

EPIC

EMERGENCY PHYSICIAN(S) INTERIM COMMUNIQUÉ

THE MAGAZINE OF THE GEORGIA
COLLEGE OF EMERGENCY PHYSICIANS

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Dear Colleagues,

I hope everyone has had an opportunity to enjoy some time with family and friends over the summer. For me, that included a couple's getaway to Barbados and a family trip to Mexico, where I had the chance to go scuba diving! Swimming through and under the towering coral formations in Cozumel was awe-inspiring. What struck me was not only their beauty, but the reminder that something so magnificent develops slowly, layer by layer over time. It reminded me that meaningful change rarely happens all at once. Small, sustained efforts, when directed toward a common purpose, can ultimately have an enormous impact.

That perspective has stayed with me as I think about the work we are doing together at the Georgia College of Emergency Physicians. It also reinforced something equally important: making time for family, friends, and ourselves is essential to sustaining our sense of purpose in this work.

Over the past several months, GCEP has continued to build on that philosophy, taking deliberate steps to strengthen our specialty and better meet the needs of emergency physicians and the patients we serve across Georgia. I want to recognize some of the leaders who have stepped forward to turn these ideas into action. John Bates McCutcheon has taken the lead with our Medical Directors' Consortium, bringing ED leaders together to tackle the operational challenges and mounting pressures they face. Daniel McCollum has been instrumental in developing our Education Masterclass, sharing the tremendous teaching talent we have in Georgia and helping all of us become better educators and mentors. Anwar Osborne has shown tremendous leadership in building our Leadership and Advocacy Fellows program, creating a pipeline for engaged, prepared leaders in our specialty. Finally, Alison Ruch is doing important work on reimbursement and payer advocacy, addressing complex issues like downcoding, payer accountability, and payments following No Surprises Act determinations. That work may feel far from the bedside at times, but it directly affects the sustainability of our practices and our ability to care for patients.

What I appreciate about each of these efforts is that they began with individuals recognizing a need and choosing to do something about it. None of these initiatives alone will transform emergency medicine in Georgia. But much like those coral formations in Cozumel, meaningful and lasting change is built over time. Each effort and each person adds another layer.

As we move into the next phase of our work together, I hope each of you will consider where you can add your own contribution. And just as importantly, I hope we continue making space for the people and experiences that sustain us. Looking ahead to the holidays, I'm excited for GEMLAC at Lake Oconee, with a record number of legislators joining us. That level of engagement is a real opportunity to strengthen relationships and advocate effectively for our patients and our specialty. I'm also excited about our Rural Emergency Medicine Conference, which continues to grow and strengthen connections among colleagues across the state. I look forward to seeing many of you soon and continuing to build that future together.

Sincerely,

Shamie Das, MD, MBA, MPH, FACEP
President

GCEP IMPACT AT THE 2026 ACEP COUNCIL

One of the things I continue to appreciate about organized medicine is that meaningful influence often comes from people who are willing to do the work long before anyone sees the outcome.

In the weeks leading up to the 2026 ACEP Council meeting, our GCEP councillors, alternates, and fellows spent countless hours reviewing resolutions, discussing their implications, identifying unintended consequences, and preparing thoughtful positions and amendments. Much of that work happens quietly—in emails, calls, spreadsheets, and late-night review—but it matters. It is what allows a relatively small chapter like Georgia to have an outsized voice when the profession comes together to make policy. As ACEP and GCEP members, your dues help support the important work necessary to safeguard our specialty.

This year, GCEP was especially engaged on issues that directly affect practicing emergency physicians, like you, and the future of our specialty.

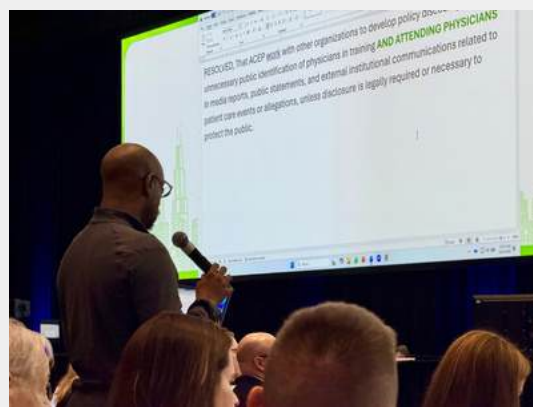
We prioritized advocacy around insurer misconduct and algorithmic downcoding, an issue that has become increasingly relevant to emergency physicians as payers use automated tools to reduce reimbursement after care has already been delivered. We also focused on emergency department boarding and hospital accountability, emphasizing that boarding is not simply an ED problem but a hospital-wide systems issue that requires broader institutional solutions through focused messaging.

