

PACEP NEWS

FALL 2020

Executive Privilege

By Shawn M. Quinn, DO, FACEP, FACOEP



Shawn M. Quinn, DO, FACEP, FACOEP
PACEP President 2020-2021



Here at PACEP we have plenty to be thankful for. Our membership continues to be strong and vibrant at over 2000 members.

One of the pleasures of living in Pennsylvania is getting to experience all four seasons. Winter snow can be a burden but for many it allows for skiing and snowboarding. Spring brings the joy of flowers and trees blooming and the slow return of warmer weather. The summer heat means the kids are out of school and in normal times, many families enjoy a well-deserved vacation. But there's something about the fall that seems to make it rise above the other seasons. Maybe it's the parent's joy (and the kid's dismay) of the return to school, the return of football, the leaves falling, celebrating Halloween and Thanksgiving, or enjoying warm apple cider around the fire pit. For emergency physicians, we start to feel flu and RSV season creeping around the corner, but we also start to see the phenomenal growth of our residents, especially our newest colleagues.

Here at PACEP we have plenty to be thankful for. Our membership continues to be strong and vibrant at over 2000 members. We've embarked on a successful social media mask campaign to educate the public on the importance of mask wearing and social distancing during the COVID pandemic. The PACEP office made a well-needed move to a new and improved space in the heart of Harrisburg across the street from the Capitol. On the advocacy front, we continue to fight to eliminate balance billing for our patients while ensuring fair protections for our members and we've joined the fight on a federal level to ensure CMS does not cut professional fee services. But most importantly and getting back to my original thought, the fall season at PACEP brings our annual Residents' Days and this year, our first PACEP Virtual Residency Fair.

At the time of writing this article, there have been two enormously successful virtual Residents' Days in the West and Central part of the state and we are excited for our upcoming Eastern Residents' Day hosted by Einstein. Our thanks to UPMC and Reading Hospital/Tower Health for organizing and executing these events as well as all of our residency programs for allowing their residents to attend. I'm sure that all the residents who attended took away multiple educational and career pearls. In addition to our annual Residents' Days, this year PACEP hosted its inaugural Virtual Residency Fair. Our young physicians and medical student council teamed up to allow students the opportunity to virtually hear from nearly all of our state's residency programs. The initial feedback from the event was overwhelmingly positive from both students and programs alike.

In just a few weeks, PACEP will send its largest delegation in our history to the virtual ACEP Council meeting to deliberate and vote on over 50 resolutions that will shape our practice of emergency medicine in the future. We are proud to say that many of those councilors are young physicians, first time councilors, and resident members and that 9 of the resolutions were authored by PACEP councilors or co-sponsored by the PACEP delegation. The fall season will also be exciting as PACEP will be accepting nominations

WE WERE MADE FOR THIS

— OUR RESPONSE TO COVID-19



US Acute Care Solutions experienced the same sudden and unprecedented declines in hospital & ED volumes related to COVID-19 that everyone else did. **How we reacted was different.**

We prioritized **state-of-the-art patient care**

- We provided clinical updates three times a week to educate our clinicians on the latest evidence-based management techniques during a time of ultra-rapid knowledge development.
- We created our nationwide COVID Task Force to quickly disseminate best practices nationally.
- We instituted frequent, clear, and concise communication to reduce information overload and to minimize misinformation.
- We created a clinical management tool to facilitate appropriate disposition for COVID patients.
- We created a first-in-the-industry ventilator allocation guideline, leveraging our ethics expertise.
- We provided educational points for clinicians to educate non-medical community members in their personal social media networks.

We prioritized the **safety and needs of our clinicians**

- We sourced our own national PPE backup supplies to mitigate local shortages.
- We developed a state-of-the-art N95 sterilization technique and shared this with our hospital partners.
- We created on-shift support for decontamination methods.
- We created the first-in-the-industry quarantine fund to pay clinicians for lost time.
- We maintained benefits (including our marquee 401k plan) for our clinicians and employees throughout.
- We distributed wellness resources for our clinicians and their families.
- We created a communication aid for clinicians to facilitate travel to their hospitals without delays.
- We offered first-in-the-industry free antibody testing to all clinicians and employees.

We prioritized the needs of **our hospital partners**

- We built surge ICU and hospital medicine processes and protocols, pre-ED triage tents, pop-up acute care settings, and even new hospital relationships.
- We supported telemedicine initiatives for hospitals, resulting in new patients being brought into the hospital system for appropriate care.
- We hosted webinars for hospital partners to coordinate an informed COVID response with best practices by leveraging our national footprint of 200+ acute care sites.
- We developed a clinical management tool to assign hospital observation, transfer, and inpatient admission.
- We created guidelines for a COVIDSafe Emergency Department, easing patient concerns about viral transmission and continuing to provide our trademark high-quality care for serious acute conditions.

US Acute Care Solutions is different because we are majority physician-owned and are physician-led. We have the clinical, operational, and financial resources to weather the worst of a storm. COVID is case in point. We stepped up to face this crisis as a leader in our industry and an exceptional partner for our hospitals. **We were made for this.**

Interested in partnering with USACS?

Contact **James Watson**, Chief Development Officer, watsonj@usacs.com

Interested in a clinical career with USACS?

Contact **Darrin Grella**, VP of Recruiting, dgrella@usacs.com



Executive Privilege

continued from page 1

for our annual PACEP awards, new leadership fellows, and new resident board members. Please take a few minutes to nominate a deserving colleague for one of our awards or one of our fellowship or resident board member positions.

As always, I'm in continuous awe of the amazing leaders within our organization. Your PACEP team is stronger than ever. Our executive committee, board of directors, leadership fellows, committee chairs, and executive director continue to work tirelessly on your behalf and our patient's behalf to lead, educate, and advocate on emergency medicine issues that will shape our futures. Thank you for being members of PACEP. If there is anything we can do for you, please feel free to reach out. We'd love

to have you be a part of a committee, serve as a counselor, attend scientific assembly, or get involved in any way you feel comfortable.

