Georgia College Of Emergency Physicians

EPIC

The Newsletter of the Georgia College of Emergency Physicians

Spring 2009

Georgia College of Emergency Physicians
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www.gcep.org

Viewpoint from the President

by Maureen Olson, MD, FACEP

Maureen Olson, MD

Our country has completed a very long and arduous election cycle. Throughout the process I continually heard people, including the political pundits, ask questions like, "What will this candidate do on this issue? What is this candidate's plan to solve this problem?" As I followed these discussions, I kept thinking we were asking the wrong questions and have placed the focus in the wrong direction. Intuitively we all know that we elect our leaders both state and federal and, therefore, they work for us. We are their employer. Yes, that would include the President of the United States and the Governor of Georgia. As an employer shouldn't it be our responsibility to tell them what we need them to do? By electing officials are we really saying do what you want and let us know how it goes?

Would it surprise you to know that as I speak with legislators both on the federal and state level many of them have no idea what EMTALA is, why it was adopted, nor what the unintended consequences have been? Many were not around at the time of this legislation. Yet, many of us sit back and wait to see what will happen. Do you really want a health care reform policy without physician input? Physicians are probably in the best position to recognize unintended consequences and address them. For example, emergency medicine physicians provide a large amount of uncompensated care. The federal government has maintained there is no funding available for this. Using some creative thinking, why not fund it from the back end by allowing practicing emergency medicine physicians to not pay federal income tax? Even at that we are still going to be providing uncompensated care, but it is a start in recognizing we are the only specialty held responsible under EMTALA. We spend our whole career asking questions. We ask, "What can I do for you today? What symptoms are you having? How are you feeling?" Yet we fail to do the same when it comes to our specialty.

I was speaking with an emergency physician recently who asked me why he should join ACEP/GCEP. He asked what they do for him besides lobby in Washington. "How do they help me in my daily practice?" I turned the questions around and asked, "What do you need them to do for you? What benefits do you need provided for you?" Lastly, I asked if he has made his thoughts known to the ACEP leadership.

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From the President: continued from page 1

As we are the employer of our federal and state elected officials, we are also the employer of our state and national professional organization. I happen to think membership in our specialty organization says a great deal about you and your group as practicing emergency physicians regarding your commitment to the continual improvement of our professional specialty. We have several groups who now have achieved 100% membership. It speaks very highly about their commitment to the practice of high quality emergency medicine. If your group has not achieved that status yet, it is time. That being said ACEP/GCEP does have a responsibility to provide its members with services and benefits.

WHAT DO YOU NEED? We have just completed our contract negotiations to offer health insurance at group rates to members of GCEP. More information will be coming. We are continuing to develop our educational programs for physicians around the state especially those practicing in rural and small towns in Georgia.

Our "Commitment to Excellence" program for groups achieving 100% membership continues and we have added more than 200 new physician members. This gave us another seat on the ACEP council. This will be our third year of providing a pre-hospital component to our summer conference. More initiatives are in the works.

Regardless of which governing body we discuss, we each have an obligation to tell them what we need them to do. You are the employer. We can't expect elected officials to know and understand the practice of medicine. Nor can we expect board members of our organization to know and understand each state's or local group's needs. These need to be communicated to the appropriate board of directors.

It all comes down to definition again. Do you define governing bodies as an entity designated with the task of providing benefits and services that you and your community can not provide for yourselves? Or do you define it as being obligated to take care of and anticipate all your needs with little or no input or effort on your part? A case can be made for both. The first leaves you in control and the second allows you a more passive role.

Make a Difference

All of our meetings are open. If you are interested in being more involved, please visit the GCEP website at **www.gcep.org**

Get involved!

GCEP is here to serve the emergency physicians and emergency patients of Georgia. If you would like to get involved, please visit us at www.gcep.org

Don't Underestimate Pain in Children

by Jeffrey Linzer Sr., MD, FAAP, FACEP
Associate Professor of Pediatrics and Emergency Medicine, Emory University School of Medicine

There is an unfortunate misperception that children, especially young children, do not "feel" pain the same way as adults. Recent studies have shown that pain in childhood may have life long consequences[1] and that children's pain experience is at a much higher level than previously thought.[2] Even infants should receive pain management.

