Illinois EPIC
Emergency Physicians Interim Communique

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

2013 - Issue 3
Vol 13 No 3

## PRESIDENT'S LETTER

Edward J. Ward, MD, MPH, FACEP

# Now More Than Ever

## Report Illuminates Newest Challenges Facing Emergency Medicine as Roll-Out of Affordable Care Act Nears

Most of us are familiar with the phrase "May you live in interesting times."

This statement sums up my feelings as the emergency medicine community, and the nation, stands a few months before the roll-out of the Affordable Care Act.

While researching content for this article, I looked up the origin of this phrase. Previously unknown to me, it has also been described as "The Chinese Curse"; another interpretation of this phrase is "May you come to the attention of those in authority." I would say that is an accurate description as well. We must be leaders in health care now more than ever before.

I love being an emergency medicine physician. Standing ready to care for whoever walks — or is carried — through the door regardless of any other factor is a commendable act to devote a career to. When I started on this path, I recall a great deal of effort was spent to justify the existence of our field. In my own institution, we have been a separate department for only about 10 years.

Having successfully, occasionally voluntarily, taken on many problems that could not be solved elsewhere, our legitimacy as a specialty is for the most part unquestioned. We are moving beyond routinely fighting for our existence to being recognized as vital to the success or failure of hospital-based medicine.

In May, the RAND Corporation released a report titled "Hospital Emergency Department Use, Importance Rises in U.S. Health Care System". Nothing in the report is too surprising to experienced ED physicians.

If you haven't had the opportunity to read the report, here are a few of the messages collated by ACEP:

While often targeted as the most expensive place to get medical care, emergency rooms remain an important safety net for Americans who cannot get care elsewhere. Emergency rooms may play a role in slowing the growth of health care costs.

The 4 percent of America's doctors who staff hospital emergency departments provide:

- 11 percent of all outpatient care in the United States
- 28 percent of all acute care visits
- Half of the acute care visits by Medicaid and CHIP beneficiaries
- Two-thirds of all acute care for the uninsured

Four out of five people who called a family doctor about a sudden medical issue got the same advice: Go to the ER. This advice is also standard in the recorded phone message patients receive when calling their physician's office after hours.

Primary care physicians increasingly depend on ERs to see their patients after hours, perform complex diagnostic workups that cannot be done in their offices, and facilitate admissions of acutely ill patients who do not receive timely and appropriate care as direct admissions.

Emergency physicians can save money in the health care system, because they are key decision-makers in more than half of hospital admissions.

- Emergency physicians coordinate transitions of care every day in hospitals across the country, filling gaping holes in our health care system.
- Lack of access to follow-up care is a top concern that influences a physician's decision to admit patients to the hospital. When deciding whether to admit, emer-

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## InsideEPIC

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PRESIDENT'S LETTER

# Now More Than Ever *from Page 1*

gency physicians will consider patient safety at home, availability of family or social services support, and timely access to follow-up care.

- To save money in the health care system, we must work on reducing hospital admissions and readmissions and expand the use of observation units.

This last bullet point is the most important. Beyond the well-known safety concerns of being admitted to a hospital, admissions are where the money is at. In light of this changing environment, I am very glad that our specialty has embraced observation medicine and are experts in admission orders, two topics where we were not early adoptors.

We need to lead the way in reducing admissions by expanding the role of observation medicine, especially as it applies to hospital readmissions. While this will require partnering with many outside stakeholders, the process is something that we have done successfully many times in the past.

Nothing can happen without resources. It appears to me that we have the attention of our hospital administration for this effort. Given the climate of public reporting of throughput measures and reduced reimbursement for failing to perform, we need to once again step up and leverage this to get our patients the resources needed to appropriately care for them.

ACEP has launched the Saving Millions campaign to demonstrate the value of emergency medicine to the public and to lawmakers and other public policy officials. For more about this initiative, see the story on Page 6.

I would imagine that if you searched through columns written by previous ICEP presidents, many have said that emergency medical care has never been more important than at the time the article was written.

While I am tempted to say that they were wrong and that it is worse now, I realize that we are just in the most current challenge.

Being part of the solution is what we do every day. By saying "yes, we can help," and then delivering on this promise, we will continue to be vital to the delivery of care.

