A Newsletter for the Members of the Maryland ACEP Chapter - September 2021
View Web Version

EMinMD Chapter Newsletter

In this Edition

President's Message

Dear Colleagues,

As summer comes to a close, I am hoping that everyone has had an opportunity to rest and recharge a bit. I know that the mental toll of the pandemic has affected us all in different ways. I encourage all of us to look out for each other knowing that we will get through this if we all work together. Maryland ACEP has been hard at work this summer

On July 27th we held meetings with 4-key legislators at National ACEP's Lobby Day during the final day of the Leadership and Advocacy Conference in DC. We spoke to representatives from the offices of:

- Rep C.A "Dutch" Ruppersberger
- Sen. Ben Cardin
- Sen. Chris Van Hollen
- Rep Kweisi Mfume

We discussed several key issues including the importance of improving access to addiction treatment and the Mainstream Addiction Treatment (MAT) Act. One of the key components of the MAT Act is to remove the waiver requirement to prescribing buprenorphine. There is bipartisan support for this bill, and we anticipate that it will

pass. Our team also discussed the impact that the Medicare sequestration cuts, along with the scheduled 6% Physician Fee Schedule reduction will have on Emergency Medicine. We urged the legislators to take action prior to the end of the year to prevent significant cuts to Medicare payments due to sequestration and Medicare's budget neutrality requirements.

Finally, we articulated the impact of mental health on emergency physicians and the stigma associated with seeking treatment including fear of loss of licensure, income, and employment. We also described the toll that the pandemic has taken on our frontline physicians. As a result of our efforts and many others, in early August the Senate approved the Dr. Lorna Breen Health Care Provider Protection Act. Earlier this year ACEP was able to secure $140 million in funding for the bill as a component of the American Rescue Plan. A few components of the bill are to establish grant funding for training, employee education, peer support, and commission a federal study into healthcare professional mental health and burnout. To read more on this bill, please click on this link:

In August, we sent follow up emails to each of these key legislators to reiterate national ACEP and the chapters stand on each of these issues.

Membership Committee
Please join me in welcoming Dr. Sydney E. DeAngelis as our new Chair for the Membership Committee. She has many great ideas in place to help our members. Dr. DeAngelis is also a Chapter Board Member and Alternate Councillor for the chapter. Be looking for more information about the benefits of membership with MDACEP.

Please enjoy this episode of EMinMD. Some topics include news from our Membership Committee, PEDS Committee, Public Policy Committee, Upcoming Chapter Events, and Spotlight a Chapter Leader. Next time you see Dr. Adebayo, ask him to wiggle his left ear.

News Membership Committee
"Membership Has Its Privileges"
Sydney E. DeAngelis, MD, FACEP

Anyone over 40 remembers this phrase as part of one of the most successful advertising campaigns in history, for American Express. Anyone younger than 40 has no idea what I'm talking about, but has seen this phrase in 530, 872 memes. Organizations from the local PTA to the UN Human Rights Council have co-opted the slogan. Why? Because it's simple, true, and you won't forget it.

So, as the new Chair of the Membership Committee, I am invoking the phrase (trademarked) again. Certainly, being a member of MDACEP does have its privileges. Whether those privileges are of value to you determines whether you're going to join, and to renew your membership when the time comes. I see the main advantages of belonging to MDACEP as advocacy, education, and fellowship.

Many members are already personally acquainted with all these aspects of MD ACEP. Honestly, there are a number of members who aren't familiar with one or

more of them. One of my goals is to discover what is worthwhile to you, our constituency. Another objective is to learn how we can improve.

The truth is, to succeed as a chapter, we need as many active EM physicians as possible in our ranks. I want you to make the most of what we offer. At the same time, we need an engaged membership supporting the organization which offers them. I look forward to hearing from you and learning more about what privileges will most improve your experience as an MDACEP member.

News Legislative & Public Policy
Theresa E. Tassey, MD
Danna Kauffman - Chapter Lobbyist

ACEP LAC21
ACEP's Leadership & Advocacy Conference (LAC21) was held from July 25-27th in Washington, D.C. at the Grand Hyatt with both in person and virtual components. The conference featured a Health Policy Primer presented by ACEP's Young Physician Section and EMRA, a Leadership Summit which discussed important sessions on "Solutions for the Opioid Crisis", Telemedicine, and the "EM Workforce Report". LAC Courses featured excellent presentations by ACEP leadership on "Improving Health Equity through the Emergency Department", Medicare Reimbursement reform, and engaging with Congress via social media. The final day of the conference was a virtual "Lobby Day" where members were able to engage with their Congressional leaders and staff on key issues pertinent to emergency physicians and our patients. This year, ACEP lobby day focused on three key issues: Improving Access to addiction treatment, caring for our frontline health care professionals, and avoiding the impending Medicare payment cliffs. Thank you to all the Maryland ACEP members who attended and advocated on behalf of our patients and specialty!

