

PaACEP News

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
AUGUST/SEPTEMBER 2011

Executive Privilege

Overcoming Writer's Block

*Henry Unger, MD, FACEP
President*



I was concerned when I assumed the role of PaACEP President that I would be confronted by writer's block when the time came to submit this quarterly column. Well I am relieved to discover,

there is so much activity to share with the membership, this update is flowing from my fingers to the keyboard!

When I took office in April I acknowledged in my acceptance speech that I was surrounded by a talented, hard working board of directors. We speak on a weekly basis and recently met face to face in Harrisburg. Over the past several months, this group has accomplished a great deal. It would take more space than that which is allotted to me to detail all the undertakings of the board, but I would like to highlight a few of them.

Ralph Riviello, MD, MPH, FACEP, President Elect, spoke recently in the Capitol rotunda at a press event organized by Rep. Watson on the proposed distracted drivers bill. He provided our legislators and other public leaders with the facts they needed to (hopefully) embrace this legislation. Before the summer recess, both the Senate and the House passed variations of this bill. We anticipate that there will be

positive movement in the fall to reconcile the versions of this important legislation.

Noelle Rotundo, DO, FACEP, Vice President, played a critical role in securing grant money from the Department of Health for the purchase of several birthing simulators. Since there are fewer hospitals providing obstetrical services throughout the Commonwealth, the need to support the educational needs of emergency medicine practitioners in emergent child birth is essential. Along with the education committee, Dr. Rotundo will develop a series of training programs for our members.

Dan Wehner, MD, MBA, FACEP, Immediate Past President, co-chairs a multi disciplinary group of physicians at the Pennsylvania Medical Society (PAMED) tasked with investigating (and hopefully remediating) the causes of emergency department overcrowding. As providers of care we know that the etiology of overcrowding is multi-factorial and linked closely to the practices and behaviors of other specialties outside of emergency medicine. Hopefully this forum will allow Dan to share our insights and permit other physicians to recognize their role in finding a solution to the problem.

Ericka Powell, MD, FACEP, former Secretary of the board and PEP-PAC Chair, is undertaking the challenge of increasing our members' financial support of PEP-PAC. As we face the challenges of

Patient Protection and Affordable Care Act (PPACA) and the onslaught of rules and regulations designed to improve quality and decrease costs, the need to be advocates for our specialty and our patients is greater than ever before. Ericka is looking at ways to motivate our membership to be more active in this arena.

The first resident's day held in Western Pennsylvania was a success thanks to the leadership of our resident representative to the board, Laura Thompson, MD. Dr. Thompson worked closely with all the residency directors and was able to coordinate a relevant educational program. Todd Fijewski, MD, FACEP, PaACEP board member, spoke on behalf

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ACEP Legislative & Advocacy Conference

As each year passes, the paths and processes emergency physicians must follow in order to protect themselves and their patients seems to become more complex, especially in the face of health care reform. In order to learn how to navigate the tricky political ropes, physicians must educate themselves, and ACEP provides the perfect venue. The 2011 ACEP Legislative and Advocacy Conference (LAC) was held May 23-24. This year's focus was on how the Patient Protection and Affordable Care Act (PPACA) of 2010, also known as Healthcare Reform, may affect emergency medicine physicians and their patients in the years to come. Attendance was great, and Hank Unger, MD, FACEP, PaACEP President, stated, "The largest conference turnout ever is testimony to the fact that emergency medicine physicians recognize the importance of being heard in this debate. Our advocacy is critical to insure that both patients and providers of care are treated fairly and honestly in the ever changing world of healthcare reform. We understand that if we are not at the table, we will be on the menu." Attendee and Immediate PaACEP Past President Daniel Wehner, MD, MBA, FACEP, commented, "Healthcare reform will most likely move forward. ACEP is committed to working hard to positively influence change. Everyone who attended the LAC realizes, now more than ever, that we all must become involved to help lobby and support our legislators so that they hopefully will make the proper decisions, as healthcare reform policy is drafted and enacted." He continues, "In addition to learning the political aspects of medicine, leadership development lectures and workshops were held, multiple opportunities for networking and socializing were made available, and we all got a chance to visit with our legislators and/or staff to discuss our concerns and provide advice."

PaACEP has always encouraged advocacy interest in young physicians, and believes that LAC provides a perfect opportunity to train young physicians to be a better leader. As a result, in 2004 the chapter created the Young Physicians Leadership Fellowship, which helps to offset the cost of attending the conference. Olan Soremekun, MD, and Eric Farabaugh, MD, were recipients of the 2011 Young Physician Leadership Fellowship. Dr. Soremekun shares his thoughts on the conference.

"The ACEP leadership and advocacy conference was a phenomenal experience! As an EP, my main goal has always been to provide high quality care to the patients that present to my emergency department. While I knew that policy decisions impact my ability to provide high quality care, I did not have the tools to understand the political dynamics that impact policy decisions. Even worse, I did not believe that as an EP I was able to influence the politics beyond my vote on Election Day. The L&A conference was absolutely amazing in providing me with the health care politics/policy 101 lessons and tools to become more empowered in the process. Given all the policy changes in healthcare, we as physicians have to play a larger part in shaping the politics of healthcare. Every day we advocate for our patients and it is time to develop the tools necessary to ensure that the appropriate policies are in place that best serve all our patients. I highly recommend this conference to all physicians and look forward to attending next year." ■

The Pennsylvania delegation was represented by:



Jill Baren, MD, FACEP	Nkeiruka Onyenekwu, MD
Theodore A. Christopher, MD, FACEP	Ericka Powell, MD, FACEP
Eric A. Farabaugh, MD	Ralph Riviello, MD, FACEP
Michael Garfinkel, MD, FACEP	Alexander Rosenau, DO, FACEP
Maria Koenig Guyette, MD	Noelle Rotondo, DO, FACEP
Omar Hammad, MD	Ashley Ryles, MD
Marilyn Heine, MD, FACEP	Robert C. Solomon, MD, FACEP
Erin M. Khouri, DO	Olan A. Soremekun, MD
Anoop Kumar, MD	Laura Thompson, MD
Karolyn K. Moody, DO	Henry Unger, MD, FACEP
Robert Neumar, MD PhD, FACEP	Daniel R. Wehner, MD, MBA, FACEP
Richard P. O'Brien, MD, FACEP	Gary Zimmer, MD, FACEP



Legislative Summer Wrap-up

Lydia Hollinger, Milliron Associates

The House of Representatives and the Senate adjourned for the summer and will return in September (the House on September 26 and the Senate on September 19). Upon their return to Harrisburg, many bills await discussion, debate, or final passage votes, including House Bill 9 and Senate Bill 314.

