



# EMinMD

## Chapter Newsletter

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### President's Message

Dear Colleagues,

I want to express how grateful I am to serve Maryland ACEP at this critical juncture in its history and the history of our specialty. After coming through a very difficult year and a half, major points highlighted in the ACEP workforce study in April, have forced leaders within the specialty to take a hard look at the market forces negatively impacting EM. The findings from the Emergency Medicine Physician Workforce: Projections for 2030 research,

show that for the first time in history the specialty of Emergency Medicine is headed toward a likely oversupply of emergency physicians in the next decade. It also points out the current lack of clear standards within Emergency Departments in the US. At the state level, Maryland ACEP is closely following these trends and are keenly watching for any legislation brought forward that would be aimed at enhancing APP scope of practice.

We are all looking forward to October - [ACEP21](#) in Boston! We hope that we will see many of our members there in person. If you are not able to attend in person, we are hoping that you do participate virtually. We are currently working on a resolution to address Standards for Non-Residency Trained Physicians and Mid-Levels working in emergency medicine.

Later this month the [Leadership Advocacy Conference](#) will be held in DC, which will give an opportunity for members to hear from national leaders on several relevant topics including workforce updates and EM's role in health equity. During the last day of this conference there is an opportunity to meet virtually with key legislators during the Congressional Virtual Hill Visits.

We hope you enjoy this edition of EMinMD. You will see a legislative update from our lobbyist Danna Kauffman as well as several informative articles. I hope that you are having a great summer and encourage any who are not involved with Maryland ACEP to attend one of our [Chapter Board Meetings](#).

Please be well and I hope you will have a chance to get some well-deserved time off this summer!

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### [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](#).



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***News* EMS Committee**  
**Timothy P. Chizmar, MD, FACEP**  
**EMS Committee Chair**

Maryland's EMS physicians have been meeting biweekly in a virtual format during the COVID-19 pandemic to discuss solutions to pressing challenges. The virtual meetings led to the creation of specific EMS guidance for the safe treatment of possible COVID patients, the development of a pandemic triage protocol, and the expansion of vaccination capabilities for all EMS clinicians.

### ***Pandemic Triage Protocol***

Early in the pandemic, Maryland's EMS physicians analyzed the available data and developed a viral syndrome pandemic triage protocol. Maryland was among the first states in the nation to release such guidance, and our tool served as a model that was adopted by other states and regional EMS systems. This protocol enabled EMS clinicians to recommend home care for patients who were assessed to have a lower severity of illness and lower risk of progression to severe COVID-19 illness.

During an interim six-month analysis, we noted that over 1,000 patients were screened with the protocol. To be eligible to remain at home, patients had to be within two through fifty-five years of age, with stable vital signs, and no high risk past medical history (immunosuppression, heart or lung disease, or diabetes). The patients who remained at home were given home care instructions and information for medical follow-up. Patient outcomes were closely monitored at county and statewide levels. Fewer than 4% of the patients who were eligible for home care required a subsequent hospitalization for COVID illness within 24 hours.

The protocol demonstrated the ability of Maryland's EMS system to translate early research data into clinical practice during a time of strained hospital and EMS resources.



### ***Expansion of Vaccination for COVID-19***

Maryland's EMS physicians were integral in promoting an active role for all EMS clinicians in the COVID-19 vaccination effort. Prior to the pandemic, paramedics had limited vaccination capability within their own EMS agencies. However, state pandemic orders enabled emergency medical technicians (EMTs) and cardiac rescue technicians (CRTs), as well as paramedics, to participate in public vaccination clinics.

Maryland's EMS physicians participated in the training of EMS clinicians and provided direct medical oversight at some of the vaccination sites. Over the past seven months, Maryland's EMS clinicians have provided thousands of vaccinations statewide. Due to the team effort of hospitals, health departments and EMS agencies, Maryland now ranks number six in the nation for percentage of fully vaccinated adults.

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

***2022 Legislative Session***

***Workplace Violence***



As the summer sadly begins to wind down, MDACEP has already turned its attention to the 2022 Legislative Session that will be held from January 12-April 11, 2022. Two priority areas that MDACEP will continue to focus on include: 1) legislation that is being sought by CareFirst to authorize insurers and other health care entities, including physicians, to enter downstream risk and capitation arrangements; and 2) initiatives to address workplace violence.