LAC22 will be held from May 1-4 at the Grand Hyatt in Washington, D.C.
Join the ACEP LAC interest list here.

CareFirst Downstream Risk/Capitation Arrangements Proposal
During the 2021 Session, CareFirst introduced legislation that would have authorized insurers to enter into downstream risk arrangements with health care entities and providers. The legislation would have allowed insurers to pay capitation payments to primary care providers in the self-insured market when the employer leases an insurer's network. Neither arrangement is currently allowed under Maryland law so CareFirst proposed legislation that would change that, exempting both arrangements from the definition of an "insurance product". Physicians strongly opposed the legislation when it was presented during the 2021 session of the Maryland Assembly, however, the bill was withdrawn before a hearing was held.

The Senate Finance Committee instead requested that a workgroup be formed to study the legislation and bring forth a consensus bill for the 2022 session. MedChi formed a Physician Task Force, which includes MDACEP and other specialty societies. The Task Force has been meeting since April 28, 2021 to review the bill, discuss changes to propose to the legislation and is also considering proposing a counter-bill.

Overall, the CareFirst Downstream Risk and Capitation Arrangement proposal is extremely complex. The bill is not overtly supportive of health care providers, shifts insurer risk to providers, and does not offer any protections for the additional downstream risk CareFirst is asking physicians accept. The Task Force has been focusing on addressing the need for fair negotiations, provider safeguards for those

who enter these arrangements as well as those who do not want to participate, consumer protections, and transparency in this legislation. Concerns have been raised by physicians regarding the substantial increased risk they are being asked to assume and who benefits from these arrangements. There is no clear explanation from CareFirst where the "savings" from this proposal would go. CareFirst has also not been able to provide an example of a similar arrangement in other states. Certainly, CareFirst and entities supporting this legislation stand to benefit financially but benefits to patients or providers, in any form, are less clear.

Workplace Violence
MDACEP is committed to developing initiatives to address the growing violence against emergency department personnel. MDACEP has developed a survey for its members to quantify the occurring violence in emergency departments and to determine best practices that may be used in each hospital to address it. MDACEP recently met with the Maryland Nurses Association (MNA) and the Emergency Nurses Association (ENA) on August 30, 2021 to discuss strategies on addressing workplace violence. MDACEP shared the survey that has been developed, both MNA and ENA were supportive of dissemination of the survey amongst their associations. The meeting also covered plans for how to increase data collection of workplace violence incidents, possible legislative changes that may be necessary, and the appointment of a state's attorney for each district, who would specialize in the investigation and prosecution of workplace violence reports. MDACEP, MNA and ENA plan to meet on at least a quarterly basis to continue the dialogue on this and other issues that may affect all associations' members.

The EQIP Model
The Emergency Department Improvements in Care Transitions (EDICT) payment model Hospital-based emergency departments (ED) play several roles in the U.S. health system. The main goal of EDICT is to reduce preventable admissions, readmissions, and improve community health. The Episode Quality Improvement Program, or EQIP, is a voluntary program in Maryland that will engage non-hospital Medicare providers in care transformation and value-based payment through an episode-based approach. MDACEP hosted a series of discussions about the EQIP model to provide Emergency Medicine physician leaders, the HSCRC, Dr. Jesse Pines and MedChi to better understand the program and the financial impact on Emergency Medicine physician groups in the state who elect to participate. The portal to enroll for EQIP (EEP – the EQIP entity portal) went live on CRISP on July 9, 2021, and the model officially begins in January 2022. MDACEP continues to engage stakeholders and leaders on EQIP to prepare for the program initiation.

News PEDS Committee

♫♪♬ What Will We Do With a Febrile Infant Early in the Morning? ♬♪

A well appearing 24-day old infant arrives in your ED with a rectal temperature of 100.6F. Easy one, you think: pan culture and admit for 48hrs of antibiotics! Not necessarily… A new clinical practice guideline was published in August addressing the evaluation and management of well appearing infants. Bacterial epidemiology has changed significantly since the 1980s (E. coli is now the most common cause of bacteremia). Advances in testing including viral panels and newer inflammatory markers like procalcitonin are more widely available. We now have the opportunity to "safely do less" in a well appearing febrile infant.
Criteria for inclusion in the algorithms include a well appearance, gestational age between 37 and 42 weeks, and a documented rectal temperature of 100.4F or 38C

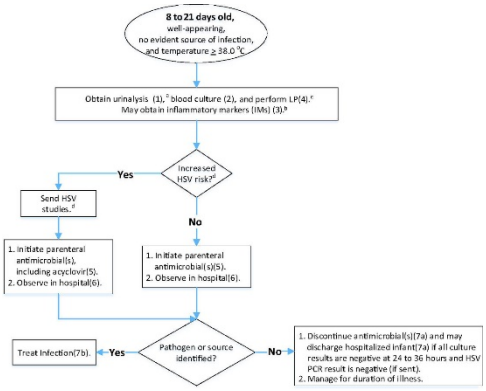
or higher. Symptoms like URIs, diarrhea, otitis media, and positive viral tests are appropriate for inclusion.

