

EPIC

THE MAGAZINE OF THE GEORGIA
COLLEGE OF EMERGENCY PHYSICIANS

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Under the Gold Dome

Legislative Day 35

The mood was somber early in the week as the House convened to memorialize the late speaker David Ralston. Ralston, who would have celebrated his 69th birthday on Tuesday, was remembered fondly by Speaker Jon Burns ; Ralston's widow, Mrs. Sheree Ralston; and Representative Mack Jackson, who served as Chaplain of the Day.

Governor Kemp's tax relief legislation, achieved final passage in the State Senate and will be headed to the desk for signature. The bill, which passed by a 46-7 vote, will provide income tax refunds ranging from \$250 to \$500 dollars to Georgia taxpayers depending on filing type, and joins property tax relief approved in the Amended FY23 Budget that was signed earlier this week.

We are 5...long legislative days away from Sine Die. We anticipate a very committee heavy week of hearings moving into next week.

Senate "Priority" Study Committees

Lieutenant Governor Burt Jones announced four priority study committees early in the week. The appointments to the following "studies" will be announced post sine die:

SR 85 - Sen. Larry Walker

Senate Occupational Licensing Study Committee to look at Georgia's current occupational licensing laws and requirements.

SR 275 - Sen. John Albers

Senate Study Committee on Expanding Georgia's Workforce, which will examine current practices, pilot programs, private-public partnerships, and initiatives by industries across Georgia to increase workforce opportunities.

SR 279 - Sen. Greg Dolezal

Senate Study Committee on Certificate of Need (CON) Reform and will address CON reform policies that will preserve the ability of hospitals to continue to provide open access to all patients in a community.

SR 282 - Sen. Kay Kirkpatrick

Senate Study Committee on Foster Care and Adoption, which will review current guidelines and processes related to foster care and adoption.

Senate Floor Action

HB 85 - Rep. Sharon Cooper

Biomarker Testing Coverage - Seeks to require health benefit policy coverage for biomarker testing if supported by medical and scientific evidence. The legislation passed the Senate Floor, 47-5 and now awaits signature by Governor Kemp.

HB 203 - Rep. Mark Newton

Contact Lens Dispensing (1-800 Contacts) - Seeks to address the sales and dispensing of contact lenses. It would allow the use of technology to be used to make eye assessments which could be included during a telemedicine visit. It also redefines eye examination to include telemedicine and does not require an in-person assessment. The legislation passed the Senate Floor, 51-1 and now awaits signature by Governor Kemp.

HB 332 - Rep. Butch Parrish

Annual Dangerous Drug Update - Seeks to provide for certain provisions relating to Schedule I controlled substances, Schedule IV controlled substances, and Schedule V controlled substances. This legislation passed the Senate Floor, 54-0 and now awaits signature by Governor Kemp.

House Floor Action**SB 27 - Sen. Matt Brass**

Unfair Trade Practices - Seeks to prohibit a health care insurer from requiring an ophthalmologist or optometrist to extend any discounts on services that are not covered eye care services in order to receive increased payments, better reimbursements, preferential treatment, or any other benefit. The legislation passed the House Floor 167-0 and now awaits signature by Governor Kemp.

SB 46 - Sen. Chuck Hufstetler

HIV Testing of Pregnant Women - Seeks to require physicians and healthcare providers to test all pregnant women for HIV and syphilis at the first prenatal visit, at 28–32 weeks' gestation, and at delivery. The legislation passed the House Floor 169-2 and now awaits signature by Governor Kemp.

SB 140 - Sen. Carden Summers

Gender Dysphoria - Seeks to prohibit certain surgical procedures for the treatment of gender dysphoria in minors from being performed in hospitals and other licensed healthcare facilities and to prohibit certain surgical procedures for the treatment of gender dysphoria in minors. Additionally, there was a criminal provision added by the House Public Health Committee seeking to incriminate physicians. While the legislation passed the House Floor (96-75) on a party line vote, it does have to be agreed to by the Senate.

Senate Bills Awaiting House Floor Consideration**SB 1 - Sen. Greg Dolezal**

COVID Vaccination Proof for Government Services - Seeks to remove the automatic repealer on the prohibition on state and local governments from requiring proof of COVID vaccination for government services.

SB 32 - Sen. Jason Anivartarte

Alyssa's Law - Seeks to require local education agencies to implement a mobile panic alert system capable of connecting disparate emergency services technologies to ensure real-time coordination between multiple state and local first responder agencies in the event of a school security emergency.

SB 106 - Sen. Larry Walker

Healthy Mothers, Healthy Babies Act - Seeks to provide for a three-year pilot program to provide coverage for remote maternal health clinical services under the Medicaid program.

House Bills Awaiting Senate Committee Consideration**HB 63 - Rep. Noel Williams**

Furnishing of Insurance Claims - Seeks to Require insurers providing policies for groups of 20 or more to timely furnish claims experience at the request of a group policyholder and to allow such insurers that use other methods to apply to the Commissioner for approval of the use of an alternative form of claims experience reporting.

HB 196- Rep. Alan Powell

Georgians Access to Medical Cannabis Update - Seeks to provide that the Georgia Access to Medical Cannabis Commission shall be subject to the Administrative Procedure Act and laws governing open meetings and open records. The bill also allows each licensee one additional dispensary to be located at its production facility and distribution of another licensee's products at any licensee's dispensary. Additionally, the bill establishes a legislative oversight commission and provides for up to four additional Class I licenses and five additional Class II licenses, up to a maximum of 14 Class I and Class II licenses.

HB 295 - Rep. Lee Hawkins

Surprise Billing Consumer Protection Act Update - Seeks to revise certain procedures, timelines, and other matters concerning consumer protections against surprise billing, provide grounds for new violations of unfair claims settlement practices and to provide for payments by insurers. Additionally, the Commissioner of Insurance's powers (broadened); timing for arbitration (moving from 30 days to 60 days); fines to providers; and authority for the Department to promulgate rules.

HB 362 - Rep. Karen Mathiak

Insurance Disclosure - Seeks to require an insurer or other entity which provides for payment or reimbursement of health care expenses, to disclose to a treating provider a written accounting of all payments and reimbursements for such provider's health care services.