Our delegation continued to push for physician-led emergency care and staffing transparency, including greater clarity around physician presence in emergency departments and standards for facilities seeking Pediatric Ready designation. We also supported stronger protections around physician privacy, workplace safety, whistleblower protections, and professional liability coverage, all of which speak directly to the realities emergency physicians face in increasingly complex practice environments.

Finally, we were active in discussions around fair and scientifically valid measures of physician performance, including the appropriate use of patient-experience surveys. Emergency physicians should be evaluated using measures that accurately reflect the complexity, acuity, and realities of emergency care—not narrow or statistically unreliable metrics that may be used punitively.

These debates matter because professional self-regulation matters – what you do each day matters!

If we are not actively involved in defining the standards, policies, and priorities that shape our profession, those decisions will be made by others—payers, regulators, corporations, and institutions that may not fully understand the realities of bedside emergency medicine. Our engagement in Council is one of the ways we help ensure that the voice of practicing emergency physicians – your voice – remains part of those decisions.





I am especially grateful to the members of our delegation who volunteered their time, expertise, and personal resources to represent Georgia emergency physicians:

Councillors: Shamie Das, MD, MBA, MPH, FACEP; Matthew R. Astin, MD, MBA, MPH, FACEP, FACHE; Johnny L. Sy, DO, FACEP; James Joseph Dugal, MD(E), FACEP(E); Jeffrey F. Linzer, Sr., MD, FACEP; Brett H. Cannon, MD, JD, MBA, FACEP; James L. Smith, Jr., MD, FACEP; Matthew Taylor Keadey, MD, FACEP; and Matthew J. Watson, MD, FACEP.

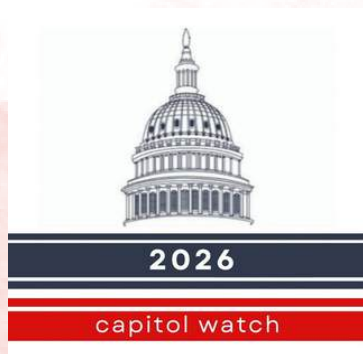
Alternate Councillors: Laura Oh, MD, FACEP; Mark A. Griffiths, MD, FACEP; Kathryn West, MD, FACEP; and Matthew Rudy, MD, FACEP, Sagar Mehta, MD (GCEP Leadership Advocacy Fellow).

Their preparation and participation helped Georgia contribute meaningfully to discussions that will shape emergency medicine well beyond this year's Council meeting. I am deeply appreciative of their willingness to step forward, engage thoughtfully, and help shepherd both our specialty and the broader practice of medicine for the patients and physicians who will follow us. A full account of the meeting will be posted to the [Council website](#) once it is approved by the ACEP Board.

That is the value of organized medicine at its best: physicians taking responsibility for the future of their profession. Thank you for your continued support and engagement!

Warmly,
Shamie Das
President





GCEP Fall Government Affairs Update

Travis Lindley, Devin Krecl, & Alexis Thompson
October 2026

As you know, we are quickly approaching the 2026 GEMLAC event. We received wonderful feedback from legislators about last year's event and the valuable opportunity it provided to connect with physicians from across the state. We are pleased to share that, following this positive feedback, the legislators listed below will be joining us again this year.

From the Georgia House of Representatives:

- Representative Butch Parrish
- Representative Matt Hatchett
- Representative Michelle Au, MD
- Representative Katie Dempsey
- Representative John LaHood
- Representative Devan Seabaugh
- Representative Beth Camp
- Representative Lee Hawkins
- Representative Sharon Cooper
- Representative Rob Leverett
- Representative Scott Hilton
- Representative Stan Gunter
- Representative Spencer Frye
- Representative Mark Newton, MD

From the Georgia Senate:

- Senator Kay Kirkpatrick, MD
- Senator Sally Harrell
- Senator Matt Brass
- Senator Nan Orrock
- Senator Chuck Hufstetler
- Senator Frank Ginn
- Senator Rick Williams

Office of the Commissioner of Insurance and Fire Safety Update

(Often referred to as DOI)

Your government affairs team and a few members from the GCEP Reimbursement Committee worked closely over a few months to compile information and data regarding reimbursement issues and met with the department's executive staff on Monday, August 31st.

The department's executive staff assured our team that they would reach out to the insurance companies (e.g. Anthem) to understand their perspective before we re-convene. Our goal is to meet with the department in November as a follow-up. In the meantime, they have asked our group for standardized state-specific data. Dr. Alison Ruch has been working with the RCM company and IDR vendor to confirm we can obtain this information and what it is we get to review and share - they previously have said it's difficult to break down erisa vs non-erisa. Additionally, the large packet of excel sheets did boost our position so that the department could review the data.