MDACEP is committed to developing initiatives to address the growing violence against emergency department personnel. This interim, MDACEP is working on a targeted Maryland 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 will be working with the Maryland Nurses Association and the Emergency Nurses Association on this initiative.

Maryland ACEP's focus on this continued issue in emergency departments nationwide mirrors that of ACEP's national efforts to address workplace violence. Earlier this year Rep Courtney (D-CT) introduced HR 1195, Workplace Violence Prevention for Health Care and Social Service Workers Act, which would require the Department of Labor to issue standards for certain employers to protect physicians, nurses, social workers, and other health care workers from workplace violence. The legislation has since passed the House and has been referred to the Senate HELP committee.



### ***Federal Legislation to Watch***

The No Surprises Act (NSA), which was passed in December 2020 as part of the COVID-19 aid package, is set to go into effect as of January 2022. ACEP has been working closely with the Tri-Departments – HHS, DOL, and US Treasury - regarding the development of rules and regulations. An Interim Final

### ***Mental Healthcare***

Rule (IFR), "Requirements Related to Surprise Billing; Part I," was recently published. Most importantly, the IFR details rules surrounding calculation of the Qualifying Payment Amount (QPA) and suggested minimum payments for services, which can help avoid disputes and needing to use IDR. Additional rules and regulations are expected in September, which will focus on claims batching and criteria for IDR. Maryland ACEP is working closely with national ACEP leaders to determine how implementation of the NSA will interact with state laws, the all-payer model, and how it may affect Maryland's patients and emergency physicians."

In May, the Senate HELP Committee approved the ACEP-supported, bipartisan, and bicameral, Dr. Lorna Breen Health Care Provider Protection Act (S. 610), by voice vote after a few changes to the legislative text were made by committee Chair Patty Murray (D-WA). During the mark-up, the bill sponsor, Sen. Tim Kaine (D-VA), specifically thanked ACEP for its work on this legislation. The legislation would establish grants to train health care workers on suicide prevention, strategies to improve well-being, establish or expand programs that address mental and behavioral health issues for health care workers who have served in the COVID-19 response, and require HHS to study and create policy to address barriers to accessing mental health care treatment for health care workers, and make recommendations on decreasing burnout.



Maryland ACEP policy efforts will continue to advocate for expansion of mental health care in the state of Maryland. Emergency physicians across the state are all too familiar with the repercussions of boarding patients with acute mental health disorders in the emergency department. The ED is a stressful and less than therapeutic environment for patients requiring inpatient psychiatric care.

Further, boarding of patients awaiting inpatient mental health treatment can create safety issues for health care workers. Pediatric patients requiring inpatient psychiatric treatment are often most at risk for boarding, sometimes remaining in the ED for weeks to months at a time awaiting placement.

One teenage patient's experience with this was recently detailed in a story published by NPR. Maryland ACEP plans to work with legislators over the next year to advocate for expansion of inpatient mental health treatment beds and improved access to mental health care for all patients.





### **CareFirst Downstream Risk/Capitation Arrangements Proposal**

During the 2021 Session, CareFirst introduced legislation that would have authorized insurers to enter downstream risk arrangements with health care entities, including physicians. In addition, 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 because it is deemed to be the accepting of insurance. Therefore, the legislation would exempt both arrangements from the definition of an "insurance product." Given the complexity of the issue, MDACEP and other physician groups voted to oppose the legislation.

However, before a hearing was heard on the merits of the bill, the bill was withdrawn and a letter sent to MedChi, the Maryland Hospital Association and CareFirst by the Chairs of the House Health and Government Operations Committee and the Senate Finance Committee requesting that a workgroup be formed to study the legislation and bring forth a consensus bill in 2022. MedChi has formed a Physician Task Force, which includes members from MDACEP and other specialty societies, to review the legislation. The Task Force has been meeting since April. Challenges include ensuring that adequate safeguards are included in the legislation to protect physicians who decide to enter these arrangements as well as protections for those who do not want to participate in these arrangements.

### **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. EDs are on the frontlines of treating those who are critically ill, a safety net for the uninsured and underinsured, a staging ground for public health emergencies, such as the current COVID-19 crisis, and in many ways the front door to hospital-based care. 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. To provide Emergency Medicine physician leaders across the state an opportunity to better understand the program, Dr. Chaudhari and Maryland ACEP hosted a series of discussions about the EQIP model. Maryland ACEP leadership worked with 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, July 9, 2021. The EQIP model will officially begin in January 2022.

