

PRESIDENT'S LETTER

A Time of Transition, A Time of Growth



Janet Lin,
MD, MPH, FACEP

“To accomplish great things we must dream as well as act.”
- Anatole France

I hope that you have been able to find time to relax during a busy summer. For many people, July is a month

to enjoy the warm and sunny Midwest weather and spend quality time with friends and family. July also marks many other significant milestones.

We welcome our newest members to the community of ICEP. Congratulations to the interns at the residency training programs on this next milestone in your career! It is a great time of transition, flexibility, and patience. Nervous new doctors setting foot in the ED for the first time. Senior residents taking on new responsibilities as they survey the ebb and flow of a busy ED. Seasoned doctors stepping up or stepping back in their teaching roles. But all of us adapt to the chaos in the department as we coalesce as a team.

A focus on education and training and transitions is essential to the ED. Reflecting on this time of transition, ICEP will be starting a Medical Student Council thanks to the initiative

of some engaged medical students, Matthew Christianson and Jonathon Pickos from Chicago Medical School. With support and guidance from EMRA, the Medical School Council will get off the ground this fall. Investing in the future of emergency medicine and promoting cross-communication with all the emergency medicine interest groups at schools of medicine are important for ensuring relevance and engagement throughout Illinois.

As back-to-school season approaches, we will also be hosting the annual Resident Career Day. Along the continuum of education, this high-yield forum for resident physicians provides early career development. Residents get exposure to leaders from our industry talking about how to best navigate the next phase of their professional life. They will learn about job market opportunities and be equipped with tips and tools as to how to best navigate the process.

Summer in Chicago hosts a wealth of celebrations and festivals. Unfortunately, Chicago also holds a distinction as a hotspot of gun violence. While overall gun shootings in Chicago are down for 2018, there were a reported 66 shootings and 12 deaths due to gun violence just in the first weekend of August.

We as emergency physicians may resort to our role in this epidemic as just being the providers who care for these patients when they show up at our doors. However, our role extends beyond the glass ambulance doors. The epidemic of gun violence impacts our ability to work,

it affects our social livelihood, and it reaches beyond Chicago city limits. Regardless of the conditions we treat, the challenges of appropriate access and care for some of the most vulnerable populations touch every part of Illinois, whether it is dealing with gun violence, pediatric care, substance use, or mental health.

As physicians on the frontline, our voice carries weight and we need to be part of the solution. To build awareness and provide a forum to help identify relevant solutions, we will be kicking off our Social Emergency Medicine and Population Health Committee this fall as well. Stay tuned for more details about how you can get involved.

Operationally, at the end of August, ICEP will be hosting a strategic planning session to help shape the future direction for education, advocacy, and stewardship for our chapter. My goal is to identify what makes ICEP relevant in order to ensure vibrant and sustained engagement to support our specialty and health overall as global citizens. Please reach out to any of our current ICEP Board members or past ICEP presidents if you have a particular issue you would like to voice.



— Janet Lin, MD, MPH, FACEP
ICEP President

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IHA Partnering with Wisconsin, Michigan for Alternatives to Opioids (ALTO) Project

Michael Wahl, MD, FACEP, is representing ICEP on the Great Lakes Partners for Patients (GLPP) Alternatives to Opioids (ALTO) Project, a collaborative initiative between the Illinois Health and Hospital Association (IHA), Wisconsin Hospital Association, and Michigan Health & Hospital Association, to reduce administration of opioid medications by ED clinicians.

The goal is to reduce administration of opioids (measured in morphine equivalent units or MEUs) by 15 percent over the 2019 six-month pilot, as compared to the same six-month baseline period in 2018.

ICEP joins the state ACEP chapters from Wisconsin and Michigan to act as clinical advisors on the project. All three chapters plan to have representatives assisting with the development of the clinical guidelines as the project moves forward.

The GLPP ALTO will expand on the success of the Colorado Hospital Association's Opioid Safety Pilot, which achieved a 36 percent average reduction in the administration of opioids in 10 hospital EDs by utilizing ALTO when appropriate.