I would like to end by thanking Dr. Heather Prendergast; the other members of the Board of Directors, current and past; and the ICEP staff, all of whom have supported and encouraged me over the years. Through your mentoring, I feel that I am in a good position to lead our college.

I am excited to have an excellent Board of Directors, many of whom I have worked with for the past 20 years, to meet the challenges we that will face in the coming year and beyond.

***— Edward J. Ward, MD, MPH, FACEP***
***ICEP President***

**Read the Full RAND Report:**

www.rand.org/pubs/research_reports/RR280.html

# Ultrasound Courses for Physicians Scheduled

Dates have been finalized for two Ultrasound for Emergency Medicine courses for physicians. Courses will be held on November 21 and December 5 at the ICEP Conference Center in Downers Grove.

The hands-on workshops will feature live models for selected procedures and will offer two tracks: a basic track with didactic sessions and skill stations, and a fast track with condensed lectures combined into the skill stations.

Participants will rotate through skill stations in small groups to maximize the amount of hands-on practice for each procedures. The course will cover:

- Pelvic
- Gallbladder
- AAA
- FAST exam
- Central lines
- Peripheral IVs
- Cardiac IVC
- Transvenous pacing/pericardiocentesis
- Muskuloskeletal
- Peripheral nerve blocks

A full course brochure and registration will be available this summer.


Illinois EPIC

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# ED Utilization Workgroup Formed By HFS; ICEP Invited to Participate

The Illinois Department of Healthcare and Family Services (HFS) has appointed an Emergency Department Utilization Workgroup under a CHIPRA grant.

According to HFS, the purpose of the workgroup is to develop recommendations that will lead to a reduction in inappropriate emergency department utilization and improve the quality and health outcomes of Medicaid/CHIP participants.

ICEP has been invited to participate in the workgroup and is represented by Board member and Practice Management Committee Chair Mila Felder, MD, FACEP. The workgroup will meet through October 2013 and make recommendations at that time. Several other emergency physicians represent their hospitals on the workgroup.

ICEP cited a new report from the RAND Corporation that found that emergency physicians are key decision-makers for nearly half of all hospital admissions and can play a critical role in reducing health care costs. The RAND report was funded by the EMAF.

ICEP stated that efforts to reduce non-urgent and non-emergency use of emergency departments oversimplify a complex problem. Efforts should instead focus on increasing access to affordable options outside the emergency department that include access to follow-up care.

Data contained in the report indicate that most ambulatory patients do not use EDs for the sake of convenience. Rather, they seek care in EDs because they perceive no viable alternative exists, or because a health care provider sent them there.

The report also found that emergency care is important to physicians as well as patients. Four in five people who contacted a primary care physician or other medical provider before seeking emergency care were told to bypass their doctor's office and go directly to the emergency room.

The RAND team found evidence that primary care physicians are increasingly relying on ERs to evaluate and, if necessary, hospitalize their sickest and most complex patients. Emergency physicians coordinate transitions of care every day in hospitals filling the gaping holes in the health care system.

The RAND study found:

(1) EDs have become an important source of admissions for American hospitals.

(2) EDs are being used with increasing frequency to conduct complex diagnostic workups of patients with worrisome symptoms.

(3) Despite recent efforts to strengthen primary care, the principal reason patients visit EDs for non-emergent outpatient care is lack of timely options elsewhere.

(4) EDs may be playing a constructive role in preventing some hospital admissions, particularly those involving patients with an ambulatory care sensitive condition.

The report recommends that hospital administrators, policymakers, payers and federal research agencies recognize the current reality in emergency department operations and the role they play in coordinating care for millions of patients.

ICEP will continue to share the RAND study with the HFS Workgroup.

# ICEP Introduces New STEMI-Stroke Conference to Fulfill CME Needs

ICEP will roll out a joint STEMI-Stroke conference on September 25 at the ICEP Conference Center in Downers Grove.

The program has been created to meet Joint Commission requirements for specialized STEMI and stroke continuing education hours.

The full-day program will offer 4 hours of STEMI topics and 4 hours of stroke topics. Participants may opt to attend half day morning or afternoon or the full day.

For ICEP members, the cost is $125 for a half day and $219 for the full day. For non-member physicians, the cost is $195 for a half day and $299 for the full day.