[Read the EQIP Entity Portal: User Training Webinar](#)

[Read the User Guide](#)

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## **Medical Student Corner**

### **5-Quick Tips to Succeed in your Emergency Medicine Rotation**

**Written By Leslie Gailloud**  
**Class of 2022**

Every medical student should try to complete an emergency medicine rotation. It is a great experience to learn

#### **3. *Don't Lie***

a. You're inevitably going to forget to ask certain questions during your history

how to approach patients with undifferentiated complaints and get the chance to practice some clinical skills. And who knows, you may end up loving it and deciding to specialize (like me)! Here are some tips on how to get the most out of your EM rotation and impress your preceptors.

**1. Join the Emergency Medicine Residents' Association (EMRA)**

a. This great organization is full of advice and resources to use in the emergency department. As a student member, you receive a kit with reference materials like the EMRA Antibiotics Guide and some handy pocket-size reference cards.

**2. Be Proactive**

a. Emergency medicine is all about putting yourself out there. Ask your residents questions about the diagnoses you see, ask the nurse if you can put in the next IV line or Foley catheter, and always offer to help with tasks like getting blankets or water for the patients. Just make sure it's OK for them to drink liquids!

taking. If you forgot to examine the patient's abdomen or didn't ask about their family history, don't make up answers when you present to your attending. Just admit that you didn't get to it and keep it in mind for the next patient.

**4. Read Up**

a. After each shift - or if it's a slow one, during the shift - try to read up on at least one patient case that you saw. It's a great way to dive deeper into the disease background for the next time you see that diagnosis either in the emergency department or on a shelf exam.

**5. Have Fun**

a. As a student, you are there to enjoy yourself and to learn. The emergency department is full of great people who work well together, and you a part of that team! Remember to take breaks to eat and stay actively engaged, and you'll end up having a blast.



If you have any more questions about how to navigate emergency medicine as a student, feel free to reach out to the Student Section of the Maryland ACEP Chapter. And keep an eye out for our articles on emergency medicine as a medical student in each Maryland ACEP Chapter newsletter or if you want to help with social media for the chapter [let us know](#).

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*Congratulations!*

***2021 ACEP National  
Emergency Medicine Faculty  
Teaching Award***

Join us in congratulating Dr. Michael C. Bond a longtime member of the chapter and current member of the Chapter Executive Board for his well deserved award.



***2021 ACEP National  
Emergency Medicine  
Excellence in Bedside  
Teaching Award***

Join us in congratulating Dr. Hardin A. Pantle a longtime member of the chapter for his well deserved award.



You can nominate a chapter member for a national ACEP Award in 2022. [Read more details here.](#)

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## **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!

**Amanda Feeney  
Andrew O. Piner, MD  
Antonia N. Jankowiak  
Ayomide Igun, MD  
Babette Newman  
Bonnie K. Marr, MD  
Brandon J. Cole, MD  
Brianna Klucher, MD  
Bryan Patrick McNeilly, MD  
Chiemeke I. Nwabueze  
Christopher Sponaugle, MD  
Cody James Couperus, MD  
Diana Mirella Pancu, MD  
Dominique Gelmann  
Edward Yu, DO**

**Jonathan D'Souza, MD, FACEP  
Julie A. Kurek, MD  
Louisette Vega, MD  
Lucas C. Carlson, MD  
Marc Nelson, MD, MBA  
Olufunmilayo Ogundele, MD  
Patrick Wallace, DO  
Rhamin S. Ligon, MD  
Samar Bharat Mehta, MD  
Stephanie Adjei, MD  
Steven James Lucas, MD, FACEP  
Sydney Zarriello, MD  
T Andrew Windsor, MD, FACEP  
Taylor A. Lindquist, DO  
Tyrus Park, MD**



Heather Mezzadra  
Ilya Lazzeri, MD  
Jack Ko, MD  
James R. Gardner, MD

Valery Bratinov, MD  
Veda Ravishankar  
Zoe M. Glick, MD

Have you been thinking about getting more involved at the chapter level? [Let us know](#) what topics in emergency medicine interest you.

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*Follow us on Social Media!  
Do you want to get involved with social media?  
For more details, [contact](#) the chapter.*

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[Contact Us](#)

[Chapter Website](#)

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