We will continue to keep you updated on our progress and where we stand once we have our follow-up meeting with DOI.

TAKE ACTION - GET OUT & VOTE!!!

- **VOTE:** Tuesday, November 3rd - Polls are open from 7:00 AM - 7:00 PM.
- **EARLY VOTING:** Begins October 13th and runs through October 30th.
- **LOCATE:** Find your polling location at <https://www.mvp.sos.ga.gov/MVP/mvp.do>.
- **KNOW:** Familiarize yourself with your elected officials at <https://pluralpolicy.com/find-your-legislator/>.



Be a part of the action & Join the PAC!

Our PAC needs your help to fully engage in the political process & support our champions. Please renew your membership today!

Looking Ahead

Keep an eye out for an email from the GCEP legislative team for a 2027 Pre-Legislative Session update. We will provide regular updates as the 2027 session gets underway.

Please feel free to contact us if you have any questions.

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The GCEP Reimbursement Collaborative continues to work on behalf of our members to advance fair, timely, and transparent reimbursement for emergency care across Georgia.

On August 31, members of GCEP leadership and the Government Affairs team met with executive staff from the Georgia Department of Insurance (DOI) to begin a collaborative dialogue regarding reimbursement challenges affecting emergency physicians and patients across the state. GCEP shared preliminary data representing more than 100 emergency departments and over 3 million annual ED visits, highlighting reimbursement practices that may threaten the sustainability of emergency care.

DOI leadership was receptive to the concerns raised, and the meeting established an important foundation for continued engagement.

Through the collaborative, three initial priorities have emerged:

- **IDR eligibility clarity** — improving clarity around which claims are eligible for the independent dispute resolution process and where regulatory responsibility lies.
- **Timely payment of IDR awards** — addressing delays and barriers to payment following IDR determinations.
- **Downcoding trends** — better understanding the scope and impact of payer downcoding practices.

A recurring challenge across these issues is determining the appropriate regulatory authority and identifying clear pathways for escalation and resolution.

Looking ahead, the collaborative is working toward development of a **statewide data resource** to better quantify reimbursement challenges, identify payer trends, demonstrate their impact on emergency care, and support targeted advocacy and regulatory engagement.

There is much more work ahead, and we welcome participation from GCEP members. If you have reimbursement concerns, suggestions, or examples that may help inform this work—or if you would like to become more actively involved in our advocacy efforts—please contact **Alison Ruch, MD, at alison.c.ruch.md@gmail.com**.

More to come as this work progresses.

Picture from left to right: Dr Shamie Das, GCEP President, Dr Alison Ruch, GCEP Reimbursement Committee, Devin Krecl, GCEP Government Affairs, Alexis Thompson, GCEP Government Affairs, Stephanie Fletcher, CFO/SouthlandMD, and John Gol, CFO/GEDS



Residency News

At ACEP 26, three Emory EM residents are participating in the 20 in 6 Resident Lecture Competition at EMRA:

- “Dancing Through the Right Ventricle: Assessment of the RV”

Meagan D'Antone, Emory University, PGY3

- “A Silent Killer Left Untreated in the ED: Uncontrolled Hypertension”

Alexis Stokes, Emory University School of Medicine, PGY2

- “Gas Station Toxicology”

Taylor Yoder, Emory University, PGY2

Dr. JoJo Dodd, PGY2, was selected in a competitive application process to serve on ABEM's Resident Ambassador Panel for two years.



The Residency Team has four new PGY3 Resident Directors:

- Dr. Jordan Couceyro: Resident Director of Toxicology
- Dr. Nabeel Janjua: Resident Director of Growth Mindset
- Dr. Emily Otiso: Resident Director of Simulation
- Dr. Kelsey Yenney: Resident Director of Recruitment



At the National Medical Association Annual Convention and Scientific Assembly, Dr. Alexis Stokes (PGY2) earned second place in the National Research Competition for her work on “Chronic Hypertension in the ED: Physician Response to Patient Requests for Care.”

(Pictured L-R: Dr. Sheryl Heron, Dr. Alexis Stokes, Dr. Ade Akhetuamhen.)

Fellowship News

Aimee Bozeman, in Candace Floyd's (PhD) Translational Neurotrauma Research Lab, received two fellowship offers for her project focusing on developing an assay, using reverse-translation methods, to evaluate lower urinary tract (LUT) dysfunction in a clinically relevant pig model of spinal cord injury (SCI). She has entered a fellowship with the Emory Department of Medicine's Atlanta Network for Training in KUH Scientific Research (ATLANTIS) program. ATLANTIS is sponsored by the National Institute of Diabetes, Digestive and Kidney Diseases. Aimee hopes to identify targets for accelerating therapeutic discoveries.