HB 470 - Rep. Sharon Cooper

CANDOR - Seeks to establish a CANDOR system that would allow for voluntary open communications related to healthcare that are protected from future disclosure in a civil suit.

House Bills Awaiting Senate Floor Consideration**HB 76 - Rep. Alan Powell**

Licensed Marriage and Family Therapists Training - Seeks to revise provisions relating to education, experience, and training requirements for licensure in marriage and family therapy. Additionally, this legislation would now repeal the Georgia Occupational Regulation Review Council.

Committee Updates**Senate Regulated Industries****HB 455 - Rep. John LaHood**

Physician Safe Haven - Seeks to provide confidentiality protections to participants in a wellness program for health care workers. This legislation received a Do Pass and moved onto the Senate Rules Committee.

HB 557 - Rep. Ron Stephens

APRN Schedule II Prescribing - Seeks to to authorize physicians to delegate the authority to advanced practice registered nurses and physician assistants to prescribe Schedule II controlled substances. which would allow APRNs and PAs working under protocol agreements, or job descriptions, to prescribe Schedule II drugs for a five-day supply. For patients under the age of eighteen, the prescription is limited to medications to treat attention deficit hyperactivity disorder, so long as the delegating physician is a pediatrician, family practice physician, internal medicine physician, or psychiatrist. This legislation received a Do Pass and moved onto the Senate Rules Committee.

Senate Health and Human Services Committee**HB 383 - Rep. Matt Reeves**

Violence Against Healthcare Workers - Seeks to provide for enhanced penalties for aggravated assault and aggravated battery committed upon emergency health workers and healthcare workers located on a hospital campus. The legislation received a Do Pass and moved onto the Senate Rules Committee.

HB 416 - Rep. Deborah Silcox

Pharmacy Technician Vaccine Authorization - Seeks to authorize qualified pharmacy technicians to administer certain vaccines under the vaccine protocol agreement between their delegating pharmacist and a physician. The public emergency saw a need to designate technicians to give shots for COVID. The measure defines terms and conditions on how they may continue to give shots to adults only under a supervising pharmacist. The vaccine must be CDC and FDA approved. The measure requires continuing education as well as the technician certification in cardiac life support. There are also continuing education requirements outlined in the legislation. There are further requirements for the supervising pharmacist such as his or her documenting and reporting adverse events and checking the vaccine registry as well as registering the vaccine in the registry. It does not allow pharmacy technicians to order vaccines. The legislation received a Do Pass and moved onto the Senate Rules Committee.

HB 520 - Rep. Todd Jones

Mental Health Update - Seeks to implement recommendations from the 2022 Behavioral Health Reform and Innovation Commission. This legislation received a Hearing Only. We understand there is a Senate Substitute being drafted that will be presented on Monday, March 20th.

House Health Committee

SB 99 - Sen. Greg Dolezal, MD

Certificate of Need Modernization in Rural Areas - Seeks to provide an exemption for acute care hospitals established in rural counties that meet certain criteria surrounding population density. It provides an additional exemption from certificate of need laws for rural acute care hospitals in Title 31. It would impact 118 of 159 counties. There are some restrictions on which hospitals can participate in this exemption — such as 10 percent classified as indigent care, accept Medicare and Medicaid, file form 990 of a nonprofit, etc. If a hospital in a county with 50,000 and that county's population grows then the hospital would be deemed to fall under the exemption. This legislation was set for Hearing Only.

SB 164 - Sen. Chuck Hufstetler

APRN Licensure - Seeks to create licensure of advanced practice registered nurses. This legislation as it stands has gone through the Georgia Occupational Regulatory Review Council. This legislation received a Do Pass and moved onto the House Rules Committee.

SB 197 - Sen. Chuck Hufstetler

Health Care Practitioners Truth and Transparency Act - Seeks to prohibit deceptive or misleading terms or false representations by health care practitioners in advertisements and representations. The bill is intended to make sure health practitioners are open and clear about their credentials in advertising and representations. This legislation received a Do Pass and moved onto the House Rules Committee.

SB 223 - Sen. Ben Watson

Cancer Clinical Trials - Seeks to authorize reimbursement of patient incurred expenses related to participation in a cancer clinical trial. Specifically, the bill clarifies that these reimbursements are not illegal inducements and requires that reimbursement provisions be addressed in clinical trial documentation. This legislation received a Do Pass and moved onto the House Rules Committee.

House Insurance Committee

SB 20 - Sen. Kay Kirkpatrick, MD

CATCH Act - Seeks to ensure consumer access to quality healthcare by setting adequacy standards for network plans offered by an insurer. It seeks to exempt the HMOs from the legislation and it tightens the definition of what an HMO is, provides the Department of Insurance criteria in looking at network adequacy, monitor and provide annual reports on network adequacy and assess penalties for violations in response to final ruling by the Georgia Department of Insurance. As a note, the legislation only impacts group health plans and the employers who are purchasing plans for their employees. This legislation received a Do Pass recommendation and moved onto the House Rule Committee.

The 2023 Legislative Session will reconvene at 10:00 am Monday, March 20th, 2023.

To find any bill, go to www.legis.ga.gov and use the search box at the top left of the page. There is also an advanced search option that allows you to find bills by keyword or sponsor.

For legislative highlights and review, watch ***Lawmakers***, which airs on **Georgia Public Broadcasting** at **7PM** every night the Georgia General Assembly is in session.

We will be sending out legislative updates regularly throughout the 2023 session, so keep an eye on your inbox to stay updated on all of the happenings from under the Gold Dome.

More information: Please reach out to our office at 770.435.5586 or reach out to us personally via our cell phones.

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Why Become an IC Physician?

For most physicians, leaving the comforts of an employed position (W-2) to pursue an independent contractor position (1099) is daunting. Or perhaps you weren't given much choice and you're unsure if this endeavor is the right fit. Rest assured, we understand your concerns. 95% of our clients are physicians and this isn't a part of your training. You have lots of questions and we are happy to answer each one of them.

