maine ACEP, close to an all-time record! We have firmly established our claim to another seat for a representative at the ACEP Council, making sure that our Maine voices are heard.

Executive Director
As many of you already know, our long-time Executive Director, Maureen Elwell, received a fantastic promotion in her full-time work, resulting in a need to step back from her work with our chapter. Moe was instrumental in helping to transition us to our new Executive Director, Cathy Stratton. Cathy has done a fantastic job of jumping right in. She is smart, fun and exceptionally well organized! Please join me in welcoming her.

Competition is heating up
Many of us have experienced, or will soon experience, for-profit groups coming into our communities offering imaging centers and/or urgent care. ConvenientMD, a NH based group, has already opened nearly 16 urgent cares in New Hampshire, Massachusetts and Maine. By years end, they will have locations in Westbrook, Portland, Bangor, Brunswick, Waterville and Lewiston. This new competition, and competition from retail clinics is happening at a frenzied pace in other parts of the country but is relatively new for us here in Maine. I've written a column for publication in the local paper to help patients decide if they need the ED or can go to a Walk In Clinic or Urgent Care. If you are interested in submitting it to your local paper as a co-authored piece, I'd be delighted to work with you on revising for your community.

Next Meetings
Meeting dates and online registration links are listed below. The links will help you access meeting information and register for the meetings. I hope to see many of you at the upcoming events.

As always, thank you for all that you do to make sure that every minute there is a well-trained physician ready to respond to any and every problem that presents to our doors, regardless of ability to pay, regardless of time of day.

Jay Mullen MD MBA FACEP

Maine ACEP President
jmullen@bluewateremergency.com

From the Executive Director
Cathryn Stratton

Maine ACEP March Meeting and ED Summit: The 2018 March meeting of the American College of Emergency Physicians' Maine Chapter was held on March 7, 2018 at Sugarloaf Mountain Resort. The meeting happened on one of the winter's biggest snow storms, making travel difficult for many who had planned on coming just for the day. Despite this, we were pleased to gather with nearly 20 Maine ACEP members to discuss important developments in emergency medicine (see President's note for details), share a wonderful meal and partake in some of the best outdoor snow sports! Presentations at the ED Summit included Dr. Mark Fourre (A Seat at the Table), Dr. Jay Mullen (The State of Emergency Medicine), and Dr. Paul Kivela (ACEP) set the stage for ongoing communication and collaboration at this groundbreaking meeting.

Maine ACEP Elections: Annual elections take place at the March meeting each year. President, Dr. Jay Mullen and Vice-President Garreth Debiegun are now serving the second year of their two-year terms. Dr. David Stuchiner was again elected treasurer (2-year term) and Drs. Garreth Debiegun and Tom Dancoes were elected to 3-year Councillor positions, joining Dr. Charles Pattavina who is currently serving the second year of a 3-year term. Drs. Jay Mullen, Thomas Dancoes and Marcus Riccioni were each elected to fill 1-year alternate councilor positions.

Leadership and Advocacy: "The 2018 Leadership and Advocacy Conference (LAC) will celebrate emergency medicine's accomplishments and continue to work for a better political environment for our specialty and our patients." The Maine delegation will participate in this year's program and spend some time with Members of Congress discussing challenges and highlighting key issues facing Maine's emergency physicians. This leadership opportunity is available to all emergency physicians. You can join emergency medicine leaders in Washington DC or participate in the upcoming Maine Leadership and Advocacy conference call (date and time TBA).

Cathryn Stratton, Maine ACEP Executive Director

cstratton@mainemed.com
(207) 592-5725

Do I need the Emergency Room of the Walk In Clinic?
By Jay Mullen, MD, MBA, FACEP

The best way to stay healthy and well is to have a primary care physician (PCP) who will provide routine and preventive care to meet your personal health needs. Through regular check-ups, problems can be caught early and treated, preventing them from becoming chronic concerns. When you are experiencing an ailment or health concern that you don't think is life threatening, it is always best to contact your primary care physician first.

If you cannot get in to see your own doctor, or don't have a primary care provider, a walk-in clinic or urgent care facility is a great option for care. Local urgent care facilities or "walk-in clinics" offer expert care for minor medical problems such as cuts, sprains, coughs, and minor burns or infections. The minor ailments or injuries can often be treated more economically, and just as effectively, at a walk-in clinic, rather than at a hospital emergency department.

Emergency Departments, like the modern facility at your Hospital, are staffed by board certified physicians with extensive training in the management of life threatening problems like uncontrolled bleeding, heart attacks, strokes and severe infections. If you or someone you love seems to be having an emergency, you should call 9-1-1 for Emergency Medical Services (EMS).

Life-threatening conditions include:

- **Signs of heart attack**: discomfort in the chest or other areas of the upper body, shortness of breath, sweating, nausea, or lightheadedness
- **Signs of stroke:** face drooping, arm weakness, speech difficulty, sudden numbness or weakness of the face, arm or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; and sudden severe headache with no known cause.

- **Loss of responsiveness: fainting, passing out, or no response to shaking and shouting.**

EMS teams are ready to provide lifesaving care to those in need 24 hours a day, seven days a week. Access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury. If you have any question about the severity of an emergency, call 911. EMS teams can save lives in critical situations.

