

PACEP NEWS

SUMMER 2020

Executive Privilege

By Shawn M. Quinn, DO, FACEP, FACOEP



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

It's hard to believe that we are already 3 months into my term as your PACEP President. Time is flying by while the summer is heating things up literally and figuratively. As I promised in my initial newsletter article, PACEP is focused on advancing emergency medicine in the commonwealth through the lens of our two main pillars, our members and our patients. I'd like to highlight some of our recent favorable chapter activity to update you on the value of your membership.

PACEP VICTORIES

For the first time in our chapter's history, our membership has grown to over 2,000 members strong. Part of this membership growth has been due to the development of our medical student council and we are happy to have such a motivated, professional group of medical students that we have partnered with. As part of this membership growth, PACEP will have more representation at ACEP Council where your councilors will deliberate on important resolutions that will improve patient care and member value. The PACEP delegation for ACEP Council 2020 has already developed 6 draft resolutions for this fall's meeting. One of our members and former past president, Arvind Venkat, will have our full support running for one of the national ACEP Board of Directors positions. Good luck Arvind! Another congratulations is due for our executive director, Jan Reisinger, as she celebrates her 1 year anniversary with PACEP. Jan has done a remarkable job in her first year and I know she will continue to lead our chapter into the future as one of the most active and influential chapters in the country. Several of our PACEP members have been leaders in contributions to both the ED mental health boarding task force and opioid task forces. I want to thank everyone who filled out our PACEP member survey. The data obtained from the survey will allow your board of directors and committees to focus on what's most important to our membership. Finally, PACEP fought on your behalf to successfully petition the Governor to issue the executive order for medical liability during the COVID-19 pandemic.

ADAPTABILITY AND RESILIENCE

During the next several months, COVID-19 will continue to be a real concern for our patients and our members working on the front lines. No two words better describe our members and our patients than adaptability and resilience. Webster's defines adaptability as the ability "to make fit (as for a new use) often by modification." The pandemic we continue to be faced with will challenge the entire house of medicine to continue to modify how we care for patients with COVID-19 and those without it. Yet, emergency medicine is the specialty that has been adapting to change for decades. Whether it was during our primordial stage as a specialty where our founding leaders had to imprint on the rest of medicine that EM was a unique



**For the first time in
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our membership has
grown to over 2,000
members strong.**

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Executive Privilege

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specialty or whether it is during the last several months where EM physicians across the country have had to completely alter treatment and care for patients based on research that seems to change almost weekly. Charles Darwin said, "It is not the strongest or the most intelligent who will survive, but those who can best manage change."

Adapting to change is an important part of emergency medicine yet I feel it takes a back seat to our resilience. Webster's defines resilience as "an ability to recover from or adjust easily to misfortune or change" and I think our belief and hope is that we will eventually recover from this misfortune of the COVID-19 pandemic. Pushing ourselves to recover is what makes us more resilient. What lies at the heart of emergency medicine is our ability to heal patients, especially the undifferentiated, critically ill patient. If this is our focus throughout the pandemic, we as resilient people will not let the adversity of COVID-19 define us. Walker defines resilience as "the capacity of a system to absorb disturbance and reorganize while undergoing change so as to still retain essentially the same function, structure, identity, and feedbacks."

So PACEP friends and colleagues, adapt as needed during these times but stay resilient as we always have. We will get through this and recover.

If you have time and interest in helping our chapter and our patients, here's what you can do to engage with PACEP over the summer:

1. Renew your ACEP and PACEP membership on www.pacep.net
2. Contact PACEP at info@pacep.net for help with meeting your state legislators over the summer about our advocacy priorities, especially on balance billing
3. Join a PACEP committee (www.pacep.net) in your area of interest and expertise so that we can draw on your talents
4. Plan on virtually attending one of our Residents' Days in September and October. Western Residents' Day is September 10, Central is September 30, and Eastern is October 14
5. Reach out to me at president@pacep.net about your concerns
6. Mark your calendars and plan to attend our 2021 Scientific Assembly at Kalahari Resort in Pocono Manor, PA, April 8–10, 2021

▶ *Have a great summer while safely enjoying the company of your friends and families.*



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

2020 – 2021 PACEP Board of Directors

Executive Committee

President	Shawn M. Quinn, DO, FACEP
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Secretary	Robert J. Strony, DO, MBA, FACEP
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Michael Lynch, MD
Jennifer Marin, MD, MSc, FACEP
Jennifer Savino, DO, FACEP
Elizabeth Barrall Werley, MD, FACEP

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Loren S. Touma, DO (Jefferson Health NE)

Executive Director

Jan Reisinger, MBA, CAE

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EMS & Terrorism and Disaster Prep

Chair	Scott Goldstein, DO, FACEP
Co-Chair	Philip Nawrocki, MD
Co-Chair	Gregory Hellier, DO, FACEP
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Co-Chair	Marcus Eubanks, MD, FACEP
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Chair	Hannah Mishkin, MD, FACEP
Co-Chair	Monisha Bindra, DO
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>

WE'RE MOVING!



PACEP's Administrative Office will be re-locating on August 1, 2020. The new address will be **800 North Third Street, Suite 408-B, Harrisburg, PA 17102.**

This is directly across the street from the Pennsylvania State Museum and less than one block to the Capitol.