There are some great resources on our website, including videos that break down the concepts mentioned below. If you have questions/concerns, contact us to schedule a "Zero Meeting." Zero: judgements, pressure, expectations, commitment, or cost.

The IC model isn't for everyone, but if done the right way, it can positively impact your bottom line year in and year out. After all, it's not about how much money you earn, it's about how much money you keep. As a bonafide business owner, you can implement many strategies that will allow you to do just that...we call these strategies the 5 MIZES.

→ Optimize

ICs can contribute \$66k/year into a Solo 401k or a SEP IRA (\$73.5k if 50 or older). If that's not enough, you can contribute to a Defined Benefit* Plan or add your spouse on the payroll and contribute on their behalf. This is a big deal because every dollar you contribute could potentially reduce your taxable income.

→ Maximize

Deduct business expenses such as your cell phone, computer, tablets, health insurance, home office, pro-rata utilities, CPA fees, CME trips, meals, and even your car. Some of our IC docs even add their children to the payroll for additional savings. Our favorite deduction? The annual business retreat...Hawaii anyone?

→ Customize/Fleximize

As an IC, you can customize your health/disability/life insurance, retirement contributions and other investments. Do what's best for your family...no cookie cutter plans here. Once you taste the freedom & flexibility of being an IC, you won't want to go back. No non-competes, no restrictions, no problems.

→ Minimize

Taxes? We talkin' about taxes? As an IC, you can significantly reduce your taxable income (in addition to retirement contributions and business expenses).

- Qualified Business Income deduction (QBI, i.e. Section 199a): allows eligible self-employed and small-business owners to deduct up to 20% of their qualified business income on their taxes.** Potential savings: \$12-\$15k/year.
- PTE Level Tax: some states will allow you to pay your state income tax via your LLC*** and get a federal deduction. A lot of states implemented this law change in 2022. Potential savings: \$4-\$5k/year.
- Self-employment tax (SET): as an IC, you're the employer & the employee which means you have to pay 12.4% on social security tax (up to \$160.2k) and about 2.9% on medicare. By creating an LLC*** and paying yourself a lower wage via W-2, you can significantly reduce your SET.

*55+ year old docs can potentially contribute \$200k+ pre-tax.

**If your joint income is under \$364.2k. There are many ways to reduce your income to get under this threshold (for example, utilizing a Defined Benefit Plan).

***Taxed as an S-corporation. Some states utilize a PLLC or a PC. In some situations, you may be better off without an LLC and file via Schedule C. Please consult your tax advisor.

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Emory University School of Medicine Department of Emergency Medicine

The Emory EM Residency

On Friday, March 17, the Emory Emergency Medicine Residency welcomed the 49th class of residents. This was a great match and we are excited to welcome the Class of 2026 to Emory EM in July. Emory EM's new MUSE (Mentoring for Under-Represented Students in

Emergency Medicine) program had three students match in EM including Dr. Ifeoluwa Akisanya who matched with the Emory EM team from the University of South Alabama College of Medicine.

We also had four matches from Georgia medical schools. MUSE is currently accepting applications (until May 1, 2023) for medical students graduating in the Class of 2025. Email muse@emory.edu to learn more.



Dr. Jamaji Nwanaji Enwerem (Emergency Medicine PGY2) was recently elected a Chief Resident for the Class of 2024. He also received the Academic Excellence Award from the Emergency Medicine Residents' Association (EMRA). The award recognizes a resident or fellow who has done outstanding work in research or other academic pursuits. Dr. Nwanaji Enwerem is serving on the WHO's new [Technical Advisory Group for safeguarding workers' health across the globe](#) and he has a 2022 Grantee Highlight with the [National Institute of Environmental Health Science](#).

2023 Council of Residency Directors in Emergency Medicine (CORD) Conference

Presentations

(March 20-24)

March 20: **Dr. Melissa White** presented with a team on How do I pay for that? Innovative Ideas to Fund Education

March 23: **Dr. Jeffrey Siegelman** is presenting with a group on Tips and Tricks for using Qualtrics to Evaluate your Learners

March 23: **Dr. Laura Oh** is presenting with a group on Overcoming Barriers to Promotion for Women and Underrepresented in Medicine Faculty

Injury Prevention Excellence Award

Sharon Nieb received the Georgia Trauma Commission's Injury Prevention Excellence Award. Sharon said that she has always been interested in medicine and public health and has worked in the field for over 25 years. "We are greatly appreciative of the incredible work that Sharon has done over the many years at the Injury Prevent Research Center at Emory (IPRCE). The tenacity, consistency, leadership, and vision that she brings to the Center has helped make it great," said Dr. David Wright, EM Chair.

National Board Appointments

- o **Dr. Michael Carr**, Chair, Air Medical Services for the National Association of EMS Physicians
- o **Dr. Michelle Lall**, Secretary-Treasurer, SAEM Board of Directors
- o **Dr. Katrina Gipson**, President-Elect, ADIEM Executive Committee
 - o **Dr. Esther Hwang**, Committee Chair, Operations EMS: Fireground, Tactical and HazMat, for the National Association of EMS Physicians
- o **Dr. Liang Liu**, Treasurer, AEUS Executive Committee
- o **Dr. Amy Zeidan**, President-Elect, AWAEM Executive Committee
- o **Dr. Taylor Stavely**, VP Membership., AWAEM Executive Committee

New team members in the Emory EM Brain Research Laboratory

- o **Dr. Candace Floyd**, Director, Emory Neurotrauma Translational Research Center (ENTiRe) at Grady; Director, Brain Research Laboratory; Acting Professor, Department of Emergency Medicine
- o **Tracy Niedzielko**, Research Manager
- o **Dr. Lonnie Schneider**, Assistant Professor

Congratulations to **Dr. Debra Houry**, Chief Medical Officer for the CDC. Dr. Houry was part of the Emory EM team for many years and is now an adjunct associate professor. [The Hill](#) published an article about her new position with the CDC.

