



Winter 2014

From the President

Carlton Heine, MD, PhD, FACEP, FAWM

This will be my last President's piece in our newsletter!

Starting in January 2015, Anne Zink, MD, FACEP will succeed me as Alaska Chapter President. It has been an honor and my pleasure serving as the Chapter President for the past four years. I hope that you like what we have accomplished.

The other Officers elected at our November Chapter Annual meeting are the following: Benjamin Shelton, MD as Vice President, Kyland I. Burden, DO as Treasurer, and Nancy L. Kragt, DO as Secretary.

Also elected to the Board, are the following: Andy Elsberg, MD to fill out Kyland Burden's term and Megan Lea, MD to fill out Carl Seger's term (Carl moved back to the lower 48). Danita Koehler, MD and Stanley W. Robinson, MD were both re-elected to another term on the Board. Anne Zink, MD FACEP, Nathan P. Peimann, MD FACEP and I will continue to represent the chapter at the ACEP Council meetings.

Treasurer's Report

The treasurer's report indicated that we are still in very good shape financially. There are no changes to the budget or the dues for the next year.

CME Events

There are several upcoming CME events that I would like to highlight. All are of outstanding quality and easy for Alaska physicians to attend.

Alaska Chapter ACEP



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Rick Bukata and Jerry Hoffman are bringing some of the top educators in emergency medicine to Girdwood.

34th Annual Series Emergency Medicine & Acute Care

June 8th-12th, 2015

Click [here](#) for more information

Washington ACEP will hold their Summit to Sound Northwest Emergency Medicine Assembly. This is a good opportunity to attend an inexpensive cadaver procedure lab.

Seattle, Washington

April 22nd-24th, 2015

Click [here](#) for more information

As always, in May, Mike Levy will hold the 8th Annual Resuscitation and Critical Interventions Conference (RACI) in Anchorage.

University of Alaska Anchorage

May 8th-10th, 2015

Click [here](#) for more information

I have attended each of these events in the past and can assure you that all three are of the highest quality CME events that you will find anywhere. All are conveniently located, with two in state and the other a short flight away.

Mat-Su Health Foundation

At our Chapter Annual Meeting in November, we heard a presentation from the [Mat-Su Health Foundation](#) on data they have collected on the issues around behavioral health patients in the Valley. Their data sounded similar to what all of us in attendance have experienced with our patient populations. I am sure that the conclusions can be generalized to the rest of the state. The beauty of the report is that they have gathered hard numbers that we can present to politicians, hospital leaders, and state offices in our efforts to improve care for these patients with large unmet needs.

Lobbying

The other issues that the chapter will lobby for include: continuing to support the [Trauma System](#) and the [Prescription Drug Monitoring Program \(PDMP\)](#). We are working with the [Alaska State Hospital & Nursing Home Association \(ASHNHA\)](#), to bring some of the successful parts of WA States' 7 Best Practices to reduce super user ED visits. Please see the article later in the newsletter for details. But, as a teaser, I will let you know that in WA they are currently rolling out a PDMP that

pushes the data to the ED physician so you don't need to log on to a clunky website to find out how many times your patient recently was prescribed scheduled two-(2) meds.

Finally, we are going to work on influencing the [Alaska Board of Nursing](#) to allow nurses to administer ketamine. Low dose ketamine is becoming popular for pain control. EMS agencies are starting to have paramedics use it for agitated patients. Hospices are using it as an alternative to high dose opiates for difficult to control pain. The restrictions on nurses giving ketamine are out of date, and we would like to see this changed.

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

From the President

Carlton Heine, MD, PhD, FACEP, FAWM

Project to Address Emergency Department Super-Utilizers

This past summer the Alaska ACEP Chapter started working with the [Alaska State Hospital and Nursing Home Association \(ASHNHA\)](#) on finding ways to better serve patients that repeatedly frequent our departments. We recognize that these patients' needs are rarely met in the emergency department and that this small group of individuals represents a very expensive subset of patients for both our hospitals, the payers, and especially Medicaid. We know that with creative solutions we can find ways to better meet the needs of this population and reduce the cost of providing their care. A great starting point is to follow the success of our neighbors to the south and look at what the State of Washington did with the 7 Best Practices Program. More details of the WA 7 Best Practices can be found by clicking [here](#).