If you are in the area, stop in and say hello. There is no change in our phone number.

Revised Bylaws



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

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

During the PACEP Annual Meeting held virtually on April 3, 2020, members in attendance discussed and voted to approve revisions to the PACEP Bylaws. These revisions were presented to the membership after a year-long review and discussion between PACEP leadership and the ACEP Bylaws Committee.

Each ACEP Chapter undergoes periodic "Routine Comprehensive Review" to ensure that Chapter Bylaws are meeting the standards of Model Chapter Bylaws used by ACEP Chapters. Prior to the 2019-2020 review, the PACEP Bylaws last underwent a comprehensive review in 2014.

The membership-approved revisions have been accepted by the ACEP Bylaws Committee and are in effect. A copy of the PACEP Bylaws can be obtained by contacting our Executive Director, Jan Reisinger, MBA, CAE at exec@pacep.net. ■

WELCOME NEW PACEP MEMBERS

Esther Omowunmi Adeyemi
Daniela Ines Alarcon
Samara Albazzaz
Nicolas Andrea
Jade Rebecca Azari
Nadia Baki
Megan Barnes
Anthony Thomas Battista, Jr
Sahin Becirovic
Lily Leitner Berrin
John Michael Bowling
Caitlin Boyle
Aaron Brophy
Kristen Michelle Bublitz
Kevin Chambers
Karl Charlson
Lauren Coaxum
Jean-Gabriel Coignet
Michael Cornman
Hannah Crowley
Neha J Dadhania
Annemarie Daecher
Megan Mary Daniels
Elizabeth Manuela De Jesus
Brendan Michael DeCenso
James Dechiara
Dani Lynn Deegan
Danielle DeMarco

Stephen Michael DePaul
Aaron Deutsch
Andrew Louis DiMatteo
Hersh Doshi
Kevin Joseph Duffy
Nathan Ellis
Christopher Euell
Kelsey Filippo
Ashley Elizabeth Foreman
Mobolaji H Fowose
Samantha Leigh Gaetani
Fady Ghattas
Leah Ann Goldberg
Jacob Andrew Goldenring
Andrew William Gorr
Joshua Joseph Gottfried
Peter Gould
Rahul Gupta
John J Haber
Jenna Hakim
Justin Daniel Hark
Oceana Hopkins
Ji Young Huh
Haneen Hussein
Chizite Iheonunekwu
Genna A Jerrard
Daniel Kallush
Ashley Katzenstein

Aleksander W Keller
Anum Khan
Awaiz Khan
Daniel Dias Klein
Jarrett Abram Koper
Vincent Edward LaMantia
Catherine Lau
Ryan Lemonde
Mikayla M Leombruno
John Matarazzo
Ashley Lynn McCormick
Anya McDermott
Justine E McGiboney
Sarah Elizabeth McGraw
Landon McNeely
Alexandra J Mcquaid
Neal A McQuaid
Brian Merritt
Matthew Michlinski
Toru Mihama
Vignesh Murali
Avery Alexandra Mushinski
Sheeva Norooz
Nathan J O'Brien
Karen E Olson
Chinweoke Crystal Osigwe
Evan W Osterman
Maharshi Patel

Angelica Pinninti
James Porter
Gregory Przybylski
Sandesh Raj
Thomas Rheume
Nicholas William Rizer
Sean Paul Schlosser
Emily Schueppert
Corey Michael Sell
Gyuhee Seong
Harpreet Singh
Ian Smith
David Spencer
Alexander Craig Stern
Jacob Stern
Collin D Stinogel
Danielle A Sultan
Jaffery Syed
Samantha Claire Tauscher
Emily Kate Thompson
Samantha Traslavina
Joshua R Valerio
Jessica Vanderkooi
Christopher Wetzel
Olivia Ying
Nate Zahustecher
Michael L Zaleski

UPCOMING EVENTS

- 9/10/20** **Western Residents Day (Virtual)** – Hosted by University of Pittsburgh Medical Center
- 9/30/20** **Central Residents Day (Virtual)** – Hosted by Tower Health Reading Hospital
- 9/30/20** **Board of Directors (Virtual via Zoom)**
- 10/14/20** **Eastern Residents Day (Virtual)** – Hosted by Einstein Medical Center
- 10/24/20 – 10/25/20** **ACEP Council (Virtual)**
- 10/26/20 – 10/29/20** **ACEP Scientific Assembly (Virtual)**
- 11/11/20** **Board of Directors**
Harrisburg, PA
- 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 are working tirelessly 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. PACEP has joined our colleagues throughout the

nation advocating for PPE, medical licensing flexibility, fair reimbursement, and medical liability reform, while not losing focus on our pre-pandemic objectives including balance billing, psychiatric boarding, the opioid epidemic and The Department of Health revisions to Hospital 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.” This allows us to manage this crisis to the best of our ability without looking over our shoulders in fear of litigation.

On both the state and national level, we have lobbied to improve our supplies of PPE, and at this time our stockpiles have stabilized.

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.

This summer and fall, PACEP is asking you to reach out to your local state representatives to discuss balance billing. It is imperative that we stress to our legislators that we strive to keep patients out of the middle of billing disputes between physicians and insurers. We must reframe the argument to highlight the fact that physicians are not sending patients "surprise bills." Rather, the balance bills are a direct consequence of insurers' "surprise coverage gaps" and refusal to fulfill their financial obligation to pay for the entire episode of emergency care.

