GEORGIA EPIC

The Newsletter of the Georgia College of Emergency Physicians

GCEP Annual Meeting Hilton Head Island

by Carl Menckhoff, MD, FACEP; Co-Chair, GCEP Education Committee; Associate Professor, Department of Emergency Medicine, Medical College of Georgia

Mark your calendars for the Georgia College of Emergency Physicians annual educational meeting. It will take place from June 7-10 at the Crowne Plaza Resort on Hilton Head Island.

This year, in addition to the lectures focusing on important topics for Emergency Physicians, we will also have a track for pre-hospital providers. This new track will have some cross-over with the physician track, but will include many lectures specifically focusing on pre-hospital issues. All EMS personnel are invited to attend what promises to be one of the best educational opportunities around.

This conference is ideally suited for both education and recreation. It begins on Friday morning with breakfast and a chance to visit the exhibits, followed by lectures until lunch. The afternoon is then free for golfing, swimming, biking, or just having a cool drink as you soak up the sun. Friday evening there is a complementary cocktail party where you can get to know your colleagues from around Georgia. Saturday begins with breakfast followed by lectures again until lunch. In the evening is the perennial favorite, the Annual Beach Party with great music, food, drink and dancing.

After breakfast on Sunday, we finish the conference with joint lectures pertinent to both pre-hospital and ED care. Also, don't forget, this year will mark the 4th annual Emergency Medicine Jeopardy competition, with teams from Emory, MCG and the courageous community docs – the champions from last year. We look forward to seeing you there.

Sample lectures in the pre-hospital track include:
- Introduction to Tactical Medicine
- When Grandpa Can't Walk – Care of the Stroke Patient
- Alternative Airways – Out of Hospital Airway Management
- Hot Topics in EMS Direction
- The Hot Kid – Pediatric Fever

Sample lectures in the physician track include:
- Pills that Kill – Pediatric Toxic Ingestions
- How to Read a Head CT in 10 Easy Steps
- The Stealthy Killer – Updates in Pulmonary Embolism
- End-tidal CO2 Monitoring in the Emergency Patient
- Pain Management in the ED
- LLSA Review

We welcome your comments or suggestions for future articles. Call or write at:

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Tara M. Morrison, Executive Director
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Commitment to Excellence

by Maureen Olson, MD, FACEP

We are accepting applications from groups with 100% membership in ACEP/GCEP to receive the "Commitment to Excellence" award. An award is presented for each hospital that the group staffs so that it can be displayed in their waiting rooms. Last year was the first year the award was presented by the Georgia College of Emergency Physicians. To be eligible for the "Commitment to Excellence" award all physicians who have been with their group for at least one year and who are eligible to become members of ACEP/GCEP must be a current member of the American College of Emergency Physicians and the Georgia College of Emergency Physicians. GCEP plans to continue this program and looks forward to presenting more awards to qualified groups this year at our annual summer conference held in Hilton Head, South Carolina during the second weekend in June. Please be sure to contact Tara Morrison and give her the names of your doctors and their ACEP membership number. Don't delay we want to include every eligible group. For more information or for an application form, please contact Tara Morrison at (770) 613-0932 or tara@theassociationcompany.com.

Call for Essays for Longevity and Tenure Awards

American College of Emergency Physicians, Section of Careers in Emergency Medicine

We want to recognize longevity in the practice of emergency medicine! The ACEP Section of Careers in Emergency Medicine is soliciting nominations for an award for emergency physicians in the following two categories:

- A Longevity Award for the physician with the longest active career in emergency medicine.
- A Tenure Award for the physician with the longest active career in the same emergency department.

Recognition is also given to those physicians who are still actively practicing emergency medicine after 20, 25, 30, and 35 years.

Eligibility Criteria

To be eligible, you must have worked an average of 1,000 or more hours per year in emergency medicine practice or teaching; hours for residency training and administration are not included. You must be a current ACEP member. Previous recipients are eligible again after five years.

Nomination Information

Please submit a full historical sketch (eg, Attending Emergency Physician, June 1974 to December 1979) accounting for your career, and a brief essay (300 words or less) about why you have made emergency medicine your career. Award recipients will be recognized during the Section meeting at the 2007 ACEP Scientific Assembly in Seattle, Washington (October 8–11). Additional recognition will be given in the Section newsletter. To be considered for the awards, nominations must be received by Monday, July 9, 2007. Submit your application for nomination to Tracy Napper, Section of Careers in Emergency Medicine, ACEP, PO Box 619911, Dallas, TX 75261-9911; fax 972-580-2816; e-mail to careers.section@acep.org.