At ASHNHA's Annual Meeting, in September, they brought up Dr. Stephen Anderson, Past-President of WA ACEP and new Board member for national ACEP, to present on Washington State's experience. Dr. Anderson was the Chapter President during the turmoil inflicted upon WA emergency physicians when the State attempted to solve the budget problem by proposing to simply not pay for more than three ED visits a year for Medicaid patients. Washington Health Care

Authority needed \$30 million in savings to meet a bleak budget and their proposed solution was going to be very bad for the ED doctors, the hospitals, and the patients.

WA ACEP and the WA State Hospital Association teamed up and, after a number of attempted approaches to work collaboratively with the State, we are able to get the framework of the 7 Best Practices through the legislative process. They had two months to get the systems in place and the bottom line is they have saved WA Medicaid \$34 million dollars in the first year. The Alaska hospital leaders in attendance at the ASHNHA meeting were very interested in trying to bring some of these ideas to Alaska and want to work with Alaska ACEP on this project. The State of Alaska has shown interest in reducing the cost of these patients to Medicaid and have, in the past year, sent out two requests for proposals; both of which failed to find a project that succeeded in getting funded. The State is concerned with the increase in the cost of the Medicaid program, and in light of the looming budget shortfalls, we are hoping that they will be motivated to work with Alaska ACEP and ASHNHA on this project.

The details of the challenges we face in Alaska are different than those in Washington. We believe that adopting a subset of the components of the WA program will work best for us here. The two most effective parts of the WA program have proven to be the following:

- universal adoption of the Emergency Department Information Exchange (EDIE) with the Prescription Drug Monitoring Program (PDMP)
- implementation of hospital based ED case managers to focus on the unique needs of these patients

The WA EDIE program was set up by a commercial vendor that queries every hospitals' EMR in the state. When a defined set of criteria are met, it pushes out a report to the individual provider at the time a patient is registered, listing all recent ED visits. This same vendor has just added the WA PMP database to the system and will, starting in January, also push the data on the patients' list of opiate prescriptions. Providing the emergency physicians unbiased data on how the patients have been accessing health care resources and use of scheduled two-(2) medications will clearly help us make better decisions regarding patient care. A side benefit to this has been a downward bending of the exponentially rising curve of overdose deaths from prescription opiates in Washington State since this system was implemented.

The experience in WA also highlights the need for individualized case management for this subset of patients. Some of the patients made frequent ED

visits because of transportation issues, or challenges in getting outpatient medications filled, or even just loneliness. Each of these patients needs is unique and very specific. The root cause was rarely obvious to an ED physician or nurse and required a creative solution that produced both significant cost savings and better met the needs of the individual patients. This type of effort requires ED case managers to focus on a small number of very high utilizers. We have been doing this at Bartlett Hospital in Juneau for about a year with a 1/3 time case manager working with about 10 patients at a time. We have seen this group of very high utilizer's decrease their ED visits by cumulatively several hundred visits a year. In Washington, these ED case managers have saved their hospitals many times their salaries in non-reimbursed ED visits.

The motivation to work on this project for both the State Medicaid office and the hospitals is financial savings. The motivation for our members is better care for our patients and some improvement to our work life satisfaction, even if it negatively affects our income. My plan is to ask for the State to provide some of the upfront cost of the EDIE, continue to fund the PDMP, and to ask the hospitals to recognize the value and fund ED case managers. I am hopeful that the shared investment will result in shared savings that can be fairly split between the payers and the hospitals.

I would like to ask the ED physicians in the State to support this program by enrolling in the PDMP and using the data that any sort of EDIE program provides. I also view our role as identifying the individuals that would be most appropriate to target for this program. Success will only be achieved if all the vested parties work together. I am hopeful that we can achieve success by entering this voluntarily before it gets to the point of draconian proposals by any of the payers. The ultimate bottom line is that our patients will get better, more helpful care.

