A Newsletter for the Members of the Arkansas Chapter - Spring 2020

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President's Message

Arkansas ACEP Members,

This “President’s Message” is written during the worst pandemic that the specialty of Emergency Medicine has ever seen.

I was on a teleconference meeting when I heard the crescendo roar of jet engines approach. Having forgotten about the Blue Angels flyover, I did not make it outside until the second flyover. I did make it outside to see them flying in formation and felt something release inside that I was not expecting. I felt a flood of sentiment. After standing outside awhile, I recognized a wave of relief and a base emotional response. I am not prone to such things often, but the combination of involvement in trying to duct tape and glue a flawed system into functionality on so many levels combined with personal challenges of safeguarding my family in the face of this pandemic clearly has had more effect on me than I have previously acknowledged.

The pandemic has laid bare many fault lines in our Emergency Departments, as well as the how healthcare is delivered to every person in Arkansas and American. Our hospitals are hemorrhaging money because of the way they are reimbursed and the competing interests of multi-billion industries interested in profits. The insurance companies are spending millions trying to tack on verbiage to relief bills that will see our reimbursement for acute care and our ability to provide for patients diminish further. The drug companies still make the lion share of their profits on drugs that offer mild to no improvements to treatments for conditions such as reflux and hyperlipidemia. The public cost through

private and public insurance for the 3rd through 7th approved drugs for these and similar conditions dwarves what we spend to save lives and improve health.

Our priorities have been hijacked through deeply flawed, though in many cases well-meaning systems put in place piecemeal over the years. Reducing a wrist fracture still reimburses at a rate of 4 -5 times what intubating a patient reimburses. Both are important procedures, but only one results in death, if we fail.

We are not optimists by nature. Even if we were born with a tattoo of positive Polly pants, going into medicine would have decimated that. Practicing Emergency Medicine results in what homicide detectives would call overkill in absolving us of a wholly positive world view. We have always seen the most desperate people, which also means we see a larger subset of desperate people who are not generally the best intentioned. I think our view of the working poor is terribly skewed and becomes internalized in how we view our society.

I hope I can translate some of the disastrous circumstances and straightforward disasters I have witnessed into actionable ideas. We have an opportunity for graduated change in the short term, but even more so a re-design of how we structure our healthcare system. Fragmentation of how we deliver healthcare keeps big ideas from taking root. I am not arguing for an all government run system, but quite different. I think we need to expand how we think about our profession from the walls of the generally well-worn walls we work inside. We need to drive how we evolve to providing such reactive care to getting care out to people, which will require a different paradigm for how we reimburse or pay for healthcare. This should sound very discomforting, as it will not mean working for 8, 9, or 12 (or 24) hours and going home to try and forget about what we just experienced. We will have to get chest deep in complicated, bureaucratic, and political machinations that are extremely unfamiliar and rife with actors who have invested billions to move the tide in their favor.

I will tell you that it is not fun to pore through complex policy and financial details to understand where we need to start. It is even less fun to put in uncompensated time when we've already been reduced to only being valued for how many minutes we work. What is less fun and invigorating: irrelevance when decisions are being made about our practice.

Resident Corner
Jacob R. Howard, DO

Everyone that has gone through the medical training process has heard the old timers talk about how training "back in their day" was much more difficult than it has now become. The thing is, they may not be wrong and it may not be a bad thing. The days of use and abuse of medical residents and interns are long gone. If you haven't been directly involved in the training of residents or medical students in the past five to ten years you have probably never heard of the term "wellness". Allow me to introduce the term and purpose why it is important.

For the past twelve years a group of researchers at the university of Michigan have been studying what the transition from medical student to resident does for one's mental health. What they have found is that medical training takes quite the toll.

Depression rates increase five fold within the first few months of residency with nearly half of trainees screening positive for depression during just their intern year. The numbers do not change much after that either. The same group found that one out of four will screen positive for depression at any given point during their residency. The ACGME has limited the number of hours residents can work in a given period of time but with numbers like these and burn out rates approaching 60% among emergency medicine physicians it seems more should be done. This is exactly what focusing on wellness is looking to achieve. It is the idea of putting trainees' mental and physical health at just as high of a priority as every other aspect of their medical training. After all, how can we effectively care for our patients and maintain career longevity if we are battling both mental and physical ailments.

