

PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
JUNE 2004

Executive Privilege

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by Marilyn Heine, MD
President, PaACEP



My last column described your vital role as a “messenger” or advocate for our profession. This article focuses on your importance as a chapter Member and Mentor.

Member

Each of you is a valued member of PaACEP. To help represent you best, we need your input. The membership survey will guide us as we move ahead. If there is an interest of yours that the chapter is not addressing but you think should be, please let us know. If you would like to help craft ACEP policy, consider being a Councillor or submitting a resolution to the PaACEP Board to forward to the ACEP Council.

Many thanks to all those who serve on PaACEP committees. Your contribution is invaluable. If you would like to join a PaACEP or ACEP committee or would like to know more about what this involves-- please let us know.

Efforts are underway to enhance chapter member communications. This year, chapter leaders will be participating in regional meetings in areas of the Commonwealth not usually serving as venues

for chapter programs. Three events are planned. ED director surveys will continue. A listserv is being considered to help ED directors share ideas on how to tackle mutual concerns. The newsletter will further spotlight members who have engaged in noteworthy emergency medicine activities. Please keep us apprised of your endeavors.

We will be highlighting issues ranging from our practice to public health and safety, from the uninsured to health care disparities. Our key objectives are resolving the medical liability crisis, obtaining fair and equitable reimbursement, and addressing ED overcrowding. Whether on these or other matters of interest to you, we value your suggestions.

When an emergency physician speaks on behalf of PaACEP, he or she represents over 1200 chapter members. The spokesperson brings recognition to our chapter's dedication to improving the quality of emergency medical care through continuing education, research, advocacy and public education.

Being a member of the Pennsylvania Medical Society and the American Medical Association enhances your voice. The Medical Society often takes the lead on issues of broad interest, with PaACEP working as a member of the team. PaACEP is the lead on issues specific to emergency medicine, with the Medical Society supporting our efforts. This teamwork is essential to effective clout.

Mentor

Being a member of PaACEP you have the chance to meet others and either be a mentor or be mentored by someone in the chapter.

Traditionally one thinks of a mentor as a wise and trusted counselor, someone who guides you in your life over a long period of time. Newer thinking about mentorship encourages us to appreciate anyone who has had an impact on our lives. A mentor encourages us to achieve our potential. A mentor's influence can endure. Albert Schweitzer said, “Example is not the main thing in influencing others, it is the only thing.”

The following are some of the mentors in ACEP who have had a significant impact on my life. Consider if you have had similar experiences.

Ann LaBelle, DDS, ACEP's Director of Congressional Affairs represents ACEP members on Capitol Hill in Washington with remarkable integrity doing what she believes is right for emergency physicians, not motivated by a desire for credit. Ann

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Executive Privilege

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is sure to know her subject thoroughly, guided by ACEP's policies and priorities, so she can effectively educate others and achieve significant accomplishments in a most challenging environment. She has taught me a great deal about the legislative process and health policy. She was instrumental in having the White House invite me to participate in a small group meeting with President Bush in Scranton to discuss medical liability reform.

I have learned much from David Blunk, PaACEP's Executive Director. He is highly regarded for his understanding of organized medicine, and consensus-building skill to realize goals.

I am fortunate to have worked on the Board with six of PaACEP's outstanding past presidents. In the last issue, I thanked Ted Christopher, MD, FACEP, for his excellent leadership. In addition, I have benefited from the mentorship of others: Bruce MacLeod, MD, FACEP—who taught me that legislative advocacy is all about building relationships; Art Hayes, MD, FACEP—a poised extemporaneous speaker and champion for EMS; Jim Holliman, MD, FACEP—an international ambassador for emergency medicine, who has demonstrated that

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PaACEP News

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EMS

Chapter Testifies Against Transferring State EMS Division to PEMA

In March, Past President Arthur Hayes, MD, FACEP, testified on PaACEP's behalf before the State House Committee on Veterans Affairs and Emergency Preparedness regarding House Bill 1060. The bill proposes transferring the state's Emergency Medical Services Division from the State Department of Health to the Pennsylvania Emergency Management Agency (PEMA).

"Pennsylvania ACEP does not believe the transfer is necessary or wise," Dr. Hayes emphatically told legislators. "We believe the EMS system should remain under the Department of Health's guidance for reasons related to infrastructure, mission, and continuum of care."

In his testimony, Dr. Hayes said the Chapter believes that the emergency medical system should be integrated with PEMA to maximize emergency preparedness, planning response and training. However,

the agency's mission and role is to respond to catastrophic event and disasters, which is only a small part of the emergency medical system. The major part of EMS response relates to chronic conditions and acute situations or patient injuries.