I wish you all the best as we transition into the fall season and hope that you get to enjoy the parts of fall that you find most fruitful. I'm grateful for your membership, leadership, friendship, and unending service to the patients of our commonwealth 24/7/365.

Stay safe. ■



HELP US CELEBRATE!

PACEP 50TH ANNIVERSARY HISTORY PROJECT

In preparation for PACEP's 50th Anniversary celebration, we are seeking items/memorabilia to borrow from you, stories about your experiences in PACEP and emergency medicine, and anything else that helps to tell our PACEP story in the development of emergency care in Pennsylvania and beyond! Please send correspondence and questions to:

Jan Reisinger, MBA, CAE
PACEP Executive Director
exec@pacep.net

2020 – 2021 PACEP Board of Directors

Executive Committee

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Daniel Tannenholtz, DO (Tower Health Reading Hospital)
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Executive Director

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Board Liaison	Elizabeth B. Werley, MD, FACEP

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Co-Chair	Dhimitri Nikolla, DO
Board Liaison	Jennifer Savino, DO, FACEP

If you are interested in joining a committee,
visit <http://pacep.net/committees.html>

PACEP'S NEW OFFICE IS OPEN!

PACEP's new office officially opened on August 1, 2020.

Our new address is:

800 N. Third Street
Suite 408-B
Harrisburg, PA 17102



WELCOME NEW PACEP MEMBERS

Andrew Augustine

Aaron Bhole

Ryan James Briskie

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Matthew Mark Chadwick

Tasha Desai

David M Doty

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Jessica Duell

Nd Ekpa

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Molly Anna Hartley

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Nathan E. Hersh

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Ross Joseph Knaub

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Kritika Mehta

Aaron Benjamin Miller

Michael Sinclair Nitikman

Rachel Nolan

Ashley Ann Oalickal

Kayla Louise Orr

Michael James Palizzolo

Sahil Pandya

Won Sik Park

Parth Harish Patel

Ashley Piskorski

Marissa Ruggiero

Grei Shele

Tim Joseph Sigler

Puja Singh

Keegan Skidmore

Erik Soto

Nicholas George Spyropoulos

Donielle Sturgis

Phaniram Sumanam

Briana Swendener

Joseph Raymond Tousignant

Todd Uimer

Megan Colleen Ulsh

Ryan Thomas Vance

Lorena Anne Walker

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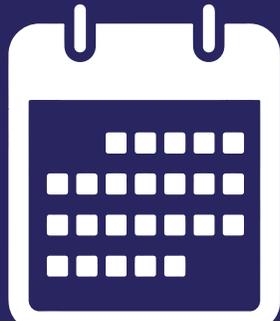
Ryan Michael Whiteman

Robert Wilson

Kimberly Nicole Wolfe

UPCOMING EVENTS

- 11/11/20** Board of Directors (Virtual)
- 1/13/21** Board of Directors Harrisburg, PA
- 3/10/21** Board of Directors Harrisburg, PA
- 4/8/21** Board of Directors Kalahari Resort, Pocono Manor, PA
- 4/8/21** PACEP Annual Ultrasound-Guided Procedural Course Kalahari Resort, Pocono Manor, PA
- 4/8/21 – 4/10/21** PACEP Scientific Assembly 2021 Kalahari Resort, Pocono Manor, PA



Government Affairs/Medical Economics Committee: Advocating on your Behalf



Michael Boyd, MD
Government Affairs/
Medical Economics Chair

By Michael Boyd, MD

Emergency Physicians across Pennsylvania continue to show their resolve and dedication in the face of the COVID-19 pandemic, and the PACEP Government Affairs/Medical Economic Committee is advocating to ensure we are receiving the protection and support required to serve our communities. While PACEP

has been focused on COVID-19 objectives, we have not lost focus on our pre-pandemic objectives including balance billing reform, psychiatric boarding, the opioid epidemic and Department of Health revisions to ED regulations.

In a big win for our physicians, PACEP successfully lobbied Governor Wolf for medical liability relief. In May 2020, the governor signed an Executive Order granting immunity to “any individual who holds a license, certificate, registration or certification to practice a health care profession or occupation in Pennsylvania and who is engaged in providing COVID-19 medical and health treatment or services during the COVID-19 disaster emergency response.” Senator Baker introduced SB 1239, which would codify into law civil immunity for health-care providers and facilities for activities involving their response to COVID-19. Joining with PAMED and POMA, PACEP supports this bill which is under consideration in the PA Senate.

Outside of COVID-19, our most pressing issue remains Out-of-Network Balance Billing. HB 1862 sponsored by Rep. Pickett, addresses Balance Billing in a manner that would be very detrimental to Emergency Physicians and limit patients’ access to care. PACEP is strongly opposed to HB 1862 in its current form.

HB 1862 mandates out-of-network services to be reimbursed at a state mandated, insurance company determined median in-network rate. This bill would exert downward pressure on our reimbursement rates, handicap our negotiating leverage with insurers and diminish access to emergency care.

The majority of Emergency Physicians are in-network providers and balance billing occurs in a very small percentage of visits. However, HB 1862 would actually incentivize insurance companies to leave in-network contracts knowing that we are federally mandated under EMTALA to provide emergency care. If insurers know that the maximum out-of-network rate they would pay is mandated to be no greater than the median in-network rate, it would be impossible for a physician group or hospital to negotiate an in-network rate above the current median in-network rate. In other words, the median in-network rate becomes a price ceiling. The resulting decrease in reimbursement would strain our resources and limit our ability to continue to provide high quality emergency care.

Over the summer and early fall, PACEP leadership reached out to representatives in the Pennsylvania House voicing our concerns with the bill while also providing solutions. Our message is being heard, the bill has not advanced, and negotiations are still occurring. We desire to keep patients out of the middle of billing disputes between physicians and insurers.