While children may have a hard time expressing their pain, using validated standardized tools can be of great help. Among the more commonly used scales are the Numeric pain scale, FACES scale and FLACC Scale For Children.

The Numeric pain scale uses a visual acuity score of 0-10 with 0 being no pain and 10 the worse pain. Originally published in 1988, The Wong-Baker FACES Pain Scale is useful in children 3 and older.[3] The scale consists of five faces with varying looks of discomfort and are scores 0-10. The child is asked, "Which face best says how you're feeling?" The FLACC Scale For Children is an observational score used in non-verbal children six months of age and older.[4] A score is picked from each of five categories: face, legs, activity, cry and consolability.

Mild pain can be managed with distraction or simple analgesics such as acetaminophen or ibuprofen. A study comparing these drugs along with codeine (alone)[5] showed that ibuprofen provided the best treatment of acute traumatic musculoskeletal injuries. An adult study showed that hydrocodone with acetaminophen provided somewhat better pain relief then codeine with acetaminophen.[6]

With pain scores of five or greater, the ED physician should not shy away from aggressively addressing the need for pain control. IV morphine is one of the mainstays of pain management. Subcutaneous administration should be avoided because of the increased chance for emesis. Intranasal fentanyl (1.7 mcg/kg, maximum initial dose 60 mcg) has been shown to be as effective as IV morphine (0.1 mg/kg) in adolescents with musculoskeletal trauma.[7] The nonsteroidal antiinflammatory agent ketoralac (IM: 1 mg/kg; 30 mg maximum, IV: 0.5 mg/kg; 15 mg maximum) is approved for children two years and older. It is a useful alternative to opiates.

Properly managed pain in the ED will provide for better patient care and a happier family.

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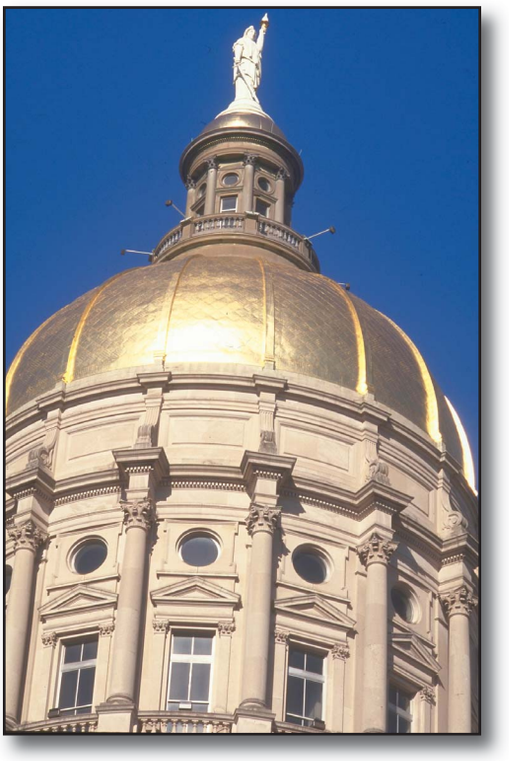
GEMPAC: Cost of Doing Business



by Stuart Segerman, MD, GEMPAC Chair

I want to take this opportunity to emphatically thank all of the emergency physicians of Georgia who have given their hard earned dollars to GEMPAC for the purpose of educating the Georgia legislators about our issues. I'm constantly amazed by the ignorance and naiveté demonstrated by these law makers of the problems which we confront on a daily basis. The House member from my own district (which includes Emory) thought that my hospital paid my malpractice insurance so why should I worry about tort reform…The money that we give to GEMPAC not only makes these politicians aware of our group ("Money talks and bulls… walks") but gives us the access to tell them about the "real world" that affects us and our patients. This access has enabled us to make some tangible changes in the health care environment in Georgia (ie, tort reform law) which is the model of which other ACEP chapters strive; the establishment of a trauma care system, which has been long dormant in Georgia; advocacy to the Medicaid leadership to prevent/limit cuts in ER payment schedules; promotion of a more effective network of state psychiatric facilities which would alleviate the difficulties we have in transferring psych patients out of our ERs to an appropriate evaluation/treatment site. All of these laudable goals cost money to achieve. Call it advertising or educational expenses but ALL THE OTHER PROFESSIONAL GROUPS CALL IT THE COST OF DOING BUSINESS!!! We must continue to give despite our financial woes because to shirk our responsibilities now would be to give up our seat at the round table where the important healthcare decisions for Georgia are made.