Emory EM News

Dr. Sheryl Heron is this year's recipient of Emory University's Thomas Jefferson Award. This award honors faculty and staff who have significantly enriched the intellectual and civic life of the Emory community.

Dr. Heron has focused her life's work in three areas: cultural humility, diversity, equity and inclusion, and intimate partner violence. After coming to Atlanta as an Injury Prevention Fellow in 1996, she became Emory's first Black female faculty member in the Department of Emergency Medicine. Now, as a leader on the Emergency Medicine team and in the School of Medicine, she serves as the Vice Chair for Faculty Equity, Engagement and Empowerment in the Department of Emergency Medicine, and she is the Emory School of Medicine's Associate Dean for Community and Engagement. Read more about Dr. Heron and her accomplishments in this Emory News Center story.



Adesuwa (Ade) Akhetuamhen, MD, Alex Hall, DHSc, MS and Jonathan Rupp, PhD, received recognition during the SOM's Researcher Appreciation Day for their research and innovation. Through Researcher Appreciation Day, the School of Medicine Recognitions Committee celebrates faculty whose passion, creativity, and expertise drive meaningful advances in research and contribute to addressing some of today's most pressing health challenges.

Dr. Shamie Das was installed as **President of the Medical Association of Atlanta**. Dr. Das has served on the MAA Executive Committee since 2023, is President of the Georgia College of Emergency Physicians, is Vice Chair of the Medical Association of Georgia AMA Delegation, and was a Robert Wood Johnson Foundation Health Policy Fellow.



Dr. Shamie Das (right)
and his wife, Mansi Das (left)



EM News (cont'd)

The Emory Department of Emergency Medicine had 15 faculty members earn promotions in the new academic year.

Emory EM Faculty Promotions



Dr. Anika Backster, Associate Professor
Dr. Annemarie Cardell, Associate Professor
Dr. Doug Chesson, Associate Professor
Dr. Chris Creel-Bulos, Associate Professor
Dr. Shamie Das, Associate Professor
Dr. Jonathan de Olano, Associate Professor
Dr. Iyesatta Massaquoi Emeli, Associate Professor
Dr. Gregg Helland, Associate Professor
Dr. George Hughes, Associate Professor
Dr. Lekshmi Kumar, Professor
Dr. Chukwudubem Okeke, Assistant Professor
Dr. Aashni Patel, Assistant Professor
Dr. Tucker Matthews, Assistant Professor
Dr. Shelbi Swyden, Assistant Professor
Dr. Brad Wallace, Associate Professor

Emory EM's Emergency Medicine Leadership Academy (EMLA) program supports the development of mid-career faculty by enhancing leadership and management skills. This year's cohort worked on a telehealth/observation medicine service line and included the following cohort members:

- Dr. Mike Carr
- Dr. Satta Emeli
- Dr. George Hughes
- Dr. Jordan Kaylor
- Dr. George Leach
- Yuri Mack, APP
- Dr. Andy Pendley
- Dr. Melissa Piotrowski
- Dr. Marta Rowh
- Dr. Emma Sizemore
- Dr. Matt Keadey, Team Leader
- Dr. Mike Ross, Team Leader



Dr. George Leach is the recipient of the **2026 American College of Emergency Physicians National Emergency Medicine Clinical Teaching Award**. This prestigious national honor recognizes outstanding clinical teaching excellence, as reflected in exemplary teaching evaluations and the enthusiastic endorsement of both peers and learners.



Dr. John Lewis is the **2026 Dr. Wes Curry Community Impact Award** recipient (presented at ACEP). Three Emory EM faculty have won this award: Dr. Nicole Franks, Dr. Sheryl Heron, and Dr. John Lewis. The Dr. Wes Curry Awards honor exceptional emergency medicine clinicians and administrators who embody the values of Leadership, Collaboration, Innovation, and Culture. These awards celebrate those who are advancing our communities and redefining what's possible in healthcare.

Congratulations to Emory EM's 2026 Dr. John Stone Faculty Awardees:

- **Dr. George Leach**, Dr. John Stone Resident Teacher of the Year
- **Dr. Maurice Selby**, Dr. John Stone Medical Student Teacher of the Year. Dr. Selby was the 2023 Dr. Stone Medical Student Teacher of the Year and in 2024 he was the Dr. Stone Resident Teacher of the Year.
- **Dr. Heather Hechter**, Dr. John Stone Faculty Development Award

EM News (cont'd)**LINCS-UP highlighted on the Grady Health System's LinkedIn**

Linking Individuals Needing Care for Substance Use Disorders in Urban Emergency Departments to Peer Coaches (LINCS-UP) is a peer recovery coaching program for patients with substance use disorder (SUD)-related conditions to learn more about recovery resources following treatment. This program began in Emory Emergency Medicine with a three-year, \$2.2 million grant from the Centers for Disease Control and Prevention (CDC) and has now transitioned over to the Grady team. The program expanded to Emory Midtown last September.