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 "baseball-style," 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. If Pennsylvania does not follow suit, our physicians may leave the state for greener pastures.

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 and 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. We are asking our members to contact their local representative this summer and fall to educate them about the issue of balance billing. If HB 1862 passes in its current form without the Kaufer and Rothman amendments, our reimbursement will decrease and patient's access to emergency care will suffer.

In order to find and contact your representative, please visit <http://zipstickers.mypls.com/lookup.aspx?cid=200030>. 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 a PACEP Opioid Expert Panel. The Department of Health is in the process of rewriting hospital and emergency department regulations. Both of these issues have been on pause but we will continue to keep members apprised of new developments.

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 a priceless service to our communities. Both the public at large and our lawmakers recognize our efforts, and now is an excellent opportunity to translate this goodwill into tangible legislative outcomes that will help us provide even better care moving forward. ■

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



In a typical year, the legislature would be enjoying summer recess and gearing up for their fall elections, but this year has been anything but typical. At the time of this writing, the House is expected to return for a few days in July to take up a few bills and the Senate may follow suit later in the month. You'll see in the schedules below that the Senate has not released their fall schedule yet. Furthermore, there have been some changes in House leadership. Speaker of the House, Rep. Mike Turzai, resigned on June 15th to take a job in the private sector. To fill the role of Speaker, the House elected Majority Leader, Rep. Bryan Cutler. House Republicans then held a leadership election where they elected the new leadership team:

Leader: Rep. Kerry A. Benninghoff

Whip: Rep. Donna Oberlander

Caucus Chair: Rep. Marcy Toepel

Caucus Secretary: Rep. Mike Reese

Caucus Administrator: Rep. Kurt A. Masser

Policy Committee Chair: Rep. Martin T. Causer

Appropriations Committee Chair: Rep. Stan Saylor

The Session Schedule at the time of this writing is as follows:

2020 PA SENATE SESSION SCHEDULE	2020 PA HOUSE SESSION SCHEDULE
No dates at this time.	July 7, 8 September 15, 16, 17, 29, 30 October 1, 5, 6, 7, 19, 20, 21 November 10

HOSPITAL REGULATIONS

At the time of this writing, the hospital regulations have not been made public and we anticipate 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. 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

PACEP strongly supports the objective of taking patients out of the middle of billing disputes and prohibiting balanced bills. Pennsylvanians should be able to use the closest and most appropriate emergency department when they have an acute need. No patient at a time of medical crisis should have to worry about insurance network coverage. At the same time, insurance companies should be required to pay fair and reasonable reimbursement rates to emergency care providers, regardless of whether they are considered in- or out-of-network. This point is critical given that under federal law, emergency physicians care for all patients without regard to insurance.

HB 1862, introduced by House Insurance Committee Chair Tina Pickett (R-Bradford), is currently pending action in the Pennsylvania House. HB 1862 in its current form is not the solution to this problem. That is why PACEP and over 30 of the leading medical provider organizations across the Commonwealth are strongly opposed to the legislation as introduced.

As introduced, HB 1862 establishes an artificial insurer determined "benchmark" rate (i.e. "median in-network") and

lacks a meaningful arbitration process to fairly resolve disputes. HB 1862 would devastate the ability to provide emergency care to all Pennsylvanians, create instability in existing insurance-provider contracts, and increase pressure on already stressed rural hospitals and stressed COVID-19 health care system.

PACEP's leadership and its lobbying firm, Milliron Goodman, continue to be actively engaged in the conversations with lawmakers, key staff, and is working with other hospital-based specialties on a solution to take patients out of the middle of billing disputes while also preserving networks and access to care.

There are two major amendments that PACEP and the provider community are seeking to accomplish these goals:

- **Amendment A03599**, sponsored by Rep. Aaron Kaufer, which will remove the median in-network rate as the state mandated payment standard and put in its place "all reasonably necessary costs", which is the existing standard for emergency services in our state for over 20 years and put in the statutory language.
- **Amendment A03601**, sponsored by Rep. Greg Rothman, which will establish an Independent Dispute Resolution process/ "baseball style" arbitration process to look at whether the payment is appropriate. This model encourages fair physician claims and insurer payments from the start, as both sides

risk additional expense if taken to IDR through the American Arbitration Association (AAA). It is a solution that has worked in states as diverse as New York and Texas. The amendment improves upon the experience in New York by focusing on any prior contracted rate as the standard for reimbursement to disincentivize either insurers or physicians from leaving existing networks. It makes no reference to billed charges to avoid raising costs for patients.

Absent federal action, we expect balance billing to become more amplified on the state level, especially this fall. Governor Wolf proposed this 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 in-network care aren't surprised with a bill for treatment by an out-of-network provider at an in-network facility." ■

► *Over the summer, we encourage PACEP members to contact their local legislators on this important issue and ask them to support the Kaufer and Rothman amendments to HB 1862. Stay tuned for alerts.*

Dead on Arrival



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

By Dhimitri Nikolla, DO

He was middle-aged with metastatic cancer and in hospice at home. His wife called for help, because he was developing confusion.

She was beside him holding his hand, looking concerned but not distraught. She had begun telling me about his medical history, his worsening weakness, and his wavering mental status that day.