House Bill 9 was introduced in February, 2011. The Primary Sponsor of the bill is Representative Katharine M. Watson, a Republican from Bucks County who is passionate about improving road safety. Rep. Watson's bill updates the requirements for a teenager to obtain a drivers license to 65 hours of practical driving experience (10 hours of nighttime, 5 hours inclement weather). It emphasizes no highway driving for teens under 18 from 11:00 pm–5:00 am (unless the state grants that individual permission due to school activities/employment). In addition, it demands that teen drivers, for the first six months after they get their license, drive with no more than one passenger under age 18 that is not immediate family. It also makes driving without wearing a seatbelt a primary offense punishable by fine. House Bill 9 was passed by the House in May with

a vote of 175 to 21. Currently, the bill awaits discussion in the Senate.

Senate Bill 314 was introduced in January, 2011 with Senator Robert M. Tomlinson as the Primary Sponsor. Senator Tomlinson is also a Republican from Bucks County who wants to improve Pennsylvania roads. He introduced SB 314 which addressed the use of interactive wireless communication devices while driving. This bill would prohibit as a secondary offense the use of a telephone, personal digital assistant, smart phone, portable or mobile computer, voice communication devices, texting, e-mailing, browsing the internet or instant messaging while driving. The use of a GPS or a system integrated into a vehicle would be excluded from this prohibition. In June the bill passed a final vote (41:8) in the Senate. Currently, the bill awaits discussion in the House.

Additional topics of interest that will be discussed in the fall include Marcellus Shale Tax, Transportation Funding, and Tort Reform. One Tort Reform bill, The Fair Share Act, has already been passed and signed by the Governor. This bill amended the comparative negligence statute in civil law cases. The Act provided that each individual found liable for an injury to a plaintiff is responsible for his share

and only his share of the total damages awarded to compensate the plaintiff. The lone exception is if the defendant is found 60% liable, in which case the defendant would be held responsible for 100% of the damages.

Under previous law, any person who bore responsibility for injury or economic loss, no matter the margin of the responsibility, could be held liable to pay 100% of the damages owed to the injured party. This made all of the defendants jointly liable to pay the full value of the damages. In addition, it created a loophole in the Pennsylvania judicial system that allowed for lawsuit abuse.

Come September, it is expected that a second tort reform bill will be introduced. This bill would be a package of legislation worked on by the legislature and the Pennsylvania Medical Society. It would include language that amends the standard of proof required in emergency medical care liability claims from preponderance of evidence to clear and convincing. Once this bill is introduced, more details will be provided. ■

Summer Session Has Arrived

Summer is here, the budget has passed, and your legislator is at home. Now is the time to reach out to them! In order to help move along the chapter's substantial legislative goals, members need to ask their legislators to visit their ED this summer. If you haven't done this yet, please make the effort today. Politics is local. Building a strong rapport with your legislator opens the door to future conversations about emergency medicine issues. In addition, asking a legislator to your hospital to experience a typical day in the life of an emergency physician provides them with a viewpoint that could not be reached with a phone

call or a letter. They will not understand your reality until they see it for themselves. The chapter is in the midst of launching "Clear and Convincing Evidence" standard for EMTALA related care. If we are able to establish "Clear and convincing evidence" as a higher level of burden of proof, it could result in decreased liability premiums, increased availability of liability insurance, and enhanced patient access to care. In order to successfully reach this goal, chapter members need to make the effort now to reach out and build a relationship with their legislator. The time is now.

Your visit may swing that crucial vote that favors emergency medicine. Call your legislator today. If you need help, call the chapter office at 877-ER-DOC-PA and ask for the free publication, Tips for Hosting an Emergency Department Visit. PaACEP staff and our lobbyist, John Milliron, can also provide logistical support. After your visit, please call the PaACEP office and let us know how it went! ■

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*Daniel R. Wehner, MD, MBA, FACEP,
PaACEP Immediate Past-President*

The MCARE (Medical Care Availability and Reduction of Error) Act 13 of 2002, states that, in a medical liability action, if a defendant physician is board-certified, then any plaintiff's expert must be board-certified "by the same or a similar approved board." It also states (40 P.S. §512(c)(3)) that this requirement may be waived if "the court determines that the expert witness possesses sufficient training, experience and knowledge to provide the testimony as a result of active involvement in or full-time teaching of medicine in the applicable subspecialty or a related field of medicine within the previous five-year time period." This "loophole" potentially allows physicians from other specialties to be declared plaintiff's expert witnesses in emergency medicine, despite limited experience and knowledge regarding emergency medical care and practice.

PaACEP was recently asked by the Pennsylvania Medical Society (PAMED) to

provide assistance in filing an amicus brief to support an emergency physician whose plaintiff's only expert was a physician who was board-certified and practicing as an obstetrician-gynecologist. The case was purporting failure to diagnose an ectopic pregnancy. Initially, the court allowed the obstetrician-gynecologist to be considered an expert witness against the emergency physician using the "loophole" that, in this case, OB-GYN is a related-field of medicine with respect to emergency medicine. The OB-GYN physician stated that since he occasionally consults upon patients in an emergency department (ED) and he is aware of what goes on in an ED, that he should be fully qualified to opine upon how an emergency physician should be able to practice.