Medical Tent for the 2023 Publix Atlanta 3K, 5K, Full, and Half Marathons

Special shout-out to Emory Emergency Medicine EMS Fellow Jessica Walsh O'Sullivan who served as the lead physician in the medical tent, International EMS Fellow Dr. Phudit Buaprasert, and PGY2 Dr. Hannah Meyer. They assisted Dr. Lekshmi Kumar who leads the medical team and worked with a fabulous group of nurses, APPs, EMS personnel, techs, sports medicine, and Grady EMS to provide excellent care for the athletes.



SRDRS is Hosting 6 Free Webinars for the Radiological and Nuclear Emergency Series

[The Southern Regional Disaster Response System](#) will be hosting webinar #5 addressing the Management of Victims Contaminated with Radioactive Materials in the 6-Part Series on Tuesday, April 18 from 3-4 ET. Continuing education units are available (Nursing credits, CME, and Prehospital CEU through KY State Office of EMS). You can view all the webinars on the Events tab of the SRDRS website: <https://srdrs4.org>.

Register here:

https://zoom.us/webinar/register/WN_FNrPRF6RRhu-YQSjgXtboA



Southern Regional Disaster
Response System

HHS Region 4

6-PART
WEBINAR
SERIES

HEALTHCARE AND PUBLIC HEALTH PLANNING: RADIOLOGICAL & NUCLEAR EMERGENCY WEBINAR SERIES

Webinar #5: Management of Victims Contaminated with
Radioactive Materials



Tuesday
April 18, 2023



Ziad Kazzi, MD
FACMT, FAACT, FAAEM, FACEP

Professor, Emergency Medicine, Emory University
Associate Medical Director, GA Poison Center
Associate Medical Director, SRDRS

Guest Speaker



3:00 - 4:00 PM ET



Zoom Registration

[https://zoom.us/webinar/
register/WN_FNrPRF6RRhu
-YQSjgXtboA](https://zoom.us/webinar/register/WN_FNrPRF6RRhu-YQSjgXtboA)



Frank G. Walter, MD
FACEP, FAACT, FACMT

Professor, Emergency Medicine
Editor, Advanced Hazmat Life Support
Arizona Emergency Medicine Research Center
University of Arizona

Guest Speaker



Emily Kiernan, DO

Assistant Professor, Emergency Medicine
Medical Toxicologist
Emory University

Guest Moderator

For More Info, email srdrs@emory.edu

Visit <https://srdrs4.org>

Webinar Series Partners

ACMT, AHEPP, RITN, IDMC, & Region 4 Poison Control Center Collaborative

Toxicology Case of the Month

Case:

Mr. K is a 28-year-old male with a history of severe opioid use disorder, hepatitis C, and depression. He presented to the Emergency Department because all his friends are dying from fentanyl, and he is afraid. He uses IV heroin every day and has had two overdoses in the past two years. He knows there is fentanyl in the heroin supply, but his addiction has taken over his ability to choose to stop his daily use.

He was reluctant to come to the ED. He has been written off as a “addict” and “drug seeker” when he has presented for help in the past. He has even reported suicidal thoughts to try to get help with his OUD but was ultimately discharged back to the street. He starts to cry and tells you that he is not a bad person, but the opioid withdrawal is so intense that he cannot stop on his own.

Mr. K was started on prescription opiates after he injured his back at work when he was 21 years old. He was diagnosed with a herniated disc at L4-L5. When he abruptly stopped receiving prescription opiates, he started to experience opioid withdrawal. He was told to try non-opioid pain management; however, no over-the-counter medication was sufficient to stop his opioid withdrawal symptoms and he turned to the street. Over several years, he had used illicit pills, IV opioids and had a few hospitalizations for opioid-related complications. He spent some time in jail after a drug-related arrest and subsequently lost his job, housing, and strained all of his personal and family. He tells you that he does not know how his life got out of control.

“Can you help me, doc? I do not want to use heroin ever again.”

Mr. K was evaluated by the Emory Medical Toxicology team at the bedside in the ED and started him on buprenorphine-naloxone (Suboxone). He was given a prescription for buprenorphine-naloxone and an appointment to follow up in the outpatient Medication-Assisted Opioid Treatment (MAOT) clinic at Grady. When he arrived at clinic the next day, he was met with overwhelming respect and non-stigmatizing support. He was linked with an individual counselor, a peer recovery coach (PRC), and resources to help him get back on his feet. He was also linked with the hepatology clinic to address and treat his hepatitis C.

Mr. K came to our clinic in 2018 and has been under our care since that time. He has abstained from all illicit substances and almost has 5 years of sobriety! He is working full time, has stable housing, and has amended relationships with his family. In fact, he has opened his own business. He still comes to MAOT clinic once a month to meet with the doctors and get his prescription for buprenorphine-naloxone. He attends virtual meetings with his group and works with his individual counselor.

Mr. K always is always grateful **“for not judging him and helping him to get his life back.”**

Opioid use disorder (OUD) is a complex and debilitating chronic illness associated with serious medical complications including unintentional overdose, death, and suicide (1). Effective treatment of OUD often requires long-term, multimodal treatment. Medications for opioid use disorder (MOUD), also known as medication-assisted treatment (MAT), are considered the gold standard for OUD treatment, and the provision of MOUD has been shown to be superior to abstinence-only based approaches to care (2). All three of the currently available Food and Drug Administration (FDA)-approved options for MOUD—naltrexone, methadone, and buprenorphine—have demonstrated increased treatment retention, decreased frequency and intensity of opioid use, increased employment, decreased judicial system involvement, fewer non-fatal and fatal overdoses, and improved quality of life (3-8). Despite these known benefits, MOUD is underutilized, and treatment programs are in short supply, especially in rural communities.

Emory University and the Georgia Poison Center (GPC) have implemented a novel collaboration between rural Emergency Departments, medical toxicologists at the Georgia Poison Center (GPC), Georgia Council for Recovery (GC4R), peer recovery coaches (PRC), and recovery community organizations (RCO) throughout Georgia to bridge the gap between the opioid use disorder (OUD) treatment need in rural communities and specialty physician availability at the GPC.

Our goal is to support patients, like, Mr. K, to get their lives back from OUD.

