



American College of  
Emergency Physicians®

ALASKA CHAPTER  
ADVANCING EMERGENCY CARE



**Alaska ACEP 2016 Direction in the Emergency Department: Conference for Emergency  
Medicine Providers**

September 8, 9-4 pm

September 9, 9-11 am

Alaska Regional Hospital Classrooms 1 & 2,  
2801 Debarr Road, Anchorage

**SEPTEMBER 8 AGENDA**

Medical Morning:

9:00-9:15 Introduction of everyone in the room.

9:15-9:45 Key Note speaker: Dr. Jay Kaplan, National ACEP President  
Goal: Give an overview of the current place and status of emergency medicine nationally, a vision moving forward

9:45 - 10:00 State update. Commissioner Davidson / SB 74 and other hospital challenges and changes Becky Hultberg - CEO of ASHNHA.

10:00 - 10:30 What is new around the area.

- Trauma: Prov update - Knowmeyer
- Trauma: ANMC update: Sacco
- Cardiac Care:
- Hospitals:

10:30-10:45 Break

10:45 - 12:15 Facilitating transfers

Goal: Define some the major challenges regarding patient transfers with a goal of improving timing, appropriate transfers with minimal redo work ups.

Panel: Urban perspective, suburban perspective, Rural perspective, EMTALA perspective. Maybe start with a 10 min presentation on EMTALA issues to help frame the conversation. Possible do this as a series of cases that each group could comment on and EMTALA expert could help facilitate discussions.

12:30 - 1:00 Lunch

Social Afternoon

1:00 - 1:15 Randal Burns, overview and introduction - presentation

- 1:15 - 2:00 Psychiatric Care: Set up as a panel discussion again with a person from API, Outpatient services, and legal services with case presentation. Possible have rural, urban, suburban perspective ready to chime in as well  
 GOAL: to better define current medical and legal risk with psychiatric patients. Have physician better understand multifactorial process. Cases to highlight: Medical vs psych confusion, patients legal rights, holding patients for an extended time, violent patient, addicted patient, patient refusal. Outpatient to Assessment
- 2:00 - 2:45: Frequent Utilization and Case Management and integration with Primary care. Overview of what is happening in each area. Prevention by Enrique on best practices followed by a quick summary from ASHNEA or State on finding for this moving forward.
- 2:45 - 3:00 Break
- 3:00 - 3:45 Dr. Jay Butler Presentation on opioids and SB 21, what we all need to learn.  
 GOAL: leave with framework for opioid guidelines for the state and data guidelines we want to collect as well as possible referral guidelines. Consideration on best practice in approaching these patients.
- 3:45 - 4:00 Review of tomorrow's agenda and questions
- 4:00 Adjourn

#### **SEPTEMBER 9 AGENDA**

- 9:00 - 9:15 Introduction and lay out goals for the day - hand out SB 74 guidelines again.
- 9:15- 9:30 IT selection update and data needs  
 - Defining Frequent Users: Review potential data list
- 9:45 - 10:15 Statewide Narcotic Guidelines  
 - Please review documents on ACEP website before this meeting
- 10:15 - 10:45 Referrals and Case Management
- 10:45 - 11:00 Patient Education

\* **Sec. 46.** AS 47.07 is amended by adding new sections to read:

**Sec. 47.07.038. Collaborative, hospital-based project to reduce use of emergency department services.** (a) On or before December 1, 2016, the department shall collaborate with a statewide professional hospital association to establish a hospital-based project to reduce the use of emergency department services by medical assistance recipients. The statewide professional hospital association shall operate the project. Subject to (b) of this section, the project may include shared savings for participating hospitals. The project must include

- (1) an interdisciplinary process for defining, identifying, and minimizing the number of frequent users of emergency department services;
- (2) to the extent consistent with federal law, a system for real-time electronic exchange of patient information, including recent emergency department visits, hospital care plans for frequent users of emergency departments, and data from the controlled substance prescription database;
- (3) a procedure for educating patients about the use of emergency departments and appropriate alternative services and facilities for nonurgent care;
- (4) a process for assisting users of emergency departments in making appointments with primary care or behavioral health providers within 96 hours after an emergency department visit;
- (5) a collaborative process between the department and the statewide professional hospital association to establish uniform statewide guidelines for prescribing narcotics in an emergency department; and
- (6) designation of health care personnel to review successes and challenges regarding appropriate emergency department use.

(b) After January 1, 2022, the department may not compensate hospital emergency departments, through shared savings, for a reduction in hospital fees resulting from the project.

(c) The department shall adopt regulations necessary to implement this section, request technical assistance from the United States Department of Health and Human Services, and apply to the United States Department of Health and Human Services for waivers or amendments to the state plan as necessary to implement the projects under this section.