"EMS is a coordinated medical and public health approach to providing emergency care. For this reason, Pennsylvania's emergency physicians strongly believe that oversight of EMS belongs within the Department of Health," Dr. Hayes testified. "We think transferring the EMS Division to PEMA would be against the intent of Act 45, which created the state's emergency medical system."

Dr. Hayes said the Chapter does advocate that changes be made within the system. It recommends that the Health Department enhance the EMS Division's position within the organization and ensure that the division has the staff necessary to meet its Act 45 mission. ■



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New PaACEP Committee Focuses on Terrorism and Disaster Preparedness

To help educate and prepare emergency physicians for potential terrorist attacks or other disasters, PaACEP has created the Terrorism and Disaster Preparedness Committee chaired by Edward Jasper, MD, FACEP, of Thomas Jefferson University Hospital in Philadelphia. The committee held its first meeting during the PaACEP Scientific Assembly in Philadelphia. Dr. Jasper is seeking additional Chapter members with expertise in disaster planning to serve on this important committee.

According to Dr. Jasper, the committee's purpose is to provide emergency physicians information on bioterrorism and disaster preparedness and to assist the Pennsylvania Department of Health in developing training programs. At the committee's first meeting April 21, these potential projects were discussed:

- Developing a web-based Chapter listserv for members interested in disaster management topics to share information and ideas.
- Helping the Department of Health develop educational materials for its web-based learning management system and to serve as a beta tester for the site.
- Acting as an educational consultant for DOH and other appropriate organizations.
- Developing a small pox educational module.
- Drafting disaster guidelines and serving as a clearinghouse for disaster plans.
- Conducting an annual state conference on terrorism and disaster preparedness, perhaps partnering with state agencies.

Dr. Jasper said the next committee meeting will be held in November during a Terrorism and Disaster Planning Conference he is coordinating at Thomas Jefferson University Hospital. PaACEP members interested in being part of this vital new Chapter initiative should access the chapter's web site at www.paacep.org or contact Executive Director David Blunk at 888-633-5784, extension 1468.

NOTE: If you are interested in joining a chapter committee, access the PaACEP web site at www.paacep.org for a description of the committees and for the application form. ■

Young Physicians

ACEP Leadership Conference Convinces Young Physicians About Importance of Being Politically Active

Ted Corbin, MD, of Thomas Jefferson University Hospital attended the 2004 ACEP Leadership and Advocacy Conference May 2-5 in Washington, D.C. He was the first Chapter member to receive the PaACEP Young Physicians Leadership Fellowship, a \$500 stipend to help offset the cost of attending the ACEP conference.

Dr. Corbin said the conference "was enlightening" and demonstrated to him that emergency physicians have strongly influenced legislation affecting both emergency medicine and patient care. "The conference gave me insight into how important it is for emergency physicians to be politically active. Legislators have a general idea of what emergency physicians do, but they don't know what

happens on a day-to-day basis. We have to educate them," Dr. Corbin said. He said he was especially intrigued by hearing a historical overview of ACEP's legislative successes over the years. "I came back from the conference convinced that emergency physicians can make a difference, and I have a new resolve to be more active in the legislative arena," Dr. Corbin added.

Applications for the 2005 Young Physicians Leadership Fellowship will be sent to emergency department and emergency medicine residency directors in January. A stipend is awarded to a deserving young physician, meeting specified criteria, to attend the annual ACEP Leadership and Advocacy Conference in Washington DC. ■



PaACEP Member Hopes to Build Emergency Medicine Specialty in Iraq



Dr. Holliman, with a protective helmet standing next to the housing trailer or “buttercups” —so named by the military because of the lack of roof protection against mortars.

Emergency physicians in Pennsylvania can help efforts to rebuild Iraq’s health care system by donating medical equipment, supplies and educational materials, according to C. James Holliman, MD, FACEP. The PaACEP member recently participated in the first international medical conference in the country since Saddam Hussein became president in 1979.

Dr. Holliman was one of 30 American specialists invited to attend the Iraqi Medical Specialty Forum held February 14-17 in Baghdad. More than 500 Iraqi physicians participated in the forum that focused on re-establishing specialty organizations in the country. Specialty societies were suppressed under Hussein’s regime, Dr. Holliman said. Iraqi physicians were not allowed contact with colleagues outside the country and importing medical textbooks and journals was banned. “This was the first time in over two decades that non-Iraqi civilian physicians were permitted in the country,” he said.