PAMED agreed with our position that OB-GYN is not a closely-related field with respect to patients who present to the ED with abdominal pain. It was pointed out that OB-GYN physicians only care for females, and they are normally only called to consult in an ED once an obstetrical

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Bureau of EMS Update

*Douglas F. Kupas, MD, EMT-P,
Commonwealth EMS Medical Director,
Bureau of EMS, Pennsylvania
Department of Health*

These are exciting times for EMS in Pennsylvania. More than ever, engaged medical directors are critical to high quality and safe care for our patients.

EMS Act Regulations

The process to promulgate final regulations for the EMS Act of 2009 continues to progress. PaACEP has been an active stakeholder during the passage of the EMS Act, and the Department of Health welcomes continued interaction with

PaACEP until the regulations are finalized – anticipated this fall. Most of the advances to EMS included in the EMS Act become effective 180 days after the regulations are finalized.

In anticipation of the new regulations, the Bureau of EMS (BEMS) of the Department of Health has already been working to prepare for the new advances to EMS included in the Act. Some of these advances are establishing new levels of certification for EMS Vehicle Operators and the new national level of Advanced EMT, establishing new types of EMS services provided by EMS agencies (like mass gathering EMS, tactical EMS, and

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Emergency Medicine in the State

Meeting with the New Secretary of Health

On May 18 members of chapter leadership, including President Henry Unger, MD, FACEP, President Elect, Ralph Riviello, MD, FACEP, Vice President Noelle Rotondo, DO, FACEP, and Secretary Michael Bohrn, MD, FACEP, had the opportunity to meet with the new Secretary of Health, Dr. Eli Avila. Eli N. Avila, MD, JD, MPH, FCLM, began his post on January 18, 2011. He is a practicing physician, attorney and public health executive. Before joining the commonwealth, he worked as Chief Deputy Commissioner of Health Services for Suffolk County, NY. Dr. Avila has trained in internal medicine, ophthalmology, and occupational and environmental medicine.

The meeting went well, and provided the chance to discuss our number one Department of Health (DOH) issue of boarding/crowding, but also sedation/analgesia, national healthcare reform, tort reform and public health and safety including helmet laws. Dr. Unger stated, "The meeting was a great opportunity for the chapter to express its concerns to the new secretary and his administrative staff. It was gratifying to learn that many of the secretary's concerns paralleled ours." The chapter will continue to keep the dialogue going on these important matters. ■

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EOE



Alex M. Rosenau, DO, FACEP
Candidate for President-Elect of the
American College of Emergency Physicians

Editors Note: Dr. Alex Rosenau, Past PaACEP President, is seeking election as ACEP President-Elect. With over twenty years of experience, Dr. Rosenau has helped his group at Allentown's Lehigh Valley Health Network (LVHN) to grow exponentially. In 1999, he became the founding program director of the EM residency at Lehigh Valley Hospital. Alex continues to practice clinical emergency medicine and is the Senior Vice Chair of the Department of Emergency Medicine at LVHN, Associate Professor with the University of South Florida, Assistant Medical Director for EM of the 500 member Lehigh Valley Physician Group as well as the Co-Medical Director of the Eastern EMS Council. For the past 15 years Alex has worked with PaACEP and ACEP holding committee, task force and Board of Director positions to advocate for emergency medicine physicians and patients. Recently, Dr. Rosenau was asked to reflect on three questions posed by the ACEP elections committee. We asked Dr. Rosenau for his responses to help us get to know him better.

Alex Rosenau, DO, FACEP, seeks Election as ACEP President-Elect

How would you capitalize on the development of the Emergency Medicine Action Fund and maintain the voice and broad involvement of all members? What would be one of the first uses you would contemplate for this fund?

If elected President-Elect of ACEP I will take the lead in confronting the challenges that directly affect our broad membership. The recent creation of Emergency Medicine Action Fund (EMAF) has placed another tool in the hands of our membership, so we can be at the table, part of the conversation and create a future that is fair to both us and our patients. EMAF is an important development for our profession to ensure that we have input into the regulatory side as well as the legislative side of Congressional action. Serious, even existential threats are confronting us due to the flawed SGR formula, the proposed IPAB Board, and the acute episodes of care payment system under the Accountable Care Act final rules. To influence these regulations in a positive way requires enormous resources at the legislative and the regulatory levels of government. Individual ACEP members are the largest donors to NEMPAC and made us the 4th largest specialty PAC. But we must play at the regulatory level to win. Remember a short little piece of legislation called, "EMTALA?" The regulatory path of that piece of legislation led to encyclopedic length regulations and legal precedent. This is where EMAF will help. EMAF is funded by small democratic and large corporate groups alike. These group contributions bring in new funds essential to representing our issues. EMAF enables resources needed to hire large effective Washington DC health care legal firms and health care consultants to join our DC staff in affecting regulatory outcomes. EMAF is also an exercise in trust, in that an EMAF Board of Governors has worked hard to find the funds, negotiate how to use the funds - all the while staying under the umbrella of the ACEP big tent. EMAF will provide additional resources to allow our DC staff to grow, our engagement

of consultants to widen and a better chance for our efforts to succeed. The ACEP Washington DC staff, the EMAF steering Board and our paid consultants (which include Hart Health Consultants and specialty Health and Regulatory Law Firms) will provide effective guidance focused on the challenges that concern our entire membership, regardless of group structure. EMAF complements our ongoing efforts for proactive and reactive regulatory input. Some issues on the table include CMS GME payment, ACA rules, ACE payment plans, EMTALA, FDA oversight of anesthetic agents and CMS final rules on procedural sedation and fair market reimbursement. Likely, one of the first uses of the fund will be to bring us to the table for value based payment scenarios or acute care episodes (ACE) of care. These initial cardiac and ortho acute care episodes lack recognition of the role of EM in the delivery of care. We cannot let CMS fail to understand our role in the continuum of care or relegate reimbursement decisions only to the good intentions of others – thereby delaying reimbursement, creating intra-network and inter-specialty warfare over the proceeds of integrated care. If ACO's come to fruition, the regulations will be critically important to our continuing success as the nation's safety net.