I squeezed his hand – no response. Rubbed his chest – no grimace. Felt his wrist – no pulse. Listened to his chest – no heart or lung sounds. She continued to elaborate on his difficult decline, and I felt – heartbroken.

She was so knowledgeable regarding his illness. She seemed so familiar with his fragile state. But she couldn't accept that he was – dead.

I held her hand, and helped her begin the difficult process of acceptance. ■

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Education Committee Update



Annahieta Kalantari, DO, FACEP
Education Committee Chair

By Annahieta Kalantari, DO, FACEP

As we are off to our new academic year, we must make some special acknowledgements. Thank you to all our graduating residents. You faced challenges in your training that others have not. Thank you for choosing to put yourselves at risk to take care of the citizens of our state. Thank you for transitioning to virtual didactics. Thank you for making your programs and health care systems so proud. We wish all of you safety, health, and success. You will be greatly missed. For those of you who have remained in the state, I encourage you to maintain your PACEP membership.

Next is a huge welcome to all of our new trainees. Congratulations on starting the next chapters of your lives. The last 6 months of your medical training were unprecedented, yet you continue to forge forward. We look forward to meeting you either in person or virtually at our future events... which leads me to our future events. Given the current state of the pandemic and rise in cases, there are many uncertainties regarding future gatherings. The PACEP leadership team is hard at work exploring all available options for any future events. We have received the membership survey results and are looking forward to developing educational programs that meet your needs. ■

▶ *Thank you for your continued membership and support. Please stay healthy and safe.*

Medical Student Council: Emergency Medicine Prepares for the 2021 Residency Match



Alexander Kurtzman OMS IV
Medical Student
Committee Chair

By Alexander Kurtzman OMS IV, Medical Student Committee Chair and Chandni Lotwala MS IV, Medical Student Committee Secretary

The COVID-19 pandemic placed a strain on hospital systems and resources, endangering public health across the country. Of the many concerns students had at the time, including impact on communities, responses to health care crisis, and safety of essential personnel, rising fourth-year medical students were also worried about the effect of the pandemic on their future careers. While these concerns paled in comparison to the health implications of the pandemic, they instilled a sense of uncertainty and stress. Among the new challenges were finding rotations from which to obtain a SLOE, as many institutions are placing limits on visiting students, cancelled board exams, and adapting to a virtual interview season. Emergency medicine is a field that prides itself on adaptability and has moved swiftly to meet this new challenge.

ACEP, along with other organizations such as EMRA, CORD, AAEM, ACOEP, CDEM, and SAEM issued a consensus statement to create a unified process given the limitations 2021 graduates will face as they try to meet typical EM residency application requirements. The changes reflect travel, time constraints, and away rotation limitations.

The first recommendation is for students to complete only one EM rotation, preferably at a home institution. If a home rotation is not available, it is then recommended to apply for an away rotation. In order to make sure that all students have equal opportunity in the residency process this included guidance for students to obtain only one SLOE and for residency programs to expect EM applicants to have one or fewer traditional SLOEs at the time applications are submitted. An additional new step is the introduction of non-EM SLOEs. In order to ensure that these non-EM evaluations still provide a high value appraisal of applicants, CORD and CDEM have generated a new "off service" or O-SLOE, that has recently become available.

The next set of recommendations, put forth in the interest of safety, state that residency interviews be conducted virtually this year. In addition, it is recommended to students to only accept 12–17 interviews. This is well supported by historical data showing that applicants have diminishing returns in matching after 12 ranked programs.

COVID-19 has presented many challenges to the Emergency Medicine community. There undoubtedly will be additional obstacles in preparing the graduating class of 2021 for residency in the current environment. Even now, many programs are developing innovative ways to fill both educational and recruitment gaps through virtual rotations. This consensus statement demonstrates that through teamwork and flexibility we can navigate these uncharted waters. ■



Chandni Lotwala MS IV
Medical Student
Committee Secretary

MEMBER SURVEY & RAFFLE WINNERS

Thank you to all members who recently completed PACEP's online member survey. We obtained some great data which will assist our board and committees with future planning.

Congratulations to the following raffle winners who each won a PACEP jacket or vest.

- Robert Oelhaf
- Elizabeth Wiest
- Rob Cooney
- Scott Gay
- Melissa Kohn
- Stephen Heirendt
- Venus Oliva
- Kristyn Smith
- Stuart Greene
- Blake Bailey

ACEP Leadership and Advocacy Conference: Virtual, but Meaningful



Arvind Venkat, MD, FACEP
Immediate Past President

By Arvind Venkat, MD, FACEP

On April 28, 2020, Pennsylvania emergency physicians made their voice heard during ACEP's Leadership and Advocacy Conference. Due to the COVID-19 pandemic, our advocacy on behalf of patients and emergency physicians had to take place virtually. But with the frontline role emergency physicians have played in response to the crisis, it was clear that Members of Congress from Pennsylvania and their staff were eager to hear about the challenges we faced and how federal action can aid the delivery of care in emergency departments across the Commonwealth.