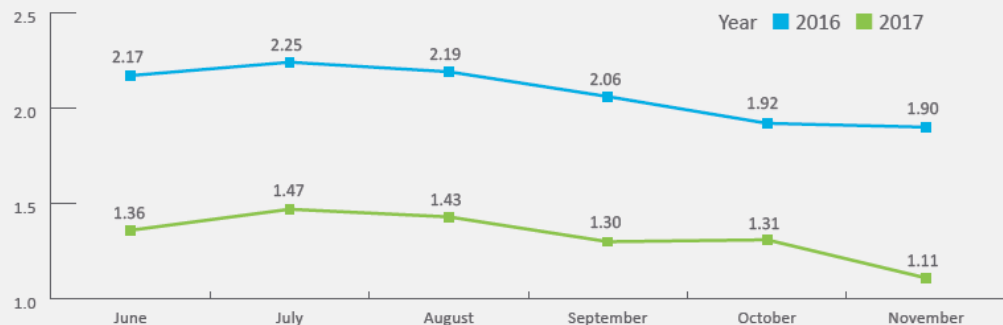
Colorado Hospital Association Opioid Safety Pilot

Pilot Snapshot

Number of Hospitals	10 EDs
Number of ED Visits During 2017 Intervention Period	130,631
Projected Decrease in Opioid Doses in 2017 from 2016 (adjusted for number of visits)	35,000
Percent Change in Morphine Equivalent Units	36 percent decrease
Percent Increase ALTO Administrations	31.4 percent increase
Impact on Patient Satisfaction Scores	Neutral/No Significant Change

Figure 1: Cohort Opioid Usage Baseline (2016) vs. Intervention (2017)

Average Morphine Equivalent Units per ED Visit



The CHA pilot was based upon the Colorado ACEP 2017 Opioid Prescribing & Treatment Guidelines. These guidelines will also form the basis for the GLPP project.

Colorado Pilot Program Results

Over the course of the six-month intervention period, the 10 participating Colorado EDs saw

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Illinois College of Emergency Physicians
3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515
Phone 630.495.6400 Fax 630.495.6404
www.icep.org

Editor
Cai Glushak, MD, FACEP
ICEP President
Janet Lin, MD, MPH, FACEP
Executive Director
Virginia Kennedy Palyas
Managing Editor
Kate Blackwelder

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Ultrasound for EM Offering New Skills

ICEP's hands-on Ultrasound for Emergency Medicine workshop has been restructured in 2018 to include more hands-on hours! The course will now offer full and half day options, to cover basic skills, advanced skills, or both for maximum practice.

The course will be held Wednesday, November 28 at the ICEP Conference Center in Downers Grove. Registration is open online now at ICEP.org.

The course has been redesigned to include 3 hours of video lectures to watch before you attend. ICEP knows your time away from work is precious. By packaging the lectures into video format, it frees up time at the course to focus entirely on hands-on skills for the most practice. Video lecture topics are ultrasound basics and knobology, cardiac ultrasonography, FAST exam, gallbladder, AAA, and ultrasound-guided peripheral IVs and central lines.

Basic skills will be covered in the morning session from 7:15 AM to 11:45 AM. Skills stations will focus on cardiac, gallbladder, AAA, FAST exam, peripheral IVs, and central lines.

Advanced skills will be covered in the afternoon, from 12:00 PM to 4:30 PM. Skill stations will focus on ocular, musculoskeletal, foreign body, soft tissue, advanced cardiac, and advanced FAST exam techniques. Prior ultrasound experience or completion of ICEP's Basic Skills session is required for registration.

ICEP's Ultrasound for EM course features live models for skills at both course tracks.



The cost of the Full Day Course (Basic and Advanced skills) is \$449 for ICEP/ACEP members. The Half Day Course cost is \$249 for ICEP/ACEP members. Residents may attend the course at a reduced rate of \$329 for Full Day and \$129 for Half Day.

The full course brochure with detailed agenda and faculty is available at ICEP.org. Register early, as space is limited.