The morning program will focus on STEMI topics. On the agenda are:

- Chest Pain Patients — Rapid Rule Out
- Care of the STEMI Patient
- EMS Triage
- Care of the NSTEMI Patient

The afternoon program will focus on stroke topics. On the agenda are:

- tPa Document, Window and Interventional Strategies
- Advanced Neuroimaging
- Transfer Protocols
- Optimal Hospital Protocols

Confirmed faculty include Edward Sloan, MD, MPH, FACEP; Matthew Jordan, MD, FACEP; Yanina A. Purim-Shem-Tov, MD, MS, FACEP; Shyam Prabhakaran, MD; and E. Bradshaw Bunney, MD, FACEP. Additional faculty are soon to be confirmed.

A full course brochure and registration will be available at the beginning of July.

# New Program Aims to Reduce Catheter-Associated Urinary Tract Infections

## Illinois Hospital Association Partners with National Initiative; Resources Available from Emergency Department Improvement Intervention

Complications associated with catheter-associated urinary tract infections (CAUTI) result in increased length of stay, patient discomfort, excess health care costs, and sometimes mortality. Fortunately, most cases of CAUTI are preventable.

On the CUSP: Stop CAUTI aims to reduce mean rates of CAUTI in U.S. hospitals by 25 percent. The initiative is working with state organizations and hospitals across the country to implement the Comprehensive Unit-based Safety Program (CUSP) and CAUTI reduction practices in hospital units.

Emergency departments have unique challenges in preventing CAUTI. Numerous studies have shown that a majority of indwelling urinary catheters are placed in the ED. Workflow and staffing challenges can result in urinary catheter placement even when they are not indicated, and the link between misuse of urinary catheters and CAUTI is well documented.

The ED Improvement Intervention promotes best practices to reduce catheter utilization and decrease overall CAUTI rates. The intervention expands an ED's capacity to:

- Adhere to institutional guidelines (HICPAC preferred)
- Ensure physician and nurse engagement
- Observe proper insertion technique

The ED Improvement Intervention provides crucial support to EDs in improving catheter appropriateness and proper insertion techniques in reducing CAUTI.

The program provides resources specific to emergency departments, including fact sheets, algorithms, and a detailed ED CAUTI Quick Guide. The Intervention is supported by ACEP and the Emergency Nurses Association, among other groups.

To find out more or view the resources, visit: www.onthecuspstophai.org/on-the-cuspstop-cauti/toolkits-and-resources/emergency-department-improvement-intervention/

# July Conference on ED Care and Case Management Features ACEP Doctor

The 2nd annual National Emergency Department Care and Case Management Conference will feature keynote speaker and ACEP Board member Jay Kaplan, MD, FACEP.


The two-day conference will be held July 25-26 at the Northern Illinois Conference Center in Naperville. The program is presented by The Center for Case Management and the Metropolitan Chicago Healthcare Council.

This year's conference focuses on transforming the ED to address multiple populations and metrics.

Dr. Kaplan, who was named ACEP's Speaker of the Year in 2003 and 2007, will discuss the emergency department and highly reliable hospitals, defining the ED's role in achieving the Joint Commission's goal of high reliability.

Other topics on the agenda include:

- Establishing the component parts of a big-picture, multi-purpose ED
- Implementing observation level of care and observation units
- Breakout session on the advent of specialty EDs: choose from behavioral/psychiatric, pediatric, or seniors
- Tomorrow's ED: Access and hub of ACOs and health systems
- A panel presentation on caring for high ED utilizers
- A town hall meeting to discuss the question of where resources should be placed

"Although I have never been an ED nurse or case manager myself, I am in awe of EDs and how fast they are evolving," said Karen Zander, RN, MS, CMAC, FAAN, principal and co-owner of The Center for Case Management. "This conference is designed to capture the many roles and responsibilities that EDs — as the fastest changing rooms in health care — are carrying."

Zander said the program offers many solutions to handling difficult and high-utilizer populations that come to the ED as their first, primary care, or last encounter with health care. "Case management professionals have perfected their processes into a new kind of triage for communities as a whole. ED physicians may be interested in how EDs have become specialized to specific populations, and how patients that are placed on Observation status are cared for in some hospitals," she added.

To register online or view the full program brochure, visit http://cfcm.com/resources/seminars.asp. Questions about the conference can be directed to Sue Wilson at swilson@cfcm.com or 781-446-6980.