The Rural Expanded Access to OUD Care and Linkage Using Toxicologists for Telehealth-Initiated Treatment, or REAL TIME project, aims to:

1. Improve medical management of all people with opioid use disorder (OUD) by offering medication for OUD (MOUD) to anyone presenting to the Emergency Department (ED).
2. Improve access to outpatient resources and community support for all people with OUD by linking them to a virtual peer recovery coach (PRC) and recovery community organization (RCO) in their community.



Our REAL TTIME team, based at Emory University and the GPC, will provide training to rural ED providers to help identify patients requesting treatment for OUD, presenting with acute opioid withdrawal, or following an acute opioid overdose. Using telehealth and the existing infrastructure at the GPC, our team will support rural ED providers in managing acute opioid withdrawal and evaluating for OUD to assist the rural ED provider with initiating buprenorphine (Suboxone). The REAL TTIME team will also support and provide linkage to local community services through GC4R, local PRCs and RCOs, and referral to the nearest outpatient OUD treatment provider(s), along with information about state-funded behavioral health and social services. These linkages will be facilitated through partnerships with GC4R, the Georgia Community Service Board (GACSB), and Federally Qualified Health Centers (FQHCs). The RCO will serve as a primary contact for the patient following the ED encounter providing peer support, referral to the nearest treatment providers, and linkages to other behavioral health and social services.

If you would like to learn more about this project or about how to get involved, please contact Emily Kiernan – eakiern@emory.edu

References:

1. "Opioids." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 26 Oct. 2021, <https://www.cdc.gov/opioids/index.html>. Accessed 17 April 2022.
2. Medication-Assisted Treatment (MAT)." SAMHSA, <https://www.samhsa.gov/medication-assisted-treatment>. Accessed 17 April 2022.
3. Palombi LC, St Hill CA, Lipsky MS, et al. A scoping review of opioid misuse in the rural United States. *Ann Epidemiol.* 2018;28(9): 641–652.
4. Harris M., Johnson S., Mackin S., Saitz R., Walley A. Y., Taylor J. L. (2020). Low barrier tele-buprenorphine in the time of COVID-19: A case report. *Journal of Addiction Medicine*, 14, e136–e138 <https://doi.org/10.1097/ADM.0000000000000682>
5. Guarino H, Mateu-Gelabert P, Quinn K, Sirikantraporn S, Ruggles KV, Syckes C, Goodbody E, Jessell L, Friedman SR. Adverse Childhood Experiences Predict Early Initiation of Opioid Use Behaviors. *Frontiers in Sociology.* 2021;6.
6. Mackey K, Veazie S, Anderson J, Bourne D, Peterson K. Barriers and facilitators to the use of medications for opioid use disorder: a rapid review. *Journal of general internal medicine.* 2020 Dec;35(3):954-63.
7. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) national practice guideline for the use of medications in the treatment of addiction involving opioid use. *J Addict Med.* 2015;9(5):358–367.
8. Larochelle MR, Bernson D, Land T, et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality: a cohort study. *Ann Intern Med.* 2018;169(3):137–145.

Case Report

Kaitlin O'Sullivan, PGY3

Introduction:

Nausea, vomiting, and diarrhea is a common chief complaint among pediatric patients. Often, the diagnosis is as simple as acute viral gastroenteritis. This can be complicated by severe dehydration and hypovolemia in some cases. A thorough history however, can reveal clues to more insidious etiology.

Case Presentation:

A thirteen-year-old female with no past medical history presented to the ER with the complaint of four days of non-bloody, non-bilious vomiting, watery diarrhea, and decreased oral intake. She also complained of body aches and worsening fatigue. Mom took her to her pediatrician two days prior where she was given Zofran. This seemed to help briefly but the vomiting returned and continued. That day patient was so fatigued that she was unable to walk so Mom brought her to the ED. Patient denied any chest pain, shortness of breath, localized abdominal pain, fevers. She endorsed one episode of dysuria about 1 week prior that spontaneously resolved and has not had any dysuria since that time. Patient's last menstrual period was about 2 weeks prior. Patient had no known sick contacts. Of note, she had returned to the US one week ago from a trip to Nigeria. She had been adherent with prophylactic medication, though Mom could not recall the name of the medicine.

The patient's initial vital signs were notable for tachycardia and blood pressure on the lower end of normal. The physical exam was notable for right upper quadrant abdominal tenderness to palpation, right flank tenderness to palpation, dry mucous membranes and delayed capillary refill.

Given the length and severity of the patient's symptoms, her vital sign abnormalities, and her exam findings concerning for hypovolemia, a sepsis work-up was initiated with the presumed source being intra-abdominal. With right upper quadrant pain, we most commonly think of cholecystitis, hepatitis, pyelonephritis (given the flank pain and episode of dysuria). Appendicitis is also on the differential as a retrocecal appendix can cause similar symptoms. However, given this patient's recent travel to an endemic area we also strongly considered malaria despite reported adherence to prophylactic medications. She was found to be in septic shock with evidence of renal, liver, and cardiac dysfunction secondary to plasmodium falciparum malaria. In the PICU she was treated with IV artesunate and was discharged a week later.

Malaria is a parasitic illness that is transmitted by mosquitos. In the US, most cases are in travelers or immigrants from endemic countries. Most cases of *P. falciparum*, the most deadly form of malaria, in U.S. travelers originate in sub-Saharan Africa. Initial symptoms are largely non-specific and are similar to other common illnesses (fever, chills, myalgias, nausea, emesis). In addition, some malaria species, *P. falciparum* especially, have developed resistance to many anti-malarial medications and chemoprophylaxis does not prevent infection for all patients. The diagnosis can be easily missed and delay in diagnosis and treatment is the most common cause of malaria related death in the US. Thus it is important to obtain a thorough travel history and high index of suspicion even in patients who took prophylactic medications.

The incubation period for malaria is typically one to three weeks, but may be up to one year. The classically taught triad to look out for is fever, splenomegaly, and thrombocytopenia however this is not sensitive or specific and patients can present with vague infectious symptoms though most will have fever. Depending on the species of malaria, patients may have paroxysms of fevers, diaphoresis and chills every 2-3 days. Patients with severe malaria may present with end organ damage, anemia, hemoglobinuria, hypoglycemia, and altered mental status.