Emergency Medicine Residency – Medical College of Georgia

By Stephen A. Shiver, M.D., Assistant Residency Director, Brad Reynolds, M.D., Assistant Residency Director, and Larry Mellick, M.D., Residency Director, Department of Emergency Medicine, Medical College of Georgia

These are exciting times for the residency training program at the Medical College of Georgia (MCG). Such times of transition offer many opportunities as well as challenges. Our previous program director, Dr. Menckhoff created a sound foundation and new program director, Dr. Mellick is committed to taking the program to the next level. Residency leadership has become a team of three through the addition of Stephen Shiver, M.D., as a second assistant residency director. Dr. Shiver has extensive experience in residency training, having successfully navigated both a general surgery residency at Wake Forest University Baptist Medical Center and an emergency medicine residency at MCG. He is double boarded and his experience will enhance the depth of program leadership.

The leadership team is unified in its pursuit of creating the best possible training experience for emergency medicine residents. Our goal is to enable participants in our program to achieve their full potential. We strive to produce graduates who excel both academically and clinically. Just as important, we seek to foster an environment that emphasizes lofty ethical and professional standards. In essence, we expect our graduates to become leaders in emergency medicine, whether it be in private practice or the academic arena.

In short, we are proud of our heritage as the Department of Emergency Medicine at MCG but are more excited about a future that we believe will be brighter still. All of the current educational processes are being examined; many will be refined and others will be totally revamped. Dr. Mellick has a particular interest in unlocking the potential of technical advances to enhance educational opportunities and technological adjuncts to teaching will be a major theme of the residency going forward.

In addition to enriching the core educational experience, the commitment to the "niche" concept persists. Residents are encouraged to develop a niche interest area early in the educational process. Some of the current niche areas include:

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Community Service Through Dr. Mellick's leadership of the Druid Park Community Health Center, residents and faculty have an opportunity to provide essential, basic medical care to those in need. Numerous residents have already expressed interest and several will become functioning "co-directors" of the indigent care center in the coming year. We are especially excited about the program because it combines community service with education.

Ultrasound Under the expert guidance of Michael Blaivas, M.D., the section has five faculty members who are certified by the American Registry of Diagnostic Medical Sonographers, in addition to others being credentialed in ultrasound use by the hospital. There are multiple ultrasound machines in the department and residents use them on a daily basis for everything from line placement to diagnosing ectopic pregnancy.

Event Medicine The department continues to provide medical support to numerous mass gatherings that occur in the Augusta area throughout the year, under the guidance of Drs. Hartmut Gross and Christopher Fly. The most prominent of these is the annual Masters Tournament. We participate in numerous other events yearly including the Augusta Southern National Boat Races, Sky Fest, and the Aiken Steeplechase. Discussions are underway to broaden our event medicine coverage to include other major events in the region.

International Medicine Dr. Ted Kuhn is co-director of Mission To The World, a faith-based mission organization, and part time clinical faculty in the Department of Emergency Medicine. He travels extensively, leading teams to underserved areas of the world. Mission To The World teams have ministered to the needy all over the globe, from the hill country of Myanmar to the slums of Nairobi. Dr. Kuhn offers yearly courses geared toward developing the skills needed to become team leaders in the future.

Tactical Medicine With our chairman Richard Schwartz, M.D., residents have the opportunity to provide medical support to local law enforcement as well as national bodies, such as the Federal Bureau of Investigation. Participating residents are fully engaged and receive instructions on firearm training in addition to providing real time medical support in the field.

Disaster Medicine The Office of Disaster Medicine has oversight responsibilities for the Disaster Medical Assistance Team GA-4. The department also created the National

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Disaster Life Support Programs including Basic Disaster Life Support, Advanced Disaster Life Support, and Core Disaster Life Support. MCG Faculty travel all over the country teaching these courses, which have been adopted by the American Medical Association. Residents have unique opportunities to participate in the courses and, in some cases, to assist with instruction.

Research With the arrival of a new research director for the department, Richard Sattin, MD, we have even greater expectations for advances in research productivity. Dr. Sattin is a former senior researcher with the CDC. Even though resident and faculty academic productivity and research have demonstrated excellent growth in volume and sophistication over recent years, we have even greater expectations for the years ahead.