GEMPAC gave over $42,000 to 78 individuals/politi-cal groups in 2008, which included members of both parties and both houses of the legislature. We depend on the advice of our lobbyist, Trip Martin of GeorgiaLink, to decide who gets money and how much, based on the "biggest bang for the buck" algorithm. GEMPAC has subsequently come to be recognized as a "player" at the Capitol, and more importantly known as a force for patient advocacy. WE MUST CONTINUE TO BE KNOWN IN THIS FASHION!

See for yourselves who got money from GEMPAC in 2008.

Again, many thanks for giving to GEMPAC but also remember that we are the ONLY ones who care about your concerns because WE ARE YOU!!!

Contributions Jan-Dec. 2008

Allen Peake for House	-500.00
Barry D. Loudemilk for House	-250.00
Bill Hembree for House	-500.00
Bob Hanner for House	-250.00
Carl W. Rogers for House	-500.00
Casey Cagle for Lt. Governor	-1,000.00
Charlice Byrd for State House	-500.00
Committee to Elect Renee Unterman	-1,000.00
Committee to Re-Elect Ralph T. Hudgins	-250.00
Donald R. Thomas for Senate	-1,000.00
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Dubose Porter for House	-250.00
Ed Rynders Committee for House	-250.00
Ed Setzler for House	-250.00
Emanuel Jones for Senate	-250.00
Eugene T.Maddox for House	-250.00
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Friends of Bill Cowsert	-1,000.00
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Friends of Billy Maddox	-750.00
Friends of Butch Parrish	-500.00
Friends of Chip Rogers	-500.00
Friends of David Ralston	-2,000.00
Friends of Ed Lindsey	-500.00
Friends of Eric Johnson	-1,500.00
Friends of Jay Roberts	-500.00
Friends of Jeff Mullis	-500.00
Friends of Jerry Keen	-1,500.00
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Friends of John Wiles	-1,000.00
Friends of Lee Hawkins	-250.00
Friends of Lt. Governor Casey Cagle	-500.00
Friends of Mable Thomas	-500.00
Friends of Mark Burkhalter	-1,000.00
Friends of Matt Ramsey	-500.00
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Glenn Richardson for House	-1,000.00
Gloria Butler for Senate	-250.00
Greg Goggans for State Senate, Dist. 7	-1,000.00
Horacena Tate for Senate	-500.00
Howard A. Mosby for House	-250.00
Jim Cole for House	-500.00
John Foster Douglass for Senate	-500.00
John T. Graves, Jr. for House	-500.00
Johnny Grant for Senate	-250.00
Judson Hill for Senate	-1,000.00
Karla Drenner for House	-250.00
Katie Dempsey for State House	-1,000.00
Kevin Levitas for House	-250.00
Margaret Kaiser for House	-250.00
Mary Margaret Oliver for House	-250.00
Michele D. Henson for House	-250.00
Mickey Channell for House	-1,000.00
Mike Keown for House	-250.00
MMV Alliance Fund	-1,000.00
Nikki T. Randall for House	-250.00
Pat Gardner for House	-250.00
Preston Smith for State Senate	-500.00
Randal Mangham for House	-250.00
Richard Herbert Smith for House	-250.00
Roberta Abdul-Salaam for House	-250.00
Sharon Cooper for State House	-500.00
Sistie Hudson for House	-250.00
Stacey Abrams for House	-250.00
Stephanie Stuckey Benfield for House	-250.00
Stephen B. Henson for Senate	-250.00
Thomas P. Knox for House	-250.00
Tim Golden for Senate	-500.00
Timothy J. Bearden for House	-250.00
Wendell K. Willard for House	-1,000.00
TOTAL	-42,250.00

Legislative Update

by Robert J. Cox, MD, FAAEM, FACEP

BUDGET

The FY 2010 Budget passed without any Medicaid reimbursement rate cuts to any providers. The FY 2010 Budget did include $23 million for trauma care that will result from enactment of the governor's super speeder legislation (HB 160).