- Grady LinkedIn feature on LINCS-UP: <https://lnkd.in/p/ed22fABG>
- The LINCS UP team hosts Peer Recovery Coaching Summits with a recent one held in May 2026. Their agenda included: Harm Reduction, The Power of Peer Support in EDs, Recovery Coach Virtual Connections, & Self-care in a high stress environment.
- Information about the program has been published in the Addiction Science and Clinical Practice Journal. Ibragimov U, Giordano NA, Amaresh S, Getz T, Matuszewski T, Steck AR, Li Y, Blum EH, Tuttle J, Pipalia H, Cooper HLF, Carpenter JE. Implementation outcomes and strategies of a peer recovery coach program: findings from a qualitative assessment in the U.S. South, 2024-2025. Addict Sci Clin Pract. 2025 Dec 18;20(1):95. doi: 10.1186/s13722-025-00624-4. Erratum in: Addict Sci Clin Pract. 2026 Jan 21;21(1):9. doi: 10.1186/s13722-026-00648-4. PMID: 41408351; PMCID: PMC12713283.

The Emory EM Ultrasound team is proud to be representing the department in several national leadership positions.



Congratulations to Emory EM's Chair Dr. David Wright on his graduation from the Emory Goizueta Business School's Executive MBA program. He received several awards upon his graduation including: Beta Gamma Sigma Honor Society, Accounting Achievement Award, Information Systems & Operations Management Distinction Award, Top Academic Achievement Award, and the Accountability Award.

Dr. Amy Zeidan was selected as an **Emory Aretē Ethics Scholar**. She also recently received the Emory at Grady Community Impact Award, and is the recipient of the **Medical Association of Georgia's Physician's Award for Community Service**.

Volunteer Opportunities

The Emory Farmworker Project will take place this month from October 23-25 in Bainbridge, GA. It also takes place in June for one week each in Bainbridge and Valdosta, GA. If you are interested in participating in the Farmworker program, please email Emilia Grill at emilia.grill@emory.edu.

Volunteer with the Elementary Pediatric Health Curriculum

If you're interested in teaching elementary students what it takes to build a healthy life, join the Elementary Pediatric Health Curriculum group at the Burgess Peterson Academy from 8-11 a.m. Please [sign-up here](#).

Grants & Publications

Dr. Ziad Kazzi has been awarded funding with the COAST Superfund Research Center. COAST received funding from the National Institute of Environmental Health Sciences (NIEHS).

Dr. Marta Rowh received a research grant from the Emory Medical Care Foundation (EMCF) for her work entitled "Epithelial Memory and Secondary Antiviral Responses in the Human Airway."

Cardell, Annemarie, Simulation Education: SIMposium Spotlight: The Art of the Pivot – A Conversation with Dr. Annemarie Cardell, MD. SAEM Pulse, July -August 2026: Pages 128-131:

https://issuu.com/saemonline/docs/saem_pulse_july-august_2026

Dernbach, M.R., Lopachin, T., Downs, J.W. et al. An ACMT Network of Medical Toxicology Clinics (NMTC): A **Proposed Collaboration of Medical Toxicologists to Meet National Emergency Preparedness Needs**. J. Med. Toxicol. 22, 398–402 (2026). <https://doi.org/10.1007/s13181-026-01142-8>

Emeli, Iyesatta Massaquoi, **The virtual end of the doctor's office waiting room**

The tools now exist to design systems that minimize delay rather than assume it. STAT,

<https://www.statnews.com/2026/06/02/doctors-office-waiting-room-telehealth-virtual-care/?shem=rimspswouoe>

Foresteire, N., Kiernan, E., Kazzi, Z., Lopez, G., & Isakov, A. (2026). **World Cup ready: emergency response preparedness in HHS region 4 and the city of Atlanta**. Toxicology Communications, 10(1).

<https://doi.org/10.1080/24734306.2026.2711154>. A special thank you to Dr. Alex Isakov for the preparations and work he led to prepare Atlanta and Emory for the World Cup.

Kazzi Z, Kiernan E, Goldstein L, Iddins C. **Expert Consensus on the Elements Needed for the Design of a Long-Term Population Health Study After the Detonation of an Improvised Nuclear Device**.