The largest professional group representing emergency medicine residents in the country, EMRA, has recognized this need and created a committee specifically for resident wellness that provides resources to all of its members. Individual training programs are also buying in by creating programs directed at providing mental health screening, discounted gym memberships, and free counseling services. With this shift in paradigm to include resident well-being to every other priority in medical education I am hopeful that we change some of these statistics, not only for our future colleagues but also our future patients.

Medical Student Corner
My Personal Perspective
Rylan Russell

On December 6th, 2019, I, Rylan Russell, a third-year medical student at the Arkansas College of Osteopathic Medicine, had the opportunity to attend the Arkansas ACEP Chapter annual meeting. Actively pursuing educational seminars, skills workshops, and networking opportunities as a medical student is a must, and this opportunity was no different for me.

The Arkansas ACEP chapter welcomed me as their guest, along with two other medical students, and allowed me to participate in discussions about current news, upcoming challenges and forward progressions pertaining to the state of emergency medicine in Arkansas. As much as I thoroughly enjoyed the experience, and I express my thanks again, I could not look past the many empty seats surrounding me. Although there were many voices generating discussion, there were simply not enough of them.

As a third-year medical student, I am aware of the importance of numbers, collaboration, and group effort. Even as a student seeking to pursue emergency medicine, I urge all those currently practicing emergency medicine in the state of Arkansas, training residents in the state of Arkansas, and medical students in the

state of Arkansas to provide your intellect, creativity, and hard work towards improving the quality of healthcare in this great state.

Medical Student Corner
Arkansas Medical Student:Goals and Objectives
Rylan Russell

Across the country, medical student interest in emergency medicine is growing at a rapid rate, and Arkansas medical students are no exception. In 2021, the state of Arkansas will produce approximately 450 medical school graduates, many of whom will pursue a career in emergency medicine. These students are actively seeking mentorship, resources, and related information from state emergency medicine residents and practicing emergency medicine physicians, yet there lacks an effective method to achieve these goals.

To address this current issue, the Medical Student Council, a platform for collaboration amongst the three Arkansas medical schools and the Arkansas ACEP Chapter, will be proposed to fill that void. The Medical Student Council would consist of 3-three executive members and 3-three Arkansas medical school liaisons. The Medical Student Council would facilitate connections between medical students, emergency medicine residents, and emergency medicine physicians across the entire state of Arkansas.

The benefits to the Arkansas ACEP Chapter would include increased public exposure, increased statewide membership and involvement, and direct access to all Arkansas osteopathic and allopathic medical schools. Likewise, emergency medicine residents and medical school students would be provided the platform to effectively communicate in planning, organizing and leading local and state events related to emergency medicine.

By adopting the Medical Student Council, the Arkansas ACEP Chapter would be complementing their own diverse and valuable services that it currently offers to its physicians and resident members. The Medical Student Council would aim to increase the number and quality of Arkansas-trained emergency medicine physicians while continuing to improve the overall state of healthcare in Arkansas. The Medical Student Council proposal will be presented at the Arkansas ACEP Chapter Annual Meeting that will be held in December 2020.

Medical Student Corner
Medical School During a Pandemic
Anjali Patel

COVID-19 has precipitated several disruptions for medical education that were unforeseen. Even as public health experts were forming opinions about a possible American pandemic in early March, we received an email excusing us from our third-year clerkships. Arkansas had just had its first case of COVID-19 the day before we were excused – shocking our attendings and residents that this was already affecting our education. They expected us to be back before my four weeklong rotation was over. Going on six weeks now, guidelines to prevent COVID-19 spread has continued to disrupt clinical experiences for medical students.

Medical students are currently experiencing what might seem like the awkward teenage years - too old to have no idea of what's going on but too young to be actively and independently involved in patient care. While the doctors, nurses, techs, and countless others are facing COVID-19 head-on, third year medical students, the "almost-doctors," are sitting at home wanting to help with direct patient care during this pandemic. As a third year medical student, I feel so close to my dream, that I have had since before medical school, of becoming an Emergency Medicine physician that there is nothing more I would love than to be on the front lines tackling COVID-19 infections and other emergent cases. Instead, I bulldoze through quarantine friendly U-World practice questions wondering whether the knowledge I gain from these exercises truly substitute for the pandemic behind the hospital walls.