IHA Partnering with Wisconsin, Michigan for Alternatives to Opioids (ALTO) Project

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a total of 130,631 unique patient visits. This volume was comparable to the same time in the prior year (n=131,765). In aggregate, the EDs decreased opioid usage (MEUs per 1,000 ED visits) by 36 percent between 2017 and the comparable six-month period in 2016, far exceeding the project goal of 15 percent. This amounted to 35,000 fewer opioid administrations during the 2017 pilot versus the 2016 baseline period, adjusted for number of visits. Large reductions in opioid use were seen at each participating site, ranging from 31 percent to 46 percent.

The Colorado ACEP 2017 Opioid Prescribing & Treatment Guidelines call for ALTOs to be used as first line for nearly all painful conditions and for opioids to be used as second line or rescue drugs for pain management. During the pilot period, the decrease in opioid administration was accompanied by a large increase in the use of ALTO medications. After implementation of the Colorado ACEP protocols, ALTO use became more common for treated pain vis-

its than opioid use within the first month of the pilot.

Positive changes in prescribing were seen across nearly every medication tracked. Pilot EDs reduced administrations of each opioid medication, except for tramadol, which was unchanged. In contrast, pilot EDs increased administration of each measured ALTO medication, except for ibuprofen, which decreased. Increases were particularly dramatic in the administration of IV lidocaine and ketamine, which prior to the pilot study, were not used by many emergency clinicians or pilot EDs for the treatment of pain.

GLPP Project Involvement

IHA is seeking Illinois hospitals to participate in the project. Three OSF HealthCare hospitals have already signed on for the initial pilot launch.

The project is in Phase One, pre-launch, from July to September. During this phase, inter-

ested hospitals complete a readiness checklist and commitment form signed by leaders at the hospital, including the CEO, CMO, and ED Medical Director. Then, participating hospitals will move into Phase Two, training and system design, which launches in September and runs through December. IHA will provide a variety of training options, including in-person regional train-the-trainer sessions, webinars, podcasts, and train-the-trainer videos. Train-the-trainer toolkits are provided to hospitals upon completion of the training.

The GLPP ALTO Project ED launch is January 2019. Participating EDs will begin to prescribe more ALTOs and report data to IHA from February 2019 to July 2019.

Illinois EDs interested in participating should reach out to Adam Kohlrus, Assistant Vice President of Quality, Safety and Health Policy at the Illinois Health and Hospital Association (akohlrus@team-ihh.org, 217-541-1181).

Free CME Breakfast Seminar with VR Headsets Added to Resident Career Day

Join ICEP before Resident Career Day for a free CME breakfast meeting featuring virtual reality headsets.

The presentation, “Virtual Reality Way - Optimizing Immuno-Oncology Therapy Through the Management of Immune-Related Adverse Events: The Role of Emergency Physicians” will begin at 6:45 AM on Thursday, August 30 at Northwestern Memorial Hospital. (Resident Career Day will begin immediately following the breakfast seminar at 7:45 AM.)

The seminar will feature Jason L. Luke, MD, an Assistant Professor of Medicine at The University of Chicago Medicine. The presentation will:

- Discuss tumor immunosurveillance and immune escape in the pathophysiology of adult malignancies
- Review the clinical trial data for approved immune checkpoint-inhibitors, with a focus on the treated malignancies and their associated immune-related adverse events (irAEs)
- Describe the diagnosis of irAEs associated with immunotherapies and current recommendations for their management and monitoring
- Examine the continuum of oncology care



provided in the emergency room setting through the identification and management of irAEs

There is no charge to attend the CME breakfast or Resident Career Day; sign up for one or both activities at ICEP.org.

Resident Career Day

ACEP Board of Directors member Christopher Kang, MD, FACEP, will present the keynote presentation on personal finance for EM resident physicians at Resident Career Day.

Dr. Kang’s presentation will demonstrate the impact of financial well-being on residents’ professional and personal lives, exploring best practices for personal finance with recommen-

dations for future planning.

Resident Career Day will also include a point-counterpoint discussion of the clinical practice environments available to EM physicians and the implications for negotiating a contract in each setting. The interactive format will feature Christina Long, MD, FACEP, and Bill Sullivan, DO, JD, FACEP, to answer the audience’s questions with a practical application of information and personal experience.