Many misunderstand the lean advantages of emergency medicine which has proven itself (AHRQ, CDC data) to be a high impact low cost answer to the needs of 124 million annual patients (92% appropriate use; even with the added facility costs of the hospital, imaging, lab, & observation, 124 million treated annually; all for 2% of the Health Care Budget). The facts are on our side. NEMPAC is critically important to telling our story to the legislators. EMAF is critically important to translating the story line told by the regulations so that we ensure legislative outcomes meet the legislative intentions-in a manner fair to our profession and our patients. Vigilance,

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Alex Rosenau Seeks Election

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engagement, education and action are keys to the battles ahead.

What can ACEP do for emergency physicians as they face the development of Accountable Care Organizations, bundled payments and potential employment by hospitals?

The Accountable Care Act mandates the creations of Accountable Care Organizations, ostensibly to encourage the sound integration of patient care delivery. Various incentives and disincentives will be used, we are told, to bring value to the system. Value, meaning low cost, high quality, is the goal. Hospitals and physician groups have calculated that starting up an ACO according to the final rules will be a large, difficult to recover expense. Physicians are concerned that ACO's could morph into Alternative Capitation Organizations. ACEP must address the regulatory process in real time, as each rule is promulgated.

ACEP will employ our resources (DC office, PR Dept, NEMPAC, EMAF, state chapters) to not only maintain a highly motivated, informed membership but also to stimulate public sector leaders

(patient base) to use legislative pressure points, media attention and targeted legal action (via amicus briefs, DC consultants and legal firms) to achieve our goals. To survive and thrive regardless of care delivery models, ACEP should develop an educational program to train members for service on the PHO/IPA Board, Hospital Med Exec Committee, group compensation committees and contracting committees. Our Emergency Medicine Foundation is already seeking grantees who concentrate on health policy research in support of our efforts to positively influence the outcome through evidenced based arguments.

Bundling payments through acute care episodes potentially creates adversarial relationships among the specialties, endangering the independence of our members and may result in group penalties for activities not under our control. The application of EMAF resources to complement NEMPAC efforts is vitally important to a future that is safe for our patients and sustainable for our members. Whether hospital employed, an independent contractor, small democratic group member, large corporate employee or academic educator, we all know instinctively

that all must hang together or surely we shall all hang. Right now, many are planning our future – and our future is at serious risk. We need to be the educated, involved architects of that future. Our members and our patients are counting on us.

What is a realistic goal for liability reform and how would you guide ACEP to attain it?

Liability reform is important to the efficient practice of emergency medicine. Frivolous lawsuits are expensive and chilling to the efforts to lower health care costs. Medical Liability reform is important to our members and in reality, it is equally important to our patients and the budgetary survival of our country.

As your ACEP President-Elect, I will drive this point home with our legislators. Liability reform is necessary as a lean response to wasteful spending. Liability reform remains a core goal for ACEP and should not be lost among the other very important issues that are immediately before us as the Health Care Insurance Reform becomes a reality. The country is on the verge of re-structuring the social contract with our fellow citizens, with Medicare and social security cuts on the table. Because of this, I will direct our

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Washington DC staff to simultaneously address the career and financial threats that arise from the regulatory issues of the Accountable Care Act (ACA), ACO's, CMS, SGR rules and liability reform opportunities. I will engage EMAF and NEMPAC resources, and the allies they work with to advise our Board, our Council leaders and our informal leaders to the most efficient use of our time and treasure.

Liability reform comes in many forms. For example, our new ethics hearing process has already proven useful to squash misguided testimony that unethically sought to create new and unprecedented standards of care while testifying. I will work with NEMPAC to gather legislative support for liability relief for physicians whose practice is in substantial agreement with guidelines. I will press for liability relief for EM physicians who provide EMTALA mandated services. I will move to intensify EMF efforts that began under my chairmanship to engage grantees to provide an evidence basis for our health policy work. I will move to create further chapter grants to support the kind of state reforms that led to the Texas success story and Pennsylvania's achievement of a 45% reduction in med-mal lawsuits over the past five years (70% reduction in Philadelphia, PA). The strength of ACEP resides in the volunteerism and generosity of our members, the wisdom of the Council, the strong performance of our staff and the performance of our Board of Director's obligations. Liability reform depends on our continuous effort and the intelligent use of our resources in the context of many competing demands. The specifics of my plan, outlined above will provide a blueprint for building wins in concert with the invaluable input of our College experts.

As I conclude my written remarks, I want to underscore my gratitude for the privilege of serving my colleagues at both PA ACEP and ACEP. I am running for ACEP President-Elect. I am passionate about this organization and working to secure the future of our ACEP members. Our patients depend on us: no other physicians are so accessible, have such fine intentions, provide such charitable care and work under such adverse conditions 24/7/365.

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Education and Membership

PaACEP Education/CME Update

*Jonathon Leiser, MD, FACEP,
Education Committee Co-Chairman*

As we end the academic year, we can reflect on the beginning of a new and exciting year of CME.

The Education Committee wanted to update our chapter on what has changed in the planning of education and CME offerings we have for our members.

First, I would like to personally acknowledge Alan Forstater, MD, FACEP, for his leadership of the Education Committee. His many years of long service to our members included creating and planning and presenting at our courses. Alan, you have my personal thanks for helping the chapter to meet its goal of providing high-quality and timely education/CME.

Demonstrating how significant Alan's involvement was as Chairman of the Education Committee, his role will be assumed by both Bryan Kane, MD, FACEP, and me. His leadership, wisdom, wit and general "Bon Homme" will be missed as we try to carry on his work.

