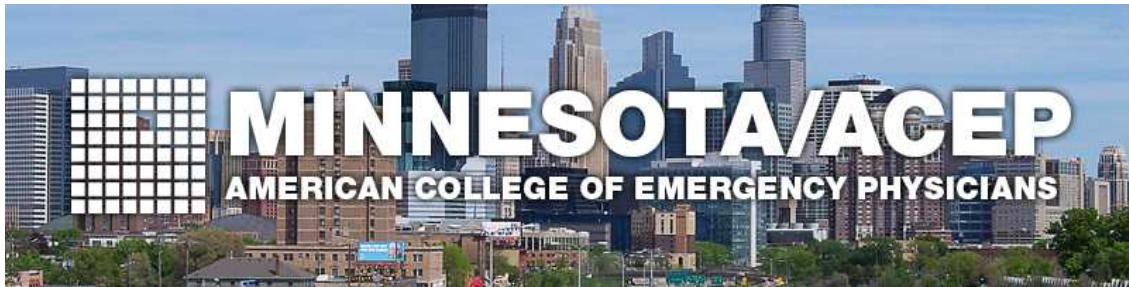


A Newsletter for the Members of the Minnesota Chapter

Summer 2017



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**President**

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### **President's Message**

#### **David Milbrandt, MD, FACEP**

My two year term as President of MNACEP is coming to an end. It has been an interesting and rewarding experience. There currently is a lot of uncertainty occurring in medicine, and I feel fortunate to have worked with a great group of individuals who are enthusiastic about emergency medicine. We need that engagement to advocate for our patients, our providers, and our specialty. We have made great strides in advocacy, membership, and education that I

believe has created a framework for future success. I am excited to pass the baton on to Drew Zinkel who will assume the presidency of MNACEP on January 1. He was a past president of the Emergency Medicine Residency Association, and I believe he has the experience and the vision to lead us forward.

We just held our 3rd annual Emergency Medicine Leadership Summit in November, which was well attended with interesting presentations from speakers and discussion by the participants. I want to specifically thank the Board Members, Don Lum and Lane Patten. They have been integral to the success of this conference, and have put in tremendous time and effort. Dr. Kaplan, Past President, National ACEP, was our keynote speaker, and he was involved in great discussions in regard to provider wellness. This will be a catalyst for the Board to further investigate specific resources available to our providers to get them off the top of the list of top burn out specialties.

Thank you for continuing to provide great patient care, and please take care of yourselves.

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## **Legislative Update**

### **Buck McAlpin**

### **Legislative Consultant**

Since my last legislative update things have been a little rocky around State Government in Minnesota. Two legislators, DFL Senator Dan Schoen, and Republican House member Tony Cornish have resigned their legislative seats because of accusations of misconduct.

Both those seats will be filled after the first of the year when the Governor announces a special election. Recently the Supreme Court in MN ruled that the Governor has authority to line item veto the legislative branch of Governments funding for the next two-year budget cycle. That in turn forced the house and senate to a special meeting to shuffle some money around to cover operations cost. Without the funding the senate would have furloughed their staff and other non-partisan staff on the first of the year. The house, senate, and Governor feel confident that they can come into the next legislative session that begins on February 20, 2018 and rectify the funding problem caused by the line item veto.

On Monday, November 13th House Republican Health Committee Chairs, Matt Dean and Joe Schomacher participated in a legislative forum at the EM Leadership Summit to interact with participants which included emergency physicians, ED nursing directors from throughout the

state. Of particular interest was the discussion that took place on the Emergency Department boarding issue of chemical and mental health patients. MNACEP members did a nice job educating the legislators on the problems the industry continues to face on a daily basis.

Chairman Dean is also a Republican candidate for Governor and has heard the same concerns echoed around the State when he is campaigning. Some of the legislative initiatives being discussed for 2018 include.

**Partial Solutions:**

Streamline IRTS siting process

Mental health structural/facility investments in a bonding bill

Competency restoration funding

48-hour law improvements

Need to “re-purpose” the county share money for stays at Anoka (RTC) or the CBHs that do not meet the hospital level of care criteria. Move from GF into mental health services. (\$20 million a year)

Recently the Hospital Association has compiled the following data to emphasize how critical the issue continues to be in regards to Mental and Chemical Health.