The 25 PACEP Members who participated in the Leadership and Advocacy Conference focused on three areas of critical importance to emergency physicians and our patients. First, we discussed the need for abundant and effective personal protective equipment (PPE). Telling our stories of putting our health and that of our families at risk due to inadequate PPE, PACEP members emphasized how critical it was for the federal government to ensure supplies of surgical and N95 masks, gowns, gloves, face shields, and eye protection. Second, we explained how the crisis had paradoxically reduced ED volumes, putting the viability of emergency medicine practices across Pennsylvania at risk. PACEP members asked for Congress to legislate hazard pay that would directly benefit individual emergency physicians and emergency medicine residents. Finally, since COVID-19 is a new disease with constantly changing treatment protocols, our delegation asked Congress to legislate liability protections for emergency physicians caring for COVID-19 patients during the crisis. Given the COVID-19 pandemic and its impact on all Pennsylvanians, it was clear that our Members of Congress and their staff were receptive to all of these requests, and many gave us their personal thanks for the work of emergency physicians and PACEP during the outbreak.

Ultimately, the ACEP Leadership and Advocacy Conference is about making our voice and that of our patients heard and building relationships with Members of Congress and their staff as advocacy, like emergency care, never stops. Even though we couldn't travel to DC personally, there is no doubt that the conference was a success as now more than ever, emergency physicians are at the forefront of the nation's consciousness. ■

PACEP will continue to work to make sure your voice is heard as we continue to respond to COVID-19 and the many challenges we face in delivering emergency care.

Open Forum Sessions with Arvind Venkat, MD, FACEP, Candidate for ACEP Board of Directors

Dear ACEP Member:

Please join me during one of my Open Forum Sessions to share your thoughts on the important issues we face and to allow me to answer your questions on my Board Candidacy.

Arvind Venkat, MD, FACEP, ACEP Board Candidate

Join Zoom Meeting: <https://us02web.zoom.us/j/2630858105>

Meeting ID: 263 085 8105

One tap mobile

+13462487799,,2630858105# US (Houston)

+16699006833,,2630858105# US (San Jose)

DATES & TIMES:

AUG 4: 10–11 AM

AUG 20: 5–6 PM

SEPT 10: 5–6 PM

SEPT 15: 10–11 AM

SEPT 24: 5–6 PM





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PennState Health

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

To the EM Class of 2023: High-Yield Tips for Your Intern Year

By Marc Cassone DO, Craig Dix DO, Anthony Halupa DO, Kristen Kish DO, Peter Patitsas MD, Eliza Reed DO, T Douglas Sallade DO, Jennifer Spinozzi MD, Heather Wagner DO

To the EM Class of 2023,

Welcome to EM Residency! The learning curve for residency is steep and the next few months of your intern year are going to be both terrifying and exhilarating – trust us. Despite their swagger and bravado your current upperclassmen were not so long ago in your position; making the same mistakes and having the same triumphs you and your co-interns will be going through. Take this advice not as a word of warning but of inspiration and hope. Your class is entering into residency under unique circumstances. We feel you – we will be entering our first year as attendings in the same pandemic. This time of year is usually full of welcome picnics, summer barbecues, and orientation bonding time with your class and faculty. Unfortunately, you won't be able to experience many of those events this year, just as we missed out on graduation events and end-of-residency celebrations. We wish we could've met you in person rather than via Zoom, Skype, etc. However, we know you are strong candidates and will do our specialty and your program proud, especially during these circumstances. As our parting gift to your class we've put together these ten tips from our collective experiences to help you hit the ground running this summer.

DON'T BE AFRAID TO ASK FOR HELP.

Learning is the name of the game! Knowing your limitations and when to ask for help will be beneficial to both you and your patients. Don't stress over little things such as learning a new computer system or even finding the closest bathroom. Just ask often, ask early! Eliminating small stressors in your day will help with the big ones. When it comes to the bigger stressors, such as procedures or critical patient care, don't be afraid to ask for help. An intern's goal should be to be able to recognize patients that need immediate treatment (not always obvious!). Remember - you are not alone! This is the time in your career to learn from a whole team of attendings, co-residents, consultants, nurses, techs, unit desk clerks, and many more.

GET COMFORTABLE BEING UNCOMFORTABLE.

Early on in your residency, you may be drawn to picking up patients with the typical 'bread and butter' complaints. Abdominal Pain. Shortness of Breath. Headache. We've all started out not wanting to look incompetent or inferior, and these are the patients with fairly standard workups and

dispositions that you won't get wrong. But residency (and especially intern year) is a time to attack your weaknesses. Do 6-month-old crying babies scare you? Does the weak and dizzy elderly patient seem too complicated? Pick them all up. Become comfortable with the slit lamp, vertigo, and weird rashes. No one expects you to start residency as an expert of everything. Take advantage of the support of your attendings and upper level residents early on to help focus on situations you are uncomfortable with.

WRITE AN HPI AND COMPLETE THE PHYSICAL EXAM PORTION OF YOUR NOTE IMMEDIATELY AFTER EXAMINING THE PATIENT.

Thorough, appropriate documentation is how you communicate clinical information with other members of the healthcare team, how you get paid (especially post-residency), and how you minimize your medico-legal risks. During a busy ED shift, the number of notes in your to-do box will stack up quickly. If possible, taking a few minutes in the patient's exam room or at your workstation to jot down the history and physical portion of note will ensure an accurate note and decrease the time spent (aka working) after your shift just to complete your documentation. Efficiency is an important tool in improving wellness.

SETTING YOURSELF UP PROPERLY IS THE KEY TO SUCCESS WITH PROCEDURES.