Second, we want to thank all of you who completed our survey regarding the chapter's Scientific Assembly and our educational offerings. This feedback is important to the committee in trying to develop CME and programs that meet the needs of PaACEP members. To summarize your responses:

- 1) **Three most important reasons members attend Scientific Assembly:**
 - a. PaACEP chapter business (committee meetings, Board meeting, Annual meeting)
 - b. CME credit
 - c. Networking opportunities with others who attend
- 2) **Reasons members do not attend:**
 - a. Lack of connection to the chapter/and its mission
 - b. Limited CME/ travel budget

- 3) **What members want from the Scientific Assembly includes:**
 - a. More big name speakers, more CME credit, with SA being held at a resort location (while at the same time at a lower cost).
 - b. Interestingly, the data splits into thirds regarding content: 1/3 want more Clinical orientation, 1/3 want more Academic orientation, and 1/3 want more Research oriented curricula
- 4) **Your feedback as to how we can meet our goal to deliver the above included:**
 - a. Raising membership dues to pay SA tuition and offer the meeting as a member benefit. The response was a 40/60 split against.
 - b. Move the location to a more attractive (tourist, family friendly site) - 86% positive response
 - c. Try to spread the expense of meeting through partnership with other organizations (ENA, SEMPA, NP's) or chapters (NJ, DE, OH, WV) - 2/3rd in favor.

The results were limited by the survey format, response rate and the representation of respondents. The Board of Directors formed a work group representing the constituencies within the chapter to address these concerns and suggestions, and to begin to plan the 2012 meeting. The work group made the following recommendations to the Board and Education Committee:

1. PaACEP should continue to hold the Scientific Assembly, as it has value to the membership and in conducting the work of committees and chapter business.
2. We will move the meeting to another venue in 2012. Attempting to find a central location with broader appeal, considering dates, hotel availability and course expenses -Gettysburg has been selected.

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At Lehigh Valley Health Network we have a passion for better medicine. We are seeking Adult and Pediatric Emergency Medicine physicians to share our passion and to join our fiscally sound, nationally recognized health network.

Now managing 5 sites, our 60+ salaried Emergency Medicine physicians and 28 PAs and NPs enjoy a collegial atmosphere and evaluate over 200,000 patients annually. Candidates must be clinically excellent, patient focused, EM Board Prepared or Board Certified. We have a paperless ED, an Emergency Medicine Residency, the largest Level I Trauma program in Pennsylvania with Primary Angioplasty, a Stroke Alert, and an MI Alert Program, and an 18-bed Burn Center, along with 13 additional accreditation programs. Our 12-bed Children's ER is staffed with Pediatric Emergency Medicine fellowship-trained physicians. We offer competitive salary, wonderful work environment with excellent physician and mid-level coverage, and robust benefits including healthcare with no employee contribution, 3 methods of retirement saving, medical liability coverage, 6 weeks of PTO plus 1 week CME annually, ACEP/ACOEP boards paid, + more

We are located in eastern Pennsylvania's Lehigh Valley, a beautiful suburban area with a cosmopolitan flair 1 hour north of Philadelphia and 1.5 hours west of New York City.

**Interested, energetic and talented BC physicians should send their CV to:
Debra.D'Angelo@lvhn.org or call (610) 969-0216.**

A PASSION FOR BETTER MEDICINE.™



LVHN.org

Save the date for the YP Reception!

The increasingly popular PaACEP Young Physicians reception will be held in conjunction with the ACEP Scientific Assembly on **Sunday, October 16, 2011**, in San Francisco. This year's reception is sponsored by Emergency Resource Management, Inc. (ERMI). It will be held at The Grand Cafe, Hotel Monaco. Continue to check your email for updates. Contact Kristi Spargo, PaACEP Assistant Executive at kspargo@pamedsoc.org or (717) 909-2697 with any questions. See you there!

Emergency Physicians

Grand View Hospital is a community hospital located in beautiful Bucks County, PA, less than one hour north of Philadelphia. We currently have full-time and part-time staff opportunities within our Emergency Department, which sees approximately 36,000 patients annually. Physicians must be board-certified/board-prepared in Emergency Medicine with a minimum of 3 years Emergency Department experience. Openings include 16 hours of physician double coverage in ED and 12 hours of a mid-level-staffed fast track.

We offer a competitive compensation package with paid health insurance, malpractice insurance, CME allowance and more. Please send CV to **Valerie Hurley, Grand View Hospital, 700 Lawn Avenue, Sellersville, PA 18960**, or e-mail to vhurley@gvh.org. Equal Opportunity Employer.

GRAND VIEW HOSPITAL

Three Reasons to Join the Pennsylvania Medical Society

*Bruce MacLeod, MD, FACS,
PA Medical Society Board of Trustees,
former PaACEP President and former
ACEP Council Speaker*



Time is valuable, so here are three quick reasons why members of PaACEP should also be members of the Pennsylvania Medical Society (PAMED).

First, PAMED is focused on positioning physicians to be the leaders of health care quality and value. It's a challenging and exciting direction for PAMED, which is working to assure that the evolving system provides quality and value to patients and the community.

We're concentrating on three areas:

- Leadership training so physicians can be more effective

- Supporting and helping physicians as they innovate and form new organizations
- Advocacy to open up opportunities for physicians to lead and communications to inform physicians and other stakeholders

I urge you to read more at www.BetterHealthPA.org.

Secondly, PAMED is working on issues that are important to emergency physicians. PAMED's lobbyists are working for passage of a distracted driver bill. PAMED, in cooperation with the Pennsylvania Pain Coalition, is working to pass a bill that would create a statewide controlled substances database that can provide physicians quick, secure online access to information about patients who may be doctor shopping to obtain controlled substances.

PAMED is also a leading voice in making sure that the scope of practice of mid-level practitioners is appropriate and within the bounds of their training.

Finally, PAMED speaks for the entire medical profession in Harrisburg. Our lobbyists do a great job on emergency medicine issues, but there are so many areas that cross specialty boundaries. For instance:

- The 2010 elections provided opportunities in medical liability reform. One bill, now known as the Fair Share Act, was already signed into law by the governor in June. An "apology" bill, which would render private benevolent gestures by physicians to their patients inadmissible in court, is also making its way through the system.
- However, there are also some challenges, mostly in the form of budget cuts. One is the decrease in funding for regional poison control centers. Academic medical centers and young physician training are also being impacted. PAMED is our eyes and ears in the budgeting process.