Thankfully, Representatives Kaufer and Rothman have introduced amendments to HB 1862. The Kaufer amendment changes the reimbursement standard from “commercially reasonable” to “all reasonably necessary costs.” The Rothman amendment establishes an independent dispute resolution arbitration process that focuses on maintaining existing emergency physician-insurer contracts. It utilizes a best and final offer, loser pays arbitration process between the emergency physician and insurer. In this model, both the insurer and physician make one offer and the arbiter chooses the most appropriate rate based on established standards for “reasonably necessary costs.” This arbitration model is efficient and encourages both sides to make a single, good faith offer. This language is very similar to New York’s balance billing legislation that has dramatically improved their balance billing process. Surrounding states are passing balance billing legislation that is fair, cost effective, and has not hurt emergency medicine reimbursement.

Keeping the patient’s best interest at the heart of our argument is the best path to success. Both of these

amendments achieve our goals of keeping the patient out of the middle of billing disputes while providing a reasonable mechanism for dispute resolution and fair reimbursement.

PACEP supports HB 1862 if and only if the Kaufer and Rothman amendments are included. At the time of this publication, HB 1862 is not likely to be considered this fall but could be introduced in the next legislative session.

You can find more information regarding Balance Billing on PACEP’s website at:

<https://www.pacep.net/CallToAction.html>.

PACEP continues to focus on the issue of psychiatric boarding in the ED. PACEP representatives Dr. Eleanor Dunham, Dr. Erik Kochert and Dr. Chadd Kraus serve on The Pennsylvania Coalition for Psychiatric Boarding. These doctors are the voice of Emergency Medicine on this Task Force and have made a series of recommendations regarding mechanisms to reduce ED Psychiatric Boarding that hopefully will be included in legislation.

We continue to focus on the Opioid Epidemic, and Dr. Michael Lynch has created the PACEP Opioid Expert Panel. The Department of Health is in the process of rewriting hospital and emergency department regulations, although this has been delayed secondary to COVID-19.

In the midst of COVID-19, Emergency Physicians across the state continue to rise to the challenge while exhibiting our skill, dedication, compassion and ingenuity to provide compassionate care to our communities. Our lawmakers recognize our efforts, and are eager to hear about our experiences and advice. ■

Whether or not you have engaged in advocacy in the past, as an Emergency Physician you are the best person in your community to educate our representatives about the issues we confront daily. If you would like assistance contacting your local legislator, please do not hesitate to reach out to me at mboyd412@gmail.com and we can walk you through the process.

Lobbyist Update

By Milliron & Goodman Government Relations, LLC



Since March, the focus of the Pennsylvania Legislature has been, and continues to be, on issues related to COVID-19. The Pennsylvania Legislature has returned from its summer recess. Much of the focus of lawmakers remains on pandemic-related issues including the impact of targeted mitigation efforts, liability, unemployment compensation, and reopening schools.

With elections being held this fall, there is a limited voting session schedule. However, we would not be surprised to see additional voting session days added in November. We do anticipate a very active fall session in the remaining days as lawmakers contend with the financial uncertainty of the pandemic and work to complete the remaining 7-months of the state budget. It is estimated that the state is now facing a budget shortfall between \$4-\$6 billion. As the interim budget ends on November 30, it is quite possible the difficult budget decisions will be deferred to a post-election lame duck session.

HOSPITAL REGULATIONS

As of now, the hospital regulations have not been made public and we anticipate there could be further delay due to the COVID-19 crisis. The proposed draft regulations will be made public once they are published in the Pennsylvania Bulletin. At that time, the clock starts on a 30-day public comment period. The proposed draft regulations are over 500 pages, including preamble, proposed changes, and analysis. In May, the Governor's Regulatory Agenda was published in the PA Bulletin and has the proposed date of promulgation for the hospital regulations as November 2020. Once released, we will be reviewing these regulations and PACEP will be commenting on any proposed changes that would negatively impact the practice of emergency medicine and the care you provide to your patients.

OPIOIDS

Milliron Goodman is still monitoring opioid legislation in the general assembly, however, nearly all of those bills have been put on hold for now while the legislature deals with

matters pertaining to COVID-19. We will continue to monitor and ensure that any changes to laws or policy around opioids will have the input of PACEP.

BALANCE BILLING

HB 1862, introduced by House Insurance Committee Chair Tina Pickett (R-Bradford), is currently pending action in the Pennsylvania House. PACEP along with more than 30 provider groups ranging from rural community health centers and physician practices to EMS, behavioral health providers and safety net hospitals strongly oppose the bill in its current form.

While we support the intent of the legislation to protect patients and hold them harmless from out-of-network billing disputes, the payment approach laid out in HB 1862 will adversely impact the ability of providers and insurers to negotiate appropriate reimbursement rates and further jeopardize access to quality care throughout the Commonwealth, especially in rural areas.

HB 1862 in its current form would mandate a payment rate equal to the median in-network rate for that insurance policy on a rolling annual basis without any legitimate recourse for disputing whether the payment is appropriate. Knowing this, any incentive for insurance companies to negotiate with providers will disappear, as there would no longer be any reason to negotiate reimbursement above the current median rate. This will eventually drive the median rate down, creating a self-perpetuating spiral of deteriorating reimbursements.

According to models developed by the Congressional Budget Office, HB 1862 in its current form would reduce payments to both in-network and out-of-network providers by 20 percent. No other state nor Congress has passed a one-sided payment framework similar to that proposed in the current version of HB 1862. The payment provisions will compound the financial challenges facing all providers as a result of the pandemic and will adversely impact patients and the Commonwealth's health care delivery system.

Fortunately, there is a solution that has worked in states as diverse as Texas and New York to preserve access to quality health care throughout the Commonwealth while protecting patients from unexpected bills. PACEP continues to urge lawmakers to support the adoption of the Kaufer (A03599) and Rothman (A03601) amendments to HB 1862.

With the Kaufer amendment, the payment for out-of-network services would be determined by insurers to cover “all reasonably necessary costs” with no specific payment level mandated in statute. This flexible reimbursement standard has been in place in Pennsylvania law for over 20 years for emergency services, and is a known standard used by providers and insurers alike. With the Rothman amendment, an actual streamlined arbitration process for provider/insurer disputes would be established based on similar processes working today in other states. Arbitration that looks at payment appropriateness, with the loser paying arbitration costs, incentivizes insurers and providers to come to their own reasonable mutual accommodation and, overall encourages fair billing and fair payment practices upfront.