# ACEP's Saving Millions Campaign Demonstrates Value of Emergency Care

Emergency departments are the hub for medical issues that come up suddenly and urgently, whether it's the aftermath of a mass casualty event like the bombings in Boston, or a growing number of patients being referred by primary care doctors.

In an effort to help the public and lawmakers understand the unique role of the emergency department team and to bolster support to overcome the many challenges we face, ACEP launched a campaign in May 2013 called "Saving Millions" with a series of print ads, radio messages and coordinated editorials in influential communications nationwide.

Based largely on the results of a 2013 study from RAND, which was supported by the EM Action Fund, the campaign is bringing awareness to specific health care issues and urges:

- Passage of legislation to provide liability protections for emergency and on-call physicians (who provide EMTALA-related services) by classifying them as federal employees under the Public Health Safety Act
- Passage of legislation to repeal the Independent Payment Advisory Board
- Passage of legislation to modify the Medicare 3-day hospital inpatient requirement

Visit ACEP.org/savingmillions to download resources to share with your group, hospital, local media outlets, and community groups.

# ICEP Launches New Website for EM Board Review Course

ICEP is proud to roll out its new website for Emergency Medicine Board Review Intensive. If you are looking for Qualifying or ConCert exam preparation, make EM Board Review Intensive your choice.

Everything you need to know about the course and ICEP's ConCert and Qualifying board review products can be found online at EMBRintensive.org. The site includes the full daily agendas, testimonials from previous attendees, details about the included course materials, and more.

ICEP's course has been redesigned for 2013 based on participant feedback -- featuring completely revised lectures and a strong emphasis on questions to give participants extra practice on what they need most. Visit EMBRintensive.org today to register or to find out more.

# CDC Releases New 'Health, United States' Report with Focus on Emergency Care

The latest release of the Centers for Disease Control and Prevention's (CDC) "Health, United States" report show that one in five Americans reported visiting an emergency department at least once in the past year.


The 2012 report, just released in May, includes a special feature on emergency care

ACEP President Andy Sama, MD, FACEP said the report reveals America's increasing reliance on emergency care. The vast majority of patients going to the emergency department have the symptoms of a medical emergency, and it's not possible to diagnose their conditions until medical exams and tests are complete.

There were more than 130 million emergency visits in 2010, and the vast majority of visits were for serious medical symptoms. Patients also are not able to evaluate the seriousness of their symptoms, according to the CDC, and the patient's reason for the visit did not always match the physician's diagnosis. The highest usages were among children ages 6 and younger and adults ages 75 and older.

"Emergency departments are the only part of the health care system that are always open — all day, all night, all year," said Dr. Sama. "We know from a recent RAND report that even primary care physicians are increasingly dependent on ERs to see their patients after hours, perform complex diagnostic workups and facilitate admissions of acutely ill patients."

The report also found that emergency care represents about 4 percent of the nation's health care spending.

Other CDC findings include:

- Those with Medicaid coverage were more likely than uninsured Americans and those with private insurance to have at least one emergency visit in the last year.
- Injuries were the most common reason for emergency visits by adults.
- 59 percent of emergency visits included at least one prescription when the patient was discharged.
- Between 2000-2010, 35 percent of emergency visits included an x-ray. CT Scans or MRIs increased from 5 percent to 17 percent of visits.

To read the full report, visit www.cdc.gov/nchs/data/hus/hus12.pdf

# Illinois EMSC Releases New Child Abuse & Neglect Policy and Procedures Tool Kit

Illinois Emergency Medical Services for Children (EMSC) is pleased to share a recently finalized document titled Child Abuse and Neglect Policy & Procedure Guidelines/ Toolkit, 2nd edition. This document can assist organizations as they develop and enhance their child abuse and neglect policies and procedures, as mandated by the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/et seq.). In addition, the resources within this document can be used to facilitate professional education and quality improvement processes.

Current practice standards/guidelines, peer-reviewed literature and legislative/regulatory requirements were utilized in the development of this document.

The link at the end of the article provides access to the full document as well as to individual Word and PDF documents for each of the resources contained within the toolkit. These are posted on the Illinois EMSC website to allow for easy download, printing and customization for individual organizations' use.