If you suspect possible malaria, you'll need thick and thin blood smears. The thick smear is sensitive and detects the presence of malaria while the thin smear identifies which species is present. Over 10% of patients will have a negative first smear so patients must have three negative smears at least twelve hours apart to rule out the infection. Utilize your Infectious Disease colleagues to help guide treatment as there is medication resistance depending on the species. Choice of treatment agent is typically based on species, where the patient was infected, and whether the patient was on prophylaxis.

References:

- Centers for Disease Control and Prevention. Malaria. <https://www.cdc.gov/parasites/malaria>. Accessed 3/6/2023.
- Taylor SM, Molyneux ME, Simel DL, Meshnick SR, Juliano JJ. Does this patient have malaria? JAMA. 2010 Nov 10;304(18):2048-56. doi: 10.1001/jama.2010.1578. Epub 2010 Nov 5. PMID: 21057136.
- White NJ. Antimalarial drug resistance. J Clin Invest. 2004 Apr;113(8):1084-92. doi: 10.1172/JCI21682. PMID: 15085184; PMCID: PMC385418.
- Zekar L, Sharman T. Plasmodium Falciparum Malaria. [Updated 2022 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK555962/>

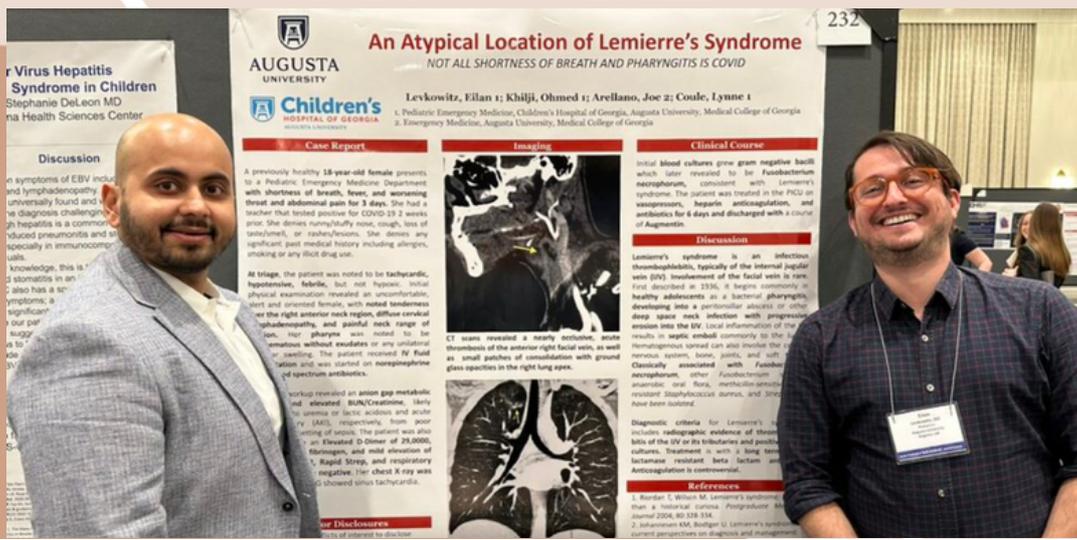
Pediatric Emergency Medicine Update - Augusta University

Reportedly Spring has hit Georgia and that means the Master's tournament is in our sights. As much excitement the wonderful game promotes in our hometown, this time of year always reminds me that we are about to watch our senior fellows depart to their new homes and jobs. They are feverishly completing quality and research projects and anticipating next steps. At the same time, we are anxiously preparing for our new fellows and hope that their entry into our program and their ultimate choice of careers will be a hole in one!

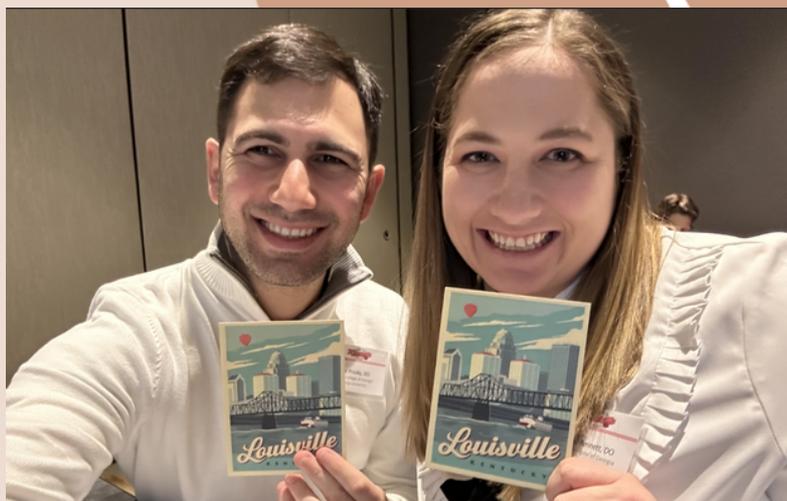
Fatima (Tiff) Cueva Ramirez will be one of our senior graduates and she will be joining our faculty here at Augusta University as well as entering a one-year wilderness fellowship. She will decidedly be the first pediatric trainee in the nation to pursue a wilderness fellowship. Since she is a new mom, she will be carting her new baby on some great experiences. She has submitted her research manuscript entitled Pediatric ED Saves: Analyzing the ED Screen of Direct Admissions (senior author and mentor, Dr. Desiree Seeyave, MD). Results of her study are informing her quality project in reducing the need for inpatient resuscitation team calls with a focus on respiratory patients.

Ohmed Khilji, will be returning closer to home and family. He has accepted a job at Northshore University Health near Chicago, Illinois. His study entitled Does IV Fluid Resuscitation Improve Ultrasound Visualization of the Appendix? (senior author and mentor Deborah Huang, MD) has been presented and accepted at The Southern Society for Pediatric Research (New Orleans) and Pediatric Academic Societies (Washington DC) respectively. Results from his study will influence and improve the approach to US in appendicitis.

