

A Newsletter for the Members of the Minnesota Chapter

Winter 2018



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President's Message

Drew Zinkel, MD, FACEP

It is an honor to have the distinct pleasure of serving as your MNACEP President for the next two years, and I look forward to accomplishing many great things with our board of directors during this time. There are many exciting things happening that will continue to have a major impact on our specialty and practice of emergency medicine. We discussed several of these at our first board meeting of the year, and during my time as president we would like to focus on two in particular: the opioid crisis and mental health boarding. In regards to the opioid crisis, there is currently state legislation being debated on funding and implementation of integrating the MN PMP into the electronic health record (EHR). The board discussed and voted in support in general of integration of the MN PMP into the EHR, but chose to remain undecided as to the particular platform to be used or the source of funding, as these issues are still being intensely debated at the capitol. Mental health boarding continues to be an issue for many emergency departments throughout the state with no clear solution available. With the overall decrease in state beds available for inpatient mental health, the board supports new and innovative ways to find the most appropriate way to care for these patients. Telemedicine approaches were discussed as well as a request by Regions Hospital for the board to support an inpatient 100-bed increase, of which 22 beds would be allotted for inpatient mental health. The board voted in support of this and will continue to look for ways to increase access to mental health care throughout the state of Minnesota.

Other areas of focus during my tenure will be member engagement, maintaining fiscal responsibility and increasing our ties to national ACEP. There are a myriad of opportunities for involvement on the state level if you are interested which include but are not limited to attending our open board meetings, joining or chairing a committee, becoming an officer of the board or of our Minnesota Emergency Physician Political Action Committee (MEPAC), and joining several of the board members at the national Leadership and Advocacy Conference in Washington, D.C. The board has done a great job at maintaining fiscal responsibility through using free meeting space and the success of our annual ED Leadership Summit. Due to our

success with these strategies, the board has not had to raise our state annual dues since 1990. To put this in perspective some of our current emergency medicine residents were born in this year! Look for a change to the name of this year's EM Leadership Summit as based on feedback from last year it is clear that the learnings from this conference apply to all providers in emergency medicine and not just those in leadership positions.

From a national perspective, ACEP has switched vendors for website support and we will soon have a new more up-to-date website with easier ability to make updates on a more frequent basis. On behalf of the National Emergency Medicine Political Action Committee (NEMPAC) I was able to attend Rep. Erik Paulsen's annual ice-fishing event. It was a great way to huddle up and get to know the representative and his healthcare Senior Legislative Assistant, Andy Franke, on a frigid January day even though very few fish were caught. Finally, our very own MNACEP board member Don Lum, MD, FACEP will be running for a position on the national ACEP board this Fall at the 50th Anniversary Scientific Assembly in San Diego. Please join us in sunny California in support of his candidacy and in celebration of the 50th anniversary of our specialty organization.

As you can see, the board is working hard in support of your membership to further our mission and vision. I look forward to working with them and you over the next two years. Thank you again for your membership and involvement.



Legislative Update **Buck McAlpin, Legislative Consultant**

On February 20th at noon the Minnesota Legislature will begin the 2018 legislative session. The major focus of the session will be to work on and pass a bonding bill for the state. The bonding bill is an opportunity for the state to bond for and spend money on infrastructure and projects deemed to be of state importance. Also in March the Governor will release his budget proposals and legislative initiatives approved by the Executive Branch. Both the Legislature and the Executive Branch will need to wait until the Management and Budget department releases the updated budget forecast for the state. The updated forecast will show whether the state has a surplus or a projected deficit. Both can trigger a supplemental budget for either cuts to balance the budget or some new spending for the state legislature in the 2018 session. And remember, the state has nearly \$2 billion dollars in the state "rainy day" fund.

Still looming for an intense legislative debate is the sunset of the 2% provider tax, which is set to sunset in 2019. If the tax would sunset in 2019 it would leave a hole in the current Health and

Human Services budget of nearly \$900 million. Looking at the short session coming up, I would only guess this issue will be addressed in the 2019 session when it's a budget year.

Opioid Family Protection Act

MNACEP members have been attending numerous meetings with Representative Baker, key legislators, the Governor's office and advocates on opportunities and options to seek funding to combat this epidemic. Representative Baker and Senator Rosen will again carry the "penny a pill" bill supported by the Governor's office. This fee on opioid manufactures would generate revenue to fund projects identified in statute and approved by the "Opioid Fee Work Group" which this legislation would authorize.

Funding to integrate the PMP program into hospital EMR's

Funding for outreach and education

Funding for first responder Naloxone programs

Funding for chemical health programs

Funding for child protection

The PMP/EMR integration proposal has been worked on by MNACEP the last 6 months with stakeholders. Currently the MN State Pharmacy Board is working with a vendor called Appriss Health. This vendor has successfully completed an EMR/PMP integration program at Saint Mary's Rochester and Essentia Health in Duluth. These projects were grant funded by the State Pharmacy Board from what I understand. At the upcoming MNACEP Board meeting we will be discussing our Association position on the Opioid surcharge fee.

