

# EMinMD

## Chapter Newsletter

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### President's Message

**Michael A. Silverman, MD, FACEP**

Dear Colleagues,

It's been a great two months since our last newsletter. Isn't everything a little better once the weather improves. Spring is finally here, and Maryland ACEP has been active with several significant events.

First, kudos to our Education Committee for producing a great spring conference. And a special shoutout to our emcees Drs Sarah Dubbs and Jason Adler for their work. After more than a decade of meeting in the BWI hotel district, we switched venues. Part of the decision making was to be more fiscally responsible for our member's dues, as hotels significantly increased their fees during the pandemic.

The University of Maryland turned out to be a great facility for the event. There's a couple of things we've noted to improve on for next year but between the venue, our speakers, and the attendees, it was a great conference.

We also wrapped up our state legislative session. Please read the detailed report in the newsletter. This was a challenging session with a lot of focus on healthcare, specifically emergency department wait times. We have some work to do as the year goes on, but we have a strong public policy committee with an excellent

advisor/attorney/lobbyist to help us strategize. We are also always looking for people interested in public policy so please let us know if you'd like to get involved.

The annual ACEP [Leadership & Advocacy Conference](#) is held in Washington, DC every year in late April or early May. This is where our issues as emergency physicians, such as Medicare reimbursement, workplace safety, boarding, and access to psychiatric care are discussed and we take our issues to our congressman's offices. Although everyone had the chance to speak when we met with staffers, I particularly want to thank Drs Sydney DeAngelis and Jon Mark Hirshon for being our meeting leaders for the day. I've attended this conference many times and may have enjoyed this one the most. We had great speakers on Monday and many of us spent time visiting with our two senators and a variety of congressmen on Tuesday. But the highlight for me was a small group dinner with Senator Cardin on Monday evening. This was hours after he announced he would not be seeking reelection. Regardless of your political party, getting almost 3-hours with someone who has been a part of so much history--he introduced the prudent layperson law--and having him willing to answer any question we threw at him, was fun and interesting.

Meanwhile, the Practice Management Committee is learning about a new payment model that has been proposed. We are also planning for the Annual ACEP Council Meeting that will be held later this year in [Philadelphia](#).

If you want to learn more about the activities of Maryland ACEP, please [visit our website](#). From there, you can find our meeting schedule. Our Board Meetings are open to all members.

Last but not least, join me in congratulating Dr. Pines in receiving the [Colin C. Rorrie, Jr. Award for Excellence in Health Policy](#). More information listed below.

Stay safe and thank you for all you do providing care to patients throughout our state.

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## **News Legislative & Public Policy Committee**

**Danna Kauffman - Chapter  
Lobbyist**

Read the General Assembly Final Report [here](#).





## **News** Education Committee

### **Sarah B. Dubbs, MD, FACEP Education Committee Chair**

The Maryland ACEP Annual Education Meeting on Thursday, March 30th was a great success! It was wonderful to see colleagues from across the state gather in Baltimore.

We presented the educational sessions in a hybrid format once again (thanks to Dr. Michael Bond for running the tech!) - but are pleased to report that the vast majority of attendance was in-person, nearly back to pre-covid levels.

Continuous education lies at the core of our profession, empowering us to provide the best possible care to our patients. As emergency physicians, we constantly face new challenges and advancements in our practice environment. Staying up-to-date with the latest research, guidelines, and best practices is crucial to ensure optimal patient outcomes, as well as satisfaction in our careers. In addition to national-level speakers, physician presenters from across the state in different practice settings, and topics ranging from health equity, pediatrics, documentation, critical care and substance use, the Annual Meeting also provided an opportunity for networking, collaboration, and exchange of ideas.

We were also able to celebrate each other with the annual awards - congratulations to all of the recipients! Congratulations also goes to Dr. Arvin Jandoria, from Johns Hopkins, for winning the 3rd Annual Resident Competition for an excellent talk on fluids in sepsis. Beyond the educational aspects, the annual meeting fosters a sense of community and unity among emergency medicine professionals in Maryland. It is an occasion to celebrate our shared dedication to patient care, while also acknowledging the challenges we face collectively. The networking opportunities allow us to establish valuable connections, exchange knowledge, and build lasting professional relationships.

Additionally, the annual meeting offers a chance for chapter members to actively engage in shaping the future of emergency medicine in Maryland. It provides a forum for discussing policy matters, addressing healthcare system challenges, and advocating for the well-being of both our patients and our profession. ACEP President-at-large, Dr. Aisha Terry, addressed the chapter with updates from the national group.