Here is a guide that might be helpful if you aren't sure whether the ER or WIC is the right choice:

A cut:

- The cut is less than ½" deep, bleeding is fairly easy to control and isn't associated with loss of function => HEAD TO THE WIC
- The cut is more than ½" deep, involves the lips, or eyelids or has bleeding that is not easily controlled with pressure => HEAD TO THE ER

Musculoskeletal injury like a sprain or broken bone:

- The injury is not associated with an obvious deformity, or loss of function => HEAD TO THE WIC
- The injury does look deformed suggesting a broken bone or dislocation => HEAD TO THE ER

A cough:

- You are less than 70 years old and not experiencing significant shortness of breath or difficulty breathing => HEAD TO THE WIC
- You are over 70 years old, are experiencing severe shortness of breath or are coughing up bloody or frothy sputum or are having a high fever => HEAD TO THE ER

A blow to the head:

- You are less than 65 years old, not on any blood thinning medication, did not lose consciousness or experience prolonged confusion or vomiting => HEAD TO THE WIC

- You are over 65 years old, are on blood thinners, are experiencing prolonged confusion, vomiting or have not returned back to baseline => HEAD TO THE ER

A burn:

- Burns on any part of the body except the face, and the burn is less than 6 inches in diameter => HEAD TO THE WIC
- The burn involves your face or has left the skin leathery or charred => HEAD TO THE ER

Jay Mullen, MD, MBA, FACEP, is the Chief of Emergency Services at Mid Coast Hospital in Brunswick, Maine and the President of the Maine Chapter of the American College of Emergency Physicians.

Resiliency, Stress and Burnout
By Cathryn Stratton, Maine ACEP Executive Director

ACEP President, Dr. Paul Kivela, MD, MBA, FACEP noted in his recent visit to Maine that 45-50% of emergency medicine physicians are experiencing burnout. Operational challenges, increasing patient visits, limited resources, and changing performance measures are just a few of the challenges that emergency physicians navigate daily. Add to this complex equation, the personal stress of families, child care, elder care, self-care, management of finances, and it becomes clear why so many are at risk. Stress can be motivational, but what can be done when it becomes heavy and impacts your emotional reserves?

Sometimes medical professionals in Maine struggle silently with behavioral health and substance use illnesses. Over the past 10 years as Program Manager for the Medical Professionals Health Program, I had the opportunity to work with many physicians, nurses, pharmacists, dentists and veterinarians, some of whom struggled with these issues, and some of whom dedicate time to helping support their colleagues. One truth I came to understand, is that we are all working to find meaning in the struggles we have and to use our talents and gifts in meaningful ways. Overcoming adversity is often more about available reserves and resources than the nature of the adversity itself.

From time to time, the mechanisms we rely on - intellect, whit, tenacity, spirituality – are

not enough. Even successful men and women with strong spirits and beautiful hearts struggle with change, substance use, and behavioral health – its impact is nondiscriminatory. Wellbeing doesn't have a pulse and there isn't a toxicology test to diagnose burnout. Perhaps the most helpful measure we have is resilience. According to the American Psychological Association (APA),**resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.** There is currently no gold standard for assessing resiliency though the table below lists some of the factors believed to contribute to resiliency. Difficulty with any of these factors can have an impact on behavioral health and wellbeing. Like many other preventive healthcare measures, being proactive with regards to awareness, screening and treatment is both empowering and life-saving.

Resiliency Predictive Factors

- **Vision**: This factor relates to an individual's perception of self-efficacy, sense of purpose, and goal setting
- **Composure**: This factor is about self-awareness and emotional regulation; having the ability to recognize, understand, and act appropriately on internal prompts and physical signals
- **Tenacity:** This factor relates to an individual's perseverance and hardiness
- **Reasoning:** This factor is related to problem-solving, resourcefulness, and growing through adversity
- **Collaboration:** This factor is exhibited in how an individual relates and interacts, including having secure attachment, support networks, and humor
- **Health**: This factor considers the effect of chronic health issues affecting mood; health issues can include posttraumatic stress disorder, anxiety, and negative health outcomes

"The Predictive 6-Factor Resilience Scale: Neurobiological Fundamentals and Organizational Application." **The Predictive 6-Factor Resilience Scale: Neurobiological Fundamentals and Organizational Application, Researchgate, May 2016**.

Developing a self-care plan can do a lot to mitigate the effects of stress, fatigue and burnout. Take a few moments each day to assess your own resilience. What brings you joy? What boundaries help bring balance and build healthy habits? What activities, hobbies, connections and practices are nurturing you and contributing to your health and wellbeing?

Upcoming Meetings:

May 20-23, 2018
ACEP Leadership and Advocacy Conference
Washington, DC
More information / Register

June 28, 2018
Maine ACEP Annual ACEP Lobster and Clam Bake
Cabbage Island, Maine
More information / Register

September 8, 2018
Maine ACEP Fall Meeting
Harborside Hotel, Bar Harbor, Maine
More information / Register

October 1-4, 2018
ACEP Scientific Assembly
San Diego, California
More information

December 12, 2018
Maine ACEP Winter Meeting and Holiday Gathering
Regency Hotel, Portland, Maine
More information / Register

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!

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 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

Derek Lubetkin
Michael Mozer
Travis Kaiser Jones

Maine Chapter ACEP, P. O. Box 190,
Manchester, ME 04351-0190