Currently the following states are proposing similar initiatives to address the epidemic:

Alaska: [AK HB 196](#) Opioids Tax

This pending legislation would create a tax on certain opioids and would create the alcohol and other drug abuse treatment and prevention fund.

California: [CA AB 1512](#) Opioid Addiction Prevention and Rehabilitation Act

This legislation is currently pending in the Assembly Revenue and Taxation Committee. This bill creates the Opioid Addiction Prevention and Rehabilitation Act to impose a tax upon the distribution of opioids by every person, including a manufacturer or wholesaler, which makes the first sale in this state of opioids at a specific rate.

Iowa: [IA HB 618](#) Opioid Abuse Prevention and Treatment

This legislation was filed this session and is currently pending in the House Human Resources Committee. This bill would create an excise tax on gross receipts of certain controlled substances sold at wholesale.

Kentucky: [KY HB 467](#) Prescription Opioids Taxation

This legislation was filed during the 2017 session and failed to pass before they adjourned. This proposed bill imposed a tax of a certain percentage per dose on opioids distributed in the state. Some of the funds from this tax would have been allocated to create an addiction and neonatal addiction care fund, a drug courts fund and an opioid education fund.

Maine: [ME HB 1103](#) Opioid Addiction Prevention

This legislation failed to pass during the 2017 legislative session. It would have established the Opioid Addiction Prevention and Rehabilitation Program, to be funded by revenue generated by a tax imposed on the sale and distribution of products that contain opioids at the rate of one cent per milligram of active opioid ingredient.

Massachusetts: [MA HB 2633](#) Sale of Active Opioid Taxation

This bill is still pending this session in the Joint Committee on Revenue. This bill would create taxation on the sale of active opioids.

Minnesota: [MN SB 2148](#)

This bill is pending carryover. It would modify the wholesale drug distributor tax and appropriates the funds to specialized, comprehensive programs to treat opioid addiction.

Montana: [MT SB 348](#) Laws Related To Schedule II Drugs

This legislation failed to pass during the 2017 legislative session. This bill would have provided for a tax on any schedule II drug sold by a wholesale drug distributor.

New York: [NY AB 7764](#)

This legislation is still pending. It would provide for an excise tax of one cent per milligram on prescription opiates and establish the opiate addiction trust fund to provide funding for addiction treatment, prevention and recovery programs.

State Politics

On the Political front, Representative Matt Dean announced he is dropping out of the race for Governor and has endorsed Jeff Johnson. Still the rumor mill circles that former Governor Tim Plawenty will enter the race as the Republican candidate. On the DFL side recent polling shows Congressman Tim Walz with a lead over the other DFL candidates for Governor.

MNACEP Policy and Advocacy Committee will hold its next meeting on February 13th. Details are below if you can attend or dial in.

Policy and Advocacy Meeting Notice

Date: February 13th, 2018

Time: 1:00-3:00pm

Libby Law Office-Conference Room

855 Rice Street Saint Paul MN

Conference call in # 1-712-770-4603 Access # 853165



ACEP's Viral Video Campaign to Expose Anthem Policy

ACEP recently launched a video campaign to expose Anthem Blue Cross Blue Shield for denying coverage to emergency patients, based on an undisclosed list of diagnoses, for conditions the insurance giant considers non-urgent. For a copy of the full press release, please contact [Michael Baldyga](#), ACEP Senior Public Relations Manager. This policy is active in six states - Georgia, Indiana, Kentucky, Missouri, New Hampshire and Ohio - but more Anthem states will follow, and more health insurance companies, if this effort isn't stopped. Anthem's policy is unlawful, because it violates the prudent layperson standard that is in federal law and 47 state laws.

Special thanks to ACEP video cast members Dr. Jay Kaplan, Dr. Alison Haddock, Dr. Ryan Stanton and Dr. Supid Bose - and ACEP staffers Mike Baldyga, Elaine Salter, Darrin Scheid

and Rekia Speight!

Help us make [the video](#) go viral and top last year's that generated nearly 300,000 views on YouTube and Facebook! Please post it to Facebook pages, e-mail it to colleagues and Tweet about it using [#FairCoverage](#) and [#StopAnthemBCBS](#).



Help Us Celebrate ACEP's 50th Anniversary

You can help us ensure we have the most diverse, and most complete, historical collection of everything!

Follow us on [Twitter](#) and [Facebook](#) to see our weekly Tues/Thurs 50th Anniversary posts

Talking 50th Anniversary on social media? Use [#EMeverymoment](#)

Show your EM pride with ACEP's [new "Anyone. Anything. Anytime." Facebook profile frame](#)

Visit our 50th Anniversary site [here](#) for year-round updates

Got something cool to share about the college's history, or your own with EM? [Click here!](#)

Upcoming CEDR Webinar

In depth review of the steps and process involved using CEDR for Group or Individual 2018 MIPS Reporting. Topics for this webinar will include selection of reportable measures,

Advancing Care Information data entry, and Improvement Activity reporting through CEDR.