# Emergency Rooms Mental Health & Substance Abuse

## From 2010 to 2016 hospital claims data:

- Outpatient ER is up 15.5%. (Patient is cared for in the ER and NOT admitted into the hospital on an inpatient basis.)
- Inpatient ER is down 4.8%. (Patient is cared for in the ER and then admitted into the hospital.)
- Mental health and substance abuse outpatient ER visits -- increased 68.5%. (Patient is cared for in the ER and NOT admitted into the hospital.)
  - Need more community based mental health services.
- Mental health and substance abuse inpatient ER visits -- increased by 7%. (Patient is cared for in the ER and then admitted into the hospital.)
- **Substance abuse outpatient ER visits (this is a subset of the above mental health data) – increased 145.9%. (Patient is cared for in the ER and NOT admitted into the hospital.)**
- Substance abuse inpatient ER visits (this is a subset of the above mental health data) – increased 35.5%. (Patient is cared for in the ER and then admitted into the hospital.)

As we look to the 2018 legislative session, we have been actively working on substance abuse funding and Opioid issues with key legislators. Of particular interest is the integration of the state PMP program into EMR's in Minnesota Emergency Departments. We have had key meetings with legislators and other trade associations to support the integration proposal.

State Representative Dave Baker and Senator Julie Rosen will again be introducing the "Penny a pill" proposal to fund Substance Abuse Centers, Education and outreach along with the \$3.5 million of funding the State Pharmacy Board would need for the PMP/EMR Integration proposal. All these proposals would be part of the larger penny a pill bill that will be introduced in the 2018 session which begins March 20th, 2018. This proposal is also receiving strong support from the Governors office.

Our formal 2018 legislative agenda for MNACEP will be available after the Policy and Advocacy Committee and the Board meeting in January.

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## **State Legislative Issues for 2018** **by Harry J. Monroe, Jr.** **ACEP Director, Chapter and State Relations**

Two years after the nearly miraculous successful retreat by the British army from Dunkirk, Prime Minister Winston Churchill remarked on the first actual British victory of the war by declaring, “Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.”

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

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

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

At the time of this writing, we are also working on developing regional teams of experts that can help provide assistance in terms of legislative interpretation, understanding financial impacts, and advocacy. These should be in place by the time 2018 sessions begin.

We believe that as many as 25 states will see significant efforts by legislatures to address balance billing and out of network legislation this year. If you are facing it in your state, reach out to me [via email](#) or at 972-550-0911, ext. 3204.

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



## **ACEP – You make 50 look good!**

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

As we enter 2018, we begin the celebration of 50 years of life saving and boundary pushing. Are you on call for 50 more?

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## Show Your Commitment to High Standards for Clinical Ultrasound

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

Ensure safety and efficacy of patient care

Meet ACEP's high standards for point-of-care delivery

Use your own policies or draw from expert-reviewed sample documents

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## Geriatric Emergency Department Accreditation Program

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

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## Articles of Interest in *Annals of Emergency Medicine*

Sandy Schneider, MD, FACEP

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating

into your practice, you should read the entire articles and interpret them for your specific patient population. [Read More](#).

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## Policy Statements and PREPs Approved by the ACEP Board

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

### Policy Statements

[Medical Transport Advertising, Marketing, and Brokering](#) – revised

[Clinical Emergency Data Registry Quality Measures](#) – new

[Mechanical Ventilation](#) – new

[Hospital Disaster Physician Privileging](#) – revised

[Unsolicited Medical Personnel Volunteering at Disaster Scenes](#) – revised

[Sub-dissociative Dose Ketamine for Analgesia](#) – new

Writing Admission and Transition Orders – revised

[The Clinical Practice of Emergency Medical Services Medicine](#) – new

[The Role of the Physician Medical Director in EMS Leadership](#) – new

[State Medical Board Peer Review](#) – new

Pediatric Medication Safety in the Emergency Department – new

[Distracted and Impaired Driving](#) – revised

### PREPs

Sub-dissociative Dose Ketamine - new

Writing Admission and Transition Orders – new

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## Welcome New Members

Brendan Carr, MD

Derick Jones, MD

Kimberly Lovik, MD

Alexander D Ginsburg

Karl LaFleur, Jr



Nathan S Stratton  
Imtiaz Mohamed, MD  
Lauren Shiaoing Pan Harper, MD

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