This year other states, including Maine, Virginia, and Georgia, have enacted legislation to address surprise medical billing. In many instances, it was with the consensus of the providers and insurers, and the outcome was very similar to HB 1862 with the Rothman and Kaufer amendments.

Unless Congress acts on this issue, at the state level we expect concern over balance billing to become more amplified. Governor Wolf has proposed addressing this issue as part of Pennsylvania’s COVID-19 Recovery Plan for Health Care Systems and Providers. Specifically, his plan calls for “making sure that patients who seek out-of-network care aren’t surprised with a bill for treatment by an out-of-network provider at an in-network facility.” If the issue is not resolved this session, it most certainly will carry over into next year. ■

► *Please stay alert for any updates and “Calls to Action” to contact your local legislators and ask that they support the Kaufer and Rothman amendments.*

PACEP NOW HAS A STORE!

Get the latest in PACEP gear – Jackets and Vests embroidered with the PACEP Logo. Personalization is also available.

► Visit doc-mom.com/collections/pacep-apparel



PACEP AWARDS

PACEP offers awards that recognize a member's significant professional contribution to emergency medicine. Each year members can show their appreciation and recognize their colleagues for their leadership and excellence.

Award recipients are announced at the annual Scientific Assembly Awards Dinner which will be held April 9, at Kalahari Resorts and Convention Center, Pocono Manor, PA. The recipients are also recognized in the PACEP Newsletter and social media.

[Emergency Physician of the Year ▶](#)

[Meritorious Service Award ▶](#)

[David Blunk Outstanding Contribution to Emergency Medicine ▶](#)

[Legislator of the Year Award ▶](#)

[Resident Award ▶](#)

The deadline for submission is

December 15, 2020

▶ Go to: <https://www.pacep.net/Pages/Content.aspx?id=6>, read the award categories and nominate a worthy colleague today!

PACEP SPIVEY & CPC COMPETITIONS

Each year, PACEP holds their William H. Spivey, MD, FACEP Research Presentation Competition and CPC Competitions for emergency physicians, residents, fellows, and medical students. These competitions are excellent CV builders and are held in conjunction with PACEP's annual Scientific Assembly Conference. The 2021 Spivey and CPC Competitions are now open!

▶ Go to <https://www.pacep.net/Pages/Content.aspx?id=30> to read details and to submit.

The deadline for both competitions is

January 6, 2021



HOW DO YOU PRACTICE WELLNESS?

What do you do to be well outside of the ED? Do you run marathons, go fishing, paint, or lay out on your hammock? We want to show how we relax, rejuvenate, and reenergize between shifts. Share your wellness story with photo(s) to be featured at the Wellness Booth at PACEP Scientific Assembly. Do you have a talent you'd like to share in person? We are looking for musicians, singers, artists, crafters, magicians, and others to share their gifts during the Assembly.

▶ Please send your wellness stories and offers of talent to Jan Reisinger at exec@pacep.net. Please contact Michelle Appel at maappel@geisinger.edu with any questions

Congratulations to these Award Winning PACEP Members!



**Douglas F. Kupas, MD,
FAEMS, FACEP**

Douglas F. Kupas, MD, FAEMS, FACEP receives NAEMT Lifetime Achievement Award

Pennsylvania State EMS Medical Director Douglas F. Kupas, MD, FAEMS, FACEP, who is also the director of Mobile Integrated Healthcare for Geisinger Health System, has been presented with the NAEMT's 2020 Rocco V. Morando Lifetime Achievement Award. Dr. Kupas is a very active member of PACEP's EMS Committee.

Congratulations, Dr. Kupas!



Congratulations on receiving your ACEP Fellowship!

- ★ Gillian A. Beauchamp, MD, FACEP
- ★ Monisha Bindra, DO, FACEP
- ★ Catherine Burdett, MD, FACEP
- ★ Amanda Leigh Deshisky, DO, FACEP
- ★ James Austin Krueger, MD, FACEP
- ★ Theo Leriotis, DO, FACEP
- ★ Russell S. Lieurance, MD, FACEP
- ★ Hannah M Mishkin, MD, FACEP
- ★ Ryan Christopher Overberger, DO, FACEP
- ★ Lindsay I Papachristou, MD, FACEP
- ★ Matthew J Poremba, DO, FACEP
- ★ Dell Simmons, MD, FACEP
- ★ Nickolas Surra, MD, FACEP

Fellowship status in the American College of Emergency Physicians is a remarkable professional accomplishment and speaks volumes to your contribution to our mutual profession, your own career development, and your dedication to a higher quality of care for emergency department patients.

Your new credentials also mean that you have joined an elite group of emergency medicine physicians. The Pennsylvania College of Emergency Physicians (PACEP) is proud of our members with FACEP status, and very pleased with your accomplishment as well. ■

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PACEP Residency Fair Recap



Dhimitri Nikolla, DO
Co-Chair Wellness/Young
Physicians Committee

By Dhimitri Nikolla, DO

On October 3rd, 2020 the PACEP Wellness / Young Physicians Committee hosted the first ever PACEP Virtual Residency Fair. The event was held in response to feedback that a few Pennsylvania Emergency Medicine (EM) programs were unable to participate in some of the national residency fairs due to limitations of time and virtual space. At that time, the Wellness / Young Physicians Committee was exploring opportunities to assist students with residency application challenges as a result of COVID-19. Therefore, we coordinated this event to assist both our Pennsylvania residency programs and medical students.

We had 16 residency programs and 55 students register for the event. Each program had 30 minutes to interact with interested students. Programs had the opportunity to share the attributes of their respective programs and students had the opportunity to ask questions. All programs and students who provided feedback agreed that we should hold this event again next year. We plan on improving the format of the event by dedicating some time for formal presentations and/or panels and adding virtual breakout rooms so that students and program representatives can have more informal discussions. In addition, we will explore additional ways to advertise the event to students.