TORT REFORM

HB 24 is a product of the judiciary committee to update the 'evidence standards' for law in Georgia. One sentence in this 124 page bill deals with the evidence required for the tort of negligence.

Our goal was to make sure any language in this bill did not interfere with our language from SB3 (Code Section 51-1-29.5) that provided for clear and convincing evidence of gross negligence as the standard in emergency care. Our urgent call to action asking our members to contact the judiciary committee was successful in assuring the following language:

24-14-3. Moral and reasonable certainty is all that can be expected in legal investigation. Except as provided in Code Section 51-1-29.5 or Code Section 51-12-5.1, in all civil proceedings, a preponderance of evidence shall be considered sufficient to produce mental conviction. In criminal proceedings, a greater strength of mental conviction shall be held necessary to justify a verdict of guilty.

The bill was withdrawn and recommitted. We will follow this closely.

DHR RE-ORGANIZATION

The House and Senate adopted the conference committee report on HB 228, which is the reorganization of the Department of Human Resources. The conference committee report moves the Division of Public Health to the Department of Community Health (DCH). The governor will appoint the Director of Public Health to oversee the division, and advisory board will be created for public health and will give advisory opinions to the board of DCH, the director will be in charge of all county health offices, and a commission to look at the reorganization will continue to work through 2010.

Previously, DCH was to be re-named the Department of Health. However, it will now retain the DCH name.The Division of Mental Health and Developmental Disabilities will be formed into the new Department of Behavioral Health.

TRAUMA

SB 156 enhances the ability of the trauma commission to perform their duties, and also protects the ability of the Commission to only use the money for designated trauma operations. The committee substitute for the bill also included funding for the trauma network by diverting the State's 1/4 mill of the property tax to the trauma fund. SB 156 was assigned to the House Rules Calendar for a floor vote, but did not receive one.

SR 277 proposes an amendment to the Georgia Constitution adding a $10 surcharge on all car tag purchases. The proceeds of that surcharge would be used to fund Georgia's trauma network. SR 277 is still in the House Rules Committee, and was never scheduled for a vote on the floor.

HB 160 is the governor's super speeder legislation that would raise approximately $23 million for Georgia trauma's network. HB 160 was passed and awaits the governor's signature.

HB 480 would eliminate the motor vehicle ad valorem tax, the sales taxes on the purchase of motor vehicles, and would then institute a one time title transfer fee of 7%. This fee would be capped at $1,500 and approximately $50 from every title transfer to the Georgia Trauma Network Commission (this would be capped at $150 million). HB 480 was schedule for a vote on the Senate floor. However, it was tabled on the 29th legislative day, and was not brought off the table for a vote.

National Standards for Training and Credentialing

SB 233 was introduced without notice by the Georgia Association of EMS (GAEMS). The current path to EMT/EMT-P certification is after completion of a SOEMS/T approved course, the applicant sits for the National Registry Examination and if successfully completed, is awarded GA certification. In compliance with the IOM Report, EMS at the Crossroads, NREMT plans to require that any applicant that sits for its examination in 2013, graduate from a nationally accredited program. SB 233 was introduced to bypass NREMT as the sole certification instrument and is in conflict with the IOM report. The bill is currently in the House Health Committee and the leadership of GAEMS has agreed to ask that the bill be put on hold so that stakeholders can meet this summer and address issues that have necessitated this bill's creation.

IOM Summary:

The committee supports this effort and recommends that state governments adopt a common scope of practice for emergency medical services personnel, with state licensing reciprocity (4.1). In addition, to support greater professionalism and consistency among and between the states, the committee recommends that states accept national certification as a prerequisite for state licensure and local credentialing of emergency medical services providers (4.3). Further, to improve EMS education nationally, the committee recommends that states require national accreditation of paramedic education programs (4.2).

OTHER LEGISLATION

SB 8 allows students to self administer auto-injectable epinephrine. The House passed SB 8 and it now goes to the governor's desk for a signature.

SB 5 requires seat belts to be worn in pick-up trucks. SB 5 was attached to multiple bills by the Senate on the 40th legislative day, but the House did not agree to any changes that included the seat belt language.

HB 23 bars and provides penalties for persons under 18 that text message while driving. HB 23 is currently in the Senate Rules Committee and did not receive a vote by the full Senate.

SB 62, the prompt pay legislation, did not pass the House. While attached to other pieces of legislation, none passed with this language attached.

