

FEBRUARY 2012

PRESIDENTIAL REPORT

LAURA PIMENTEL, MD, FACEP



Dr. Pimentel welcomes MD ACEP's new Executive Director, Beverly Lynch, in the first ever movie available in EPIC. To view the movie, please click the following link:

<http://youtu.be/UiSyDMz2VI8>

DINNER WITH SECRETARY SHARFSTEIN

Dr.

Laura Pimentel and Dr. Steven Schenkel had dinner with Maryland Secretary of Health & Mental Hygiene, Joshua M. Sharfstein, MD. They listened to his vision for his term including effect improvement of public health at lower cost, as well as changing the structure of reimbursement to providers to a system where outcomes are rewarded rather than volume.

Secretary Sharfstein discussed the following issues of importance to ED physicians:

1. Primary Adult Care: This is a short term, stop gap program to provide coverage for low income adults who would otherwise have no coverage. He understands that it does not reimburse ED physicians. States there is no money in the budget to change this year and that the program will end January 1, 2014. At that time, all members will be covered by Medicaid.

2. Mental Health: Secretary Sharfstein is unhappy with current structure of mental health funding. Maryland funds much more inpatient care relative to outpatient care than most states. He would like to shift this balance to keep patients out of the hospital. Favorably views crisis response strategies and understands that they reduce ED utilization.

3. Board of Physicians is dysfunctional at present. The Secretary is tasked to appoint a new Executive Director and is working with a search committee. He is enlisting help from Dr. Jay Perman, President of University of Maryland, Baltimore. Dr. Perman is leading a consulting group tasked with providing recommendations for Restructuring the BOP. The Secretary would like to have the power to appoint unbiased mediators to resolve scope of practice disputes among competing boards .

4. Medicaid MCOs:

The Secretary is working to obtain the appropriate tools to better manage the MCOs. He wants them to develop better structures for reimbursing quality rather than volume. He would like to standardize core measures and those metrics that PCPs must meet to demonstrate quality. At this time, each MCO sets its own measures such that doctors are trying to meet different goals for different payers.



Dr. Orlee Panitch, Dr. David Hexter, and Dr. Laura Pimentel attended Congressman Dutch Ruppersberger's fundraiser on January 30. As a young man, his life was saved by Dr. R. Adams Cowley at University of MD Shock Trauma. Congressman Ruppersberger credits Dr. Cowley with encouraging him to start his political career.

EMS UPDATE

**BY: DAVID HEXTER, MD, FACEP-EMS BOARD MEMBER
RICHARD ALCORTA, MD, FACEP-STATE EMS MEDICAL DIRECTOR**

Normally EMS protocols are updated on July 1st of each year. However, due to the ongoing shortage of etomidate, the EMS Board approved an emergency EMS protocol change introducing ketamine as an agent for rapid sequence intubation (RSI). In lieu of etomidate, ketamine may be administered at 2 mg/kg dose for RSI. This change is effective January 17, 2012.

MD ACEP is looking for a few good men and women....

Have some good ideas to make MD ACEP better and stronger? Have just a little spare time to support your profession? If so, consider a run for the Board of Directors. The Board meets in January, March, June, and September. Interested? Three slots available! Send MD ACEP a short bio, e-mail Lauren at lauren@amg101.com. **Deadline: March 9, 2012**

**SAVE THE DATE
THURSDAY, APRIL 26, 2012
ANNUAL EDUCATIONAL
CONFERENCE**

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TURN TO PAGE 3 FOR MORE INFO

ANNAPOLIS NEWS & NOTES

BARBARA BROCATO AND DAN SHATTUCK

The 2012 Session is fully underway, and we are actively involved on a number of fronts for MD ACEP. We invite and encourage you to contact us with any questions or let us know if you are planning to come to Annapolis to serve as Doctor of the Day or to attend a hearing and see the process at work (Barbara@bmbassoc.com or (P) 410-269-1503) Major issues this session include:

The State Operating Budget:

The FY 2013 Budget debates will be a major factor in the course of all policy debates and discussions this year.

Primary Adult Care (PAC) program: The PAC program was recently expanded to cover hospital services associated with emergency department visits for enrollees. Physician services are not covered and has been causing a significant increase in uncompensated care. We have been working with ACEP members to gather data that quantifies the problem. Simultaneously we are reaching out to key legislators, officials with the Department of Health and Mental Hygiene, the Maryland Hospital Association, major health systems, and State budget and policy analysts as we develop a strategy. We will continue to provide updates as the discussions progress.

Medicaid, which makes up \$7 billion of the State \$35 billion budget is an area of particular concern for us this year. We will be working closely with other stakeholders in having a presence and voice at the Medicaid budget hearings during the 2012 Session. We will post hearing and briefing dates on MD ACEP's legislative web page as they are scheduled.

In December of 2011 the Department of Health and Mental Hygiene released a report on the financing and cost-driver of the Medicaid programs and ways to reduce expenditures and expenditure growth. A full copy of the report can be found at MDA-CEP's legislative website.

Health Care Reform and Policy Issues:

The discussions on health care reform and the work of the Governor's Health Care Coordinating Council will continue as discussions begin on the establishment of Maryland's Essential Health Benefit plan as required in the federal Accountable Care Act.

