

Alaska Chapter Update

A Newsletter for the Members of Alaska ACEP



Fall 2013

From the President Carlton Heine, MD, PhD, FACEP, FAWM

The annual **Alaska ACEP meeting** will be held on **Friday, November 8th** at **5:30 pm** at the [Glacier BrewHouse](#). This meeting is open to all Alaska emergency medicine physicians.

The agenda will include chapter business such as election of two board positions and review of our Bylaws. It will also include discussion of strategic goals and strategies to get these ideas through legislation and funding challenges. We will also have a report on the project we received an ACEP chapter grant to support called "Mapping the Gap". It is an analysis of the EMS response capabilities from around the state and will identify areas where we have holes in our system.

We are continuing to work on securing funding for the [Prescription Monitoring Program](#) and implementing some additional psychiatric resources and protection for EMS and ED staff from work place violence.

Please come to the meeting if any of these topics interest you or you just want to have a beer and socialize with other ED docs working in Alaska.

ACEP13 Social Event

At **ACEP13** recently held in Seattle, the chapter organized an informal gathering at a local pub. We had about 10 EM physicians from around the state attend, two of whom had never met but had spoken on the phone many times. I think there even was a job offer at the table. Even though our chapter is small in numbers, we do seem to have an impact.

As always, if you have ideas or issues that you would like to see your chapter work on, please feel free to contact me via [email](#).

Alaska Chapter ACEP



Carlton E. Heine, MD, PhD, FACEP, FAWM, President

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Clinical News

Proposed FDA measures aim to reduce drug shortages

The Food and Drug Administration announced on Oct. 31 two initiatives aimed at cutting down on drug shortages and improving communications with drug companies.

[Read the entire article](#)

Antibiotics are overprescribed for sore throat, bronchitis

Physicians continue to inappropriately prescribe antibiotics for sore throat and bronchitis, according to analyses of data from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey.

[Read the entire article](#)

A Model of Cost-effectiveness of Tissue Plasminogen Activator in Patient Subgroups 3 to 4.5 hours After Onset of Acute Ischemic Stroke

Earn CME credit while reading the #1 journal in your specialty. Annals CME is designed for emergency physicians who want to learn about the latest emergency medicine advances and how they apply to patient care. Each month the CME Editor chooses one journal article for the activity. Participants take a pretest to establish a baseline score, then read and study the selected article, then take a post-test to measure improvement in cognitive expertise. And because Annals of Emergency Medicine is a benefit of ACEP membership, there is no additional charge for Annals CME for members.

Learning Objectives for this article:

- Describe the current incidence of acute ischemic stroke and FDA guidelines for TPA administration.
- Discuss the lifetime cost effectiveness of TPA treatment versus non-treatment in the expanded 3 to 4.5 hour window.
- List patient subgroups in which this strategy may not be cost-effective

[Log in](#) to get started.

You're a Leader... Now be a FOLLOWER! **Stephanie Butler, AZ ACEP Executive Director**

ACEP has lots of ways for you to receive and share the latest news. They tweet and post hot trends or issues that we are sure you will find relevant and beneficial.

-Do you TWEET? Follow ACEP on "emergencydocs" or "acepnews"

-Are you on Facebook? Check out ACEP's Facebook page, "ACEPfan"

-Need info for your PATIENTS/FAMILIES? Go to www.emergencycareforyou.org

National ACEP News

All New CME Tracker

As you probably are aware, earlier this year, ACEP launched CME Tracker 2.0 [<http://www.acep.org/cmetracker/>] as an important new member benefit. CME Tracker is designed to help members keep up with the changing CME requirements of their state medical boards and for certification boards, physician groups, and hospitals.

Here are some of the key features in CME Tracker 2.0:

- CME Tracker allows you to claim credit and access your certificates for ACEP-accredited activities – they're added to CME Tracker automatically on completion. Additionally, you can manually add activities and upload certificates for non-ACEP CME activities. ACEP is always looking for ways to enhance this benefit, and we plan to be able to automatically include activities from ACEP chapters and other cosponsors sometime next year.
- You can also add a certificate to ACEP Tracker by e-mail. Simply attach an image or PDF of the certificate to an e-mail from your primary account (the one you get ACEP e-mail from). Put the name of the activity in the subject line, and send the e-mail to cmetracker@acep.org.
- You can set up profiles for requiring bodies that need your CME report. A default profile has been created based on your primary chapter if that state has CME requirements. It's easy to add new profiles for other state medical boards and your certification board. And a future release of CME Tracker will allow you to add profiles for your group or

hospital. These profiles allow CME Tracker to show you where you have gaps in meeting your requirements.

ACEP's 2014 Report Card

"America's Emergency Care Environment: A State-by-State Report Card" will be launched on Thursday, January 16, 2014.

Chapter Services Department

Chapter Grant Applications


There were seven chapter grant applications submitted on November 1st, six regular and one chapter development. The National/Chapter Relations Committee will review the applications and make a recommendation to the Board of Directors of the American College of Emergency Physicians. The Board of Directors will make a determination at the February 2014 Board meeting. A chapter is granted one year to complete the grant, and can request one six-month extension.