Some key resources included in this document are:

- Suspected Child Abuse/Neglect Algorithm
- Pediatric Suspected Sexual Assault Medical Evaluation and Management Overview and Guideline
- Guidelines for Sexually Transmitted Infections (STI) Testing and Treatment
- Indicators of Potential Child Neglect
- Identifying Children Who Live with Violence
- Recognizing and Aiding Human Trafficking Victims
- Sample Emergency Department Quality Improvement Monitoring Tool

Development of these guidelines was a collective effort by a number of dedicated individuals and agencies. Their commitment and expertise has been invaluable.

Please feel free to share this resource and contact the Illinois EMSC office at 708-327-3672 if you should need further information or have any questions.

**DOWNLOAD**
**Child Abuse & Neglect Policy and Procedures Tool Kit:**

www.luhs.org/depts/emsc/CAN.htm

# New Opportunity for Emergency Medicine
## Board-Certified Physicians (ABEM, AOBEM or BCEM)
## in East Central Illinois

**What:** We are seeking 1 full-time physician and 1 part-time physician to join our group. Full time is 6 shifts per month of 24 hour each. We typically start physicians out part-time to assure a good fit for the physician but will consider full-time right away for the physician who is certain that this is the full-time practice they want. This is a small group practice of all EM board certified physicians at a downstate hospital emergency department. The ED has a volume of ~10,500, seeing approximately 29 patients in each 24 hour period and is a very satisfying practice environment with an excellent nursing staff. Our group has been at this location for >10 years and we have very strong relationships and a stable commitment from the hospital leadership and Board of Directors and just signed a new and updated 3 year contract. Plans have been made for a new ED construction.

**Where:** Approximately 100 miles south of Chicago, 90 miles west of Indianapolis and 50 miles northeast of Champaign, within comfortable driving of all three major metro areas. It is convenient to drive in from the metro area and return the next day following the 24 hour shift. Fulltime is only 6, 24-hour shifts per month. Lots of free time!!

**Qualifications:** Experienced emergency physicians with good clinical skills and a desire and enjoyment of communicating with patients and BC/BP in EM; a desire to enjoy a small town atmosphere would be an added plus.

**Pay/Benefits:** $135/hour on weekends/$145/hr holidays and $128/hour on weekdays for part-time and full-time with benefits; Full-time benefits (>144 hours/ month) are: Humana health insurance (75% of premium paid by corporation) with a $5,000 annual HSA plan paid by corporation, elective participation in our small group Schwab Pension/401K and defined benefit plan, $3,000 per year paid CME, paid malpractice insurance (including tail) and pre-tax business expense deductions option. If no benefits are needed then rates for full-time go up to $140 on weekends, $150 on holidays and $133 on weekdays. We also have the added benefit of having an agreement with a bed and breakfast in the town of Watseka 5 blocks from the hospital where physicians can go and sleep for a few hours before their drive home. Meals while at work are no cost to the ED physician, served by the hospital cafeteria. There is very nice call room with TV, fridge, Microwave and shower. The hospital will be going to EPIC EMR in the next 12 months.

**Shifts:** We have 24 hour shifts available. There is a possibility of splitting a few 12 hour shifts (8a - 8p or 8p - 8a) for those interested.

**Availability:** Immediate - we have 4 full-time physicians currently and are looking for 1 more full-time physician.

**If interested, send message and CV to:**
**John Timmons, MD, FACEP**
**jtbasketballmd@msn.com or call 708-846-4329 (cell)**

# Clinical and Core Faculty Physician Opportunities in Illinois

OSF HealthCare is an integrated healthcare network, with seven hospitals in Illinois, and a variety of emergency medicine opportunities. We offer a highly competitive compensation package ranked in the top 5% nationwide. Positions exist for those seeking low or high volume, ranges in acuity, and diverse community preferences. Opportunities are currently available in Peoria, Pekin, Pontiac, Galesburg, and Monmouth, Illinois. All centers provide 24-hour emergency services.

With headquarters in Peoria, Illinois, OSF Saint Francis Medical Center is the area's only Level 1 Trauma Center, the highest level designated in trauma care and base station and resource hospital for EMS. A pediatric ED is located within the main ED.

OSF Saint Francis Medical Center is a major teaching affiliate of the University of Illinois College of Medicine at Peoria, with a total of 12 emergency medicine residents a year in a competitive TL1-2-3 program. Other locations service as primary and tertiary referral centers or critical access hospitals. A Life Flight helicopter program, with adjacent landing area, is in place in order to provide the highest quality care.