To join PAMED go to www.pamedsoc.org/ membership or call (800) 228-7823. ■

Register for the Oral Board and Qualifying Review Course

Are you intimidated at the thought of your upcoming exams? PaACEP has your answer. The PaACEP Oral Board Review Courses are scheduled for August 29-30 in New Orleans and September 19-20 in Philadelphia, and the Qualifying Board Review Course is set for September 15-18 in Baltimore. The Oral Board course provides one-on-one sessions and is a simulation of what you will encounter in Chicago, and the Qualifying Exam Course is an in-depth and condensed review of the core information needed to prepare. Both have a proven high track record of success. Learn more information and register at www.paacep.org.

Executive Privilege

continued from page 1

of the chapter and shared with the residents the importance of participating in organized medicine and the value of membership in ACEP. His success was clearly evident in the financial support of the attending residents who contributed to PEP-PAC. Mike Turturro, MD, FACEP, a recent past president, presented to the group a well-received lecture about “life after residency.”

Laura Thompson, MD, and K. Kay Moody, DO, MPH, serve as resident representatives to the board. Their involvement is critical to the future of not only our college, but to the specialty as well. We welcome their enthusiasm and ongoing participation in leadership.

The chapter however, is far bigger than its board. Recently, at the Leadership and Advocacy, a conference sponsored by national ACEP, there were over 30 members from the state chapter in attendance. Pennsylvania had the third largest contingency in the country! This talks to the interest and dedication of all our members.

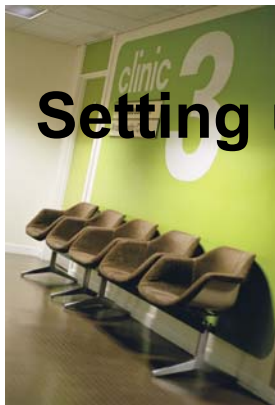
There are many other members of the chapter who are active and volunteer their time to support the specialty’s needs. Richard MacKenzie, MD, FACEP, an emergency medicine physician from Lehigh Valley, has acted as a liaison to the Trauma Foundation. Most recently, he has provided the Foundation with input from our college during the development of a level IV trauma designation. Similarly, Doug Kupas, MD, FACEP, EMS Medical Director for the state, provides our membership with critical information concerning the operation of emergency medical services, and brings back to his agency input from our own membership.

As chapter representatives we have reached out to leaders of other professional organizations who provide emergency care to our patients. We have initiated discussions with representatives from the Society of Emergency Medicine Physician Assistants and the Emergency Nurses Association. The opportunity to work collaboratively around advocacy and continuing medical education is actively being explored.

My fear of having writers block is now being replaced by my fear of writing too much! There are so many important issues to be aware of that the chapter is working on. Be sure to check out the brief article about the executive board’s meeting with the new Secretary of Health.

Finally, I would like to bring to everyone’s attention the prestigious, national recognition awards our members will be receiving. This October at the ACEP annual meeting Drs. John Skiendzielewski and Marilyn Heine will be receiving awards for their many contributions to the college. Dr. Skiendzielewski will receive the Mills award, and Dr. Heine will be honored with the Council Meritorious Service award. Finally, Dr. Alex Rosenau, a past president of PaACEP and current board member of National ACEP, will be running for president of ACEP’s board. On behalf of all of us, I would like to extend our congratulations.

I look forward to keeping you updated on the activities of this chapter over the next year. Have a great summer, and I look forward to seeing you in San Francisco at ACEP’s Scientific Assembly. ■



Setting up a “No Wait” ED Using Basic OR-MS Principles

A One Day Workshop

Minimum enrollment, 5, maximum, 15

Registration Fee \$500*

Includes Continental Breakfast, lunch and course syllabus

October 22, 2011, 8:00am – 5:00pm

Courtyard by Marriott

2799 Concord Road, York PA 17402

John M. (Jay) Shiver, MHA, LFACHE, FAAMA, Capital Health Advisors

Dave Eitel, MD, MBA Consult911 www.nowaitED.com

For more information, or to register, contact Dave Eitel, MD, MBA, dave@nowaitED.com

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2010 Financial Report: Another Tough Year

A phrase we could use to describe the chapter's current financial position might be, "It could be worse." Over the past few years of observing and experiencing the national economic meltdown, most of us have grown used to hearing about setbacks and then trying to find the brighter side. Yes, it has been a difficult financial year. It was another very difficult year for CME, which is what most impacted our bottom line. Every CME program in 2010 lost money except for oral board and trauma. Yet, the cutting measures from 2010 which included reducing board expenses, councillor stipends, and eliminating a delegation dinner did help and will be continued in 2011. In addition to maintaining the budget austerity measures adopted in 2010, new cost cutting changes included some committee budget reductions and a change in the compensation structure of the executive director. On the bright side, we are meeting our financial obligations and maintain a healthy contingency fund to weather any unforeseen expenses or new project initiatives. PaACEP will continue to closely monitor all funds and will do whatever necessary to provide quality programs and member benefits and keep the budget intact. ■

