



ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION



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 and September 9, 9-11 am  
Alaska Regional Hospital Classrooms 1 & 2, 2801 Debarrr Road, Anchorage

### SEPTEMBER 8 AGENDA

- 9:00-9:15     **Introduction**
- 9:15-9:45     **Keynote speaker: Dr. Jay Kaplan, National ACEP President:** Status of emergency medicine nationally, and a vision moving forward
- 9:45 - 10:30   **Around the State.** Trauma update from Dr. Sacco and round table
- 10:30 - 11:45   **Panel Discussion - Facilitating Transfers:** Define some the major challenges regarding patient transfers with a goal of improving timing, and maximizing appropriate transfers.  
**Panel:** Dr. Dan Safranek, Anchorage Providence ED Medical Director  
Dr. Shelis Jorgensen, Sunshine Clinic Talkeetna  
Dr. Patty Paris, ANMC Anchorage  
Dr. Nathan Peimann, Bartlett Regional Medical Center, Juneau  
Dr. Jay Kaplan, ACEP President  
Kelly Linebarger - Director of Flight Operations LifeMed
- 11:45 - 12:15   **Lunch**
- 12:15 - 12:30   **Psychiatric Care in the State:** Randall Burns, Alaska Director of the Division of Behavioral Health
- 12:30 - 2:00    **Panel Discussion - Psychiatric Care:** Define current medical and legal risk with psychiatric patients and improve physician understand multifactorial process.  
**Panel:** Steven Bookman, Assistant Attorney General, Alaska Department of Law  
Robert J. Dickson, Attorney at Law, Atkinson, Conway & Gagnon  
Linda Beecher, Deputy Public Defender, Alaska Public Defender Agency  
Michael Alexander, MD, Chief of Psychiatry, Alaska Psychiatric Institute.  
Randall Burns, Director, Alaska Division of Behavioral Health
- ACEP draft clinical policy: “Clinical Policy: Critical Issues in the Diagnosis and Management of the Adult Psychiatric Patient in The Emergency Department,” (<https://www.acep.org/Clinical---Practice-Management/Clinical-Policy-Comment-Form---Adult-Psychiatric-Patient/>)
- 2:00 - 2:15:    **Break**
- 2:15 - 3:00:    **Frequent Utilization and Case Management** - Dr. Enguidanos
- 3:00 - 3:45     **Opioids and SB 21** - Dr. Jay Butler, Alaska Sate Chief Medical Officer
- 3:45 - 4:00     **Review of tomorrow’s agenda and questions / Adjourn**

## SEPTEMBER 9 AGENDA

9:00 - 9:15     **Introduction and Goals for the Day**

9:15- 9:30     **IT Update and Data Needs**

- Defining Frequent Users
- Review potential data and determine data that will be gathered and viewed on this project.

9:30 - 10:00   **Statewide Narcotic Guidelines**

- Please review documents on ACEP website before this meeting

10:00 - 10:30   **Referrals and Case Management**

10:30 – 11:00   **Patient Education**

11:00 - **Adjourn**

\* **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.