If you attended, please make sure to complete your survey so we can continuously improve the event. We have also sent out a [quick survey](#) to see if our members are interested in a more "destination" - type meeting as we plan for next year!

**Maryland Chapter**  
AMERICAN COLLEGE OF  
EMERGENCY PHYSICIANS

**SAVE  
THE  
DATE**

**EDUCATIONAL CONFERENCE**  
*Annual Meeting*

**Thursday,  
April 11, 2024**

University of Maryland  
SMC Campus Center  
621 W. Lombard St, Baltimore, MD

[WWW.MDACEP.ORG](http://WWW.MDACEP.ORG)

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



How often does the EMS phone ring during your shift? Our EMS system depends upon statewide, evidence-based protocols and emergency physicians for medical direction. So, it should go without saying that it's important to stay up-to-date with the latest EMS treatment protocols. The protocol review process includes a thorough evaluation of the latest evidence from a multi-disciplined group of EMS clinicians, physicians and nurses from all of Maryland's regions.

The Maryland Medical Protocols for EMS is a statewide document that's updated on a yearly basis with an implementation date of July 1.

The trauma decision tree is one section that contains several revisions this year. Whether you work in a community emergency department or a trauma center, you're going to encounter injured patients transported by EMS. The trauma decision tree guides EMS destination based upon anatomic, physiologic and mechanism-based criteria. The goal is always to get the right patient to the right place at the right time. This algorithm should be applied to patients with significant traumatic injury or mechanism. Notably, patients with isolated or minor injuries may not fit into a category or meet criteria for transport to trauma centers.

Barring exigent circumstances, Category Alpha, Bravo and Charlie patients should be transported directly to trauma center. We request that EMS clinicians consider transport to a trauma center for Category Delta patients. For this year, we've revised and added criteria within the trauma categories based upon the latest American College of Surgeons and NHTSA Office of EMS recommendations. Here's a quick look at some of the additions and changes:

### **Category Alpha**

- Motor GCS score replaces total GCS as a criterion. Patients with motor GCS scores less than 6 should be transported to a trauma center.
- Shock index (Heart Rate / Systolic BP). For patients 10-years of age and older, heart rates that exceed systolic blood pressure (Heart Rate > Systolic BP) meet category alpha criteria.
- Age-specific blood pressures. Systolic BP less than 110 mmHg for age 65 and older, Systolic BP less than 90 mmHg for ages 10-64 years, and Systolic BP less than 70 plus 2 times the patient's age (in years) for patients less than age 10 are all category alpha criteria.
- Pulse oximetry less than 90%. For patients without baseline need for supplemental oxygen, a pulse ox reading of less than 90% is a new category alpha criterion.

### **Category Bravo**

- Active bleeding requiring a tourniquet or wound packing with continuous pressure are new Category Bravo criteria.
- The suspected spinal injury criterion in Category Bravo has been revised to include patients with either new motor or sensory deficits.

### **Category Charlie**

- A fall from a height of 10 feet or greater is now a Category Charlie criterion for patients of all ages. Previously, the criterion was a fall from height greater than 20 feet for adults or 3 times the patient's height for children.
- Need for extrication for patients significantly entrapped within a vehicle and visible seat belt sign have been added as Category Charlie criteria.
- Children (birth to 9 years of age) who are unrestrained or in an unsecured child safety seat in high-impact crashes are now Category Charlie patients.