Disaster Med Public Health Prep. 2026 Jun 10;20:e119. doi: 10.1017/dmp.2026.10384. PMID: 42267605

Adam Rowh, Timothy Moran, Taylor Giller, John Bliton, Randi N. Smith, Marta Rowh

Trauma outcomes following exercise-related injury versus ground-level falls in the United States: A nationwide cross-sectional study. PLOS Aging and Health. July 21, 2026.

Zdradzinski MJ, Lindsey S, Anand R, Dixit S, Ehrhardt T, Lall MD, Moran TP, Kaplan DM, O'Shea J. The R.E.S.T. Initiative: **A Pilot Program to Enhance Resident Performance by Taking Breaks On-Shift**. AEM Educ Train. 2025 Dec 2;9(6):e70112.

October is #StopTheStigmaEM Month with a full calendar of events from [SAEM here](#).

The Emory EM team hopes everyone has a happy and healthy fall.

2026 Fall MCG Update

MCG has been busy as we step into the Fall. Dr. Josh Berk, one of our EM3s, represented us at the Joint Services Symposium on Emergency Medicine (JSSEM) conference in September with a podium presentation.

Also in September we had our annual "Army Day" at Fort Gordon. We learned about topics like walking blood banks, REBOA catheter use, caring for military working dogs, and emergency care in austere settings.

Our Army rank list is due at the end of October, with military match day in mid December to fill roughly half of our incoming intern class. Of course, when one door closes, another opens - this Fall closes out our Army interview season, but with ResidencyCAS opening at the end of September, we are in full swing of application review for the rest of the incoming intern class.



Army Day Photos - September 2026



Looking forward to the next few months, we have other special topic days in lieu of regular weekly conference. Our local Sonogames will be in December, with the winning team representing MCG at SAEM. January will be our annual cadaver lab where residents learn high acuity, low occurrence procedures like lateral canthotomy, cricothyroidotomy, and thoracotomies.

JR Barrett, MD, FACEP
Associate Professor, Department of Emergency Medicine
Program Director, Emergency Medicine Residency
Wellstar MCG

Wellstar Kennestone Emergency Medicine Update



Amna Jamshad



Rebecca Harrison

ED CT Utilization Publication: Dr. Amna Jamshad (2nd-year Administrative Fellow) and Rebecca Harrison (PGY-2) published an article in EM Resident showing a 9.1% relative reduction in mean CT utilization—from 86.5 to 78.6 per 100 patients between December 2023 and December 2024—achieved by providing clinicians with feedback on their utilization. Read the full article [here](#).



Tom Li

Symposium Presentation: Dr. Tianyi 'Tom' Li (2nd-year Administrative Fellow) presented “Heat Related Emergencies/When a Simple Case Goes South” at the 2026 Atlanta Emergency Medicine Symposium.



Linley Dunn

Dr. Linley Dunn (PGY-1) has been selected as EMRA Education Committee Chair Elect (2026). Her duties include the below:

- Help lead the development, creation, and review of educational resources for emergency medicine residents and medical students.
- Coordinate and collaborate with other EMRA committees as needed to develop and deliver educational programming, including lectures, presentations, webinars, and conference-based programming.
- Attend CORD and coordinate, develop, and host the EMRA Quiz Show.

- Participate in ACEP26/EMRA educational programming, including the 20 in 6 Resident Lecture Competition and Master the Disaster: Mass Casualty Incident (MCI) programming.
- Collaborate with the ACEP Education Committee and other emergency medicine educators, as appropriate, to advance educational initiatives and expand opportunities for EMRA members.
- Participate in strategic planning for the subsequent year, identifying educational priorities, initiatives, and projects to carry forward upon transition to Committee Chair.
- Prepare for transition to Committee Chair by developing familiarity with EMRA committee processes, reporting expectations, ongoing initiatives, build relationships with EMRA staff and organizational leadership.

Meet Our Leadership

GEDS | MEDS | SMS | GOTS

Our current leadership team brings a shared commitment to supporting clinicians, strengthening hospital partnerships, and serving our communities. This issue highlights three of the physicians helping guide that work.



Mohak Davé, MD
President

Dr. Davé brings a physician's perspective to organizational leadership. His role connects the work of our clinical teams with the broader direction of our organization and its hospital partnerships.



Tomohiro Oshimura, MD
Vice President

Dr. Oshimura, known to many as Tomo, serves alongside Dr. Davé as Vice President. Together, they help guide the organization and support the physicians and teams delivering emergency care each day.



Jason Konzelmann, MD
Medical Director, GOTS

As Medical Director of GOTS, Dr. Konzelmann provides physician leadership for the GOTS team. His role adds a dedicated clinical leadership perspective to our broader network.