The “Speed Dating” Career Fair has been expanded to include educational mini-presentations on resume key points, continuing education opportunities, financial planning options, medical malpractice, disability insurance, benefits packages, maternity and paternity leave, partner tracking, social media, workplace culture, and more. Participants will network with recruiters in a round-table format to discover career opportunities and make connections with potential employers while picking up information relevant to the job search.

First-year residents and medical students who don’t wish to participate in the Career Fair can attend an open forum discussion with ICEP and ACEP leadership. Participants will sit down with Dr. Kang and ICEP President Janet Lin, MD, MPH, FACEP, to focus on current issues that impact those just starting out in the field.

Still Time to Register for ‘Total Tox Course’

There is still time to register for the new Total Tox Course presented by the American College of Medical Toxicology and spearheaded by ICEP member Christina Hantsch, MD, FACEP, FAACT, FACMT, Professor of Emergency Medicine and Director of the Division of Toxicology at Loyola University Chicago.

The course will be held September 5-7, 2018, at the Wyndham Grand Chicago Riverfront.

ACMT’s Total Tox Course is a comprehensive review of the scope of emergency toxicology and will include cutting-edge interventions and management options for poisoned patients. The 3-day course will focus on topics of interest to emergency providers, including toxicologi-



cal issues of current clinical and public health importance. Attendees will be presented with state-of-the-art updates on the evaluation and initial management of poisoning and exposure to medications, drugs of abuse, chemical terrorism, and environmental toxins.

The course includes all topics in the 2016 Model of the Clinical Practice of Emergency Medicine Category 17, Toxicologic Disorders, as well as other categories with toxicologic overlap.

The course will also feature several ICEP physicians presenting lectures on a wide range of topics. Members presenting include Dr. Hantsch, Jerrold Leikin, MD, FACMT, FACEP, FAACT, FACOEM, FACP, Neeraj Chhabra, MD, Mark Mycyk, MD, FACMT, FACEP, and Steve Aks, DO, FACMT, FACEP. Many other Illinois emergency physicians will also present.

Visit ACMT.net/Total_Tox_Course.html for details or to register. Early deadline extended through August 15!



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Leadership Scholarship Recipients Share Experiences at Advocacy Day, ACEP LAC

ICEP's recipients of the 2018 Leadership Scholarship program have attended ICEP Advocacy Day in Springfield and ACEP Leadership and Advocacy Conference in Washington, DC, to complete their participation in the scholarship program.

Read on for a first-person perspective for what each event was like:

ICEP Advocacy Day



Jenna Nikolaides, MD, MA, FACEP

PERSPECTIVE:
Jenna Nikolaides, MD, MA, FACEP
Jesse Brown VA Medical Center

ICEP Advocacy Day was an eye-opening experience. Although it wasn't surprising to find that opioids were a hot issue that

both us as emergency physicians and the state government wanted to tackle, there was another bill the state legislature was considering regarding the performance of rape kits that I had never even heard of until Advocacy Day. ICEP was advocating for a change in the language that would keep board certified Emergency Physicians included as practitioners who can perform rape kits without having to take any additional training.

As it happened, the state senator who was leading the charge to pass the bill was from my district. I didn't get to see her personally in Springfield, but I left her a message and then she called me later. I ended up speaking to her for about an hour on the phone a few days after Advocacy Day. She spent a lot of the conversation asking me about my experiences performing rape kits because she had not actually been able to talk to a physician who performs them. I was shocked that she was spearheading this bill without knowing much about rape kits. She listened to me and my experiences with different patients I had seen and examined. She asked genuine questions and gave me a lot of time to talk to her about our role. After our discussion, the language of the bill changed, but not in the precise way ICEP wanted.

This whole experience impressed on me the rollercoaster ride of what it is like to see "how the sausage gets made." I went from surprise that my state senator did not know much about the practice she was seeking to change, to surprise that she allowed me so much of her time, to surprise that our conversation led to changing the language of the bill, to surprise that the changed language was interpreted differently by the politicians than it was by ICEP.