We hope that this event can serve as valuable experience for both programs and students. ■

Central PA Residents Day



Monisha Bindra, DO, FACEP
Wellness/Young Physicians
Committee Co-Chair



By Monisha Bindra, DO, FACEP

The second annual PACEP Central PA Residents Day, hosted virtually by Reading Hospital-Tower Health, was held on September 30th. This year the conference was titled EMERGE, encompassing the theme “adulting as an emergency medicine resident”. All 8 programs (Geisinger Medical Center, Guthrie/Robert Packer, Lehigh Valley Health Network, Penn State Hershey Medical Center, Reading Hospital-Tower Health, St. Luke’s University Health, UPMC Pinnacle and Wellspan York Hospital) in the region had physician representation within the virtual conference agenda.

The day kicked off with two panel discussions. The first highlighted physicians who completed an array of fellowships representing critical care, ultrasound, pediatrics, sports medicine, medical education, toxicology, and EMS. They each explained why fellowship was the right road for them to take to expand their medical careers. The second panel compared the various medical practice styles within Emergency Medicine including Hospital Employee, Locums, Independent Democratic Group, Academic/Research, Leadership/Community, Contract Management and Alternate Career (Academic Medical Director).

Following the panels, were three short lectures to finalize the ‘adulting’ theme. The first lecture, given by Holly Stankewicz DO, FACEP, FAAEM from St. Luke’s University Health, focused on simple steps to take as a resident to climb the leadership ladder. She highlighted the importance of saying “yes”, joining hospital committees, and networking at conferences as keys to becoming a leader.

Theresa Walls MD, MPH from the Children’s Hospital of Philadelphia then spoke on being resilient in emergency medicine. She discussed recent study results from ACEP scientific assembly 2017, that identified that EM physicians are included in the top three specialties for being resilient in medicine and having less burnout (*please see links below*).

<https://doi.org/10.1080/13548506.2019.1619785> ▶

<https://www.acep.org/corona/covid-19-physician-wellness/> ▶

<https://positivepsychology.com/3-resilience-scales/> ▶

The conference concluded with a lecture given by Erik Kochert MD, FACEP from UPMC Pinnacle, on transitioning from a resident to an attending. Highlights included creating a budget and getting your finances in order (including securing life and disability insurance), steps to take to become board certified, and being successful in your first job.

The conference committee would like to recognize the following residents at Reading Hospital who had crucial roles in the success of the day’s events.

- Jonathan Quang MD, PGY 3
- Daniel Sadoma DO, PGY 3
- Jordan Wohl DO, PGY1
- Stephanie Costa MD, PGY1

PACEP 2020 RESIDENTS DAYS

Special Thanks to our Residents Days Sponsors!

Eastern

Alteon Health
EMRA
Penn State Health
US Army

Central

Alteon Health
EMRA
US Acute Care Solutions
US Army

Western

Alteon Health
EMRA
US Acute Care Solutions

Central Region

Geisinger

Danville, PA



Lehigh Valley Health Network

Allentown, PA



PennState Health
Milton S. Hershey
Medical Center

Hershey, PA



Reading Hospital
TOWER HEALTH

Reading, PA



UPMC Pinnacle

Harrisburg, PA

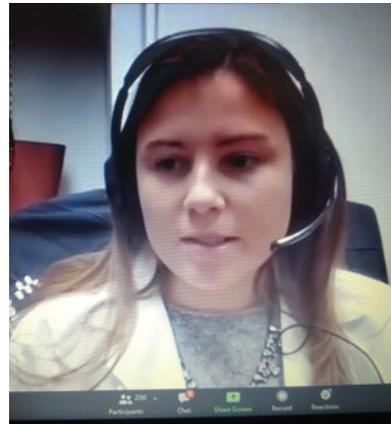
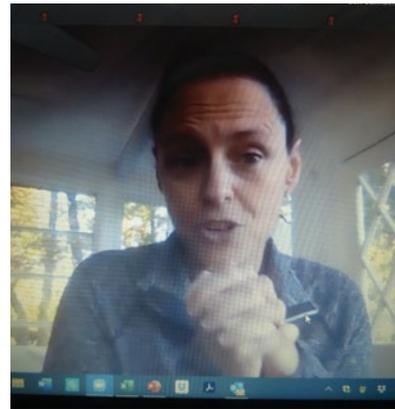
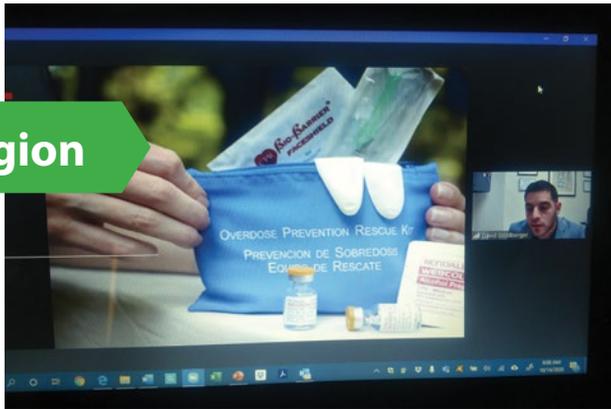


WELLSPAN
York Hospital

York, PA



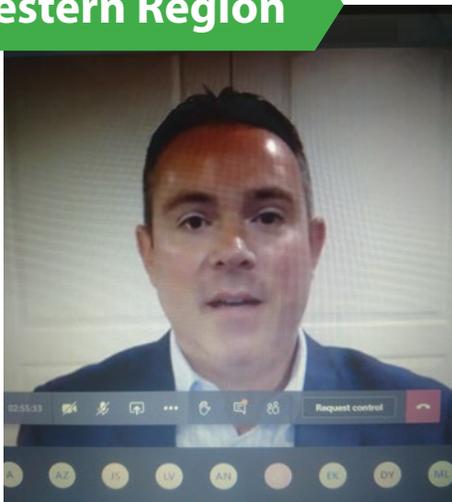
Eastern Region



Top row (left to right):
David Goldberger, MD
Rachel Haroz, MD, FAACT

Bottom row (left to right):
Elizabeth M. Datner, MD, FACEP
Laura Roper, MD

Western Region



Top row (left to right):
Shawn M Quinn, DO, FACEP, FACOEP
Michael Lynch, MD
Arvind Venkat, MD, FACEP

Bottom row (left to right):
Alda Gonzaga, MD, MS
Donald Yealy, MD



Pennsylvania EMS Pilot – Antibiotics for Open Fractures



**Douglas F. Kupas, MD,
FACEP, FAEMS**
Commonwealth EMS Medical
Director, Bureau of EMS,
PA Department of Health

By Douglas F. Kupas, MD, FACEP, FAEMS

As emergency physicians, we recognize the importance of providing antibiotics to patients with sepsis, but open fractures are a less recognized but important time sensitive illness. While some guidelines suggest that antibiotics should be administered within 3 hours of the open fracture, recent evidence shows that if antibiotics are given within 60 minutes of the injury, there is a dramatic decrease in soft tissue and bone infections in open fractures.