The first interview season under the new residency program leadership team has just come to a close and we are excited about the match in March. We expect to have a strong intern class beginning in July 2007, as the academic credentials of this year's applicants were especially impressive. It was quite encouraging to note significant interest in our program from diverse regions of the country. This year, we interviewed applicants from as far away as California, further evidence that the national interest in the program continues to grow. In a slight change to the interview structure, we strongly encouraged applicants to arrive early and participate in a dinner sponsored by our residents. The pre-interview dinner, which occurred on the evening prior to the scheduled interview date, provided the applicants with a forum in which to ask questions directly to current residents in a social setting. It was enjoyed by all and we plan on making this get together part of the MCG interview tradition.

We feel that we have a dynamic, forward-thinking department that is committed to resident education. If you would like to learn more about us, we would be delighted to hear from you. Please contact Yvonne Booker at (706)721-2613 or visit our website at www.mcg.edu/resident/em/.

EPIC Classifieds

Red Eye Tales and High Risk Indicators

by Peter Steckl, MD

The patient is a 45 y.o. male who presented to the ED with complaints of a red swollen watery eye in association with hazy vision. The patient was examined grossly, diagnosed with conjunctivitis and discharged with a prescription for antibiotic eye drops.

Two weeks later he presented to the ophthalmologist's office with complaints of worsening of the blurry vision. On exam, he was diagnosed with herpes keratitis and treatment commenced but ultimately left him with a corneal ulcer and permanent vision problems. The patient went on to file suit and the case was found in his favor for a substantial sum.

This case illustrates two points. The first is that hazy or blurry vision is atypical for simple conjunctivitis and indicates need for a search for more serious pathology. Second, in attempting to defend this case, the two-week time lapse between evaluations could have strengthened the argument for lack of causation. That is, it is certainly conceivable that the keratitis was not initially present in the ED visit, but instead developed in the interim. However, without documentation of a negative fluorescein exam and a normal visual acuity on the initial visit the case falls flat and the plaintiff prevails. Every eye chart must have a visual acuity and a low threshold for quick corneal exam can be extremely protective.

The tendency to minimize the potential risk involved with the painful red eye can be great. It is often the quickie chart that we look for as we are winding up our shifts. It is a relatively high volume chief complaint, which most of the time turns out to be of low risk and is appropriately managed with outpatient treatment and expeditious referral. However, the a traumatic red eye can also portend some ominous clinical entities. Examples include acute angle closure glaucoma, uveitis, scleritis, iritis, and herpes keratitis.

In attempting to exclude these entities it is important to identify clinical factors that help recognize a worrisome red eye presentation and the need for urgent consultation. Two such discriminative markers include presence of pain out of proportion to clinical exam and loss of vision. Presence of these may indicate potentially serious pathology necessitating in depth assessment and care. In these cases, a closer evaluation along with contemporaneous consultation with the ophthalmologic consultant is advisable and may protect you later on from a fate such as in the case the above.

Political Grapevine

by Maureen Olson, MD, FACEP

Legislative Day at the Capitol was well attended by both physicians and legislators. Thanks to Dr. Kate Heilpren and Dr. Pat O'Neal for the excellent and informative talk on the "Potential Economic Effects of Pandemic Flu in Georgia" and the need to plan for it. The facts are staggering. This highlighted the need for a state wide trauma network which appears to have strong support in both the house and senate. A big thank you to Dr. Jeff Linzer who gave a brief talk on the poor state of Georgia's healthcare for children and how the new Medicaid structure has made matters much worse. He captured everyone's attention and Senator Preston Smith acknowledged that he has heard this from several sources and pledged to further investigate the matter. All of the legislators took the opportunity to speak to the group and were very supportive of emergency medicine. Representative Sharon Cooper, a long time friend of medicine, spoke about several of the issues coming up this session.

We requested that no changes be made to SB3 this year in order to give it time to yield wide spread results. Our task force, Matt Keady, Pete Steckel and Sean Sue, is in place and will be surveying physicians across the state this year to determine what benefits we are seeing in malpractice, on call specialist, etc. as a result of SB3 and specifically the emergency care portion of the bill.