We appreciate their leadership and the collaboration of our physicians, APPs, residents, and hospital partners as we continue working to strengthen care for the communities we serve.

Kaitlin Loudermilk, RN, MHA
Director of Clinical Operations
GEDS | MEDS | SMS | GOTS

Callie Winters MD, Nikolas Foresteire DO, Brent Morgan MD, Emily Kiernan DO
Emory University School of Medicine Medical Toxicology
Georgia Poison Center

Ketamine has been used in the Emergency Department setting for many years as a procedural anesthetic and for analgesia in acutely painful conditions. Recently its clinical use has expanded to other clinical conditions in the inpatient and outpatient settings, like treatment-resistant depression. In light of recent legislation (House Bill 717 - <https://www.legis.ga.gov/api/legislation/document/20252026/247868>; [little health law blog](#)), Georgia is restructuring how outpatient ketamine infusion clinics can function within our state, specifically addressing:

- The Georgia Composite Medical Board and directing it to establish rules and regulations for clinics offering psychedelic-assisted therapies by December 31, 2026.
- Licensing requirements for clinics starting July 1, 2027.
- Emergency protocols (such as hospital transfer capabilities), airway management training, Prescription Drug Monitoring Program (PDMP) reporting, and specific qualifications for treating providers.

Given the increase in ketamine infusion clinics and the trend towards increased recreational use (Palamar JJ, Rutherford C, Keyes KM. Trends in nonmedical ketamine use, poisonings, related deaths, pharmaceutical diversions, and law enforcement seizures: results from annual population-based repeated cross-sectional studies. *Lancet Reg Health Am.* 2025 Sep 12;51:101230. doi: 10.1016/j.lana.2025.101230. PMID: 41323548; PMCID: PMC12664584), we find it important to highlight the clinical effects of acute and chronic ketamine use. It is our responsibility as ED physicians to identify these consequences and to support our patients if they present with sequelae of chronic ketamine use.

What is ketamine?

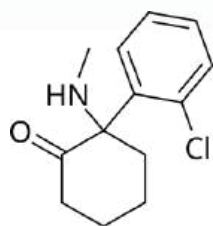
Ketamine is a dissociative anesthetic and a structural analog of phencyclidine (PCP). Although ketamine is approximately one-tenth as potent as PCP, it produces substantially less emergence delirium, contributing to its widespread adoption as an anesthetic. Following FDA approval for human use in 1970, ketamine has become an important anesthetic agent because of its dissociative properties, preservation of respiratory status, and limited hemodynamic effects in most patient populations [1-3].

How does ketamine work?

Ketamine is a noncompetitive antagonist of the N-methyl-D-aspartate (NMDA) receptor. It produces dissociative anesthesia through antagonism of the glutamate receptors. Ketamine also inhibits hyperpolarization-activated cyclic nucleotide-gated (HCN1) channels, and displays antagonism of muscarinic and nicotinic acetylcholine receptors, blockade of voltage-gated L-type sodium and potassium channels, and partial agonism at the μ -opioid receptor. Ketamine may also activate dopaminergic (D2) and inhibit GABA pathways, contributing to its behavioral and cardiovascular effects [3]. Ketamine has a half-life of 2-4 hours, and in terms of bioavailability: intravenous administration (IV) and intramuscular administration have approximately twice the bioavailability of intranasal administration (IN), and oral (PO) bioavailability is poor. [4].

Routes of ketamine use?

- Injection (IV or IM)
- Inhalation (IN)
- Insufflation (snorting)
- PO
- Rectal



<https://commons.wikimedia.org/wiki/File:Ketamine2DCSD.svg#Licensing>



<https://commons.wikimedia.org/wiki/File:Ketamine.JPG>



<https://www.sciencedirect.com/science/article/pii/S187592261400122#fig3>

Who is using ketamine?

Ketamine is a popular recreational substance, particularly in East and Southeast Asia, where it has been associated with club and nightlife settings [5]. In the United States, ketamine use has historically been less prevalent, yet it appears to be increasing. Recent studies of club-goers in New York City have reported increasing ketamine use [6], and there have been increases in ketamine-related poisonings, and frequency of law-enforcement seizures in the United States in recent years. The epidemiology of recreational ketamine use is multifactorial and may continue to evolve alongside increasing media awareness of ketamine, expanding therapeutic applications, and the rise of “ketamine clinics” [7]. These developments have broadened exposure to ketamine beyond traditional recreational-use populations and may influence patterns of both therapeutic and recreational use.

What does acute ketamine intoxication and toxicity look like?