Justine Seidenfeld, MD

PERSPECTIVE:
Justine Seidenfeld, MD, PGY2
Cook County Hospital

ICEP's Advocacy Day in Springfield was a great introduction to many of the legislative issues that affect emergency medicine

physicians in Illinois. Attending physicians and residents from all over the state gathered in the morning to review specific bills that would impact EM practice, as well as learn more about the process of passing legislation at the state level. We also were advised by local lobbying organizations on how to most effectively approach elected representatives on behalf of our patients. In the afternoon, we went to the Capitol building to watch some of the active debates on the floor of the Illinois General Assembly and to meet with our local House and Senate representatives. Some of the issues we discussed included using the new ICEP/IHA opioid prescribing guidelines to improve or supplant current legislation that regulates provider prescribing, and advocating for legislation to protect patients who get ED treatment at hospitals that are not within their health insurance network. The out-of-network issue is an important issue in many other states as well as Illinois.



TOP: The complete ICEP delegation at the Capitol in Springfield for ICEP Advocacy Day in April.

BOTTOM: Dr. Justine Seidenfeld (left) and Dr. Archana Shah (right) meet with Senator Iris Martinez at Advocacy Day.

ACEP Leadership & Advocacy Conference

PERSPECTIVE:
Jenna Nikolaides, MD, MA, FACEP

ACEP LAC was an inspiring experience. I was worried that the polarization plaguing America would lead to a tense atmosphere when it came

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Funding Your Research Question: Tips for Success from ICEP Research Committee

The ICEP Research Committee is back with its series of articles offering strategies for success throughout the research process. This article explores avenues for funding your research question from beginning to project end.

Submitted by:

**Willard Sharp, MD, PhD, FACEP, FAAEM
ICEP Research Committee**

Our patients deserve not only high-quality, timely, compassionate care, but also the commitment to innovate and improve that care on a continuous basis. As a specialty, we do this through quality improvement initiatives and research in areas of administrative practice, residency/fellow training, and clinical/basic science. In today's practice environment, these endeavors are not supported by clinical revenue and must be funded by other means. The objective of this article is to help with the important task.

Define your goals

The first step is to have a well-defined research question and a set of specific aims to be accomplished (refer to article published in 2018 EPIC Volume 1 by Karis Tekwani, MD, FACEP). Once the research question has been well defined, matters of practicality have to be assessed. In particular, the following questions have to be addressed:

1. How long will the study take?
2. What resources are needed including materials or personnel?
3. Will protection from clinical shift work ("shift buy down time") be needed?

Answering these questions will be helpful in constructing an approximate budget. If your hospital has an academic affiliation with a university or has experience with conducting research, there may be an administrator who can help put a budget together. This becomes particularly important when requesting funds to buy down clinical time or hiring research assistants. These costs typically require not only estimations of salary, but also include fringe benefits. Meeting with an administrator who can help with these estimations can be very useful. Knowing where you want to go and why, before identifying the means of getting there, is essential.

Identify potential funding sources

Now that you have a well-defined research question and an approximate budget, you will need to seek out funding sources. Funding sources are varied and often specific to the type of research being performed. The most significant and prestigious source of funding for health-related research is the National Institutes of Health (NIH). NIH grants provide significant funding, enabling protected time from clinical and teaching duties. In addition, it provides funding for collaborating investigators, research assistants, technical staff, supplies, and even administrative costs for the participating institutions. However, funding from the NIH is very competitive and has complex submission and review requirements. Thus, the NIH may not be appropriate for a first-time grant submission. The NIH reporter tool (<https://projectreporter.nih.gov/reporter.cfm>) is a good first step to determine if the NIH is currently funding research similar to yours.

Private foundations and professional societies are another good source for research funding. The Emergency Medicine Foundation (www.emfoundation.org) and the Society for Academic Emergency Medicine (www.saem.org/saem-foundation/grants/funding-opportunities/what-we-fund) are two great places to start. The American Heart Association (https://professional.heart.org/professional/ResearchPrograms/ApplicationInformation/UCM_316909_Application-Information.jsp) and the Society for Critical Care Medicine (<https://sccm.org/Research/Grants>) are two other societal organizations that award funding for research to their members related to EM.

While investigating external sources of funding, don't forget to check your hospital or university for potential sources of internal funding. Many organizations have philanthropic foundations or internal grants available for new research projects with the goal of providing pilot funding for promising projects.

