

A Newsletter for the Members of the Minnesota Chapter

Winter 2017



David A. Milbrandt, MD, FACEP
President

[Shari Augustin](#)
Executive Director

Phone: 507.384.3164

Fax: 507.384.3133

From the President **David Milbrandt, MD, FACEP**

Happy New Year.

I enjoyed attending the Leadership Summit held in November at the Westin Edina for a few reasons. It was great to see some familiar faces as well as some new ones. It also reinforced my belief that we have great ED providers across the State.....and our communities are fortunate to have a group of individuals committed to continued learning and sharing of best practices to deliver the highest level of care. I thank you for that commitment. The comments from the conference were very good, and we already have some great ideas to incorporate in next year's course.

November also brought about a change in political leadership statewide and nationally.

National ACEP has been very active in determining how we can best impact legislation with a full or partial appeal of the Affordable Care Act. At the State level, the Republicans control both the House and the Senate and there is a big focus on making changes in healthcare legislation. Our hope from MNACEP is to help our legislators make meaningful and informed changes based on information we can provide to them. We have been asked to sit on panels, meet with influential members of congress, and participate in White Paper development on issues related to mental health boarding, opioid abuse, and No Fault insurance. Buck McAlpin, our legislative consultant, is keeping us quite active, and I am excited about the opportunities we have to advance emergency medicine this coming year.

If any of you are interested in becoming more active with our Chapter, there are several committees that would welcome your involvement. Reimbursement, Policy and Advocacy, and Education are a few of the committees that meet on a regular basis. Please let me know if you have any interest, and I will get you the information you need.

Wishing you more success on your New Year's resolutions than I have had.....I am off to eat some French fries and think about exercise. Stay strong.

MNACEP Legislative Update

Buck McAlpin-Government Relations

As we move through the month of January, the 2017 legislative session is in full swing. The legislature and the administration have offered their own proposals to address high cost insurance premium relief for roughly 25% of Minnesotans. The Administration would like to get nearly \$300 million out to the impacted Minnesotans immediately. The Republican House and Senate are more focused on some long-term reform around this issue in their legislative proposals. Over the last week the House and Senate met in Conference Committee and worked out some of the differences between the 3 branches of Government's proposals. On Thursday the 27th the House and Senate both passed the agreed-to conference committee report off of both floors with bi-partisan support. The Governor is expected to sign the bill immediately.

Key items in the bill:

Nearly \$300 million of premium relief to the individual market

The current MN Health plans will administer the relief package

The bill also included the inclusion of foreign and domestic health insurance companies in MN

No changes to benefit sets

Now that this issue is cleared from the legislative agenda, the work will begin on developing divisional budgets. The House Health Committees have already begun to hear agency and licensing Board proposal in the finance committees. The House Policy Committees have been meeting twice a week to move policy bills through committee.

On January 18th MNACEP members met with the House Health Policy Chair Joe Schomacher in his office for an hour in a round table discussion on ED Mental Health Boarding. The Chairman is very interested in working on legislation to help shore up some quick options for providers across MN to provide some relief. One of the proposals is to use current available beds like "long Term Care" beds with increased reimbursement to board patients. Currently a proposal is being vetted that we hope will be available at the next MNACEP Policy and Advocacy Committee. A special thank you to MNACEP Executive Director, Shari Agustin and our Legislative Chair, Dr. Tom Wyatt for helping to coordinate and attend the discussion. Dr. Chris Palmer and Dr. Kurt Isenberger also participated in the meeting and provided plenty of great facts to share with the Chair and his staff who also joined the conversation.

That same after noon Dr. Wyatt, Shari and I had the opportunity to meet the two new Physician legislators just elected to the MN Senate.

Dr. Scott Jensen(R) has a long history in the medical field as a past emergency physician and most recently a Family Practice physician working in a large private clinic he is part of. Dr. Jensen is very well versed on our issues and is a great resource.

Dr. Matt Klein(D) is a hospitalist at HCMC and also has a strong background having completed his residency work at HCMC. Dr. Klein really understands our issues and wants to be supportive when he can.

Again, we are very fortunate to have two doctors, two paramedics and an EMT in the House and Senate who understand our platform.

As we look towards the next few weeks we will see lots of legislation being introduced around the Opioid issue. Three different groups have approached me to discuss draft concepts and proposals they are working on. Among these are 11 proposals from the State Attorney General around mandates for prescribers and first responders. Also one that we have been involved with is an Opioid licensing fee that the Pharmacy Board collects to assist with treatment funding, community outreach support, training modules, etc. This bill will be available to share at the next Policy & Advocacy meeting.

Again, MNACEP is in discussions with the Insurance Federation around no-fault auto reform. A recent indictment handed down by the Federal courts charged numerous Chiropractors and individuals in an elaborate scheme to fraud no-fault auto. That has accelerated the discussion around no-fault reform. Our conversations have centered on a more focused approach to no-fault and the inclusion of a pecking order for payment of the \$20,000 personal injury coverage (PIP). More details will be available soon as we continue to negotiate with them.

The MNACEP Policy and Advocacy Committee met on February 8th at the Libby Law Office to discuss legislative issues we are currently following and working on.

Please do not hesitate to contact me with any questions.

Clinical News

CT Can Indicate Mortality Risk in Elderly with Trauma

NEW YORK (Reuters Health) – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

[Read More](#)

HCV Infections Less Prevalent than Previously Estimated

NEW YORK (Reuters Health) – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.

[Read More](#)

Free CME for Reading Annals of Emergency Medicine's Practice and Clinical Updates

Earn CME credit while reading the number-one journal in our specialty. Each month, a new Annals of...

[Read More](#)

Diversity and Inclusion: Our Chapters, Our Duty

Ryan P. Adame, MPA, CAE

Deputy Executive Director, California ACEP

Chair, ACEP Chapter Executives Forum Member, ACEP Diversity & Inclusion Task Force

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read “diversity” and “inclusion” because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty’s diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our

members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

New Congress, New Administration, New Challenges

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department



Congress is shaping the nation's delivery of health care

CONTACT JEANNE SLADE IN THE
DC OFFICE: JSLADE@ACEP.ORG

ACEP will work with your schedule & provide visit materials.

www.ACEPAdvocacy.org

Go to the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click [here](#) to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more!

This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

Welcome New Members

Hannah E. Aho

Daniel S. Bernstein

Kyle P. Bertram

Thomas Egger, MD

Andrea Jensen

Anupam Kharbanda, MD

Benjamin Knutson, MD

**Minnesota Chapter ACEP, 6 Greenhaven Bay #289,
Faribault, MN 55021**

Copyright © 2017 Minnesota Chapter ACEP. All rights reserved.