

PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
NOVEMBER 2004

Executive Privilege

Getting the Job Done: A Three-Act Play

by Marilyn Heine, MD
President, PaACEP



Act One: The Recipe

- Gather 15 PaACEP Board of Directors members from across the Commonwealth

- Add a pound of input from members as reported in Membership Survey
- Mix in a cup of thoughts from chapter committee members and chairs
- Carefully sift together with wisdom from our experienced chapter Executive Director
- Whisk ideas vigorously by master facilitator ACEP's Deputy Executive Director
- Process in blender until smooth
- Bake for 10 hours
- Ice the next day
- Essential ingredient—YOU, the member.

In Act One, on June 7 and 8 the PaACEP Board of Directors met, along with Committee Chairs and chapter Executive Director David Blunk, facilitated by ACEP's Deputy Executive Director Michael Gal-

lery, PhD, CAE. Our task was to develop the chapter's strategic plan.

PaACEP Board members bring experience from different ED settings and volumes, and come from geographic areas across the Commonwealth. Members have expertise in facets of emergency medicine ranging from education to EMS, from governmental affairs to resident training, from business models to patient safety. One common denominator is our commitment to work on behalf of our members to ensure that PaACEP addresses members' priorities and provides value.

We determined that, based on member input, the most pressing issues for those in our chapter are: resolving the medical liability crisis, obtaining fair and equitable reimbursement, and addressing ED overcrowding. These parallel ACEP's goals at the national level. We defined measurable outcomes for each of these objectives that we seek to accomplish.

Act Two: Rounding out the Picture

In the ensuing weeks, the PaACEP Executive Committee further defined the objectives for chapter committees. These were later approved by the full Board. President Elect Douglas McGee, DO, FACEP helped lead this exercise. We see this as an agenda for the next 18 months. Highlights of committee objectives are:

Governmental Affairs:

- Continue to work collaboratively with the Pennsylvania Medical Society to obtain medical liability reform.
- Work with legislators to maximize Mcare abatement for all emergency physicians.
- Continue to promote and strengthen PEP-PAC.

Medical Economics:

- Educate members on how to enhance the revenue they earn.
- Foster relationships with payers, and educate them about emergency medicine issues.

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PaACEP Pennsylvania Emergency Physician of the Year Award

The PaACEP Board of Directors is seeking nominations for the Annual PaACEP Emergency Physician of the Year Award. Developed under the auspices of the Chapter's Board of Directors, the award will "recognize emergency clinicians of unusual merit, to encourage and acknowledge members who pursue the ideal of emergency medicine, and to promote the public image of emergency medicine." In other words, the award seeks out those practitioners working "the daily grind," trying to be the best emergency physicians they can be, and in the process portraying a "good" image of the profession to the public.

Selection criteria requires that each nominee be a current member of PaACEP, an outstanding emergency physician role model, and an effective patient advocate who:

- Upholds high professional standards,
- Maintains an active clinical practice of emergency medicine,
- Practices and promotes high quality emergency medical care,
- Promotes the public image of emergency medicine, and
- Is active in community service and education.

Any member of PaACEP may make nominations. The deadline for 2005 award nominations is **January 31, 2005**, with presentation of the award planned at PaACEP's Annual Membership Meeting on April 19 in Harrisburg. You can fax (717-558-7841) or email (dblunk@pamedsoc.org) your Emergency Physician of the Year Award nominee.

This year's award was presented to Rani Kumar, MD, FACEP. ■

Executive Privilege

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Education Committee:

- Continue to offer cutting edge CME programs for members.
- Continue annual Residents' Education Day.

EMS Committee:

- Monitor EMS-related legislation.
- Continue to revise the Base Station Medical Command Course.

Communications Committee:

- Educate the public, legislators, and the media about the role of emergency physicians in Pennsylvania's healthcare system.
- Enhance communication among ED Directors by developing a listserv, and between directors and the chapter through surveys addressing issues of concern.

Membership Committee:

- Conduct periodic membership surveys to ensure the chapter is focusing on priorities.
- Inform members about the many PaACEP and ACEP accomplishments on their behalf.

Emergency Medicine Practice:

- Define ED overcrowding using measurable variables, for use later in

discussions with the Department of Health and the Hospital and Health System Association of Pennsylvania.