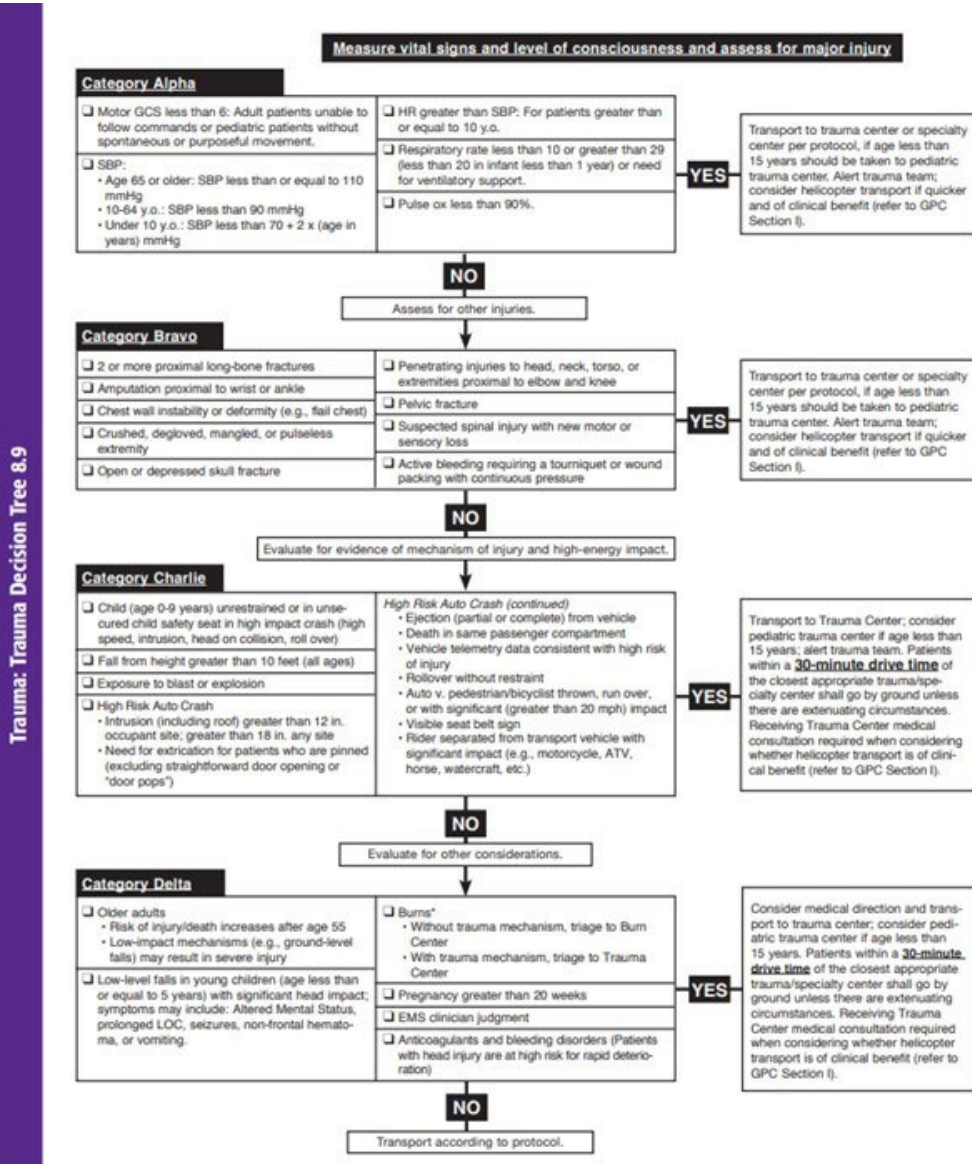
### **Category Delta**

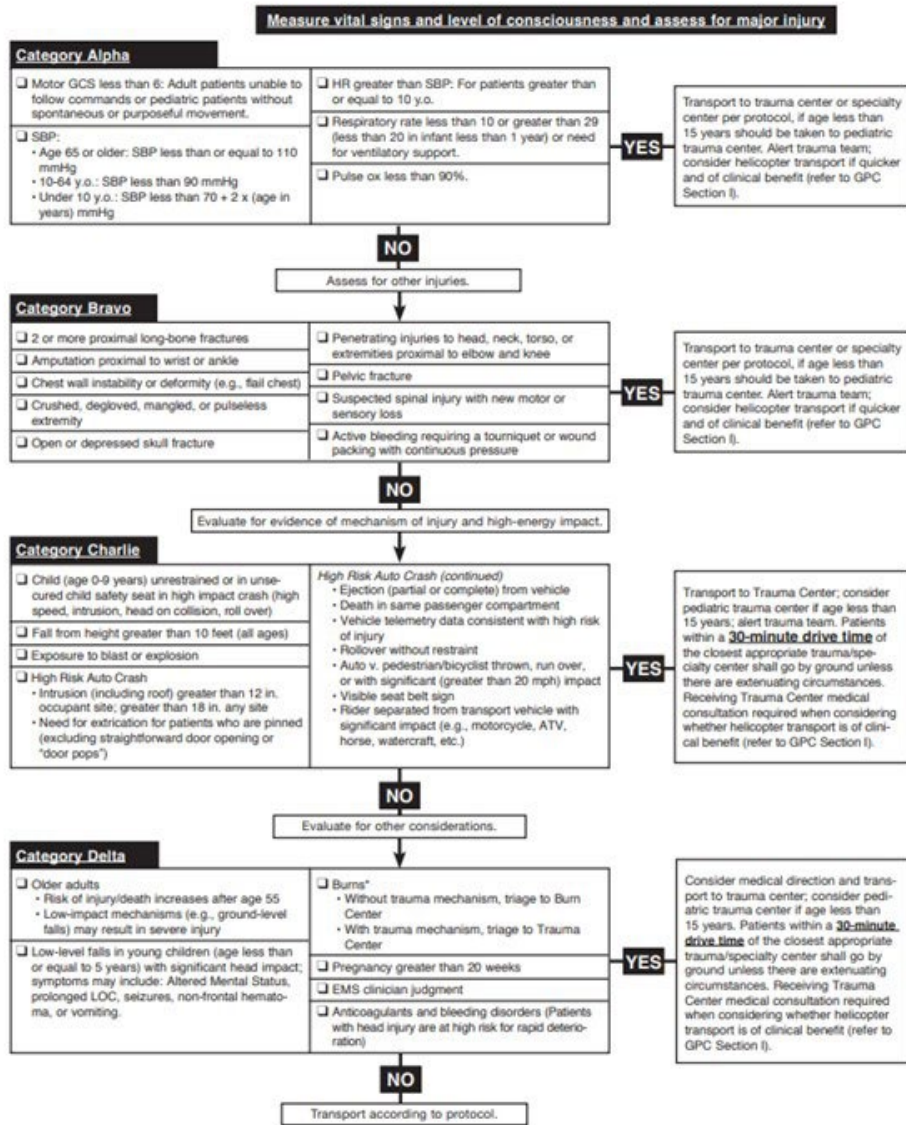
- Children 5-years of age and younger presenting after a low-level fall with significant head impact (prolonged loss of consciousness, non-frontal hematoma, vomiting, altered mental status, or seizure) are Category Delta patients.