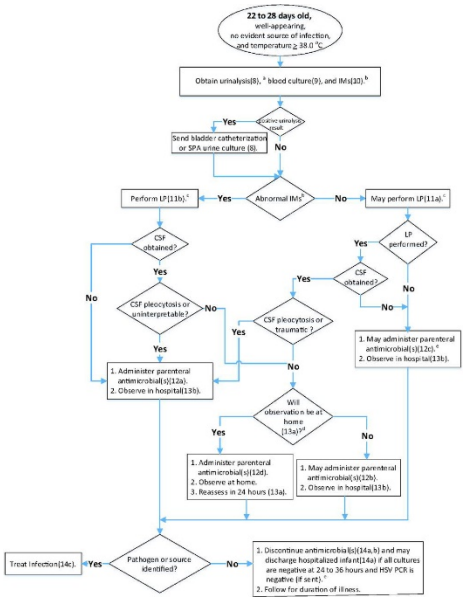
Exclusion criteria include prematurity, under 2wks of age with maternal fever/antibiotics, high concern for HSV (vesicles), focal bacterial infection (cellulitis, omphalitis, etc.), immune compromise, medically fragile, vaccination in the previous 48hrs, and clinical bronchiolitis (strong evidence shows no meningitis and no bacteremia in well appearing clinical bronchiolitis).

Inflammatory markers (IMs) are considered abnormal if c-reactive protein (CRP) > 20mg/L, Procalcitonin (PCT) > 0.5ng/mL, and Absolute Neutrophil Count (ANC) > 4,000 or 5,200/mm3 or if the rectal temperature is >38.5C or 101.3F.

8-21 days old:

Recommend Inflammatory Markers (CRP, PCT, ANC), Blood Culture, Urinalysis/Urine Culture, and Lumbar Puncture (with HSV if risk factors) and admit on parenteral antibiotics (Ampicillin and Ceftazidime/Gentamicin)



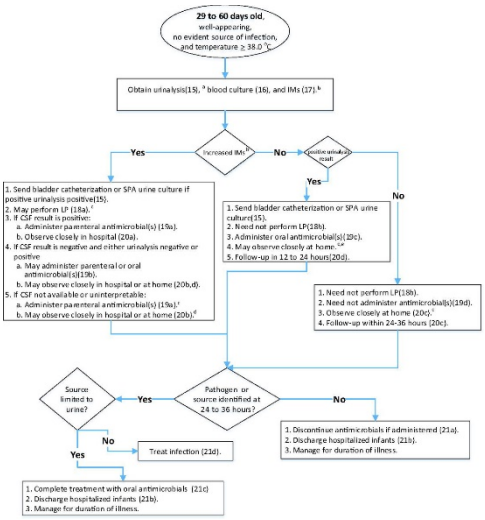


22-28 days old:

Recommend Inflammatory Markers (CRP, PCT, ANC), Blood Culture, and Urinalysis/Urine Culture. If the IMs are normal, you can consider LP and can consider parenteral antibiotics with hospital observation. Not performing an LP does increase the risk of partially treated meningitis, but meningitis risk is overall lower in a 21+d neonate. If the IMs are abnormal, an LP is recommended. If the LP is normal, you can either observe in the hospital with or without antibiotics OR observe at home (after parenteral antibiotics) with 24hr follow up. If the LP is abnormal, administer parenteral antibiotics and admit to the hospital. Antibiotics are Ceftriaxone +/- Ampicillin if concerned about meningitis.

29-60 days old:

Recommend Inflammatory Markers (CRP, PCT, ANC), Blood Culture, and Urinalysis/Urine Culture. If the IMs are normal and UA is negative, there is no need for an LP nor antibiotics. The infant may be observed at home with 24-36h follow up. If the IMs are normal and the UA is positive, there is no need for an LP and you can treat with oral antibiotics at home with follow up in 12-24hrs. If the IMs are abnormal, consider an LP. If an LP is not done, administer parenteral antibiotics and observe either in the hospital or at home. If the LP is done and is abnormal, admit for parenteral antibiotics. If the LP is normal and the UA is positive, you can treat with antibiotics and admit or send home with close follow up. If the LP and US are both negative, you can treat with parenteral antibiotics and either admit or closely observe at home.