- Develop an informational paper discussing the use of physician extenders in Pennsylvania's ED's.

Terrorism and Disaster Preparedness:

- Develop programs to assist PaACEP members responding to a disaster or terrorism incident.

Act Three: The Ball is in Your Court

PaACEP is a dynamic chapter with many talented members and the capacity to achieve a great deal. We have a rich tradition of accomplishments. The essential ingredient in the "Recipe" is YOU.

If you would like to be a part of this exciting process, have a rewarding experience, make great friends, and contribute to the future of emergency medicine in Pennsylvania, please sign up for the committee of your choice.

The time invested need not be great. The rewards you reap can be plentiful.

To sign up, for further information, or to suggest an idea we have not considered, please contact me at mheine@paacep.org or PaACEP Executive Director David Blunk at dblunk@pamedsoc.org, 1.800.228.7823 x1468. Thank you in advance. ■

PaACEP News

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Four Chapter Resolutions Passed at ACEP Council Meeting

At the ACEP Council meeting on October 15 and 16 in San Francisco, Pennsylvania ACEP made its voice heard by submitting a record-setting seven resolutions. Of these resolutions, four were adopted, one was referred to the board, and two were defeated. However, one defeated resolution—which asks ACEP to amend its policy statement, “Written Admission Orders”—generated so much debate that ACEP has appointed a subcommittee to study the issue.

“The ACEP Council Meeting was great. I think Pennsylvania had a compelling presence and earned the respect of many,” said Theodore Christopher, MD, FACEP, who coordinated the Chapter resolution process and authored several resolutions. “I think we made some noise. We brought up issues that are important to emergency physicians across the country and got our points across.”

In a history-making move, the ACEP Council voted October 16 to change its election process by allowing councilors to choose the president-elect. By a more than 2-to-1 margin, the Council changed the bylaws to state that a majority vote of councilors will select the College’s leader from the board of directors beginning at the 2005 annual meeting. Council also adopted another major resolution that called on ACEP to urge Congress and the president to enact into law a comprehensive ban on all sales of assault weapons and high capacity magazines.

About the Council

The ACEP Council is the broad-based national governing body of the College. Each year at ACEP’s annual meeting, councilors representing each of the state chapters and sections gather to consider new national policies and changes to existing policies that are recommended to Council in the form of resolutions. The resolutions passed by Council are then sent to the ACEP Board of Directors for its approval and action.

Pennsylvania had one of the largest blocks of councilors at the meeting. The Chapter’s delegation was a mixture of PaACEP

board members, committee chairs, and rank-and-file members. Representing the Chapter were:

Robert Cameron, MD, FACEP
Robert Cannon, DO
Theodore Christopher, MD, FACEP
Marilyn Heine, MD
John Kelly, DO, FACEP
Harry Kintzi, MD, FACEP
Douglas Kupas, MD, FACEP
Bruce MacLeod, MD, FACEP
Douglas McGee, DO, FACEP
Alex Rosenau, DO, FACEP
Ronald Strony, MD, FACEP
Michael Turturro, MD, FACEP

Alternates:

Rex Matthew, MD
C James Holliman, MD, FACEP
Geoffrey Ruben, MD

Pennsylvania’s Resolutions

Of the seven resolutions the Chapter submitted to ACEP Council, four were adopted with minor amendments. The Pennsylvania resolutions called on ACEP to:

- Advocate for alternative methods to the current tort system to settle disputes in malpractice cases, such as mediation or medical courts, as part of its national medical liability reform initiative;
- Recommend to hospitals that they allocate staff so that staffing ratios are balanced throughout the hospital to avoid burdening emergency department staff and provide better care to emergency department “boarders;”
- Continue to work with the specialty organizations of mid-level providers (e.g., nurse practitioners, physician’s assistants) to establish or expand a clinically-based emergency medicine curriculum and training programs; and
- Work with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to adapt JCAHO’s patient safety goal—Wrong-Site Surgery Prevention—to the practice of emergency medicine.