This summer is a great time to have your legislators visit your ED to see what you actually do. It's great PR for your group, hospital and your legislator. We can certainly offer advice if you don't know where to start: rjcox01@aol.com.

GCEP Offering Group Health Insurance

Through Hagan Benefits, JLBG Health and the Assurant Company, GCEP is pleased to provide our members and their families with comprehensive, affordable health insurance protection with average premium savings of 42%. Our new health insurance program provides a wide selection of comprehensive coverage options, including PPO Co-pay plans, health savings accounts, short term health insurance and student health insurance.

With health insurance, it's not always easy to have it your way. But this program may make it easy for you to get health insurance the way you want it. Pay for the coverage you need, and not the coverage you will never use. You can call now to build your personal plan, enroll via TeleExpress, (no paper application) and be approved in as little as 24 hours.

Member Plans Include:

- A 3-year rate guarantee regardless of claims
- $25 million in lifetime benefits per person
- Over 1,000,000 providers nationwide
- A 10% healthy member discount
- A new shrinking deductible–if you do not exceed your deductible in any given year we will credit 20% off it the following year
- 1st dollar preventive and wellness care

Whether you are seeking coverage for seven months, seven years or a lifetime, this program may help balance costs and benefits, weigh your options and invent a plan as unique as you are. To view and compare the health insurance plans available in your area, simply go to www.GCEPHealthplans.com or call us toll free at (866) 708-6582. The insurance specialists will be more than happy to assist you with enrolling in the plan of your choice.

Silent Auction

We are gearing up for another great meeting in Hilton Head and need donations for the silent auction! Past contributions have included Brave tickets, vacations, gift baskets, crafts and wine, raising thousands of dollars to help us serve the patients of Georgia better. Email me (amattke@aol.com) or Vida Skandalakis (vidaskan@bellsouth.net) with items you or your group wishes to donate towards helping our patients and making Georgia the best place to practice medicine!

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by Maureen Olson, MD, FACEP

Maureen Olson, MD

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Seeking Contributions!

Interesting case
Medical update
Medico-legal
Billing
Legislative
Other.....

If you would like to contribute to the EPIC please contact:
Tara Morrison at
tara@theassociationcompany.com

News From MCG: Emergency Medicine Residency

by Stephen A. Shiver, MD, Residency Director and Brad Reynolds, M.D., Associate Director, Medical College of Georgia

As is usually the case, it continues to be a busy time for MCG Emergency Medicine. Match day will be here within days and the current seniors are already developing symptoms suggestive of "Senioritis," a malady that strikes EM-3's annually about the time the spring thaw arrives. The cycle of welcoming a new group of eager interns and saying goodbye to a likewise eager group of newly trained emergency medicine physicians is about to come to fruition once again. We are excited about a strong finish to the current academic year and look forward with great anticipation to the new one.

The residents just completed one of their favorite annual rites: the ABEM Inservice Examination. Staying true to tradition, it wasn't all hard labor as the residents enjoyed their 'Resident Day' time immediately following the test. As such, they were free from clinical responsibilities for several hours. The entire group enjoyed lunch together at P.F. Chang's, followed by a friendly game of paint ball. They were kind, or devious, enough to welcome any faculty brave, or stupid, enough to attend the mock warfare session. Rumor has it that the chairman, despite his extensive military background, was a favorite and often hit target.

Dr. Angela Gardner, President-Elect of ACEP, visited the residency in March. We were honored to have her in Augusta! Her lecture topics included toxicology and an ACEP update. The residents particularly enjoyed hearing her perspective on the current state of emergency medicine nationally. The need for continued unity and political activism was stressed, especially given the current economic and political climate.

The residency is saddened by the coming departure of Carl Menckhoff, M.D., who is leaving the academic arena for the private realm. Carl, Milea, and family will be moving to Texas in June 2009. Carl has served MCG well, including a multi-year role as the Residency Program Director. He has been a consistent resident advocate and has been the recipient of multiple teaching awards during his tenure in Augusta. No doubt, he will be sorely missed by the residency. We wish him nothing but the best in his new endeavor!