Register for the [Reporting MIPS through CEDR](#) webinar to be held on **March 13, 2018 at 1:00 PM CDT**. After registering, you will receive a confirmation email containing information about joining the webinar.



New ACEP Tool Helps you Keep Track of Ultrasound Scans

Emergency physicians regularly apply for hospital credentials to perform emergency procedures including emergency ultrasound. Theoretically, ultrasound training, credentialing and billing should be no different than other emergency procedures where training occurs in residency and an attestation letter from the residency is sufficient for local credentialing. When such training occurs outside of residency, "proctored pathways" often serve to assure competency. There is still a lack of understanding and awareness in the general medical community that emergency physicians routinely train in and perform point-of-care ultrasound.

The [ACEP Emergency Ultrasound Tracker](#) was created to assist members in achieving official recognition of ultrasound skills. This tool allows you to easily keep track of ultrasound scans you have performed over the course of your career in emergency medicine. It also allows you to upload relevant documents that attest to your training. After inputting and self-attesting to your ultrasound information you may download a letter of recognition from ACEP so long as you have attested to

meeting the recommendations for emergency ultrasound training put forth in the [ACEP Ultrasound Guidelines \(PDF\)](#). We hope you find this tracker tool helpful and useful in your practice.

New ACEP Award

Community Emergency Medicine Excellence Award

We are pleased to announce that the ACEP Board of Directors approved a new award to recognize individuals who have made a significant contribution in advancing emergency care and/or health care within the community in which they practice. While the College currently has a number of awards to recognize excellence in emergency medicine this award is focused on the emergency physician who has made a significant contribution to the practice of emergency medicine in their community. Examples of significant contributions to the specialty and community may include, but are not limited to, community outreach, public health initiatives, or exemplary bedside clinical care.

Nominees must be an ACEP member for a minimum of five years and not received a national ACEP award previously. **Entries are due no later than May 14, 2018.**

The nomination form and additional information can be found [here](#).

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.

Babi FE, Oakley E, Dalziel SR, et al.

Accuracy of Physician Practice Compared to Three Head Injury Decision Rules in Children: A Prospective Cohort Study.

This study looks at the application of common decision rule regarding head injury in children and compare this to clinical judgement of experienced physicians. The authors did a prospective observational study of children presenting with mild closed head injuries (GCS 13-15). They found their group of clinicians were very accurate at identifying children who had a clinically important traumatic brain injury (sensitivity 98.8%, specificity of 92.4%). This was better than the decision rules also applied to these children which included PECARN, CATCH and CHALICE.

April MD, Oliver JJ, Davis WT, et al.

Aromatherapy versus Oral Ondansetron for Antiemetic Therapy Among Adult Emergency Department Patients: A Randomized Controlled Trial.

Inhaled isopropyl alcohol as an aroma therapy has been described as effective in treating post-operative nausea. In this study, the authors compared inhaled isopropyl alcohol to placebo, alone or with oral ondansetron. They found that the aromatherapy with or without ondansetron had greater nausea relief than placebo or ondansetron alone. They recommend a trial of aromatherapy for patients with nausea who do not require immediate IV treatment.

e Silva LOJ, Scherber K, Cabrera d, et al.

Safety and Efficacy of Intravenous Lidocaine for Pain Management in the Emergency Department: A Systematic Review.

This is a systematic review of the literature on IV lidocaine for pain. There were only 6 randomized control trials of lidocaine for renal colic. The results were variable. Lidocaine did not appear to be effective for migraine headache but there were only 2 studies of this. The authors concluded that we do not have enough data at this time to definitively comment on the use of lidocaine for pain in the ED.

White DAE, Giordano TP, Pasalar S, et al.

Acute HIV Discovered During Routine HIV Screening with HIV Antigen/Antibody Combination Tests in 9 U.S. Emergency Departments

This study looked at HIV screening programs in 9 EDs located in 6 different cities over a 3 year period. There were 214,524 patients screened of which 839 (0.4%) were newly diagnosed. Of the newly diagnosed 14.5% were acute HIV (detectable virus but negative antibody) and 85.5% were established HIV (positive antibody test). This study reminds us that many patients with acute HIV will have a negative screening test that relies strictly on antibody. Many of these patients present with flu like illness as their initial presentation.

Axeem S. Seabury SA, Menchine M, et al.

Emergency Department Contribution to the Prescription Opioid Epidemic.

There has been much discussion of the opioid epidemic in both the professional and lay press.

Emergency physicians tend to write a lot of prescriptions but for very small amounts. This study examined prescriptions for opioids from 1996-2012. During this period opioid prescription rates rose in private office settings and declined in the ED. For patients receiving high numbers of opioids, only 2.4% received opioids from the ED.

Welcome New Members

Ann M Arens, MD

Daniel Chiang, MD

Ryan M Finn

Emily J Schwartz, MD

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