Before starting a procedure, take a few extra moments to verify the optimal set-up to ensure success. Make sure you are in a comfortable spot, the patient is in the appropriate position, and all your equipment is available, working, and easy to reach. This also means planning ahead if your first approach fails. Think 3 steps ahead. "If x happens, I'm going to do y, then z." This works for everything from intubation to chest tubes to central lines and even family meetings and difficult patient encounters.

KEEP AN OPEN MIND.

Medicine is an art and a science. Attendings have tons of experience and knowledge; however, that doesn't mean they don't have different approaches. Management of one disease between providers may be very different, yet they all have a rationale and even conviction! Don't take it personally. Just roll with it and appreciate these different strategies and



Pictured from left to right: T Douglas Sallade DO, Peter Patitsas MD, Marc Cassone DO, Jennifer Spinozzi MD, Craig Dix DO, Heather Wagner DO, Eliza Reed DO, Kristen Kish DO, Anthony Halupa DO

treatments. Gain perspective of what is acceptable. Better yet, leave residency understanding this range of acceptable styles and begin to find yours! Whatever you adopt, own up to it, understand it, and validate it. Stay humble and understand that a different approach is okay.

NURSES ARE ONE OF YOUR BEST RESOURCES.

Nurses are an integral part of the team and it is important you treat them with respect. As you start residency, many of them will likely have more experience than you and a different perspective on patient care. Nurses can be great assets for patient reassessments, family interactions and helping your workflow. Try not to be biased or anchor on information provided but consider what they are telling you; they may have a good reason for suspecting a certain diagnosis. If the nurse asks you to come to bedside, YOU GO. Mutual respect will not only help patient care but help make you a more astute physician.

IF YOU SEE SOMETHING, SAY SOMETHING.

If you feel uncomfortable, concerned, or see a possible safety issue, you should always speak up. It may not be easy, popular, or comfortable speaking out but you should feel empowered to do the right thing. Be an advocate for your patients, your co-workers, and yourself. There is a good chance others have felt the same and just waiting for someone else to speak up.

TRUST BUT VERIFY.

Residents get bombarded with information, some reliable and some as good as it gets with a shrug: the history from the patient vs. that from the family vs. that from the nursing home, the abdominal exam of a sign-out, the last vitals by EMS, the most recent EKG doesn't look changed... the list goes on. Do your due diligence double-checking information you receive and compare it to what you see and hear yourself. You may be surprised by what you find out - further validating your diligence!

KEEP YOUR HEAD ON A SWIVEL.

Just like what your soccer coach told you when you played for the Orange Team. With things in the ED moving quick and flying at you in all directions, department awareness is a must. Early on in your residency, you should focus more on quality rather than efficiency. But with more experience, you should challenge yourself to taking on more responsibilities. Is the waiting room starting to fill up? Then maybe you don't need to wait on the UA results to admit your septic patient. EMS is arriving with the respiratory distress patient in 10 minutes? Then do a quick evaluation of your new chest pain patient to start an initial workup and make sure to page respiratory and know where to get the airway kit. Anticipation and situational awareness are critical skills to develop. Residency isn't just about teaching you the medicine, but also how to practice in a real-world environment.

EXPAND YOUR NETWORK. GET INVOLVED.

Becoming the best emergency physician you can be should be your top priority. However, sometimes expanding your horizons can be what helps you get through the doldrums of residency. "Networking" doesn't have to be a dirty word. There are a lot of great opportunities for residents to get involved; take on a QI project or initiative in your program or department, join an EMRA committee, be an active member of PACEP and ACEP, volunteer, find a mentor, go to conferences and make lifelong friends while expanding your professional network. The world of EM is smaller than you think - and full of like-minded folks with the same problems, aspirations, and willingness to make a difference!

Stay healthy and best of luck this year! You got this.

Sincerely,

Marc, Craig, Anthony, Kristen, Pete, Eliza, Doug,
Jenn and Heather – Geisinger EM Class of 2020

Get Social with PACEP!



Olivia Barclay
Social Media Marketer

Facebook: @PACEP4Em

Twitter: @PACEP4Em

Instagram: @PACEP_4Em

LinkedIn: Pennsylvania College
of Emergency Physicians

*We thank you in advance
for your help, and we
look forward to "Getting
Social" with you!*

By Olivia Barclay, Social Media Marketer

It is no secret that social media has changed our society's way of communication and obtaining information — sometimes for the good and sometimes for the bad. Not only do we use these platforms to stay in touch with friends, family, colleagues, and others but we use them as our source for news and updates. The problem with the latter is that there is a lot of misinformation being shared. This is especially worrisome in the medical field as misinformation can cause panic and exacerbate medical conditions. So how can you combat that?

As a healthcare professional, you have the option to use social media to help in the following ways:

RAISE AWARENESS

This can be as simple as sharing helpful articles about common health questions or tips to keep yourself healthy. The PACEP social media accounts share an #EDTips post each week that provides information about a common reason people end up in the emergency department and tips for staying healthy. Additionally, the PACEP accounts share a #WellnessWednesday post to highlight staying mentally and physically healthy for both physicians and the public.