Thom Burnett, M.D., an alumnus from our training program, will be joining the faculty ranks in early summer. Thom's major niche area of interest is operational medicine and he will be a valuable addition to an already strong section within the department. Our residents are encouraged to pursue an educational niche and operational medicine continues to be a popular choice. Not to be outdone, Dr. Michael Caudell, director of the Wilderness Medicine section, has seen resident interest in his section rise. Perhaps it has something to do with a recent Mount Kilimanjaro climb and month long resident electives?

We are fortunate as a program to have two relatively new people in key roles: Courtney Buckner and Tina Cathey. Courtney is now the Residency Coordinator and Tina serves as the Residency Specialist. The residency has grown significantly over recent years, now at 10 per year, and it goes without saying that these roles are critical. Courtney and Tina are doing a great job and we are thrilled to have a stable team in place.

We welcome inquiries regarding our residency program. If you have any questions or would like to learn more about the opportunities that exist within the MCG residency, please contact Courtney Buckner at (706)721-2613 or visit our website, currently under renovation, at www.mcg.edu/resident/em/.

Reimbursement Column

by D.W. "Chip" Pettigrew III, MD, FACEP, ACEP Reimbursement Committee

You should know by now that CMS (the federal Centers for Medicare and Medicaid Services) has implemented a 1.1% raise for all physicians this calendar year (2009), and with the mandated change in the budget neutrality adjustment and the increased work valuations on E/M codes for emergency medicine, emergency physicians are realizing a 4% increase in federal reimbursement for Medicare patients this year compared with last year. Depending on the percent of Medicare patients that you have, this should be a measurable increase in your accounts receivable.

Congress is also expected to increase physician payment under the Medicare program for next year at approximately 1%.

Additionally, many of you are actually seeing the benefits of participation in the PQRI program. By appropriately documenting interventions in several areas (for example, aspirin for MI patients, and various items for community acquired pneumonia), emergency physicians are eligible for bonuses from Medicare- these are in addition to the regular fee-for-service payments! I hope that you are all participating in this program. It won't be long before much of your reimbursement is in the form of pay-for-performance.

Coming up soon (May 1, 2009), all physician practices (including emergency medicine) will likely have to have a "red flag rules" program to prevent identity theft. The government has determined that physicians are "creditors" since they don't always demand full payment at the time of service and, thus, effectively extend credit to their patients. The AMA and ACEP (among other physician organizations) vigorously opposed this determination, but the government is standing fast and will require physicians practices to have written programs to identify and respond to potential identification theft. Your billing company should be helping you out with this policy as they will be the ones to implement it.

Finally, bad news from the PRC (Peoples Republic of California)… Their state Supreme Court rules that a law against balance billing for ED visits was constitutional. So, California EPs may no longer balance bill patients for the portion of their co pay that is not covered by the insurance compa-

ny for the visit. They may negotiate in good faith with insurance companies for "fair payment" but can no longer balance bill patients for the difference between the EP's fee and the insurance company's payment. Needless to say, anxiety is at an all-time high level in California among the EPs. ACEP is taking an aggressive stand on this with the National Council of State Insurance Regulators and provided testimony at a national meeting earlier this month regarding the hazards of continuing decreases in reimbursement for the public's safety net (EDs) and the already significant reimbursement problems with the EMTALA mandate. We'll want to watch this on a state-by-state basis.

The Obama administration is using the current economic mess as a big reason to tackle healthcare reform. No one knows what the eventual outcome will be, but as a minimum, you should expect more pay-for-performance initiatives, very small increases in reimbursement rates from government insurance programs, and a lot of pressure on the healthcare system to save money via some restrictions on procedures, treatments and tests (all in the name of evidence based medicine). I talked with a former EM residency mate at the ACEP conference last fall in Chicago. He just completed a year-long stint in New Zealand as a "consultant" in emergency medicine (consultants are their attending physicians). He saw government run medicine first hand and had some keen observations. Among them was unionization of physicians to provide them with a modicum of income and workload protection. Patients were variously discouraged from utilizing EDs except for extreme emergencies. Medications were tightly controlled, as were procedures and tests. On one of his first shifts there, after intubating an elderly patient in extremis from end-stage COPD, the consultant in critical care medicine came to the ED and extubated the patient- who died immediately thereafter. Well, that's one look at government run healthcare! Anyone want to sign up?