Senator Preston Smith stated that he had just been approached the day before by a group of attorneys asking him to remove the language about "clear and convincing evidence of gross negligence" as it applies to anyone providing emergency care. Senator Smith likened it to a "good Samaritan" clause. He urged us not to do a "victory" dance yet, but to remain vigilant and asked that we continue to stay in contact with our senators and representatives regarding this. He stated that those legislators who remain supportive of this phrase "do not want to be left standing alone holding the bag" but want to have the physician groups right there along side of them. We assured him we were not backing off on this and would be there to support them. YOU must do your part. YOU must contact your representative and senator and urge

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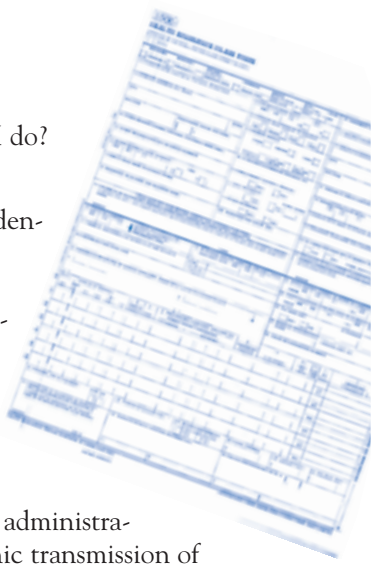
Where Are You in Relation to the NPI?

by Rick Pettigrew, CPC, President, Pettigrew Medical Business Services, ACEP Reimbursement Committee



I have been a little amazed over the last few weeks as I have been receiving calls from ED physicians asking about their NPI numbers? These doctors are just now hearing about the mandated NPI number and are seeking information. The requests have demonstrated to me that much of the information about the new NPI, or the National Provider Number, has not been well disseminated and there are not a few physicians that are way behind the curve in applying for or receiving their numbers. Let me fill you in as to the importance of the number and your need to immediately obtain one, if you haven't already begun the process.

What is a National Provider Identifier (NPI)? An NPI is a unique 10-digit numeric identifier assigned to health care providers and organizations defined as covered entities under HIPAA. The NPI will be a permanent identifier assigned for life. The NPI is one component of HIPAA's Administrative Simplification provision. To comply with the law, all health care providers are to obtain the new identifier and use it in claims submission.

Beginning January 1, 2007 the HCFA 1500 form, the universally recognized health care claim submission form, contains changes to accommodate the new NPI. The use of the NPI on the claim form is optional until March 30, 2007. The NPI must be utilized in claim submission beginning April 2, 2007. The new identifier fields on the HCFA 1500 are 17b, 32a and 33a. (You might also check with your biller to verify they are using the new forms.) By May 23, 2007 all health care providers who utilize HIPAA standard electronic transactions must have an NPI and health plans and payers must have the capability to use the NPI to identify providers in standard electronic transactions.

In summary what will an NPI do? As of May 23, 2007, it will:

- replace all other provider identifiers previously used by health care providers (for example, UPIN, Medicare/Medicaid numbers, etc.).
- establish a national standard and unique identifier for all health care providers.
- simplify health care system administration and encourage the electronic transmission of health care information.

I am frequently asked about consequences to not having the NPI. Obviously, the ability to submit claims for a physician without an NPI is going to be lost until an NPI is issued and the loss of cash flow is the greatest consequence to not submitting claims. My first suggestion would be to contact your billing agent as they may have already applied for the NPI for you and your group. If no numbers have yet been applied for, there is still a brief window of time before the claims need to have the NPI attached, but time is becoming tight. The application process needs to be started immediately as any governmental number assignment comes, as we all know, with a built in delay.

Where can additional information about HIPAA NPI regulations be found? See the CMS website:

http://www.cms.hhs.gov/NationalProvIdentStand/ for information and an application.

Rick Pettigrew can be reached at rick@pettigrewmedical.com

Political Grapevine continues

them to continue to support SB3 especially the section on emergency care. No one else can do it for you. They only want to hear from those people who live in their district. An email, phone call or letter is all it takes.

Senator Smith noted many new insurance companies are coming into Georgia and quoting malpractice rates. He was very pleased with this result and stated that was one of the goals they were hoping SB3 would accomplish.

Many people are hesitant to attend Legislative Day because they don't know what to do. Fear not. We always pair you with a group who does have some experience at this and never leave you without guidance. We meet early for breakfast and review the top three issues we want to discuss. We break into groups so several people go together to meet with specific legislators in their offices or on the house or senate floor. Do it once and you will keep coming back. It is rewarding and fascinating to be apart of the process. If you aren't willing to be a part of it, that means you are willing to take whatever others decide you should have even if they do not know medicine. It's worth the effort. Please plan to join us next year. Your involvement this year is still welcomed. Contact your senator and representatives and make your thoughts know. Each year our turn out is better and better. More and more senators and representatives feel compelled to stop by for the luncheon and are eager to hear our thoughts and views. The welcome sign is out. The invitation is extended. YOU need only take advantage.

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