Confused yet? The included algorithms may help somewhat. But the authors also emphasize the importance of provider comfort and risk tolerance as well as shared decision making with the families.

Evaluation and Management of Well-Appearing Febrile Infants 8 to 60 Days Old
Robert H. Pantell, Kenneth B. Roberts, William G. Adams, Benard P. Dreyer, Nathan Kuppermann, Sean T. O'Leary, Kymika Okechukwu and Charles R. Woods; SUBCOMMITTEE ON FEBRILE INFANTS Pediatrics August 2021, 148 (2) e2021052228

Spotlight a Chapter Leader

MDACEP Position?
Member of the Board of Directors and MDACEP PAC Treasurer

Where do you practice?
University of Maryland - Baltimore Washington Medical Center.

What drew you to Maryland?
I was born and raised in Maryland and my parents and sister still live here. Between the world class education, hospitals and local family, it was an ideal scenario to remain here thus far in my career.

What is your EDC (Every Day Carry/Care) for a shift?
Usually great hugs from my 3 animated daughters followed by a good night's sleep or nap. On the way into work, I will usually get myself amped for my shift by listening to upbeat music.

What's on your ED playlist?
I have some Motown hits, Hip Hop, R&B, and Pop. Occasionally, if I need to ground my energy I will throw on some beach/pool lounging music.

What's your favorite thing about EM?
My favorite thing about EM is the team I get to work with including nurses, techs, custodians, security, etc. EM draws in a very fun, loyal and honest group of people who make each shift that much more enjoyable.

Interesting fact about you?
I don't know if these count as interesting but I have been on TV a couple of times. I played the lead in the Broadway version of Peter Pan in elementary school. Oh, and I can wiggle my left ear! Yes, just the left! Haha!

Goal in your position or as a leader of the chapter? The goals for my time in leadership with MD ACEP include bringing awareness to important issues in diversity and inclusion, empowering my EM colleagues to utilize their voice and influence through MD ACEP, and to help shape the future of emergency medicine through engagement of policymakers.

Upcoming Chapter Events

Chapter Board Meeting

Friday, October 8th

Public Policy Meeting 10:30AM
Chapter Board Meeting 11:30AM
Virtually (Zoom)

All members are welcome to attend any portion of these meetings. The link will be shared, via email, prior to the date. Or contact the chapter if you are interested in attending.

Mid-Atlantic Reception

Monday, October 25th

Venue: Westin Boston Waterfront
Boston, MA
5:30PM-7PM EST

A reception for the members of the Maryland, Virginia, and District of Columbia ACEP Chapters.

RSVP here.

Welcome New Members

A special welcome to the new members of the Maryland Chapter and to those that renewed their membership with the chapter. We are excited to have you!

Abdurrahman Assaf
Adetunji B. Williams, MD
Alicia Wells, DO
Andrea C. Ridgeway, DO
Anne Soriano, MD
Anthony R. Roggio. MD
Bennett Myers, MD
Blake Duffy, MD, MPP
Brian S. Martineau, MD
Brittany Tsou
Chidi Uzoma Ekeocha, MD
Christine E. Ren, MD
Christopher Lemon, MD
Connie H. Chan, MD
Daniel Jennings Haase, MD
Daniel Ayorinde, MD
David Hirsch Gordon, MD
David Stanley Rudolph, MD
Elizabeth F. Fitzsousa, MD
Irfana Ali MD, FACEP
Jasmin Yasmine Gosen, MD
Jeanhyong Park, MD
Jessica Reeda Strough
Julie M. Sanicola-Johnson, DO
Kara Anne Schradle, MD
Kathryn E. Clark, MD
Kevin Pearl, MD
Kevin Michael Jones, MD, FACEP
Lea Moujaes, MD
Maria Caroline Gianelle
Mark E. Sutherland, MD
Meagan Theresa Cooper, DO
Megan J. Cobb, MD
Melissa M. Staley
Miles J. Varn, MD
Nelson Clevon Malone, MD, MPH
Quincy K. Tran MD, PhD, FACEP
Richa Manglorkar, MD
Ryan Spangler, MD, FACEP
Scott Gummerson, MD, MSc
Sherron Benn-Thompson, MD
Theresa E. Tassey, MD

Follow us on Social Media!

Maryland ACEP Chapter
Robert C. Linton II, MD, MBA, FACEP - President
Adriana Alvarez - Chapter Executive Director
410-727-2237 | Website
c/o National ACEP
4950 West Royal Lane
Irving, Texas 75063-2524