The Chapter Services Department notifies the chapters in July that the chapter grant application, schedule, and procedures are available on the website. The program allocates \$45,000 annually for the entire program, of which \$13,500 is set aside for chapter development grants.

Further information is available on our [website](#) or if you have any questions, contact [Dawn Scrofano](#).

Chapter Meetings

If you are interested in finding out about chapter meetings--your chapter or a nearby chapter, check out our [web page](#). Click on the link, "Chapter ACEP Meetings & Conferences".



Sued for Malpractice? You are not Alone! ...and, you could help others Louise B. Andrew, MD, JD, FACEP

The ACEP Medical-Legal Committee all member survey conducted in 2010¹ suggested that the majority of emergency physician members had been named in a claim for malpractice at least once. Almost 10% of survey respondents had been named five or more times. Of cases litigated, over 85% of cases resulted in a defense verdict. However, 40% of respondents reported that some payment was made on their behalf in one or more claims.

A 2012 study of closed claims involving all specialties covered by a nationwide malpractice insurer revealed that emergency physicians received just over the average number of claims for all specialties; and was just under the average for all specialties in the percentage of physicians making payouts on claims. Average payment was approximately \$175,000.² Average duration of claims against physicians ranges from 11 months to 43 months.

In the ACEP Medical Legal Survey, fully 60% of sued respondents reported that they had experienced litigation stress. Few felt that they had any preparation or education in dealing with the stress. Considering the duration of most claims, lost productivity and diminished life satisfaction while a case is ongoing, the costs are far beyond monetary.

The stress of ongoing or impending malpractice claims can prompt a variety of intrusive feelings. Physicians undergoing litigation stress often feel isolation and sadness or irritability and anger, disbelief, a sense of betrayal or of being unjustly singled out. They may experience denial, anxiety, insomnia, inertia, or depression which can be low level or occasionally debilitating. The onset or exacerbation of physical illness, including gastrointestinal or cardiac symptoms is not uncommon but is often ascribed to tension, and therefore medical evaluation is typically delayed. Self-treatment is common.

Litigation or medical malpractice stress also typically causes significant immediate changes in practice patterns, nearly all of which are deleterious to good practice and to patient relationships. Sued physicians emotionally distance themselves from patients, whom they may begin to view as potential future litigants. They become less confident in their capabilities, second guessing diagnoses, calling for more consultations, requiring more confirmatory lab tests, and admitting or transferring patients more liberally. They become much more obsessive in record keeping, which could be viewed as protective except that this

often comes at the cost of effectively communicating with patients. It has been shown that physicians who have recently received claims may be more vulnerable to subsequent claims.

Physician litigation stress also can result in long range changes, especially if the physician already suffers from an emotional deficit or is sued early or multiple times over a career. Such physicians are more likely to consider changing practice locations or medical specialty, to consider retiring early, or changing careers altogether to something less stressful. In the worst cases, disability or even suicide may emerge as a result of medical malpractice stress.

There are a variety of approaches to dealing with the stress of litigation. The most important, after taking steps to insure a defense team is in place, is to identify all personal sources of support and renewal. For example, sharing the fact of the lawsuit with spouse, counselor or clergy provides a protected mechanism for offloading the feelings engendered by the case, and is also a way of getting valuable feedback on how you are coping. Sharing is also possible with sympathetic colleagues, as long as the facts of the case and identifying information is not divulged. Contact with a peer who has “been there” and survived, can be life and career affirming. Educating yourself about the legal process, mastering the details and learning the legal strategies involved in your case, and practicing successful approaches to stress can begin to restore a sense of control over the situation (litigation) which is otherwise so alien to our sensibilities and daily operations as physicians and healers.

Last year, a multi-committee collaboration was begun within ACEP in order to address the unmet needs of members with respect to malpractice litigation stress. The Medical-Legal, Well-being, and Academic Affairs committees have been assigned objectives including the development of a centralized, web-based clearinghouse of educational materials and resources on litigation stress; the further development of a network of member peer counselors who have experienced litigation stress, and working with the Education Committee to develop CME specific to the issue of litigation stress as a way of increasing awareness of principles and resources available to members on this issue.

If you have suggestions of resources on litigation stress management, or if you have experienced litigation and are interested in serving as a peer counselor in the Peer to Peer Counseling program, please contact the author or Marilyn Bromley, ACEPs Director of Practice Management. More volunteers will make this a stronger program.

And if you are personally experiencing litigation stress, please be assured that you are not alone. You have many colleagues who have survived the experience and who will gladly share coping techniques and strategies with you.

ACEPs volunteer member peer support program is available to any member who is experiencing litigation related stress. Please contact [Marilyn Bromley](#) or call 800.798.1822, ext. 3234.

1. Andrew LB. [ACEP Member Medical-Legal Survey Results](#). ACEP News. March 2012.

2. Jena AB, Seabury S, Lakdawalla D, et al. [Malpractice risk according to physician specialty](#). N Engl J Med. 2011; 365(7):629-36.

Dr. Andrew is a senior member of the Medical-Legal Committee, past and present chair of the Well-being Committee, and a medical malpractice litigation stress educator and counselor. She can be contacted at acep@mdmentor.com

Congratulations to the New Honored Fellow

Aaron Brillhart, MD, FACEP-Palmer, Alaska

Alaska Chapter ACEP

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