Mother Nature Exposes Maine’s Weaknesses
Jay Mullen, MD, FACEP, President, Maine ACEP

Mother Nature played her tricks on us again. In the middle of ACEP17 while many of us were away in Washington, DC, a hard-hitting storm struck the northeast. As a result, nearly two-thirds of Mainers lost power. 400,000 Mainers were without power for as long as a week, the largest outage in state history. Many of our hospitals were forced to run on emergency generators for days as crews worked feverishly to clear trees and downed powerlines. Hundreds of homebound frail elderly citizens that depend on electricity to run their life sustaining health equipment scrambled to find help, often landing in our Emergency Departments. At our shop in Brunswick, we had a handful of such patients essentially living in our ED for several days because they couldn’t get electricity for their oxygen generators.

Looking back over the last 6 years, the focus of the State has been to reduce the state’s electricity costs. As a result, we have the lowest average electricity retail prices in New England. As the saying goes, you get what you pay for. There has been public outcry that Central Maine Power’s lack of planning turned what should have been a short power outage
into a dangerously long one.

This lack of planning, however, is not unique to Maine’s power company. Every 5 years, ACEP produces an EM Report Card. Overall, Maine ranks 3rd best in the country, rising from 7th best in 2009. This stellar overall score, however, contains the fact that Maine ranks 49th out of 51 for Disaster Preparedness.

It seems that Central Maine Power is not the only critical Maine organization woefully unprepared for disaster. Maine received an F in this category because it has implemented very few elements of Disaster Preparedness planning at the state level. We need to institute state-level policies and procedures to provide guidance as well as enhance and support the current regionalized efforts. National ACEP also recommended that we need to create “…a statewide medical communication system with redundancy [to] help coordinate the emergency responses in the event of a disaster impacting multiple regions. The ability to communicate quickly and securely between responding agencies and units could prove critical to providing quick and appropriate care in the event of a large disaster or mass casualty event.

September ACEP Meeting in conjunction with Maine Medical Association’s Annual Session, in Bar Harbor

Thank you to all that attended our chapter meeting in Bar Harbor in September. Congratulations to Charlie Pattavina, MD for a term well served as President of the Maine Medical Association.

A special thank you to National ACEP Executive Director, Dean Wilkerson, JD, for traveling all the way from Dallas, Texas to participate in both MMA’s Annual Meeting as well as Maine ACEP’s Chapter Meeting. Thank you to Brian Zink, MD, Chair of Emergency Medicine at Brown University, who gave a presentation about leadership and professionalism. What an honor to have these two great leaders visit our state and share their knowledge and expertise.
On Sunday morning, the Maine Medical Association held its annual Edmund Hardy Road Race. The winner was our very own Garreth Debiegun, MD, with Charlie Pattavina, MD, not far behind!
Maine was well represented at the ACEP Council and at the conference. Dr. John Rogers, from Georgia, was voted in as the new president-elect. He has been a stalwart champion of emergency medicine in rural states.

Maine Delegation: Jay Mullen, MD, Tom Dancoes, DO, Garreth Debiegun, MD, Maureen Elwell, Chapter Exec, Charlie Pattavina, MD, & Guy Nuki, MD

Key Dates to put on your calendar:

March 6-9, 2018 MMC’s Sugarloaf Winter Symposium and ACEP Chapter meeting. ACEP President Paul Kivela, MD, FACEP will be joining as we also launch Maine’s first ever EM Leadership Summit on March 7, 2018. For the first time, we are going to try to get leadership from every ED in Maine together to learn from each other and perhaps coordinate our efforts to improve emergency medicine across the state.

May 20-23, 2018 ACEP’s Leadership and Advocacy Conference in Washington DC

June 28, 2018 Maine ACEP chapter meeting on Cabbage Island, Boothbay Harbor.
Two years after the nearly miraculous successful retreat by the British army from Dunkirk, Prime Minister Winston Churchill remarked on the first actual British victory of the war by declaring, "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

We may be at a similar point in our legislative battles over balance billing and out of network reimbursement. In many states, policymakers that have been considering the issue for multiple sessions will look to address the issue once and for all. Thus, it will be important that we stand ready to engage an issue that continues to pose a threat to our specialty and most importantly, access to care for our patients. Certainly, we want to be paid fairly, but we also want to focus on making sure that insurer practices are not causing patients to delay receiving emergency care out of uncertainty as to what the insurer will pay.