**Please contact: Stacey E. Morin**
**OSF Healthcare System**
**1420 West Pioneer Parkway | Peoria, IL | 61615**
**p (309) 683-8354, stacey.e.morin@osfhealthcare.org**

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www.osfhealthcare.org

OSF HEALTHCARE

# Classified Ads

**JESSE BROWN VA:** The Section of Emergency Medicine is seeking BC Emergency Physicians to be part-time (moonlighting) staff. With low census, excellent staffing coverage, and competitive compensation, this is an unparalleled opportunity in the center of Chicago. There is no minimum shift requirement, and when our rare full-time positions become available, they are recruited first from this moonlighting pool. Please contact Section Chief Henry Pitzele at henry.pitzele@va.gov, or (312) 569-6508.

**WANT TO REACH 1,300 ILLINOIS EMERGENCY PHYSICIANS?**
Advertise in the Illinois EPIC. If you have a professional opportunity, product or service you want emergency physicians to know about, the Illinois EPIC will get you noticed. A great value for your marketing dollar, the EPIC helps you reach your audience by providing a complete line of advertising services. Contact Kate Blackwelder at 630.495.6400, ext. 205, or kateb@icep.org for an EPIC rate sheet and list of closing dates.

**EPMG is dedicated to providing efficient, high quality, compassionate care to all our patients.** We are seeking an emergency medicine physician to join an award winning and quality-oriented emergency department in Iowa. The physicians and midlevels at Mercy Medical Center - Clinton see 21,000 patients annually and work cooperatively with highly-skilled and efficient nursing staff. EPMG offers its partners paid CME training, partnership, career development, and a tailored compensation and benefit package that fits your needs. PAYRATE INCREASE AT THIS SITE! EPMG leads the profession of emergency medicine, isn't it time you joined us? Contact Heather Smith at 734.686.6326 or hsmith@epmgpc.com. Visit us at epmgpc.com.

Carle
Carle Physician Group

Due to expansion and growth, **Carle Physician Group** in Urbana, Illinois is recruiting additional **BE/BC Emergency Medicine** physicians to join our stable and experienced quality-oriented department. ● 21-member department and 10 PAs seeing ~70,000 patients per year ● All physicians are ABEM/AOBEM certified ● Emergency Department physicians are supported by a 18-physician Hospitalist Department and 24-hour in-house coverage provided by Anesthesiology, Hospitalists, OB-GYN, and Trauma Surgery ● Opportunity to teach medical students/residents through the **University of Illinois College of Medicine** ● **Superior compensation package, paid malpractice insurance with 100% tail coverage** ● Vacation, CME/meeting and holiday time with equitable distribution of holiday/weekend shifts ● Sign on and Retention bonus ● Department has routinely scored in the 99th percentile in Press Ganey customer satisfaction among its peers and just received the prestigious 2012 Emergency Medicine Excellence Award by HealthGrades ● Home to the Big Ten University of Illinois, Champaign-Urbana is a diverse community of 195,000 offering cultural, sporting and entertainment options usually associated with much larger cities; centrally located two hours from Chicago/Indianapolis and three hours from St. Louis. **For more information, contact Sarah Spillman at (800) 436-3095, extension 4179, email your CV to sarah.spillman@carle.com or fax it to (217) 337-4181.**

ERMCP
ER & MEDICINE CARE PROVIDERS
Visit us at
www.ERMCP.com

ERMCP is a physician owned group of highly motivated skilled providers working together in an established, stable environment. We are a democratic group with four hospital locations within the city of Chicago. Our leaders are practicing clinicians who have developed from within the group. ERMCP is offering tremendous career opportunities for full and part time Emergency Medicine Physicians.

What better place to work and play than the city of Chicago. Chicago is a city that's brimming with culture and diversity, along with some of the best restaurants, sports, museums, parks, and entertainment in the world. Chicago hospitals offer our physicians to work at the forefront of medicine using state-of-the art leading technology.

ERMCP is a dedicated group of medical providers that requires a well-integrated team approach and collaborative leadership. ERMCP offers competitive salaries with benefits, opportunities to grow as a physician and as a leader, ability to expand your clinical skills by working at more than one hospital site and flexible scheduling options to accommodate your personal lifestyle.