In late May 2023, the new protocols and a video update for base stations will be available online [Protocol](#) and [Video Update](#). Please take a look at these resources for a comprehensive review of Maryland EMS protocol changes that are going into effect in July.

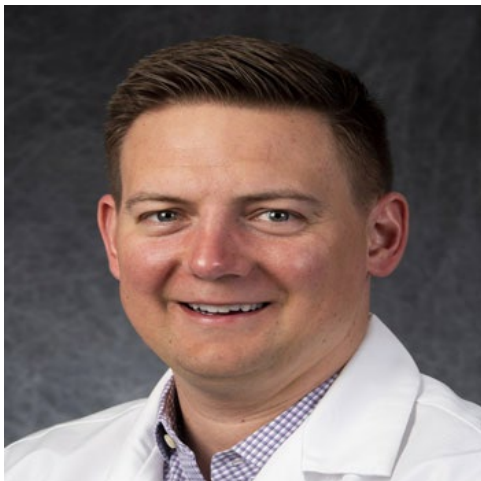
Thank you for your continued support of Maryland's EMS system!

### Maryland EMS Trauma Decision Tree (2023)





**News Practice Management Committee**  
 David Gatz, MD, FACEP & Edana Mann, MD, FACEP



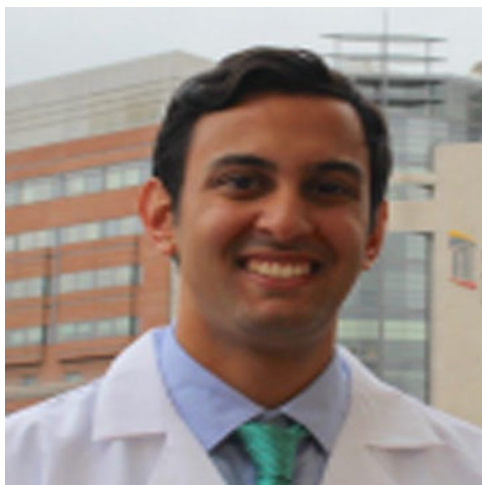
The Practice Management Committee hosted two meetings, on April 19th and May 31st, to discuss the potential of emergency medicine falling under Maryland's "Global Budget." This concept was presented each time by Dr. Jesse Pines, an instrumental figure in the development of the existing EQIP program. Each presentation included an outline of the overall proposal and an opportunity for the 20-30 attendees of each meeting to ask questions. Please see the Zoom links below to access the recordings of each of these meetings.

In summary, he described this EM Global Budget concept as being a population-based payment strategy, which could encompass either a global budget or a percentage of premium payments. Ideally this would stabilize the payment structure to Maryland EDs/ED physicians, and thus improve the ability to effectively staff departments, improve patient access/experience, and improve quality of care while reducing overall cost. A key aspect of the proposal would be to align hospital incentives with emergency department priorities, such as LWBS and emergency department LOS metrics.