Although three of Pennsylvania’s resolutions addressed the hot topic of medical liability reform, only one was adopted. A resolution that asked ACEP to “develop a policy that advocates for emergency physicians’ ‘right to defend’ themselves in all medical liability lawsuits, regardless of recommendations made by their medical liability insurance carriers, hospitals, or other third parties,” was amended in the reference committee to read “*The American College of Emergency Physicians supports the concept that emergency physicians should be active participants in any decision to try or settle professional liability claims brought against them.*” The resolution was then referred to the board for further study. “This resolution was watered down because many argued that it would increase premiums. This was a compromise,” Dr. Christopher said. Also, he explained that Council defeated the Chapter’s resolution calling for ACEP to advocate for caps on economic and non-economic damages in medical liability cases. According to testimony heard at the reference committee hearings, achieving caps on economic damages is not feasible in the current political environment.

One of the most debated issues at the ACEP Council meeting was Pennsylvania’s resolution asking ACEP to amend its policy statement, “*Written Admission Orders,*” to reflect that emergency physicians should not provide continuing inpatient care and should not write admission or bridging orders for patients admitted from the emergency department. “This one resolution generated much discussion at the reference committee hearing and since then there’s been a huge amount of e-mail going back and forth about the issue because it’s so controversial,” Dr. Christopher said. Although many acknowledged that it is an important issue for emergency physicians, some expressed concern that the resolution was worded too strongly. “We got the most opposition from the rural Chapters in smaller states. They’re out there practicing in small hospitals with fewer physicians and complained that the resolution would

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Call for 2005 Oral Board Faculty

The Chapter once again is seeking new faculty members for its nationally acclaimed Oral Board Review Course. Specifically, faculty members must be board certified in emergency medicine and able to communicate well. "Also, they should be able to pretend they are examiners in Chicago ... to give concise feedback in a positive way," says Course Director **Robert Cameron, MD, FACEP**.

For Chapter members who are hesitant to volunteer, Dr. Cameron notes that each faculty member is provided in advance with the cases they will teach, so they have the time "to become expert" with them. According to course co-director **Ron Strony, MD, FACEP**, that is part of the fun: "Although the scenarios are scripted, there's no telling where a course participant may go ... It's always interesting."

Dr. Cameron also notes that "the time commitment is minimal and that faculty members need not be academicians. It is an excellent way for the community ED to contribute."

Members interested in joining the faculty are encouraged to call the Chapter Office at 888-633-5784, extension 1468, for more information. ■

PA Medical Society

Chapter Asks Pennsylvania Medical Society to Work to Ensure Medical Staff Independence

On October 17, the Pennsylvania Medical Society's House of Delegates referred a Chapter-sponsored resolution asking the Medical Society to advocate for the independence and self-governance of medical staffs to the Medical Society board for further study and action. Alan Forstater, MD, FACEP, represented PaACEP at the Medical Society's annual policy making meeting. The resolution was co-authored by Dr. Forstater and PaACEP President Marilyn Heine, MD, and submitted on behalf of the Medical Society Interspecialty Section.

The resolution calls on the Pennsylvania Medical Society to promote legislation and regulation to ensure the independence and self-governance of a hospital medical staff. This includes protecting its bylaws and credentialing, and the medical staff's ability to be represented by independent legal counsel. The resolution further directs the Society to advocate for the authority of any county's Court of Common Pleas to intervene to resolve a dispute between the medical staff and hospital governing board after both parties made a good faith effort to resolve the conflict. California recently enacted a law that incorporated the provisions of this resolution. ■

ACEP Council Meeting

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severely tie their hands to practice," Dr. Christopher explained. "I think it's a severe liability to write admission orders for patients. You become responsible for that patient once he leaves the emergency department. It's much cleaner if the at-

tending writes the order. I think if you don't write admission orders, it's quite clear when care of the patient by the emergency physician ends."

Because of the buzz created by this resolution, Dr. Christopher said a subcommittee was formed to study the issue and advise the board on whether to revise ACEP's policy. ■

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State Board Finalizes CME Regulations

The State Board of Medicine published final regulations for continuing medical education credits in the August 29 *Pennsylvania Bulletin*. The following information has been excerpted from the Pennsylvania Medical Society web site to answer your questions about the new regulations.