Our second-year fellow, Eilan Levkowitz, who additionally completed a global health fellowship prior to his PEM fellowship has focused his research on finding the needle in the haystack. His study entitled Optimizing Triage: Assessing Age-Adjusted Shock Index as an Adjunct to Improve Emergency Severity Index Mis-Triage (senior author and mentor Desiree Seeyave, MD) has been accepted for poster presentation at Pediatric Academic Societies in Washington DC. He and Dr. Khilji also had an additional poster entitled An Atypical Location of Lemierre's Syndrome presented at Society of Southern Pediatric Research in New Orleans.



Our first-year fellows Natasha Bennett and Gary Prusky attended the National Pediatric Emergency Medicine Fellows Conference in Louisville, KY and got great feedback on their research projects.



The fellowship continues to refine and improve experiences through the annual program evaluation committee. Enhancements for fellows this year included a frontline experience in adult trauma and shifts in our Emergency Department ICU. Both changes enable more hands on with critical patients and procedures.

Fellows have opportunities to train and learn in several fun formats provided by the EM residency; Wilderness Day, EMS Day, Tactical Day, Sonogames, and Airway Day.

On the near horizon is our 13th Annual EMS-Children's Conference. A new feature will include SIM WARS for prehospital personnel. Fellows oversee the cases and the competition. It will be held on the campus of Augusta University on May 24th, National EMS-C Day. Please check out the link for further information. <https://mailchi.mp/7055e7d3728b/mhhl9u4goi>

Finally, we will be welcoming our new fellows in July. Dr. Joe Holjencin is completing his pediatric residency here at Augusta University and Dr. Anna Rees is completing her pediatric residency at Louisiana State University. We will welcome them in July 2023 to orientation and bootcamp in preparation for a successful launch to their fellowship. If you hear us yell "fore", move out of the way. They are here to hit that ball off the tee!

If you would like more information regarding the fellowship please see the following link. https://www.augusta.edu/mcg/em/ed/fellows_hips/_pediatric/index.php



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NGHS Spring 2023 Quarterly Update

Overview

Northeast Georgia Health System continues to grow with the acquisition of Habersham Medical Center July 1, 2023. In addition, we are thrilled to announce that in February, Northeast Georgia Medical Center Gainesville was designated by the American College of Surgeons as a Level I Trauma Center!

With the acquisition of Habersham Medical Center, NGHS will now have 5 EDs ranging in volume from 14,000 to over 100,000 visits annually. We are planning ways to have our Emergency Medicine residents learn how to deliver care in each type of ED and understand the important differences and challenges at each site.

Construction of a new Emergency Department for the Gainesville campus is underway and will be capable of treating well over 100,000 patients annually.

In January of 2023, we applied to the American College of Emergency Physicians (ACEP) for PACHED accreditation for our 4 emergency department campuses. The Pain and Addiction Care in the Emergency Department (PACHED) Accreditation will ensure we continue to practice with quality safety, communication, and responsibility in the management of ED patients suffering from pain and addiction.

Georgia Emergency Department Services (GEDS) continues to grow with recruiting physicians to serve on faculty as well as work clinically at our EDs. Focus recently is on Pediatric EM physicians and EMS.

Residency Updates

We have wrapped up our second season of interviews and are anxiously awaiting match day. As always we are finding ways to adapt and recruit in what seems to be an ever changing field of emergency medicine. We are now turning our attention to recruiting medical students for our audition rotations for the coming year and are adding several sub specialty rotation options including EMS and ultrasound. Interested students can express interest through our website.

We have started planning our annual EMS week for the residents this summer as part of their orientation month and will include high ropes rescue, swift water rescue, and maybe even a live fire event with the Hall county fire department. We welcome any medical students who are interested in pre-hospital medicine to join!

Ultrasound Division Updates

The Ultrasound Division is celebrating completion of its first six months with the new residents and the EM Ultrasound rotation. During each rotation, the resident performs numerous scans during self-directed and physician-directed scan shifts, leads a Journal Club for the EM group pertaining to a topic of their interest in point-of-care ultrasound, and presents an interesting ultrasound case they were involved in during weekly didactics. We are excited to welcome two new division members, Dr. Daniel Baquet and Dr. Haig Setrakian, in the upcoming months. Dr. Baquet completed his residency in Emergency Medicine and then completed an Advanced Emergency Medicine Ultrasonography (AEMUS) Fellowship at Duke University. Dr. Setrakian completed a combined Pediatric and Emergency Medicine residency and also an AEMUS fellowship at Indiana University. The residents will also complete an Advanced Ultrasound rotation during the second year of residency and we look forward to the unique teaching opportunities each member brings in the future.

Additional noteworthy events include scholarly activities. Dr. Grace Dion, the Ultrasound Division Director, has been accepted to present at EPIC's annual XMG Expert Group Meetings in May. Dr. Dion will be discussing the new ultrasound workflow and billing process she has implemented within our hospital system. Additionally, Dr. Jordan Dow, the Ultrasound Didactics Director, and other faculty members are currently conducting a research project focusing on fascia iliaca nerve block teaching and implementation in trauma patients.

EMS Division Updates

The EMS Division recently completed an update for all regional EMS protocols including new integration of a protocol phone app. We are working currently to develop an EMS elective for interested medical students as well as developing EMS electives for upper-level residents as part of a larger EMS track. As this track develops we hope to establish a Prehospital Physician Response Vehicle program.

The EMS division has published two articles recently:

- Novel Negative Pressure Helmet Reduces Aerosolized Particles in a Simulated Prehospital Setting. PMID: 35094732
- Treating Prehospital Pain in Children: A Retrospective Chart Review Comparing the Safety and Efficacy of Prehospital Pediatric Ketamine and Opioid Analgesia. PMID: 36716228

Pediatric Division Updates

Year over year, our pediatric volumes continue to grow and in 2022 our team managed over 30,000 pediatric visits across our four campuses with roughly 21,000 being at our main campus in Gainesville. Our group is fully committed to providing great care to the children in our community and assuring our emergency medicine residents will be well equipped to do the same upon leaving residency.