ACEP has developed, and is continuing to refine, resources to help states engaging this issue. On our website you will find numerous documents that will be of help in working on this issue, including talking points, copies of written testimony produced in a number of states, information on why Medicare is not a sound benchmark for determining reimbursement, and many other materials. I would encourage you to take a look.

Additionally, we have worked hard over the last two years to build relationships with other specialty societies and the AMA, based on shared consensus principles and solutions documents that are included on the website, that have helped us collaborate on these issues. In most states that we have engaged, the national collaboration has helped with building alliances at the state level, with the result that the house of medicine has been largely united in our response to legislation. In addition to fighting off bad legislation, we have looked for opportunities to promote positive legislation on the issue, and model legislation has been developed to that end. In addition, to our collaboration with other specialties, another outside organization, Physicians for Fair Coverage, has been formed and has helped to provide and coordinate resources in this fight.

At the time of this writing, we are also working on developing regional teams of experts that can help provide assistance in terms of legislative interpretation, understanding financial impacts, and advocacy. These should be in place by the time 2018 sessions begin.
We believe that as many as 25 states will see significant efforts by legislatures to address balance billing and out of network legislation this year. If you are facing it in your state, reach out to me via email or at 972-550-0911, ext. 3204.

In addition to balance billing and out of network issues, there will be many other important issues to address in the coming year. The prudent layperson standard remains under attack in many places by both Medicaid and commercial payers. The opioid epidemic continues to be a critical public policy concern. Of course, what the federal government does about health care, and how that filters down to the state level, promises to require our attention. This will be a busy year at the state house!

ACEP – You make 50 look good!

As we wind down 2017, we kick off a year-long celebration of ACEP’s 50th anniversary starting January 2018. Plan to participate in social media campaigns that highlight the highs, lows and life-changing moments in EM. Get hyped for a historical timeline following the history of our specialty as well as anniversary-themed podcasts. Watch for anniversary editions of ACEP Now and Medicine’s Frontline in addition to proclamations from members of Congress and sister medical societies. Don’t forget to order copy of our commemorative coffee table book featuring the breath-taking photographs that capture a day in the life of emergency physicians collected by famed photographer Eugene Richards. Book tickets now to ACEP18 and our blow-out anniversary celebration in San Diego featuring an interactive history museum showcasing the journey of emergency medicine from battlefield to inner city to rural America to every spot in between.
As we enter 2018, we begin the celebration of 50 years of life saving and boundary pushing. Are you on call for 50 more?

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**Show Your Commitment to High Standards for Clinical Ultrasound**

You have the highest standards when it comes to your clinical ultrasound program. Show that commitment to your patients, your hospital, and your payers with ACEP’s Clinical Ultrasound Accreditation Program (CUAP). ACEP’s [CUAP](#) is the only accreditation program specifically for the bedside, clinician-performed and interpreted ultrasound. Now also available - accreditation for non-ED clinical settings, including freestanding EDs, urgent care centers and clinics. **Apply Today!**

Ensure safety and efficacy of patient care  
Meet ACEP’s high standards for point-of-care delivery  
Use your own policies or draw from expert-reviewed sample documents

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**Geriatric Emergency Department Accreditation Program**

ACEP is gearing up to accredit geriatric emergency departments. The [Geriatric Emergency Department Accreditation Program](#) will be accepting applications after the first of the year. There will be 3 levels of accreditation ranging from a minimal commitment to better elder care to a comprehensive well-rounded robust program. Accreditation shows your patients, your institution and your payers that your ED is ready to provide care to seniors and is a quality program that meets the high standards of the American College of Emergency Physicians. **Find out more.**

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**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. Read More

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**Policy Statements and PREPs Approved by the ACEP Board**

The following policy statements and PREPs were approved by the ACEP Board of Directors at their October 2017 meeting.

**Policy Statements**
- Medical Transport Advertising, Marketing, and Brokering – revised
- Clinical Emergency Data Registry Quality Measures – new
- Mechanical Ventilation – new
- Hospital Disaster Physician Privileging – revised
- Unsolicited Medical Personnel Volunteering at Disaster Scenes – revised
- Sub-dissociative Dose Ketamine for Analgesia – new
- Writing Admission and Transition Orders – revised
- The Clinical Practice of Emergency Medical Services Medicine – new
- The Role of the Physician Medical Director in EMS Leadership – new
- State Medical Board Peer Review – new
- Pediatric Medication Safety in the Emergency Department – new
- Distracted and Impaired Driving – revised

**PREPs**
- Sub-dissociative Dose Ketamine - new
- Writing Admission and Transition Orders – new

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**Welcome New Members**