Lack, et al (2015) studied 137 patients given IV antibiotics for type III open fractures finding that IV antibiotics within 60 minutes and wound coverage were associated with a 2.8% infection rate when compared with a 40.5% rate for delays of over 66 minutes. A recent pilot in Indianapolis found that EMS provided IV antibiotics to all patients with open fractures within 60 minutes, with a range of 22–53 minutes from time of injury. They also had no complications.

Although a 60-minute goal seems simple, the time intervals for ambulance transport, ED check in, patient assessment, antibiotic ordering, and administration make it difficult to routinely hit this target. EMS practitioners are in the best position to routinely deliver an antibiotic in less than 60 minutes.

Because this intervention may have significant benefit in decreasing infection, and because the risk of allergic reaction or complication is low, the Department of Health is supporting a statewide pilot project for antibiotic administration. EMS agencies participating in this voluntary pilot will carry cefazolin for administration to patients with suspected open fracture – 2 grams IV to adults and 1 gram IV to patients between 9-14 years old. The EMS regions and the Department of Health will be tracking the number of cases of antibiotic use, time to administration after injury, and outcomes data on whether the patients ultimately had open fractures.

As medical command physicians and emergency physicians who receive patients from EMS, thank you for being a part of EMS care in Pennsylvania. While this article is primarily intended to inform you of this expansion of scope of practice for paramedics who will now be administering cefazolin, it is important to recognize the fact that our EMS workers are making these advances during unprecedented stress on the system.

These have been trying times for all emergency health care workers. We appreciate the work done by many EDs to assist EMS agencies with PPE and infection control practices.



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The example set by our ED personnel and the teamwork in ensuring seamless transfers of patient care from EMS are significant to ensure EMS practitioner safety during this pandemic. Thanks for all that you do! ■



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FOR MORE INFORMATION PLEASE CONTACT:
Heather Peffley, PHR FASPR at: hpeffley@pennstatehealth.psu.edu

Medical Student Council: How Coronavirus Changed the Preclinical Experience



*Jade Azari, MS II
SKMC PACEP MSC
Jefferson Liaison*

By Jade Azari MS II, SKMC PACEP MSC Jefferson Liaison

It's no surprise that medical students in their clerkships were heavily affected by the COVID-19 pandemic, ranging from no longer being allowed in the hospital in order to minimize exposures, to graduating early to join the front lines. However, preclinical medical students had their share of obstacles to overcome as well. The core of the preclinical years is built upon academic courses, but the first two years also serve as a unique time to explore different medical fields and build relationships with other medical students, professors, and attending physicians. Although the lectures continued online, this generation of students will never get back this lost time, and the impact of this loss has yet to be fully felt.

The earliest and perhaps most dramatic shift for preclinical medical students was the change to a completely online platform for learning. For many, this meant losing the opportunity to dissect the abdomen on a cadaver, or to learn how to intubate on a mannequin. In this contemporary era, virtual learning is now the norm.

Another obstacle that is still in place in many hospital systems is that shadowing is not allowed, in order to continue minimizing exposure to coronavirus. Although one can read online about what different specialties such as Emergency Medicine can offer, nothing can replace standing at the bedside learning directly from the physician and the patient. An additional avenue that serves as a great adjunct to the academic curriculum is through the activities that student interest groups host. Such learning opportunities for developing both physical skills and clinical knowledge include seminars and workshops, for example teaching how to interpret an EKG or place a central line. Although seminars can be easily moved to an online platform, students lost the chance to get a head start on learning these basic procedural skills.

The summer after first year is the prime time to investigate different career paths, get involved in research, or volunteer locally and abroad. Due to the social distancing restrictions, many of these plans were thwarted. As such, students already interested in Emergency Medicine missed opportunities to get more involved in the field and develop their interests and skills. New incoming first year students arguably have been affected the most by the pandemic. Not only are they missing opportunities to get involved in Emergency Medicine through shadowing and extracurricular activities, but they have lost the opportunity to form the intimate bonds that help you through medical school. Of course medical school is not easy, but it is even harder to do in isolation. By losing the team approach through working closely with colleagues and medical staff, nobody truly knows how this is going to impact the future.

Although thousands of students were forced to keep their distance from hospitals, this didn't stop them from exercising their compassion to help others from afar. Students across the nation took the initiative to help out in any way possible, including but not limited to contact tracing, making homemade masks, virtual fundraisers, virtual advocacy, clinical research, and education through social media. Regardless of being near or far, students have been reminded why they embarked on this journey in the first place: to help those in need through science and advocacy. Throughout this past year, students became virtual learners, medical educators reimagined curriculums, and medical professionals battled the virus on the front lines.

With the future unknown, one thing is certain; we will all walk away from this era more resilient, more capable, more innovative practitioners. ■



The earliest and perhaps most dramatic shift for preclinical medical students was the change to a completely online platform for learning.

Psychiatric Boarding in the ED – PACEP Helping to Find Solutions



**Chadd K. Kraus, DO, DrPH,
CPE, FACEP**
PACEP Vice President

By Chadd K. Kraus, DO, DrPH, CPE, FACEP

PACEP recently participated in a Pennsylvania General Assembly Joint State Government Commission Advisory Committee resulting in a report on strategies for decreasing psychiatric boarding in emergency departments titled, “Behavioral Health Care System Capacity in Pennsylvania and Its Impact on Hospital Emergency Departments and Patient Health.”