Catch A Wave!

by Maureen Olson, MD, FACEP

Remember "Catch a wave and you'll be sittin' on top of the world"? Ok, that may be before your time. Listen to more oldies.

Soft breezes blowing, dolphins are playing, tree tops are swaying and you're listening to music as you socialize and laugh with your family, friends and colleagues. Join us in Hilton Head this June for the GCEP Scientific Assembly and all that and more can be yours. This year the meeting will be held at the Sea Pines Resort Plantation on Hilton Head Island June 12-14, 2009. Villas and rooms at the lodge are available at a discount for the GCEP meeting. There are over 6 miles of bike trails that are safe for both kids and adults so bring your pedals or rent them there. Multiple pools, tennis courts and, of course, the beach will be available for your entertainment. While you attend the outstanding educational program in the mornings your family will be able to take part in a scavenger rally with prizes. There will be an early cocktail party on Friday evening and a family beach party on Saturday night with live music.

You are wondering "Where is the golf?" Ah, Dr. Grubbs is in charge of planning another zesty, magical golf tournament for Friday afternoon. Not to worry you don't need to be a Tiger Woods to win. That's what makes it so magical. Zesty is up to you.

This year snazzy GCEP t-shirts and lapel pins will be given to each attendee. Additional ones can be obtained for a very small donation to cover the cost.

All awards and prizes will be given at the Saturday night beach party. This is a golden opportunity for your group to receive their "Commitment to Excellence" award by having 100% membership in ACEP/GCEP. Have as many of your group attend the meeting for the picture taking event. It will be in the EPIC and on the website. Your group deserves the recognition so be sure to have your membership in to ACEP before the end of April. Don't get left behind.

Come early, stay late and bring the whole family. See you there.

Commitment to Excellence Award for 100% Membership

These physicians are committed to the pursuit of excellence in the field of emergency medicine to benefit their patients and community by having 100% membership in both ACEP and GCEP:

Athens-Clarke Emergency Specialist

Emergency Medicine Specialists of Columbus, PC

EmergiNet, LLC and Summit Medical Services, LLC

Emory University School of Medicine

Georgia Emergency Medicine Specialists

Medical College of Georgia

Northside Emergency Associates

Rural Initiative Update

by John Rogers, MD, FACEP

In early March the ACEP National Chapter Relations Committee (NCRC) notified GCEP that our initial Chapter Grant request was reviewed. They requested a full proposal and had a few questions. Dr. Matt Lyon and others have been working diligently on this project. In short, GCEP plans to develop a Skills Update/Refresher Program for Georgia EPs. Our idea is to hold a session quarterly, each in a different geographic location. The NCRC was very complimentary of GCEPs Rural Plan and in particular this Grant Proposal. They felt it was unique and were impressed that it was for all emergency physicians, not just members of ACEP/GCEP. As one member of the Committee said, 'reaching out to all emergency physicians is something ACEP needs to do.' I don't know the exact time frame but it seems that we will not receive any final notice on our Grant Request until late summer or in the fall.

In March I had the pleasure of talking with a Sub-Committee of the ACEP Academic Affairs Committee (AAC). Part of the GCEP plan, and also a goal of the ACEP Rural Section, is to encourage rotations in rural EDs for EM residents. We recognize that this may not be something for all residency programs but it does fit with the mission of many. A discussion with Dr. Richard Schwartz from MCG and Dr. Kate Heilpern from Emory made it clear that there were barriers to programs offering these rotations. Those barriers include loss of Direct Graduate Medical Education Funds to the parent program, Faculty Supervision, Liability Insurance, etc.

Ron Cunningham of the ACEP staff suggested that ACEP should facilitate all of the parties (CORD, ACGME, SAEM etc) to come together to decide how these barriers can be removed. This led to my conversations with the AAC. The feeling of this Sub-Committee was that rural issues were very important to ACEP and rotations for residents were a high priority. The AAC Sub-Committee decided to recommend that ACEP reconvene the ACEP Rural Task Force to address this and other issues.

My two year term as the Chair of the ACEP Rural Section will end this October. My interest and activity on rural issues will persist however. I am comforted to know that will be leaving the Rural Section in the very capable hands of another GCEP member, Dr. Tripp Wingate. I look forward to working with him and developing the GCEP Rural Strategic Plan further.

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