Nonetheless, it's clear to my fellow medical students and me that in these exceptional times, our stay-at-home practices are the best compromise to ensure the safety of students, clinicians, our families, and our patients alike. However, while we cannot be actively involved in the hospital, many of us are seeking alternative ways to provide service to our community. Even though we may be kept away from direct patient care areas, several students have been on campus answering calls from Arkansans about COVID-19 through the statewide COVID-19 hotline. Students are screening patients, directing them towards the correct resources online, seeing whether they may be tested if they were to go to the drive thru screening. While we may not be able to use our 3yrs of medical training on the wards, we are using it to ease Arkansans' anxiety through phone conversations.

And that's not all, students have also been involved in several other projects to help Arkansans including healthcare workers. We have worked on projects such as collecting Personal Protective Equipment (PPE) for healthcare workers, tracing patients exposed and their immediate contacts, follow back calls after drive-thru screening, collecting data from hospitals regarding COVID-19 census, helping our medical community through babysitting, packaging meals available for free to local students and many more. All these projects have been our way of doing our part to help our community.

Medical students are engaging in these wide-ranging volunteer activities even with an underlying uncertainty that pervades the timing of their present and future scholastic activities. For first year students, summer internships and research projects have been canceled. For second years, one of the most significant, hardest tests of their lives in Step 1 keeps getting rescheduled or canceled.Third year students are facing uncertainties about Step 2 CK, Step 2 CS, away rotations, and our residency applications along with rescheduling all our missed M3 rotations. We

are trying to stay on top of studying for our course exams and board exams while hoping that we don't get another rescheduling email. We are reading our First Aids and doing our U-World questions in hopes of remembering all of this information for our rescheduled/canceled tests - even though they may be in August or even later.

COVID-19 has changed the world's norm - the world around us is filled with stay-at-home orders, multiple rounds of handwashing, more gloves and masks than we've ever seen in public. This pandemic has had an impact on medical students as well. We continue to face uncertainties and anxieties around our future. In a few short weeks, our future schedules have changed multiple times. We have gone from having a clear vision of the steps we need to take for our futures to an unclear path riddled with cancellations, delays, and confusion. However, even through all uncertainties, we have found, in genuine caring, empathetic medical student nature, a way to leave our mark by helping Arkansans during this COVID-19 pandemic.

Adriana's Corner

A special thank you to all of you for your continued support of your patients during this pandemic. These are unprecedented times and many of you have made many sacrifices and have continued to risk your lives for others. Wishing you all the best during this crisis. Stay safe and healthy!

Take advantage of the useful resources that are posted on the chapter website:

COVID-19
Mental Health

Welcome New Members!

A special welcome to the new members of the Arkansas Chapter. We are excited to have you.

Amanda Hollingsworth, MD
Cameron A. Parsley
Nathan H. Armstrong, MD
Daniel G. Chilcote
Jeanne E. Rabalais, MHA
John D. Tillack
Travis J. Jatzlau, MD
Caleb Kalens

You may wonder if you should get involved with Arkansas ACEP or EMRA or at the national level? We encourage you to please get involved!

If you are unsure about how to get involved, feel free to contact the chapter directly.

EMerald Coast Conference

June 7-10, 2021. Read more here.

FROM NATIONAL ACEP

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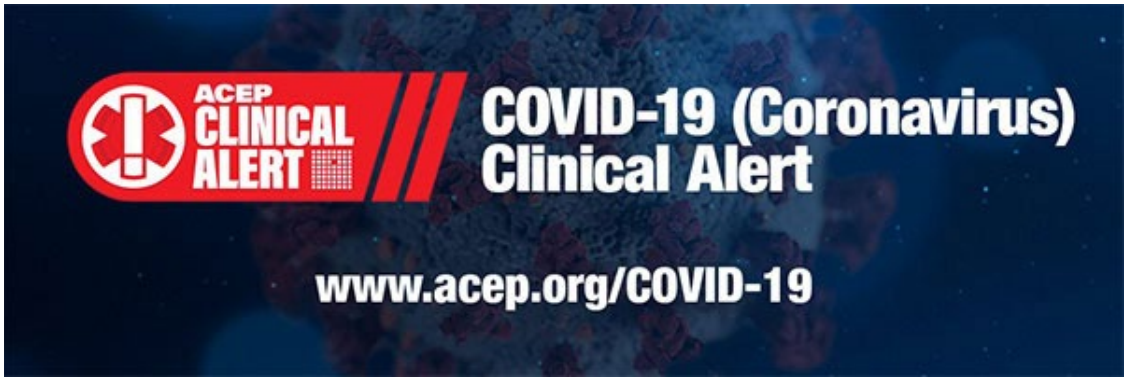

We are updating our COVID-19 Clinical Alert repository daily to assist you with patient care, stay up-to-date with ACEP's efforts and resources and acces free & discounted offers to healthcare workers. The site is organized by topic and also includes links to trusted external sources.