Adriana's Corner

As the Chapter Administrative Assistant, one of my goals is to "**Highlight a Physician**" by posting a short story on the chapter website or via a small article in the Chapter E-Newsletter. Recognizing an Emergency Physicians hard work is not just a nice thing to do, but, is also a communication tool that reinforces and rewards the hard work that many physicians like you accomplished.

This quarter, we would like to recognize the following member:

Sara Stout, DO, FACEP
Anchorage

Dr. Stout deserves recognition for earning the **Fellow of the American College of Emergency Physicians (FACEP)** designation. Thanks to Dr. Stout for her hard work!

If you would like to share a story of an outstanding physician that deserves to be "**highlighted**", please send me specific information as to why the physician should be highlighted. I will work with Dr. Zink, the incoming Chapter President to include the story in the next Chapter E-Newsletter.

If there is anything I can help you with or if you have any questions regarding the chapter, please don't hesitate to contact me via [e-mail](#).

Clinical News

Emergency Department Visits Hit Record High, With More Cases Requiring Urgent Treatment

ED Visits Hit Record High, With More Cases Requiring Urgent Treatment

The nation's emergency departments saw more than 136 million patient visits in 2011, the highest number ever recorded, compared with 129.8 million in 2010, according to new data released by the Centers for Disease Control and Prevention (CDC). The percentage of patients with non-urgent medical conditions dropped by half-an overwhelming 96 percent were triaged as needing medical treatment within two hours, up from 92 percent in 2010.

[Read the Entire Article](#)

How to Perform Positive Pressure Technique for Nasal Foreign Body Removal The Case

A 3-year-old female presents to the emergency department after placing a small bead into her left nostril. The bead became lodged, and the child is unable to move any air out of the left naris. All efforts to remove the foreign body prior to arrival have failed. The child is currently cooperative but apprehensive. Is there a minimally invasive way to safely, quickly, and easily remove or dislodge the foreign body?

[Read the Entire Article](#)

How to Approach End-of-Life Care Discussions, Determine Treatment Goals for Patients Near Death in the Emergency Department

Case: A 79-year-old woman with metastatic lung cancer presents to the ED with severe dyspnea. Assisted ventilation appears necessary. The family is in attendance and under the impression that she will benefit from chemotherapy and/or radiation. According to the family, no one has discussed her prognosis or an advance directive with either the patient or them. Should this patient be immediately intubated?

[Read the Entire Article](#)

Join Emergency Medicine's Premier Grassroots Advocacy Network Jeanne Slade, NEMPAC and Grassroots Advocacy Director

Nearly 70 new Members of Congress will be sworn in as part of the 114th Congress - which will consider many critical issues that affect all emergency physicians and patients. To hit the ground running in this new Congress, ACEP is recruiting new members for the 911 Legislative Network, a nationwide grassroots lobbying team of emergency physicians. The mission of the Network is to Educate and Engage legislators, while Expanding the “footprint” of emergency medicine in the development of quality health care legislation and policy on the federal level.



More than 136 million people visit the emergency department annually in every state and congressional district in the United States. As the safety net providers in our nation’s health care system, emergency physicians are uniquely qualified to share this front-line experience and knowledge with policymakers. This “grassroots power” can positively impact the future of the specialty and help ensure lifesaving emergency will be available when and where patients need it across the country.

From hosting an ED visit for your legislator, responding to an Action Alert, attending the annual **Leadership and Advocacy Conference** in Washington, DC or simply staying up-to-speed on ACEP’s top legislative issues by reading the 911 Network Weekly Update, there are many opportunities for you to get involved and stay engaged. Remember, you have a voice in Washington - let it be heard!

To join the ACEP 911 Network, please go to [Advocacy area of the ACEP website](#).

You can also contact [Jeanne Slade](#), ACEP's Political Affairs Director for more information.

Welcome New Member

Helen Adams

Anchorage

Alaska Chapter ACEP, 2986 Foster Avenue, Juneau, AK 99801

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