

Alaska Chapter Update

A Newsletter for the Members of Alaska ACEP

Spring 2014

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

Chapter Annual Meeting

The Chapter held our annual meeting last November in Anchorage. The meeting continues to draw a good portion of our members. At the meeting, we heard interesting presentations on the laws about violence toward health care workers and the EMS Symposium. We also made the decision to raise our state chapter dues. They had been \$25 a year, the lowest allowed by national ACEP, which means that we had been running a budget deficit for the last several years. This was planned as we had a comfortable cash reserve. There was unanimous agreement by those attending the meeting that it was time to raise the dues to bring our budget in balance. The new dues will be \$75 a year. We are, and will continue to be, very frugal with your money and this dues increase will allow us to continue with our current efforts.

We are planning on having another meeting to focus on issues important to the Anchorage area emergency physicians in conjunction with the [Resuscitation and Critical Interventions Conference \(RACI\)](#) to be held on May 8th-10th. Stay tuned for details about the specific date, time, and agenda for the chapter meeting.

The Alaska Chapter has been busy working to improve the emergency medicine environment in our State. I have recently met with the State Director of Medicaid about ideas to better care for the “superusers” or “frequent flyers”. The state Medicaid office is very interested in reducing the cost of care for these individuals and has put out a Request for Proposal (RFP) for any program that can help. I discussed the seven-(7) best practices program developed in Washington State and how ACEP can work with the Medicaid office to both reduce the cost of their care and improve the quality of the health care for the superusers. Ideas that I focused on included: intensive case management, care plans, and support for the [Prescription Drug Monitoring Program \(PDMP\)](#). It does seem like the PDMP will get continued funding, but it is still important for all of us to speak with our local legislators about the importance of this tool.

ACEP Report Card

I am sure that all of you have heard about the release of the ACEP Report Card this past month. Alaska got a grade of D with grades of F in access to care, F in quality & patient safety environment, B in medical liability environment, F in public health and injury prevention, and C in disaster preparedness. Our improved grade in disaster preparedness is from the development of the Alaska Responds Program. If you don't know about this program, I encourage you to check it out by clicking [here](#). Our low grades are mostly due to the large size of the state with very dispersed rural populations, which we can not do much about. We can, however, make improvements in our vaccination rates, domestic violence and alcohol consumption rates. To see the complete report for Alaska and all states, please click [here](#).

Trauma System

On another state funding topic, I met with several lawmakers supporting continued funding of the [Trauma System](#). With the state budget being what it is, there is a real threat to the funds for this program. If you have any relationships with your local representative, please speak with them about the importance of the trauma funds.

Alaska Chapter ACEP



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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 by clicking [here](#).



Leadership and Advocacy Conference

Learn how to maximize your impact as an emergency medicine advocate during ACEP's *Leadership and Advocacy Conference*, May 18-21, in Washington, DC at the Omni Shoreham Hotel. You can register for the conference and the hotel on [ACEP's website](#).

During this dynamic conference, you will gain skills in media relations and networking for influence, meet with members of Congress and other key policy makers, and identify your role in advancing key issues facing emergency medicine.

See the [video](#) of members enjoying last year's conference.



Clinical News

Stroke Risk Jumps After Head, Neck Trauma

Eleven of every 100,000 patients younger than 50 years who were seen for traumatic injury developed an ischemic stroke within 4 weeks, a study of data on 1.3 million people found.

[Read the full article](#)

Imaging No-Nos Top List of Avoidable Tests in Emergency Medicine

Imaging studies take four of the five slots in a newly unveiled list of unnecessary tests and procedures commonly performed in the emergency department, with CT scans in low-risk trauma cases earning particular censure.

[Read the full article](#)

Biphasic Reaction Risk Rises with Severity of Initial Anaphylactic Attack

The more severe an anaphylactic reaction, the more likely that a child will have a second reaction within several hours, according to data from a review of more than 400 children. The findings were presented at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

[Read the full article](#)



International Trauma Life Support (ITLS) Program Aims to Improve Trauma Care, Training Worldwide

ITLS is a global training program dedicated to preventing death and injury from traumatic injuries through education and trauma care. While many of you might be familiar with ITLS, you may not be aware of its history or connection with ACEP.

Founded in 1985 as Basic Trauma Life Support, it was funded from an ACEP Chapter Grant to the Alabama Chapter. The course was originally developed by John Campbell, MD, FACEP who was given the first ACEP Outstanding Contribution in EMS Award in 1989. The course has been endorsed by ACEP since 1986.

ITLS is now an independent not-for-profit organization. Since 1994 it has been managed by the Illinois College of Emergency Physicians. Many ACEP Chapters sponsor and manage ITLS Chapters for their state as well, including Ohio, Florida, New York, Virginia, West Virginia, California, Illinois, Alabama, Colorado, Texas, Arizona, Louisiana, and Missouri. ITLS has grown

to be an international standard with 95 chapters and training centers in 36 countries. Chapters and training centers are located on all continents except Antarctica. To date, ITLS has trained more than 600,000 trauma care professionals in 70 countries worldwide.

ITLS courses combine classroom instruction with hands-on skill training and scenario assessment stations to challenge the students to expand their knowledge and skills in trauma care. ITLS has become accepted internationally as the standard for training pre-hospital professionals in trauma care. It is taught both as a continuing education course but also as part of many initial EMT and paramedic training programs. ITLS also offers eTrauma which is an online educational program that provides the didactic portion of the ITLS Provider course. It can be taken for CEU credit only or followed by an ITLS Completer course for skills and testing for ITLS certification.

ITLS can be taught at two levels: Basic and Advanced. ITLS Basic provides the core knowledge and skills for all levels beginning at the EMT-Basic and first responder levels. ITLS Advanced builds on this knowledge and skills to address advanced procedures for paramedics, trauma nurses, and physicians. Other related ITLS courses include ITLS Access, ITLS Pediatric and ITLS Military. ITLS Access trains EMS crews with the skills they need to access, stabilize, and extricate trapped patients. ITLS Pediatric continues the training of the Basic and Advanced courses with an emphasis on trauma in children. And ITLS Military is a custom edition of a stand-alone military edition designed for military personnel.

To learn more information about ITLS, to arrange for a class, or set up a training center, visit our [website](#).



Careers Section Longevity and Tenure Award Applications Due July 18

Cathey Wise, Director, EMF

The ACEP Section of Careers in Emergency Medicine is soliciting nominations for an award for emergency physicians in the following two categories:

- A Longevity Award for the physician with the longest active career in emergency medicine.
- A Tenure Award for the physician with the longest active career in the same emergency department.

Recognition is also given to those physicians who are still actively practicing emergency medicine after 20, 25, 30, and 35 years.

The deadline is July 18.

Eligibility Criteria

To be eligible, physicians must have worked an average of 1,000 or more hours per year in emergency medicine practice or teaching; hours for residency training and administration are not included. They must be a current ACEP member.

Previous applicants may apply every year; however, they may not win the same award within a 5-year period.

Information is attached and can also be found on our [website](#).

Alaska Chapter ACEP

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