Research your funding source

Once you have a prospective list of funding sources, you need to do your homework on each of them, identifying submission deadlines, length of time to award funding, application length/process, need for preliminary data, and supporting material required. For some organizations like the NIH, the review process alone

might take 3-6 months and if awarded, funding might not arrive for 9-12 months. These delays can be important in determining your submission strategy. In addition, some organizations require preliminary data or a lengthy history of previous research by the investigator. Reading the grant submission instructions carefully can help determine what the organization will require.

In addition, determining the success rate of previous applicants is useful in determining one's chances of success. Some organizations publish these rates or an administrator can give you an approximate idea. Also determine if the organization has a track record of funding proposals similar to yours. If the organization has only funded clinical research projects and you are proposing a basic science project, it might be best to spend your time applying somewhere elsewhere that has experience funding projects similar to yours.

Finally, finding someone who has previously received funding from the organization to give you advice can be very helpful in finding out what it might take to give your research proposal an extra edge.

Writing and submitting the grant

The specifics on the mechanics of writing a successful grant is beyond the scope of this article, but the critical actions are to give yourself plenty of time and to be well organized. Excellent grants are often killed by poor grammar, misspellings, or lack of organization. These deficiencies can be overcome by having plenty of time to review as well as having a colleague read it. In addition, if figures can be used to summarize key concepts, it will make it much easier for the reviewers to read and understand your project. Finally, if you need supporting letters from your department chair or colleagues, be sure to ask for them well in advance.

Conclusion

Having a well-defined research question with a set of specific aims will guide you in determining the time and budget needed for your proposal. This will then guide you in identifying a potential funding organization. However, be sure to do your homework on each potential funding source in order to maximize your chances of success and to start the process well in advance of any submission deadlines.





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Leadership Scholarship Recipients Share Experiences at Advocacy Day, ACEP LAC

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time to go to our meetings on the Hill. But fortunately, the issues we were advocating for had wide bipartisan support: the opioid epidemic, drug shortages, and emergency preparedness. I was pleasantly surprised with how much facetime I, as a young attending not far out from training, ended up having with members of Congress. I got to meet several representatives at a dinner the night before Lobby Day, and then I got to meet my own representative from my district, Rep. Brad Schneider, when we went to the Hill the next day. We also got to meet the staff for both Illinois senators.

After LAC, it was great to hear that the ALTO and POWER bills that we supported, which would make grants available to fund programs training emergency providers in alternatives to opioids and in initiating medication-assisted therapy, were both included in the “SUPPORT for Patients and Communities Act” passed by the House with overwhelming bipartisan support on June 22. I also received an email from Senator Tammy Duckworth’s office notifying me that she had signed on to a letter to FDA Commissioner Scott Gottlieb urging the agency to convene the Drug Shortage Task Force as we had asked.

Seeing our advocacy efforts have real effects was amazing, but ultimately, the most inspiring part of the entire Leadership and Advocacy Conference was on the third day, when we heard presentations from our fellow emergency physicians in practical, real-world detail about programs started around the country to tackle the opioid epidemic. It was exciting to see emergency physicians on the front lines retraining themselves, their colleagues and new trainees to decrease their opioid prescribing and initiate medicated-assisted-therapy. I have been out of residency for 4 years and out of fellowship for only 1 year and still, all of this felt so new to me. I am proud of the way we are stepping up as a community not only to advocate on behalf of our patients in DC but every day in our places of work.

PERSPECTIVE:
Justine Seidenfeld, MD, PGY2

In May, we attended the ACEP Leadership



and Advocacy Conference in Washington, DC. This was a 4-day conference addressing national policy issues that affect emergency care, culminating in a Lobby Day on Capitol Hill. As part of the Illinois delegation, we met with legislative aides for both Senators Richard Durbin and Tammy Duckworth, and then broke into smaller groups to speak with our respective representatives. We promoted specific pieces of legislation to address the opioid epidemic, including the “Alternatives to Opioids (ALTO) in the Emergency Department Act”, which would provide funds for EDs to develop pain management protocols that would emphasize pain treatment modalities such as local nerve blocks and trigger point injections.