COMBAT MISINFORMATION

Sometimes social media can seem like the virtual game of telephone. One statement gets distorted through various websites or by people sharing posts without reading them until the end message is completely distorted. Healthcare professionals and medical associations such as PACEP can share reputable articles and discuss the facts to help get the conversation back on the right path.

CRISIS COMMUNICATION

The COVID-19 pandemic has been the perfect example of how you can use social media when information is rapidly changing. More people use social media these days to get news than they do newspapers so sharing information from the CDC, WHO, Pennsylvania Department of Health, etc. is a great way to make sure the most up-to-date and factual information is being shared.

These are just a few of the ways that we can all use social media to benefit us, our patients, and the public. We encourage you to follow PACEP's accounts and interact with the content being posted. Sharing our #EDTips and #WellnessWednesday posts are a great way that you can get involved with raising awareness and helping to combat misinformation. ■

Past PACEP Leaders Selected for Key AMA Leadership Positions

During the 2020 Annual Meeting of the American Medical Association (AMA), Marilyn Heine, MD, FACEP was selected as Chair of the AMA Council on Legislation (COL) and Alex Rosenau, DO, CPE, FACEP was selected as Vice Chair of the AMA Council on Ethical and Judicial Affairs (CEJA). Both are recognized leaders in emergency medicine and in the house of medicine, having served as PACEP Presidents, and Dr. Rosenau as past ACEP President. **Congratulations to Drs. Heine and Rosenau on their well-deserved and continued leadership!**



Marilyn Heine, MD, FACEP
Chair of the AMA COL



**Alex Rosenau, DO,
CPE, FACEP**
Vice Chair of the AMA CEJA

The Wellness Committee & Young Physicians Committee Join Efforts



Hannah Mishkin, MD, MS, FACEP
Wellness/Young Physicians Chair

By Hannah Mishkin, MD, MS, FACEP

This year the Wellness Committee and the Young Physicians Committee are joining forces to work together. We discovered that many of the initiatives of the young physicians overlap with wellness. Our goal is to increase engagement and support for both groups.

The stressors resulting from the COVID-19 pandemic are arguably the greatest current threat to wellness in emergency medicine. ACEP has created a robust set of resources which are available on their website at <https://www.acep.org/corona/covid-19-physician-wellness/>. As PACEP members, we have access to these resources including 3 FREE sessions with a counselor/coach and an Amazon Business account that allows special access to supplies needed for your safety with third-party referral fees waived.

For young physicians, the pandemic has created a unique set of stressors. Medical students planning to apply to an emergency medicine residency this season face a variety of travel and educational restrictions that vary from state to state and institution to institution. The Coalition for Physician Accountability* (COAL) issued an Executive Summary Statement with the goal of leveling the playing field for all residency applicants this year. Essentially, the recommendation is for all residency and fellowship programs to move to a virtual interview season for all candidates. COAL also recommends limiting medical student rotations to one rotation at their home institution. This leaves many students who are not at a medical school with an emergency medicine residency program "orphaned". While there is an exception for orphaned students, these recommendations create stressors across the academic landscape for students and academicians. This stress is likely to spill over into non-academic emergency medicine in the form of increased requests by students for rotations in community EDs and for letters of recommendations. In addition, newly graduating emergency medicine physicians are faced with a less secure job market than usual.

The Young Physicians and Wellness committees are working together to find ways to alleviate these stressors that threaten the wellness of us all. We would love to have your input at our next committee meeting on August 5, 2020 at 4 pm. ■

*The Coalition for Physician Accountability (Coalition), a cross-organizational group composed of AACOM, AAMC, ABMS, ACCME, ACGME, AMA, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME, was established in 2009 to promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. To see the executive summary visit: <https://acgme.org/Portals/0/PDFs/ExecutiveSummaryMovingAcrossInstitutions.pdf>



If you are interested in joining, please contact Jan Reisinger at exec@pacep.net to be added to our committees.

PACEP Obtains Clean Audit

During 2019, the College's outsourced accounting function moved from one organization to another. As part of our fiduciary responsibility, the Board of Directors engaged Hamilton & Musser, PC to conduct an audit of our records. This audit was a more extensive and in-depth examination than has been done in previous years, when a review had been performed.

We are pleased to share with you that the audit resulted in a "clean opinion" and a report with no qualifications or modifications. Although we were not surprised, we are happy to share this result. The audit also included a thorough evaluation of our internal controls (checks and balances) and the auditors did not need to issue a management letter of deficiencies.

The Board is assessing the College's need for ongoing reviews or audits and wants to assure our members that we consider our financial accountability to be an important part of our responsibility as Board members. ■

ACEP Leadership and Advocacy Conference “Virtual Hill Day”



Michelle Appel, MD
PGY-3 and Chief Resident

By Michelle Appel, MD
PGY-3 and Chief Resident at Geisinger Medical Center in Danville, PA

COVID-19 has impacted every facet of Emergency Medicine over the past year, including how we advocate for issues affecting our specialty and those we care for everyday. In the midst of a global pandemic, advocacy has become that much more critical as we practice at the front lines of a war on a disease we are still learning how to recognize, manage, and treat. In addition, we are also having to protect ourselves from both the disease and its impacts on our careers and personal lives.