Please note that the following FAQs address **allopathic** requirements for licensure. The State Osteopathic Board of Medicine has also proposed similar regulations that add patient safety/risk management to the existing DO licensure requirements. For more details on these requirements, visit the Pennsylvania Medical Society web site, www.pamedsoc.org.

What are the requirements for licensure?

The State Board of Medicine's final regulations state that to renew a medical license, a physician will need:

- 100 total credit hours of CME in the two-year license cycle
- A minimum of 20 of the total credit hours in Category 1
- 12 credit hours in the areas of patient safety or risk management (either Category 1 or Category 2)

When are the requirements effective?

Act 13 stipulated that the regulations should be in effect for the 2003-2004 licensing cycle, which began January 1, 2003, and continues through December 31, 2004. Since the regulatory process was not completed until three-quarters of the way through the cycle, the rules were amended to pro-rate the required hours for 2003-2004 (see next question). The full 100 credit hour requirement will be in force beginning with the 2005-2006 licensure cycle.

Will I need the full amount of credit hours at the end of 2004 to renew my license?

No. Physicians are only required to obtain one-quarter of the total hours to renew their licenses at the end of this year. The pro-rated regulations for this licensing cycle are:

- 25 total credit hours in either Category 1 or Category 2
- Three credit hours in the areas of patient safety or risk management (either Category 1 or Category 2)

Who will I need to report to in order to renew my license?

The State Board of Medicine is not requiring a report of CME at the time of license renewal. The license renewal form will contain an area for physicians to attest that they have completed the required hours.

By attesting that the requirement is completed, a physician may be subject to a random audit by the Board of Medicine. If audited, a physician will need to show evidence of the completion of the required credit hours. Failure to produce the requested evidence will result in a fine and possible license suspension.

How many credit hours need to be in patient safety or risk management?

The regulations state that 12 credit hours need to be in patient safety or risk management.

How do I know if a CME activity is patient safety or risk management?

The State Board of Medicine has approved the following list of topics that will satisfy the patient safety/risk management requirement:

- Mortality/morbidity conferences
- Improving communication among physicians and with other health care personnel
- Communication between physicians and patients
- Medical team building
- Human error factors
- Theory of error reduction
- Medical error identification/avoidance strategies
- Technology and information systems to improve practice
- Preventive medicine education

- Improving medical records systems
- Evidence-based care (includes programs such as teaching techniques of documented medical efficacy or avoiding commonly used interventions that are not beneficial as documented by outcome studies)
- Patient health monitoring methodologies
- Health care quality improvement
- Medication safety

As long as the CME activity falls within these topics, you can count it toward the patient safety/risk management requirement. The course does not have to state, and very likely may not state, that it is a patient safety or risk management course.

Do the patient safety or risk management credit hours need to be in Category 1 or Category 2?

According to the regulations, the patient safety or risk management credit hours can be in either Category 1 or Category 2.

If I have 12 Category 1 credit hours in patient safety or risk management topics, may I count these for both the Category 1 requirement and the patient safety/risk management requirement?

Yes. If any of the patient-safety credit hours that a physician has earned are Category 1 credit hours, they can be counted toward both the Category 1 requirement and the patient safety/risk management requirement.

What is the difference between Category 1 and Category 2 credit hours?

Category 1 and Category 2 are defined by the American Medical Association (AMA).

- **Category 1** activities are those that have been approved by an accredited provider. You will know an activity is Category 1 because all of the promotional materials will contain a statement similar to the following:

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State Board Finalizes CME Regulations *continued from page 5*

“This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME). The (sponsoring organization) is accredited by the ACCME to sponsor continuing medical education for physicians.”

“The (sponsoring organization) designates this continuing medical education activity for a maximum of ## credits in Category 1 of the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.”

Your CME certificate will also state that the activity has been approved for Category 1 credit and name the institution or organization that is awarding the credit.

- **Category 2** credit hours consist of self-directed learning or courses that have not been through a formal approval process. The following are some common examples of Category 2 activities:
 - Reading authoritative medical literature
 - Teaching medical students, residents or other health care professionals
 - Research projects
 - Consultations with peers and experts
 - Using non-designated enduring materials

How do I prove Category 2 credits if I am audited?