While Maryland ACEP collaborated with Dr. Pines in the development of the EQIP program, the board currently harbors reservations regarding the global budget concept. Implementing such a substantial change in our business model warrants careful and thoughtful consideration, and any board recommendations will reflect this level of scrutiny. Presently, Maryland ACEP and the Practice Management leadership remain committed to exploring the concept further and will provide an update to the board later this summer. Should you wish to offer feedback or seek additional information, please don't hesitate to reach out to the chairs of the Practice Management Committee, David Gatz or Edana Mann, or the President of Maryland ACEP.

[Recording of April 19th](#): Password: ?sda51S+

[Recording of May 31st](#): Password: ?A%82&t=



## **News** EMPACT Committee

### **Gregory N. Jasani, MD EMPACT Treasurer**

This year, I've had the honor of becoming the treasurer for Maryland ACEP's Political Action Committee (EMPACT).

In this role, I work with Maryland ACEP's leadership and lobbyists to determine how to utilize PAC resources to help advance Maryland ACEP's advocacy efforts for the field of emergency medicine. As summer gets under way and members of Maryland's legislature are beginning to host their fundraisers, we will soon begin making donations. As we do this, I would encourage those of you who haven't to donate to our PAC so we can continue to ensure that our specialty's voice is heard in Annapolis.



It's said that all politics are local and that is as true in Maryland as it is in any other state. While not likely to make the news, the work done by our legislators in Annapolis has a huge impact on both our specialty and medicine in our state. Just this past session, the Maryland General Assembly considered legislation on emergency department boarding, malpractice, Medicare and Medicaid payments, and the role PAs play in the healthcare system.

Through all of this, Maryland ACEP was there to guide the conversation. With the help of our fantastic lobbyist, Danna Kauffman, we worked tirelessly to ensure that our local leaders heard from us when they were deciding on bills. Overall, this session was a productive one for us. Many of the bills we supported were passed and most of the ones we opposed either were not brought to a vote or failed to gather the necessary votes to pass.

This is where we need your help: we need your donations to ensure we can keep doing this work! Our PAC's donations help provide us access to our state's influential legislators who make decisions that greatly impact all of us. They're an important first step to establishing collaborative and productive relationships with politicians throughout the state.

Every little bit helps! Even a donation of as little as \$25 helps us immensely. Donate to PAC [using this form](#). We can't thank those of you who have donated enough.

To those of you who are thinking of donating, I highly encourage you to! As the voice of emergency medicine in Maryland, advocating for our specialty is, ultimately, advocating for our patients.

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**EMPACT**

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DONATED  
YET?**

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Mail Checks to:  
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c/o EMPACT  
4950 W. Royal Lane  
Irving, TX 75063-2524  
[www.mdacep.org](http://www.mdacep.org)

@MarylandACEP

## Open Committee Positions

Are you looking to get more involved in Maryland ACEP or looking to enhance your administrative skills? Maryland ACEP is looking to fill two important committee Chair positions--**Public Policy Committee** and **Membership Committee**. Both of these positions can result in a positive impact to our emergency medicine community.

Our Chapter Bylaws state the following:

ARTICLE IX, COMMITTEES: The President may appoint such other committees and committee chairs, unless they serve ex officio, as he or she deem necessary. All committee chairs are voting committee members.

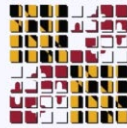
If you are interested or would like to learn more, please contact our Executive Director [here](#).

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## EQIP Update

The Episode Quality Improvement Program (EQIP) run by the HSCRC is starting enrollment for year three of the program. We are in the first year of the program for emergency medicine with many EDs having their physicians participate. EQIP enrollment for the new year starts July 7th and runs through September 1st. This can be for new providers entering your group or if you'd like to start in the program. EQIP Enrollment will be completed within the EQIP Entity Portal (EEP), a module within CRISP's Reporting Services (CRS). For any questions, [please contact EQIP](#). The performance year starts January 1, 2024.

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**Maryland Chapter**

AMERICAN COLLEGE OF  
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*Congratulations*

**Colin C. Rorrie, Jr.  
Award for Excellence  
in Health Policy  
Recipient**



**Jesse Pines, MD, MBA, FACEP**

[www.mdacep.org](http://www.mdacep.org)

[Colin C. Rorrie, Jr. Award for Excellence in Health Policy](#)



William Teeter, MD, FACEP  
Carole D. Levy, MD, MPH, FACEP  
Glenn Robert Hornsetain, MD, FACEP

Matthew Stensland, DO, FACEP

[Fellow \(FACEP\) Status](#)

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