ACEP’s annual Leadership and Advocacy Conference (LAC), is typically a multi-day event held in our nation’s capital, culminating with in-person meetings with our state senators and congressmen and their staffers. Having attended LAC twice in the past as a medical student, I was familiar with the rundown, however, now that the conference was being held remotely, it presented unique challenges but also some advantages. As I was late into my pregnancy’s third trimester, I was glad to participate from the comfort of my own home. In the past, LAC has been known for challenging weather and frequent scheduling changes.

Prior to LAC, the leadership and members of PACEP met via Zoom to discuss the issues at hand, as well as develop a game plan for a successful day of phone meetings. We reviewed the topics of PPE, Liability Coverage, Hazard Pay, and COVID Coverage and assigned members to speak on them. As I had been reassigned to non-clinical duties due to my pregnancy, it was enlightening to hear stories of DIY-PPE and delayed consulting due to COVID, which would serve as powerful vignettes when conveying our message.

On April 28th, I continually reviewed my talking points as I prepared to speak at LAC for the first time during “Virtual Hill Day”. Our time is limited to fifteen minutes, which is barely enough time to scrape the surface of such important issues, so we had to be succinct and focus on key aspects. When we finally held our meetings, it was encouraging to know that our senators and congressmen were familiar with the need for additional PPE and broad financial COVID coverage for patients. Senator Casey was already very supportive of hazard pay, as he helped propose the “Heroes’ Fund”. They were surprised to hear about how contracts and hours were affected by reduced volumes, as well as having to make difficult treatment decisions due to impacted consultant resources.

As the day drew to a close, it was encouraging to know that the legislators representing Pennsylvania support emergency physicians and the problems facing us during this tumultuous and historic time. I had a renewed sense of appreciation of the value of advocacy and plan to continue following the House and Senate progress on passing bills supporting the issues we value. I look forward to working with PACEP as we continue to discuss these topics and more this Fall during ACEP Council. ■

**SAVE
THE
DATES**

*Watch your email
for additional info
coming soon!*

2020 PACEP RESIDENT DAYS NOW VIRTUAL EVENTS

**THURSDAY,
SEPTEMBER 10**
Western Residents Day
Host: University of
Pittsburgh Medical Center

**WEDNESDAY,
SEPTEMBER 30**
Central Residents Day
Host: Tower Health
Reading Hospital

**WEDNESDAY,
OCTOBER 14**
Eastern Residents Day
Host: Einstein
Medical Center



PACEP21 SCIENTIFIC ASSEMBLY **CALL FOR SPEAKERS** Kalahari Resort, Pocono Manor | April 8–10, 2021

The Pennsylvania College of Emergency Physicians (PACEP) Education Committee is now accepting submissions for speakers and sessions for our 2021 Scientific Assembly which will be held at Kalahari Resort & Convention Center, Pocono Manor on April 8–10, 2021.

Each year, nearly 200 emergency medicine professionals gather to hear national and state faculty share their knowledge and expertise in presenting clinical updates as well as cutting-edge issues in emergency medicine care. PACEP will also celebrate our 50th Year Anniversary in 2021.

Our goal is to continue to present outstanding content that provides PACEP members and conference attendees the opportunity to expand his or her expertise. This year's theme is: "PACEP: Past, Present and Future".

Expressing interest does not guarantee acceptance, but your submission will be collected for possible future calls. You may submit multiple submissions, but only **one submission per form. Submissions are due by July 31, 2020.**

Potential speakers will be notified by the PACEP21 Scientific Assembly Program Chair, Blake C. Bailey, DO, FACEP by September 30, 2020.

NOTE: While we cannot provide payment for your session, we do cover travel costs and a portion of your hotel stay during the conference.

WHAT WE'RE LOOKING FOR:

- Passionate, confident and engaging speakers.
- Know someone who you think would make a GREAT speaker? Pass this message on!
- Sessions that run the gamut from teaching the fundamentals of Emergency Medicine to advanced subject areas. Attendees are at various stages in their careers, so a wide spectrum of sessions is needed.

DEADLINE:

Your proposal for a session must be submitted by July 31, 2020.

SUBMIT YOUR PROPOSAL:
pacep.net/documents/pacep21/CallforSpeakers.pdf

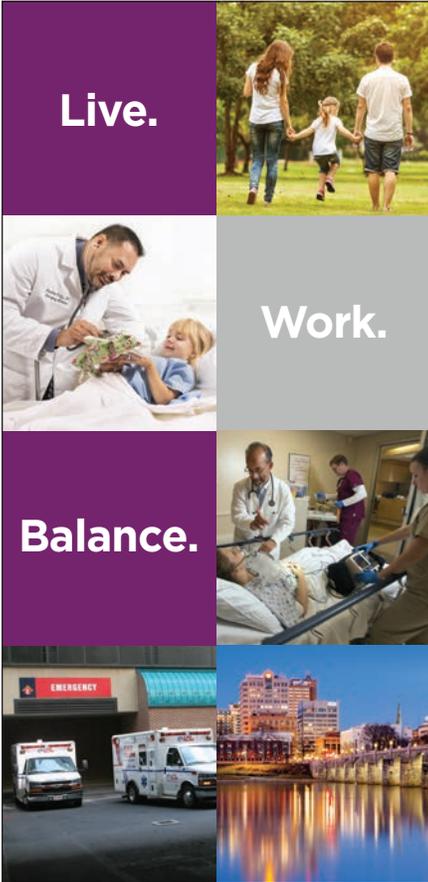
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