Statements of Financial Position December 31, 2010

ASSETS	2010	Expenses	
Cash and cash equivalents	\$103,051	Administrative costs*	\$191,314
Accounts receivable	7,914	CME educational programs	386,145
Investments	356,982	Board of directors	2,409
Equipment	7,145	National	256
Prepaid expenses	6,204	Councilors	9,883
Total assets	\$481,296	Committees	6,737
		Professional relations	0
		Young Physicians Fellowship program	916
		Young Physicians Activity	4,570
		Website	2,158
		Awards	1,208
		Meetings - Annual/Regional	2,909
		Lobbying	40,328
		Newsletter	8,390
		ED Director Program	510
		Leadership conference	3,000
		Nominations	1,393
		Depreciation	1,788
		Total expenses	\$663,914
		Increase (decrease) in net assets	(\$74,844)
		Net assets – beginning of year	511,904
		Net assets – end of year	\$437,060
LIABILITIES AND NET ASSETS			
Accounts payable –general	\$22,844		
Accounts payable – Pennsylvania Medical Society	21,392		
Unearned revenue	0		
Total liabilities	\$44,236		
Net assets - unrestricted	437,060		
Total liabilities and net assets	\$481,296		
Revenue	2010		
Membership dues	\$215,121		
CME educational programs	323,615		
Grants	0		
Interest	275		
Newsletter Advertising	13,476		
Net realized and unrealized gains (losses) on investments	23,180		
Investment	8,990		
Young Physicians Activity	3,800		
Miscellaneous	613		
Total revenue	\$589,070		

* Administrative Costs: Staff Services and Overhead, Travel and Meetings, Accounting Services, Insurance, Investment Management Fees, non-CME supplies, Postage, Photocopying

EM position at Warren General Hospital in the Allegheny National Forest. 89-bed acute care facility. Employed by UPMC Hamot in Erie, PA. Opportunity for BE/BC Emergency Medicine trained physician. 12 hr shifts. Approximately 12 shifts per month. Excellent compensation and benefit package including productivity bonus. Contact Sue McCreary at 814-877-3403 or email sue.mccreary@hamot.org.

SUBURBAN PHILADELPHIA – Lansdale

Full and part time Emergency Physicians sought for a growing, independent, fee for service democratic group. Lansdale Hospital is a newly renovated community hospital and is part of the Abington Health System. Our well equipped ED treats 27,000 patients annually with very high patient satisfaction scores. We enjoy tremendous institutional and medical staff support. We provide excellent compensation and benefits. Physicians interested in a shareholder track are preferred but employment positions are an option. Must be BC/BP EM. Contact Andrew Ball, M.D., Department Emergency Medicine, Abington Health Lansdale Hospital, 1200 Old York Road, Abington, PA 19001, (215) 481-4506 or aball@amh.org.

Prestigious Health System in Southcentral Pennsylvania seeks BP/BC emergency medicine physician for their emergency departments. The larger department has 51 beds and smaller 21 beds with volumes of 64k and 34k respectively. The health system has been the recipient of numerous awards and has been voted a Best Place to Work in PA consistently. Recruitment and retention have been excellent with the addition of several new ED physicians over the last year due to expansion. There is double physician coverage with some triple physician coverage. These are teaching institutions with ties to a major teaching affiliate for ED residents. The departments have amicable work environments and exceptional autonomy under the leadership of their longtime director. Major renovations have been in progress to better serve patients which are scheduled for completion in the fall of 2011. Patient satisfaction percentages have been very positive. The health system is prepared to make a very competitive offer of base

salary, incentive, signing bonus, relocation, all applicable benefits to appropriate candidates. This is one of the most popular areas of Pennsylvania within one to two hours' drive to Philadelphia, Baltimore, D.C. etc. Beautiful airport is located within the city. If you are searching for professional autonomy and personal satisfaction, let us show you why we are able to successfully RECRUIT and RETAIN stellar ED physicians. Please contact Malinda D. Hale, CMSR, President, Physician Options, Inc., 800-208-6088, e-mail: malinda@VONL.com

Pennsylvania, Lock Haven – Hospital Physician Partners seeks a candidate for a Directorship opportunity. Moderate size hospital with a 12K volume ED and 10 ED beds. Must be BC/BP in EM or PC, and may apply for 12 hour shift coverage. Candidates must have completed Residency and hold ACLS/ATLS/PALS. Newly increased compensation with Director stipend. What's Important to YOU, Is What Matters to US™...scheduling flexibility, paid malpractice with tail, access to group health benefits & pension services and supportive leadership. Contact Ken Cloutier: (800) 815-8377 ext. 5242; kcloutier@hpppartners.com or visit www.hpppartners.com

Outstanding ED Physician Needed State College, PA

- Independent democratic group
- New Emergency Department under construction to be complete in 2013
- All EM residency trained and EM boarded physicians
- Full-time physician assistants
- Fee for service / Excellent Compensation Package
- Single hospital contract
- Years of stable amicable relationship with administration
- Expected volume: 50,000+ this year
- 51 hours of physician coverage per day
- 8.5 hour shifts
- 30-40 hours of PA coverage per day
- Voice recognition dictation/transcription
- Advanced HER
- Excellent nursing/ ED techs/ IV team
- Superb admitting and consulting staff
- CT/ultrasound available 24/7
- University community: great schools and all the amenities without crime
- E-mail Tziff@mountnittany.org, or mail to: Theodore L. Ziff MD FACEP, 1800 East Park Ave., State College, PA 16803, 814-234-6110. TZiff@mountnittany.org ■

Amicus Brief

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or gynecologic cause is suspected, most often after an emergency physician has already discovered the most likely diagnosis. PaACEP also accurately pointed out that OB-GYN physicians undergo considerably more didactic and practical training in OB-GYN than do emergency physicians and the disparity in training and experience in caring for female-related disorders between OB/GYN and Emergency Medicine physicians should disallow OB-GYN as a related field with respect to emergency medicine.

The PAMED filed the amicus brief in support of the emergency physician requesting the OB/GYN physician to be disallowed as an expert for the plaintiff in emergency medicine in this case.

PAMED and PaACEP worked closely together on this issue, and it is a stellar example of how the house of medicine can and must work together. It also is another example of how the chapter works behind the scenes to support Pennsylvania emergency physicians.

At press time the case is pending. ■

Alex Rosenau

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I pledge to lead with my best effort to represent your interests in creating an environment of quality care delivered with compassion to our patients by physicians treated with respect and rendered fair payment, without medmal intimidation-for the amazing work that you do each and every hour of every day. ■

Bureau of EMS Update

continued from page 4

critical care transport). The new EMS Act will require that all EMS agencies, not just ALS services, have an EMS medical director. As out-of-hospital care continues to advance at all levels, the BEMS believes that it is critical to have medical direction at all levels also.