Patients intoxicated by ketamine may experience hallucinations, agitation, aggression, paranoia, and vestibular symptoms. In higher doses, sedation and CNS depression may occur. They can present with horizontal, vertical, or rotary nystagmus, mydriasis, and increased salivation. They may experience hypertension, tachycardia, palpitations, or arrhythmias as well as chest or abdominal pain and/or nausea/vomiting, muscle rigidity, or dystonic reactions. In the case of high doses and/or rapid infusion or combination with other drugs, one can observe respiratory depression and apnea, bradycardia and/or hypotension, coma, and seizures [3].

What are the possible chronic effects of ketamine use?

Chronic ketamine use is associated with neuropsychiatric effects including impaired memory, executive dysfunction, paranoia, delusions, and psychological dependence. Hepatobiliary complications include elevated liver enzymes, cholestasis, and biliary tract abnormalities [8]. Chronic use can also cause lower urinary tract syndrome (LUTS) or “ketamine bladder”, which may present with dysuria, hematuria, urinary frequency, urgency, and urge incontinence, often mimicking urinary tract infection or interstitial cystitis. Progressive bladder wall thickening, reduced bladder capacity and compliance, and detrusor instability may occur [9]. Ureteral narrowing can cause hydronephrosis and, in severe cases, obstructive kidney injury or renal failure [10, 11].

Why do patients develop ketamine-associated uropathy?

While the exact mechanism has not been fully elucidated, there are three hypothesized mechanisms: direct urothelial cytotoxicity from ketamine or its metabolites (nor-ketamine), microvascular injury to the bladder endothelium, and ketamine-induced inflammation with subsequent urothelial damage [12].

The risk of developing urologic sequelae of ketamine use appears to increase with greater frequency of use, dose, and duration of use. One study found that use more than three times weekly and for longer than 24 months may be associated with higher rates of urologic symptoms [13], although no definitive dose threshold below which urologic toxicity does not occur has not yet been established [14]. While symptoms have been reported after approximately two years of use in some studies, the onset of lower urinary tract symptoms can range from weeks into use to several years [15].

How common are urologic sequelae amongst ketamine users?

The prevalence of LUTS among ketamine users varies across studies but is often reported at approximately 25-30% [9, 14]. Although uncommon, LUTS and urologic sequelae have been reported in healthcare settings where ketamine was being medically administered for pain [16]. In one study of patients presenting with ketamine-associated urologic disease, approximately half had unilateral or bilateral hydronephrosis [17].

What can I do to help my ketamine use disorder patients?

Most importantly, ask about ketamine use in patients with unexplained urologic, hepatobiliary, or neuropsychiatric symptoms! Although recreational ketamine use is less prevalent in the United States than in other regions of the world, its use is increasing in certain populations. Patients may be unaware that their symptoms are ketamine-related or may be reluctant to disclose their use. Ketamine-associated LUTS can mimic common conditions such as urinary tract infections. As a result, these sequelae may be missed and result in delayed diagnosis and inappropriate treatment. This condition can be painful and potentially dangerous.

Cessation of ketamine use is the cornerstone of treatment and is associated with improvement in urologic symptoms across multiple studies [4,12]. Patients should be referred to a urologist. The 2024 British Association of Urological Surgeons consensus statement recommends initial medical management with anticholinergic or β_3 -adrenergic agonists for urinary symptoms and analgesics such as NSAIDs for bladder pain. Refractory symptoms may be treated with intravesical therapies or intradetrusor botulinum toxin injection. Severe disease with upper-tract obstruction may require ureteral stenting, nephrostomy, cystectomy with urinary diversion, and in some cases, definitive upper-tract reconstruction [18].

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The Division of Pediatric Emergency Medicine at Children's Healthcare of Atlanta and Emory University continues to expand its impact across clinical care, education, research, and quality improvement. This September, we celebrated 2 years since the opening of our newest site (Arthur M. Blank hospital), which has helped us effectively care for a significant portion of the >250,000 emergency department patients we see annually in the system.

The division's research portfolio remains robust, with faculty leading and participating in multicenter studies through national research networks including PECARN. Current areas of investigation include traumatic brain injury, adolescent infectious disease screening, injury prevention, global health, pediatric readiness, implementation science, sedation, point of care ultrasound as well as diagnostic device evaluation. Faculty and fellows continue to present scholarly work at regional, national, and international meetings and contribute to the growing body of evidence that guides pediatric emergency care.

Our Pediatric Emergency Medicine fellowship continues to thrive as well, with fellows actively engaged in clinical excellence, research, quality improvement, medical education, and leadership development. Recent fellow projects have focused on pediatric mental health, emergency department operations, communication strategies, trauma care, and healthcare disparities. The division has also welcomed new faculty from across the nation and continues to support professional development, leadership growth, and innovative educational initiatives across the department.



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