Additionally, we lobbied our Congresspersons to sign on to a letter addressed to FDA Commissioner Scott Gottlieb, urging the FDA to develop a task force that would investigate the root causes of many of the essential drug shortages that have been plaguing emergency departments across the country over the past year. This letter was developed by ACEP in conjunction with medical groups representing other specialties such as anesthesiology and ophthalmology. Prior to the Lobby Day, we attended an excellent health policy primer session to learn more about how the federal government interacts with various healthcare stakeholders to shape policy, and



TOP: The ICEP physicians representing Illinois at ACEP LAC in Washington, DC.

BOTTOM: The Leadership Scholarship recipients (from left) Drs. Archana Shah, Justine Seidenfeld, and Jenna Nikolaides at ACEP LAC

how we can get more involved as physicians representing our specialty.

The perspective from ICEP’s third scholarship recipient, Archana Shah, MD, MBA, of the University of Chicago, will be published in a future issue of the Illinois EPIC.

PHYSICIAN OPPORTUNITY

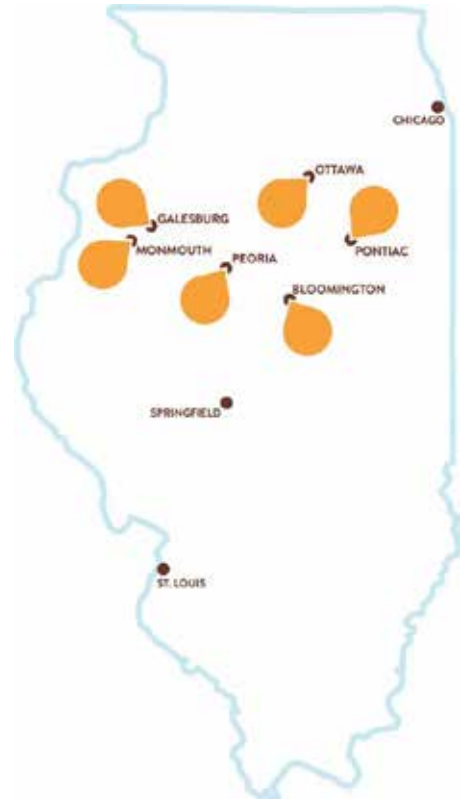
Illinois

Emergency Medicine

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About OSF HealthCare

OSF HealthCare is a faith-based, 13-hospital health system serving Illinois and the Upper Peninsula of Michigan. We strive to provide a culture that is unique and enhances our Mission of providing “the greatest care and love” to all the patients we serve.

Please contact or send CV to:

Lindsey Weinberg, OSF HealthCare Physician Recruitment
Ph: (309) 683-9353 or (800) 232-3129, press 8
Fax: (309) 683-8353
E: Lindsey.M.Weinberg@osfhealthcare.org
osfhealthcare.org

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ICEP Calendar *of* Events 2018

August 14-17, 2018
Emergency Medicine Board Review Intensive Course
ICEP Conference Center
Downers Grove

August 27, 2018
Educational Meetings Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

August 30, 2018
Resident Career Day
Northwestern Memorial Hospital, Chicago

September 3, 2018
Labor Day Holiday
ICEP Office Closed

September 6, 2018
EMS Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

September 6, 2018
EMS Forum
1:15 PM - 3:00 PM
ICEP Conference Center
Downers Grove

September 13-14, 2018
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

September 17, 2018
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

September 17, 2018
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

September 21, 2018
Emergent Procedures Simulation Skills Lab
Grainger Center for Simulation and Innovation
Evanston Hospital
Evanston

October 16, 2018
Research Committee Meeting Conference Call
10:00 AM - 11:00 AM

November 15, 2018
EM4LIFE 2018 LLSA Article Review Course
ICEP Conference Center
Downers Grove

November 22-23, 2018
Thanksgiving Holiday
ICEP Office Closed

November 28 2018
Ultrasound for Emergency Medicine Workshop
ICEP Conference Center
Downers Grove

December 3, 2018
Educational Meetings Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

December 10, 2018
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 10, 2018
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

Register for all courses online at ICEP.org!



Illinois College of Emergency Physicians
3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515