EMS Medical Director Education

Like many other states, Pennsylvania's EMS Act now requires EMS medical director education. There will be several ways to meet this requirement – from completing an EMS fellowship to completing the National Highway Traffic Safety Administration's (NHTSA) EMS curriculum online. For any medical director who has not previously had education related to EMS, the BEMS is arranging for an online medical director course that will be available free to physicians.

Statewide EMS Protocols – 2011 Updates

Pennsylvania has been using statewide protocols since 2004, and this has led to more standardization of care, more evidence-based care, and better preparedness for operations in disasters. Many of the updates to the new protocols that became effective on July 1, 2011 relate to operationalizing the changes to the American Heart Association BLS, ACLS, and PALS guidelines that were released in October 2010. Pennsylvania's EMS providers are now all expected to be giving care that includes these 2010 AHA guideline revisions.

One of the optional protocols for high-functioning EMS services is a special protocol using compression-only CPR for victims of witnessed primary sudden cardiac arrest. EMS agencies using this protocol in Arizona, Wisconsin, and Kansas have reported 35-40% survival to hospital discharge with normal neurologic function in this group. This protocol concentrates on excellent chest compressions with minimal interruption except for a defibrillation attempt every two minutes. Using this protocol requires quality improvement review with hospital outcome for every cardiac arrest and simulation training with pit crew type efficiency.

Cardiac Arrest Care by EMS in Pennsylvania

CPR turned 50 years old last year, but the survival from sudden cardiac arrest was stagnant for most of those 50 years. With recent concentration on uninterrupted chest compressions and other cardiac arrest care, we are seeing the potential for dramatic increases in survival with good function. Pennsylvania – along with Arizona, Minnesota, North Carolina, and Washington – is part of the Heart Rescue program funded by a grant from the Medtronic Foundation and coordinated by the University of Pennsylvania. The Heart Rescue program attempts to improve sudden cardiac arrest survival in PA at all conceivable levels – from dispatch to therapeutic hypothermia.

One of the exciting opportunities that comes from being a Heart Rescue state is the ability to have all of Pennsylvania's EMS agencies and hospitals participating in CARES (Cardiac Arrest Registry to Enhance Survival). This program is sponsored by the CDC and Emory University. EMS agency data is submitted to CARES by direct transfer from electronic patient care reports or by manual entry, and hospital data is submitted online by a designated individual who answers four questions related to survival from

the patient's hospital record. The process is simple and HIPAA compliant. EMS agencies will receive their own survival data and aggregate data from statewide or other comparisons for benchmarking and improving outcomes.

Summary

EMS agencies in Pennsylvania responded to over 1.8 million requests for EMS last year – more than one every 18 seconds – and active medical direction is critical to attaining the best quality and patient outcomes. The BEMS has targeted improving patient and provider safety and provider wellness as primary goals, and the leadership of PaACEP physicians is key to attaining these goals. ■

Education/CME update

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3. Lobbying/Capitol visits will be done on an as needed basis. We will include an update on advocacy annually.
4. We will offer a single track, eliminating the separate "resident track." The CPC & Spivey competitions will be retained.
5. We will attempt to meet the members' licensing needs by retaining LLSA sessions and adding "merit badge" requirements as much as possible (Trauma, Act 13, HAZMAT).
6. We will offer, as much as possible, "hands-on" skills/procedures workshops, which should increase the value of attending this meeting as compared to obtaining CME through other venues.

These are challenging times for live CME programs. Now there are many offerings available online, and at a low cost.

We are committed to providing high-quality CME at the lowest possible cost to the practitioners of Emergency Medicine in Pennsylvania. The Education Committee will continue to work and develop relevant courses, especially for the newly graduating resident. Our Written and Oral Board Review Courses are nationally recognized and acclaimed. The Written Board Course is also relevant to the practitioner who is preparing to complete the recertifying exam in EM (ABEM or AOBEM), or for that practitioner who wants to refresh/update their familiarity with the core knowledge of the specialty (and get a year's worth of CME in one jolt)!

We have shared our goals and challenges. We have a much better chance of surmounting them if we stand together. We are all busy and harried, but working with PaACEP has been one of the most rewarding aspects of my professional career. Personally, I would like to make this challenge to the members of the chapter - get more involved! Send us your ideas, suggestions and even your complaints. We can use them to improve. Bring a partner to the next PaACEP course you attend.

If you are more involved, besides giving something back to the profession and to those young physicians who follow, you will enjoy it more! Contact me or our chapter staff at 1-877-ERDOCPA (373-6272) to find out more about opportunities with PaACEP. ■



**Pennsylvania Chapter,
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MEDICAL DIRECTOR, DEPARTMENT OF EMERGENCY MEDICINE

Emergency Resource Management Inc. (ERMI) is the largest employer of emergency medicine physicians in Pennsylvania, and is part of UPMC, one of the nation's leading integrated health care systems. We are now accepting candidates for our newest site, UPMC East, a brand new, state-of-the-art community hospital scheduled to open in July 2012.

Located in Monroeville, Pa., UPMC East is less than 15 miles from downtown Pittsburgh's cultural and sports activities.

The surrounding community offers a mix of residential neighborhoods and a robust commercial district. It's our tradition and commitment to bring advanced and compassionate care to where it matters most — in the community.

Candidates should be board-certified in emergency medicine and have a record of excellence in administrative leadership and clinical skills. We also offer an outstanding compensation and benefits package, including paid malpractice insurance with tail, an employer-funded retirement plan, paid health insurance, a CME allowance, and much more.

For more information about joining one of Pennsylvania's largest and most successful physician groups, contact Robert Maha, President and Chief Medical Officer, at 1-888-647-9077, or e-mail mahar@upmc.edu.



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