Establishing emergency medicine training

ACEP contacted Dr. Holliman and Jeffrey Smith, MD, FACEP, of George Washington University about representing emergency medicine at the Iraqi conference. “I immediately agreed because developing emergency medicine training

programs in other countries has been the focus of my career,” said Dr. Holliman, who is the director of international emergency medicine at Penn State’s College of Medicine. “Currently emergency care delivered in Iraq’s hospitals is fragmented. Different specialties see patients in the emergency department and care is rigidly divided.

There’s not a broad spectrum emergency medicine specialty in Iraq and there’s an absolute need for it.” At the forum, Dr. Holliman said he met four Iraqi physicians who are interested in developing emergency medicine in the country. He hopes to work with them to establish a residency-training program. He and Dr. Smith also met with the dean of the University of Baghdad to discuss the issue.

Rebuilding health care and the country

In rebuilding Iraq’s health care system, there are many opportunities for American physicians to help, Dr. Holliman said. The hospitals desperately need all types of basic medical equipment and supplies. Also, because outside medical textbooks and journals were banned, physicians need updated educational



The dining hall of the “Republican Palace,” currently used for the Coalition Provisional Authority. In this picture is a memorial mural to the Twin Towers victims.

materials. “I’m hoping that emergency physicians would be interested in helping our colleagues in Iraq. You don’t have to go there. You can be a tremendous help just

PaACEP Annual Meeting attendees were treated to a showing of Dr. Holliman’s slides from his amazing experience in Iraq. For further information or to donate much needed medical equipment or educational materials, please contact him at jholliman@psu.edu.

by sending educational materials and supplies.

While in Iraq, Dr. Holliman said he was impressed by how hard the military personnel and contractors were working to rebuild the country. He said many work 14-16 hour days. There are major problems with damaged infrastructures at many hospitals, he explained. Electrical power in many areas does not function. As a result, the hospitals have difficulty using equipment that requires electrical power, such as ventilators or cardiac monitors. “There’s a tremendous effort being made by the military to fix these problems,” Dr. Holliman said.

Life in Iraq

Although visiting Iraq was fascinating, Dr. Holliman said he wouldn’t want a daily dose of life there. In Iraq, gunfire is a common occurrence. Baghdad has 28 major gunfights a day. During his lecture at the Iraqi Medical Specialty Forum, Dr. Holliman said three bombs went off. The conference site was moved within the American security zone a few days before it began because of terrorist threats.

Security was tight. Each time American physicians traveled outside the American security zone in central Baghdad, Dr. Holliman said they had to wear heavy bulletproof flak jackets and helmets and were escorted by heavily armed gun trucks. At night, he slept in modular trailers surrounded by 3 feet of sandbags because it was too dangerous to stay in a Baghdad hotel. “Every time I ate a meal at the government center, I

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Chapter Collects Data on Motorcycle Accidents

From now until Labor Day, PaACEP asks emergency physicians, especially emergency department directors, to collect data on the impact of riders not wearing helmets in motorcycle accidents. This information, along with traffic statistics from the Pennsylvania State Police and other sources, will be presented to state legislators and the media this fall to demonstrate the consequences of repealing Pennsylvania's 35-year-old motorcycle helmet law.

Enclosed is a data sheet to help members at community hospitals collect this important information. Please duplicate it and distribute it to your emergency department staff to gather the data. Return the sheets to PaACEP immediately after

Labor Day. The Chapter will then tabulate the information and issue a report to the media on our "informal poll" tracking the deaths and injuries over the summer – the first biking summer since the helmet law's repeal. This information will also be distributed to those state legislators who voted for the repeal to remind them of the human and financial costs of their vote.

The data you collect and report to PaACEP will compliment other efforts. Conemaugh Health System in Johnstown and several other trauma centers are conducting a study on the impact of the helmet law repeal. The state House of Representatives' Legislative Budget and Finance Committee is also required by law to conduct a study of reported motorcycle accidents over the next two years.

However, PaACEP will not wait two years for this study to be done. Reinstating Pennsylvania's motorcycle helmet law is an on-going goal. In the fall, we will begin building our case for regaining a helmet law by bringing the information our members collected to Pennsylvania's legislators.

Please help us in this important initiative. If you have questions, need more information, or have suggestions on data collection, please call David Blunk at the Chapter office. ■

TEMS Workshop

August TEMS Workshop Seeks to Increase Awareness of Subspecialty

Tactical Emergency Medical Support, or TEMS, is one of the newest subspecialties in emergency medicine. TEMS provides medical care, preplanning and preventive medicine to special police operations. Much like a medic provides medical support to special operations forces in the military, TEMS physicians offer medical back up and emergency planning services to police departments that are undertaking higher risk operations, such as serving warrants, investigating drug manufacturing labs, or providing riot control.