The regulations state that Category 2 credit hours must be documented in the form of a physician log or diary. The Pennsylvania Medical Society is seeking clarification on the details that a Category 2 log would need to contain. ■

Interested in Serving on the PaACEP Board of Directors?

You have an opportunity to serve your profession and help promote it, guide it, and lead it into the future. By volunteering your time to your chapter, you can gain much more from the experience than you put into it.

Members of the board serve as volunteers. There are no stipends or discounts on CME courses, although travel expenses to and from board meetings and special events are reimbursed.

If you are interested in joining the PaACEP cause through participation as a member of the board, just submit your intentions in writing to the PaACEP office (fax: 717-558-7841—email: dblank@pamedsoc.org) in care of PaACEP chapter Secretary Ron Strony, MD, FACEP, by **January 3, 2005**. ■

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Northeastern, OH: EPS, a Team Health affiliate, seeks full-time board certified ABEM/AOBEM medical director and board certified emergency medicine or primary care staff physician with solid emergency experience. This 226-bed medical center was selected as one of the 99 best places to work in Northeast Ohio. Work in a well staffed environment with 27,000 patient volume ED. Emergency physician coverage with MLP's supporting and fast track staff. EPS offers a highly competitive rate, paid malpractice and flexible scheduling. For more information, call Kim Patrick at 800-842-0255, ext. 2234 or fax CV to 440-842-8835 or e-mail: kim_patrick@teamhealth.com.

Pennsylvania, Greenville/Sharon: UPMC Horizon—with hospital sites in Greenville, Pa., and Farrell, Pa.—serves Mercer County and counties adjacent to it in northwestern Pennsylvania. UPMC Horizon offers a full range of services at both the Greenville and Shenango Valley campuses. The Greenville Campus Emergency Department has an annual visit volume of 18,000 with 24 hours of physician coverage and 10 hours of physician extender coverage. The Shenango Valley Campus Emergency Department has an annual visit volume of 15,000 with single coverage (12-hour shifts). Salary with full benefits. Board certification in IM or FP with experience OR board certification/eligibility in EM required. Call Dr. Robert Maha at 888-647-9077/Fax 412-432-7480 or email at mahar@upmc.edu.

Pennsylvania, McKeesport (Pittsburgh): UPMC McKeesport is a full-service community-based teaching hospital 15 miles southeast of Pittsburgh, near the Monongahela River. The Emergency Department has an annual visit volume of 30,000 patients with 39 hours of physician coverage and 10 hours of physician extender coverage. Board certification in IM or FP with experience OR board certification/eligibility in EM required. Call Dr. Robert Maha at 888-647-9077/ Fax 412-432-7480 or email at mahar@upmc.edu. ■

2005 ACEP Chapter Grant Program

The 2005-2006 Chapter Grant Program is an opportunity to receive national funding for chapter projects. But, we need your ideas to submit.

The ACEP Board of Directors approved \$45,000 for next year's chapter grant program, of which up to \$13,500 is earmarked for chapter development grants.


If you have an idea for a project that could benefit the chapter, please contact the chapter ASAP. Letters of intent are due to national ACEP by **January 4, 2005**, and must be signed by the proposed project coordinator and the chapter president.

ACEP President Robert Suter, DO, FACEP, said, "I strongly encourage your chapter to submit applications for the chapter grant program. I would especially recommend projects that incorporate the priority objectives and vision of the College. Many innovative ideas that help advance the specialty of emergency medicine have come from chapters through the chapter grant program over the last 21 years since it began."

Call, write, e-mail or fax your suggestions today to the chapter's executive director David Blunk at dblunk@pamedsoc.org. ■

2005 Spivey, MD, FACEP, Research Competition – Call for Abstracts

- February 1, 2005, is the deadline to submit scientific abstracts.
- The contest will take place on April 18, at the Hilton Hotel and Towers, Harrisburg, in conjunction with the annual PaACEP Scientific Assembly.
- Emergency physicians, residents, fellows and medical students can submit abstracts that address issues pertinent to emergency medicine. Original research and case series will be accepted.
- For more information contact Tami Brehm at 888-633-5784, extension 1483 or access the PaACEP web site at www.paacep.org. ■



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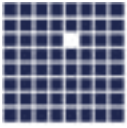
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