The Governor's bills on the Health Care Insurance Benefit Exchange (SB238) and Health Disparities (SB234) will be important pieces of legislation that we will be following throughout the Session. Additionally there will be a number of public safety bills that members of MD ACEP will be testifying on. For all the latest on these bills, hearings and legislation of interest be sure to check your legislative web site at: www.bmbassoc.com/mdacep/

Make plans to attend the:

8th Annual Legislative Reception on Thursday, February 16th at the Governor Calvert House in Annapolis, MD from 5:30-7:30pm.

Contact your legislators and let them know that you are planning to attend. They will be sure to stop by if they know their constituents will be there. For more details and to find out how to contact your legislators visit: (www.bmbassoc.com/mdacep/)

SUPPORT THE MEDCHI PREAUTHORIZATION BILL

Insurance carriers and Pharmacy Benefit Managers (PBMs) impose various "preauthorization" requirements before a physician is able to obtain needed pharmaceuticals or medical services for his or her patient. Countless hours of administrative time in a physician's office are spent in securing preauthorization approvals. In almost all cases, the preauthorization is approved but only after considerable delay and administrative expense.

The Maryland Health Care Commission (MHCC) has proposed a process for moving to mandated uniform standards for preauthorization. The recommendations can be downloaded at [THIS SITE](#). MedChi is proposing that the MHCC be granted the authority to require carriers to conform to its standards and timeframes.

The MHCC quoted a recent article in the well respected journal *Health Affairs* as finding that "physicians reported spending on average three hours per week on all interactions with payers, while nursing staff reported spending roughly 19 hours on average per physician per week, and clerical staff reported spending almost 36 hours per physician per week. In total, practices spent on average \$68,274 per physician per year on all interactions with payers, according to this survey. One third (one hour per week) of physicians' time spent on these interactions was spent on authorizations. Nursing staff spent the majority of their time on authorizations, averaging approximately 13 hours per physician per week, while clerical staff spent about 6 hours per physician per week on authorizations."

At a time when physicians are being asked to help bring about higher health care quality with lowered costs, it is important that their efforts not be hindered by antiquated and unnecessary requirements. Contact your legislator and request that they support the MedChi bill to empower the MHCC to streamline the prior authorization process. Identical bills are being introduced in each house on the subject by Senator John Astle and Delegate Shawn Tarrant.

Please call or email your legislators today, especially those on the Senate Finance Committee and the House Health and Government Operations Committee, and ask them to **Support the MedChi Bill on Preauthorization. You can use the MedChi web site to send a quick email to your legislator today** <http://capwiz.com/medchi/state/main/?state=MD>

As always if you have any questions about the Prior Authorization issue, MedChi, The Maryland State Medical Society or anything else feel free to email me at gransom@medchi.org.

PRACTICE MANAGEMENT UPDATE

NEEL VIBHAKAR, MD, FACEP

PROCEDURAL SEDATION

The question:

I'm interested in knowing who is using the following drugs for procedural sedation:

- 1) Ketamine, propofol, and etomidate
- 2) Who is administering the drugs - RN vs. MD?
- 3) How long have they been using each drug?

The summary:

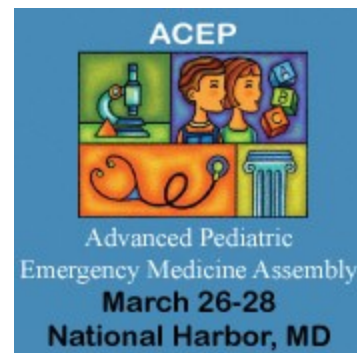
There were a total of 12 responses. Of the 12 responses:

3 hospitals do not use any of these drugs for procedural sedation

9 hospitals state they use Ketamine, with 5 having the RN administer it, and 4 having the physician administer it (2 of the 4 stated that the administration by the physician is only if the patient is an adult).

6 hospitals state they use Propofol, with all having the physician administer it.

7 hospitals state they use Etomidate, with all having the physician administer it.



For more information, as well as online registration please click the following link:
www.acep.org/pemassembly

EDUCATIONAL PROGRAM SCHEDULE MARYLAND ACEP 2012 EDUCATIONAL CONFERENCE THURSDAY, APRIL 26TH, 2012

7:30 – 8:00am	General Registration and Continental Breakfast	2:50 – 3:10
8:00 - 8:10	Welcome	3:10 – 3:35
8:10 -9:10	Pseudoaxioms: Medical Myths in EM Presenter: David Newman, MD, FACEP	3:40 – 4:15
9:10 – 10:00	Professionalism and Conflict Resolution Presenter: James G. Adams, MD, FACEP	4:15
10:00 - 10:30	BREAK WITH EXHIBITORS	
10:30 - 11:20	Avoiding Abdominal Apocalypse.... A choose your own adventure Presenter: Josh Broder, MD, FACEP	
11:30 - 12:20pm	Cutting edge drugs of abuse Presenter: Robert S. Hoffman, MD, FACCT, FACMT, FRCP	
12:20 – 1:20	LUNCHEON AND AWARDS Maryland ACEP Business Meeting	
1:30 – 2:20	Tackling the patient with agitated delirium Presenter: Robert S. Hoffman, MD, FACCT, FACMT, FRCP	
2:25 – 2:50	TBD Presenter: Mimi Lu, MD, MS	

BREAK WITH EXHIBITORS

Telemetry in Low-Risk Chest Pain...Where's the Evidence?
Presenter: Jack Perkins, MD, FACEP, FAAEM, FACP

Radiation Exposure in the ED: How much is too much for your patient?
Presenter: Linda Regan, MD, FACEP

END

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