Emergency physicians involved in TEMS or those interested in learning more about the subspecialty are invited to attend the 2nd Annual Tactical Emergency Medical Support Regional Workshop, August 27 and 28, at the Doubletree Guest Suites Hotel in Plymouth Meeting. The workshop is jointly sponsored by PaACEP and the Pennsylvania Association of Tactical Emergency Medical Support. Application has been made for ACEP Category 1 continuing medical education credit.

"This year, we are encouraging EMS medical directors to attend and are offer-

ing a four-hour introductory program on August 27," said Cliff Neal, DO, FACEP the association's medical director. "For those already active in TEMS, we offer multiple hands-on practical sessions, as well as eight hours of TEMS-specific didactic education and a friendly competition for TEMS teams."

The workshop's first day on August 27 focuses on the TEMS introductory program for medical directors, and practical skills sessions such as active shooter drills, clandestine laboratory drills, wilderness medicine applications and taping acute injuries. Lectures on August 28 include - Medical Monitoring and Rehabilitation, Forensics, Fatigue and Sleep Deprivation: the Concealed Enemies of Law Enforcement, Vest Pocket ALS: What You Really Need at Hand, and Airway Management: What's Best in the Tactical Setting?

The registration deadline is July 20. Costs are \$75 for the TEMS introductory program or the skills sessions on August 27 and \$125 for conference sessions on August 28. Lunch is included each day. For more information, contact patems2004@yahoo.com. ■

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PaACEP CME Calendar

Course and registration information can be obtained by calling 888-633-5784, extension 1483 or by accessing the web at www.paacep.org.

Oral Board Simulation Course

September 11-12, 2004

Hilton Philadelphia Airport Hotel

PaACEP has offered this highly acclaimed review course for the past 22 years. Its unique feature: board certified faculty simulate the exam by presenting practice cases one-on-one.

Emergency Medicine Written Board Review Course

September 9-12, 2004

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Trauma 2004 – Meet your Non-Institutional PTSF Requirements

November 5, 2004

Thomas Jefferson University Hospital, Philadelphia

The one-day program provides one-half of the required Pennsylvania Trauma System Foundation trauma-related Category I CME credits. (Two out of the eight hours includes pediatric trauma.)

Reimbursement and Coding Seminar

November 9, 2004

Sheraton Four Points Hotel, Harrisburg

The chapter's annual meeting is designed to keep physicians and billing professionals up to date on the continually changing federal, state and insurer regulations and billing requirements.

10th Annual National ED Information Systems Symposium

December 5-8, 2004

Hilton Chicago, Chicago, IL

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32nd Annual Scientific Assembly

April 18-20, 2005

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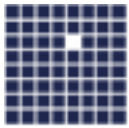
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unswerving commitment to a goal yields positive benefit; Rich O'Brien, MD, FACEP-whose knowledge of media relations and effective communication skills are unsurpassed; Larry Gavin, MD, FACEP-an effective negotiator on behalf of PaACEP, whose team-spirited nature enabled the chapter to begin a tradition of successful legislative programs in Harrisburg.

I am especially grateful to Alan Forstater, MD, FACEP, whose wisdom, encouragement, and guidance provided invaluable mentoring for me. Years ago, it was Alan who asked me to serve on the chapter's Governmental Affairs Committee and nominated me for the PaACEP Board - life-changing experiences.

Louise Andrew, MD, FACEP, ACEP Past Speaker, is a leader in the field of mentorship. She is passionate about the importance of and responsibility to mentor others, pointing out how mentorship increases our effectiveness as we work together as a team, as a community.

A favorite quote of Louise's is from Margaret Mead, a noted anthropologist, who said, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has."

PaACEP members are an extraordinary group. Each of us can make a difference. Thank you for the opportunity to serve as your President. Please contact me with any comments or for further information, mheine@paacep.org, or reach David Blunk, PaACEP Executive Director, at dblunk@pamedsoc.org, 1.888.633.5784. ■

Emergency Medicine in Iraq

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was surrounded by these special forces soldiers who were carrying machine guns and other automatic weapons. It was strange...right out of a Rambo movie," Dr. Holliman commented.

Despite the danger, Dr. Holliman said he was glad he attended the conference and will continue his efforts to establish an emergency medicine training program in Iraq. "I think the conference was a success. There was excellent interaction between the American and Iraqi physicians and good will generated. Attending the conference was a good thing," he concluded. ■