The Pennsylvania General Assembly (through House Resolution 268 in 2019) directed the Joint State Government Commission to conduct, in consultation with an Advisory Committee, “the impact of this Commonwealth’s current behavioral health needs and behavioral health care system capacity on hospital emergency rooms and patient health.”

The Advisory Committee consisted of expert stakeholders in behavioral health care, and included physicians, emergency medical services, public health authorities, behavioral health professionals, hospital administrators, and patient advocates. PACEP was represented on the advisory committee by Erik Kochert, MD, FACEP (PACEP Board Member), Eleanor Dunham, MD, FACEP (PACEP Leadership Fellow), Chadd Kraus, DO, DrPH, FACEP (PACEP Vice President); Past PACEP President, Marilyn Heine, MD, FACEP also served on the advisory committee, representing the Pennsylvania Medical Society (PAMED).

Beginning in September 2019, and continuing through July 2020, the Advisory Committee worked to identify barriers and to find potential solutions to ED boarding for patients with psychiatric and behavioral health needs in the Commonwealth of Pennsylvania.

A few of the summary recommendations in the final report include:

- All facilities offering ED services to adults presenting with psychiatric and behavior health signs and symptoms should adopt and apply the clinical policies of the American College of Emergency Physicians (ACEP) as they relate to the care of persons with mental health and substance use disorder needs.
- Crisis intervention services should be supported and expanded within each county.
- The PA Department of Health (DOH) should develop protocols on alternative destinations to assist emergency services personnel in making non-emergency department diversions when appropriate. Active oversight through medial direction, including online oversight, and assured reimbursement for appropriate transport to alternative destinations are also necessary.
- Regional/localized dedicated psychiatric emergency departments should be established in areas that are currently underserved.

The full report is available online at:

http://jsg.legis.state.pa.us/publications.cfm?JSPU_PUBLN_ID=495

PACEP continues to work for patients and emergency physicians in Pennsylvania to improve emergency care. The final report of the Joint State Government Commission is a great example of those efforts in improving psychiatric care in the ED. ■

Interested in Helping Shape Emergency Care in Pennsylvania?

PACEP is soliciting nominations for members to join the PACEP Board of Directors in our mission to Advocate, Educate and Lead emergency medicine in the Commonwealth into the future!

Interested members in serving a 3-year term on the BOD should contact the PACEP Nominating Committee at pastpresident@pacep.net or info@pacep.net for more information about nominations and the election.

#MaskUpPa #StaySafeCoverYourFace



Help PACEP continue to spread the word about the importance of wearing a mask, social distancing, and washing your hands! Send us photos of you in your mask to support #MaskUpPA and #StaySafeCoverYourFace campaigns.

▶ Please email photos to Jan Reisinger at exec@pacep.net.



Bridging the Gaps in Emergency Addiction Care



Michael Lynch, MD
Board Liaison

By Michael Lynch, MD

Emergency management of patients with substance use disorders, specifically opioid use disorder, has evolved tremendously over the last decade with the advent of bystander naloxone distribution, ED buprenorphine induction, and warm handoff programs to facilitate rapid follow up care. When practices change rapidly, gaps in service are inevitably created. While many EDs offer buprenorphine therapy, most emergency physicians are not x-waivered and have received minimal training in buprenorphine induction which can lead to hesitation, discomfort, and under-utilization. Additionally, warm handoff programs and rapidly accessible follow up care are inconsistent throughout Pennsylvania. Nevertheless, there are resources available to support Pennsylvania's emergency physicians.

First, the Pittsburgh Poison Center has developed a dedicated phone **“Bupe on Call” hotline** to assist physicians and patients with buprenorphine induction and medication management of withdrawal syndromes. By calling **1-888-755-3784 (DRUG)**, a healthcare provider can receive real time guidance in the treatment of patients suffering acute drug toxicity, drug or alcohol withdrawal, or substance use disorders. Additionally, poison specialists can provide printable information to send with patients at discharge. Poison specialists can also help connect patients to follow up care if the ED warm handoff process is unavailable. For patients who are admitted to the hospital, poison specialists will follow the patient and assist the inpatient treatment team. Finally, the Pittsburgh Poison Center will maintain contact with patients upon discharge through follow up calls to ensure that they tolerate medication management and are able to engage in subsequent treatment.

Another resource available to Pennsylvania physicians and patients is the **UPMC Medical Toxicology Telemedicine Bridge Program**. Rapid access to medication treatment for withdrawal and substance use disorders can be the difference between life and death, but many patients are forced to wait days or even weeks before they can be seen by a physician. The UPMC Medical Toxicology Telemedicine Bridge Program offers patients the ability to be “seen” by a medical toxicologist on the same or following business day. Patients who are engaged with case management, i.e. through the Single County Authority, can call **(412) 432-1042** to register and schedule an appointment through an audiovisual telemedicine or audio only platforms for those who do not have broadband or technology access. Telemedicine Bridge Program patients have been managed with benzodiazepines for alcohol withdrawal and buprenorphine for opioid use disorder with a high degree of patient satisfaction and subsequent engagement. The Telemedicine Bridge Clinic offers an opportunity to quickly engage patients in evidence-based treatment until a local treatment provider is available. This service may augment existing warm handoff processes and is available to patients throughout all of Pennsylvania.

As we strive to close the gaps in emergency care of patients with substance use disorders, the Pittsburgh Poison Center “Bupe on Call” hotline and the UPMC Medical Toxicology Telemedicine Bridge Program can help Pennsylvania physicians and patients bridge those gaps and improve care. ■

Kalahari Site Visit

Several members of PACEP leadership and the Education Committee visited Kalahari on September 21 for a site visit in preparation for our upcoming Scientific Assembly which will be held on April 8–10, 2021. The facility is quite large, and the conference space is private and away from regular guest activities.

Plans are to try to meet in-person as Kalahari has excellent safety protocols in place, and there is lots of space for social distancing. Outdoor space is also an option if the weather cooperates.