Public Poll: Emergency Care Concerns Amidst COVID-19
There is a worrisome trend across ERs of people who are avoiding getting the medical care they need. While it's important to stay home and follow social distancing guidelines, it's critical to always know when to go to the emergency department. Read more.

Another Week, Another Bundle of COVID-19 Regulatory Changes
Regs and Eggs Blog - May 7, 2020
Last week, we mentioned that the Centers for Medicare & Medicaid Services (CMS) was planning on releasing a COVID-19 regulation any day—and in fact the reg came out later that same day, Thursday, April 30th. This is the second major reg CMS has released in response to the COVID-19 pandemic. While the first reg that CMS issued at the end of March had huge implications for emergency physicians, the reg released last Thursday won't have as much of a direct impact on emergency medicine. Read more on ACEP's regulatory blog.

COVID-19 Financial Survival Guide: What You Need to Know
ACEP is standing up for our members who, despite serving on the frontlines of the COVID-19 pandemic, are having their livelihoods threatened. Cutting benefits, reducing shifts or canceling contracts in today's environment is akin to signing a 'Do Not Resuscitate' order for many emergency departments and the physicians who care for patients, especially those in rural or underserved areas. Access the guide.

COVID-19 Physician Wellness Webinars & Crisis Support
ACEP collaborated with the American Association of Emergency Psychiatry on a webinar and podcast related to physician wellness and mental health during COVID-19. In this webinar, Dr. Jack Rozel, Medical Director at resolve Crisis Services and president of AAEP, and Dr. L. Anthony Cirillo, ACEP Board Member, share insights on why we are experiencing fear and grief, how to cope with different types of stress, and how to help yourself and your team through this difficult time. View the webinar and listen to the podcast.

ACEP Member Benefit: Free Counseling and Support
Receive exclusive access to 3 free counseling sessions through ACEP's new Wellness & Assistance Program. Support is available 24/7, & you can conduct your sessions over the phone, face-to-face, via text message or through online chat. Learn more.

COVID-19 Field Guide: New Updates
Our most popular COVID-19 resource, the Field Guide to COVID-19 Care in the ED, continues to be updated with the latest information. The past week, the following sections were updated: isolation, PPE, risk factors, and evaluation/management of COVID-19. View the guide.

Member Benefits: COVID-19 No Cost, Discount & Other Offers
You are risking your lives to care for patients from this unprecedented pandemic, and we all appreciate the additional stress on you and your families. We want to help. And, so do a lot of companies out there. So, thanks to you and thanks to the companies willing to support our healthcare heroes. View the benefits.

Get Waiver Training on Zoom
Given the unprecedented crisis that COVID-19 poses to patients with opioid addiction Get Waivered, ED Bridge, and ACEP are providing the first ever seamless Zoom version of the traditional waiver training on May 20 at 10 a.m. EST. Register here.

COVID-19 Special Edition of Critical Decisions in EM
Our newest CDEM features lifesaving lessons focused on the ED evaluation and management of COVID-19, including timely information on risk factors, common examination findings, valuable diagnostic tests, and the safe use of pharmacological treatments. The issue also takes a deep dive into PPE, the provision of respiratory support, and what interventions should be avoided when managing these vulnerable patients. Learn more.

Geriatric Emergency Department Accreditation: Delivering Geriatric Care Standardization
Older adults account for 46 percent of all emergency department visits resulting in hospitalization. Approximately one out of every 10 hospital admissions are potentially avoidable, and the majority (60 percent) of those admissions are for patients 65 and older. Read More about GEDA in the latest SAEM Pulse issue.

Call for Research Forum Abstracts
Submit your abstracts to ACEP's Research Forum 2020 by June 11. Abstracts will be peer reviewed for presentation at the 2020 Research Forum during ACEP's Scientific Assembly. See abstract requirements.

Be Accredited to Provide Pain & Addiction Care in the ED
Show your community that your ED is part of the solution. ACEP is now accepting applications for the Pain & Addiction Care in the ED (PACED) Accreditation Program, developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at www.acep.org/PACED or contact us at paced@acep.org

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