One of our focuses has been on pediatric readiness to assure that all of our physicians, advanced practitioners, and nurses have the necessary tools to take safe and effective care of children in the emergency department. Physician and nursing pediatric emergency care coordinators (PECCs) have been established at each campus to assure the patient experience is standardized across all campuses, that required equipment and medication is readily available, and quality improvement initiatives each campus is working on can be disseminated. Using the pediatric checklists provided by the NPRP, our pediatric readiness scores have increased by an average of 54% across each campus.

Another focus has been on pediatric observation medicine. GEDS and NGHS have a robust observation unit with more than 30 protocols in place with roughly 12,000 patients on an annual basis. In an effort to reduce unnecessary pediatric transfers out of our system, we have established pediatric observation protocols for those children who are not ready for discharge at the end of an emergency visit but do not necessarily require admission. Our initial protocols included gastroenteritis as well as head injury. Over the next several months, we hope to add undifferentiated abdominal pain, asthma, croup and pneumonia pathways. So far, patients and families have been very pleased with this addition.

Simulation Division Updates

The Simulation Division recently established a Simulation Fellowship and is recruiting 1-2 board-eligible emergency medicine graduates to participate in a one year fellowship focused on simulation education as well as using simulation for quality assurance and quality improvement processes within the medical system. Interested applicants can find more information on the website.

Additionally, the simulation division is working with the EMS to plan for our first mass casualty scenario in May.

Scholarly Updates

In addition to aforementioned scholarly projects ongoing and published by the EMS and ultrasound divisions, our observation unit team published their experience leveraging the zone during the pandemic to optimize care of our patients. Dr Shehzad Muhamed also wrote an article in SAEM's Pulse magazine on effectively working with residents. Our toxicologist, Dr Kartik Shah, published a visual EKG diagnosis with a rotating medical student, revised the Medscape article on the treatment and management of hyponatremia in emergency medicine, and created a lecture on calcium channel blocker and beta blocker toxicity for the global lecture platform, Continulus.

• Muhamed S, Konzelmann J, Reed L, Holstein H. Evaluating the Impact of Protocol-Driven Treatment for COVID-19 in an Emergency Department Observation Unit. *Cureus*. 2022 Sep 28;14(9):e29683. doi: 10.7759/cureus.29683. PMID: 36321055.

• Muhamed S. 4 Tips to Set Junior Faculty Members Up for a Successful Shift With a Resident Physician. *Society for Academic Emergency Medicine Pulse*. November-December 2022.

Shah KR, Thacker C. Hypotension in an Adult With ST-Segment Depressions. *Am Fam Physician*. 2023 Feb;107(2):193-194. PMID: 36791436.

Kennestone Residency Update

Spring has finally come to Atlanta, and we are all enjoying the beautiful weather (though not the insane pollen count).

It has been a whirlwind few months in emergency medicine, and at Kennestone we have been experiencing a significant jump in patient volume and acuity. Our residents continue to manage this with enthusiasm and skill, serving as role models for the institution.

Speaking of resident success, our group continues to knock it out of the park with scholarship. Drs. Lulu Algalayini (EM1), Humberto Salazar (EM1) James Tyson (EM1), Paul Hann (EM2), and Allison Auchter (EM2) have all had case presentations accepted at the annual Children's Healthcare of Atlanta New Horizon's conference. Dr. Algalayini also has a case she presented at the Society of Hospital Medicine Converge Conference in Austin, TX. Dr. James Infanzon (EM3), together with our Toxicology power duo Dr. Kleiman and Dr. Punja, presented an innovative case report on "The Adjunctive Use Of Plasmapheresis After Severe Amlodipine Overdose" at the North American Congress of Clinical Toxicology in San Francisco.

But wait, there's more! Our prolific toxicology team has written multiple chapters for an upcoming section of the What do I do now: Emergency Medicine series, including one written by a recent grad Dr. Jay Bhula, and one by current EM3 Dr. Destiny Horton. And Dr. Thomas Baker and Dr. Sasha Degtyar, along with Dr. Punja who apparently gets his name on everything, published a case series of coronary artery aneurysms in The Journal of Emergency Medicine.

Refusing to be outdone by the toxicology section, Dr. Juron Foreman (our EM2 Assistant Program Director) was selected as a research session moderator at the recently completed Council of Residency Directors in Emergency Medicine Academic Assembly. Incredible job by some incredible ED docs!

With spring being a season of renewal, we are excited to welcome some new faculty to the Kennestone team.

- **Dr. Michael Nitzken has been recently promoted to Director of Medical Student Education, running our Acting Internship as well as directing our MCG core clerkship students. Mike has been clinical faculty here for nearly 20 years and he is an immensely knowledgeable and enthusiastic addition to the core team.**
- **This July we will be joined by four spectacular new hires.**
 - o **Dr. Kristin Aromolaran is a current Chief Resident a few miles down the road at Emory.**
 - o **Dr. Jordan Leumas is an ultrasound fellowship grad (and first year attending) who is also coming from Emory.**
 - o **Dr. Daniele Bourget is escaping the winter snow in Philadelphia where she has been faculty at Temple University.**
 - o **Dr. Alan Rice returns to his home at Kennestone where he was a member of our very first graduating class.**

And, of course, we have an incredible class of incoming interns! But I need to save something for the next edition...

THANKS TO ALL WHO ATTENDED THE GCEP RURAL EMERGENCY MEDICINE & CRITICAL CARE PRACTICE COURSE!



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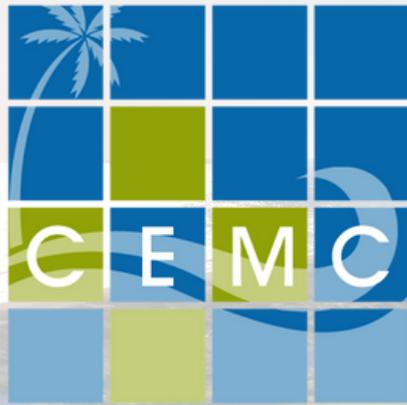
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