PACEP Leadership and the Education Committee will continue to monitor the COVID situation, and will be prepared to offer a virtual or hybrid option, if we are not able to meet in-person. Stay tuned. ■



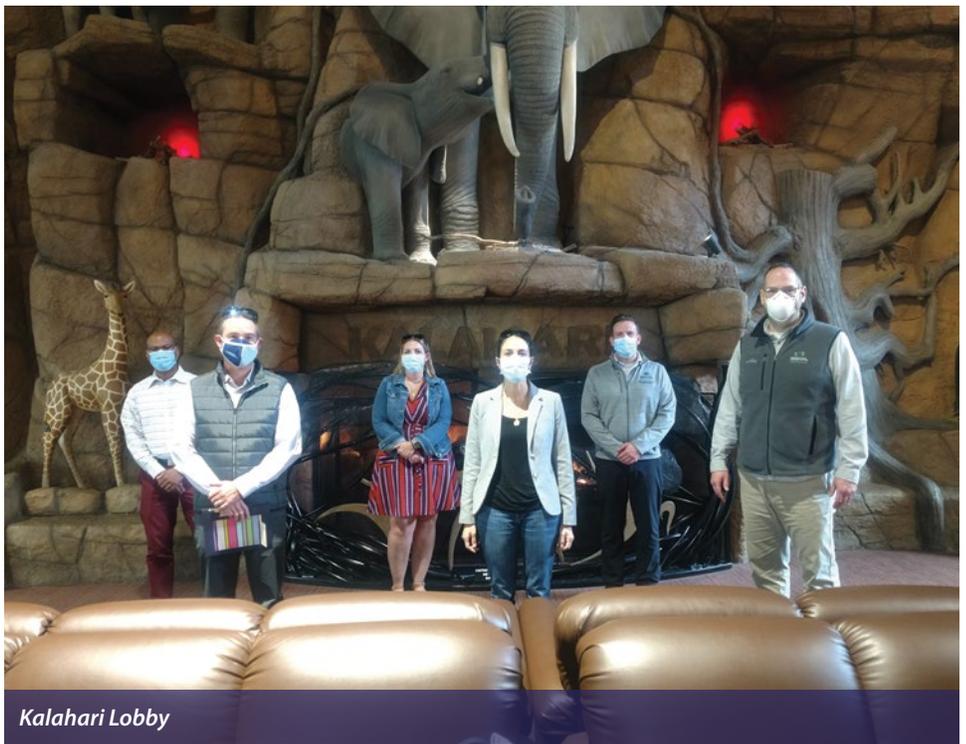
Kalahari Conference Hall



Kalahari Veranda Seating



Kalahari Boma Patio View



Kalahari Lobby

Front Row:

- Shawn M. Quinn, DO, FACEP, FACOEP
- Annahieta Kalantari, DO, FACEP
- Chadd Kraus, DO, DrPH, MPH, FACEP

Back Row:

- Ronald V. Hall, MD, FACEP
- Elizabeth B. Werley, MD, FACEP
- Blake Bailey, DO, FACEP



SAVE THE DATE

PACEP21 SCIENTIFIC ASSEMBLY

Kalahari Resort, Pocono Manor | April 8–10, 2021

The Importance of PEP-PAC Donations



Steven D. Guyton, MD, FACEP
PEP-PAC Chair – 2020-2021

By Steven D. Guyton, MD, FACEP

I am Steve Guyton, the current PEP-PAC chair, and I want to tell you about PACEP, PEP-PAC and the importance of advocacy. Like many of you out there, until a few years ago, I was not really involved at all in anything related to advocacy. I had lots of reasons why:

- The system is corrupt and only the big organizations with lots of money have any say
- I am just one person...no one will care what I have to say
- Nothing ever changes, so why bother

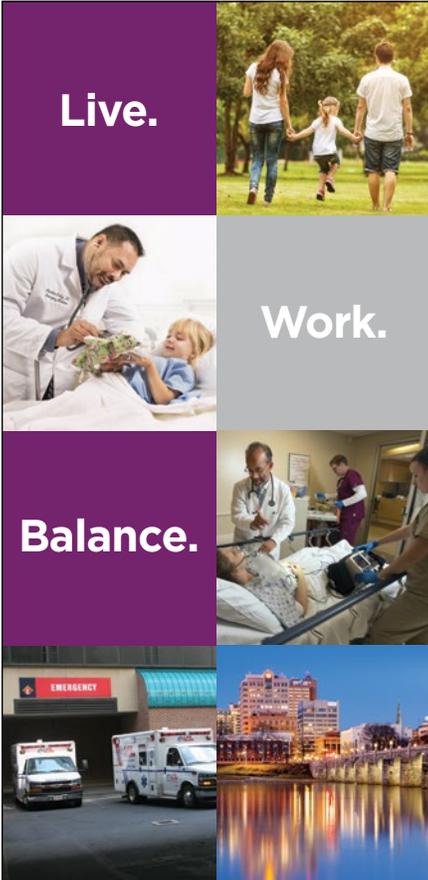
But I really did not know about the process, and how important it is to have a voice. After participating in ACEP LAC, I realized that the folks who make our laws really do want to hear what we have to say, and it's vitally important that we advocate for ourselves, our profession and our patients. Advocacy is a full-time job, and if you want to get involved by contributing your time to meeting with members of congress, or working on policy issues, that is great... we definitely need people like you.

There are two currencies that matter in advocacy – time and money. If you do not have a lot of time to give, please consider donating money as this allows others to work to advocate on our behalf. PEP-PAC works with members and lobbyists to make sure we have a constant presence and passionate voice in the big issues affecting our profession: balanced billing, opioids, ED regulations and so on.

So, if you do not already contribute to PEP-PAC, please consider making a donation at https://www.paypal.com/donate/?cmd=s-xclick&hosted_button_id=WQSMDX2JW9VUE&source=url. If you already contribute, thank you! If we all do a little, our collective efforts can and do make a huge difference for everyone, especially our patients. **THANK YOU!**



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