Whether you have many years of experience or you have just completed your residency, ERMCP looks to select talented and team-oriented physicians to be part of our group. For more information, please call Diane Wolf at 630-581-6525 or email dwolf@ermcp.com.

EMPact
EMERGENCY PHYSICIANS

## Democratic Group Seeking BC/BE ED Physician
## Amazing Career Opportunity

70K ED at ***Rush Copley Medical Center*** in *Aurora/Naperville Area*
- 40 minutes southwest of downtown Chicago
- 10 minutes to Naperville Area with top ranking schools, housing, entertainment, dining
- Staffing adjusted to maintain 2.0 patients per hour for main ED physicians
- Efficient real-time Dragon based dictation, templated Electronic Medical Record & ordering
- Award winning nursing staff with low patient to nurse ratios, 90th percentile Press Ganey
- Complete backup coverage, supportive medical staff, efficient radiology service
- Level II Trauma Center, 24/7 Cath Lab On Call, Certified Stroke Center
- Dedicated Express Care separately staffed by physicians

10K annual volume ***Rush Copley*** Freestanding Emergency Center in *Yorkville, IL*
- Single Coverage, lower acuity
- 24 hour shifts available
- Dedicated CT, radiology, lab, and EMS support
- Backup specialty coverage via main campus
- Admissions transferred directly to Rush Copley Medical Center

Outstanding compensation as independant contractor:
- Competitive hourly rates with night differential
- Paid malpractice & tail and Quarterly Performance Incentive Bonuses
- Guaranteed hourly rates first year for full time contractors
- RVU based reimbursement after 12 months full time service, sooner for high performers
- Dedicated scheduler, coordinator
- 2 year partnership eligibility

We are seeking high performing 'A-team' members to join our democratic group of satisfied and motivated physicians to staff both of the above sites. Board Certification / Eligibility in Emergency Medicine is **required**. The ideal candidate will have excellent interpersonal skills, a clean record to be seamlessly credentialed, commit to 140+ hours per month. Part time candidates will be considered.

**Send CV to Steven Parkes:**
**SWParkes@empactphysicians.com**
**www.EMPactPhysicians.com**

Rush-Copley

Illinois EPIC

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

# ICEP Calendar *of* Events 2013

**July 4-5, 2013**
**Office Closed**
**Independence Day Holiday**

**August 13-16, 2013**
**Emergency Medicine Board Review Intensive Course for Qualifying & ConCert Prep**
ICEP Conference Center
Downers Grove

**August 17, 2013**
**EM4LIFE 2012 LLSA Article Review Course**
ICEP Conference Center
Downers Grove

**August 26, 2013**
**ICEP Education Programs Committee**
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

**August 29, 2013**
**Resident Career Day**
Presence Resurrection Medical Center, Chicago

**September 2, 2013**
**Office Closed**
**Labor Day Holiday**

**September 4, 2013**
**ICEP EMS Committee**
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

**September 4, 2013**
**EMS Forum**
1:00 PM - 3:00 PM
ICEP Conference Center
Downers Grove

**September 6, 2013**
**ITLS Illinois Advisory Committee Meeting**
10:00 AM - 12:00 PM
ICEP Conference Center
Downers Grove

**September 12-13, 2013**
**Oral Board Review Courses**
Chicago O'Hare Marriott
Chicago

**September 17, 2013**
**ICEP Research Committee Conference Call**
10:00 AM - 11:30 AM

**September 24, 2013**
**ICEP EM Board Review Intensive Committee Conference Call**
9:00 AM - 11:00 AM

**September 25, 2013**
**STEMI-Stroke Conference**
ICEP Conference Center
Downers Grove

**September 30, 2013**
**ICEP Finance Committee**
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

**September 30, 2013**
**ICEP Board of Directors**
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

**October 3-7, 2013**
**Mock Orals Private Tutorials**
Chicago O'Hare Marriott Suites, Rosemont

**October 22-25, 2013**
**Emergency Medicine Board Review Intensive Course for Qualifying & ConCert Prep**
ICEP Conference Center
Downers Grove

**November 1, 2013**
**Emergent Procedures Simulation Skills Lab**
NorthShore Center for Simulation and Innovation
Evanston Hospital, Evanston

**November 12, 2013**
**EM4LIFE 2013 LLSA Article Review Course**
ICEP Conference Center
Downers Grove

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