Illinois EPIC
Emergency Physicians Interim Communique

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

2015 - Issue 3
Vol 15 No 3

PRESIDENT'S LETTER

The Future Is What We Make of It

John W. Hafner, Jr., MD, MPH, FACEP

It is with a grateful and humble heart that I accepted the presidency of the Illinois College of Emergency Physicians at the 2015 Spring Symposium. It is truly an honor to serve Illinois emergency physicians at this level.

Looking back at all of the great leaders that have held this position, I realize I have very big shoes to fill. David Griffin did an outstanding job as the 2014-2015 president and carried the torch of ICEP further than ever. His leadership was highlighted in his assistance with the 2014 ACEP Scientific Assembly held in Chicago, interacting with our state senators and representatives during the ICEP Advocacy Day, and mentoring the future leaders of our society at the ICEP Leadership Development Forum.

Let me introduce myself for those of you who don't know me. I originally hail from Albuquerque, New Mexico, where I also went to medical school at the University of New Mexico. I came to Illinois for emergency medicine residency training at the University of Illinois College of Medicine at Peoria, in Peoria, Illinois. I have remained in the Downstate ever since because I truly love Illinois. I have served in a variety of roles in Peoria, and I currently serve as the Program Director for the Emergency Medicine Residency Program and

Dr. John Hafner (left) accepts the presidency from Dr. David Griffen at the Spring Symposium on April 30.

the Chairman of our local IRB. I am married to Michele and I have four kids, ranging between 8 and 16 years old.

I thoroughly enjoy working with ICEP as it gives a wonderful avenue to meet and work with friends and colleagues from all over the state. How can you not like serving with the best EM physicians in the country?

We as emergency physicians are at an important crossroads in the history of American medicine. Now that the Affordable Care Act has been upheld as law of the land, the future of our specialty and the care of our patients will need strong leadership to navigate this new reality. Just as important is the constant adjustments needed for value based purchasing, bundled payments and quality improvement initiatives. The practice of emergency medicine has never before been under such a microscope.

These challenges, together with the overarching medical malpractice environment and patient experience measures, make the future of Illinois emergency medicine seem grim. However, I would argue that in fact the future is what we make it. While these challenges (and future challenges) will require a dedicated vigilance and creative solutions, there is opportunity for all of us. The key to advancing our goals is collaboration and communication. We need to be heard with one strong voice for change to actually occur.

An excellent example of this nationally is the recent repeal of the Medicare Sustained Growth Rate (SGR) formula. This was only accomplished using bipartisan support and strong advocacy efforts. These same efforts should be applied to our state and local issues. Through ICEP, we stand as one body of emergency physicians that speak with one voice on issues of advocacy, legislation and education.

It is only together that we will be able to effectively navigate the pitfalls that will inevitably come our way. Now more than ever, we need strong and effective organized medicine in Illinois. I am reminded at every conference, committee meeting, and visit how dedicated the members and staff of ICEP are to this common goal. I am honored to be a part of ICEP and represent you.

— John W. Hafner, Jr., MD, MPH, FACEP
ICEP President

InsideEPIC

2015 - Issue 3

New ICEP Board of Directors Members, Officers Announced at Spring Symposium

David Griffen, MD, PhD, FACEP turned over the gavel to incoming President John W. Hafner, Jr., MD, MPH, FACEP, at the Annual Business Meeting that took place during the Spring Symposium on April 30, 2015 at Northwestern Memorial Hospital.

Dr. Hafner will serve as President for the 2015-2016 term. Dr. Griffen will serve as Past President.

The results of the Board elections were also announced at the meeting. Elected in 2015 were:

- Valerie J. Phillips, MD, FACEP (incumbent)
- Christine Babcock, MD, FACEP
- Steve C. Christos, DO, MS, FACEP
- Janet Lin, MD, MPH
- Henry Pitzele, MD, FACEP
- Dallas Holladay, DO, Resident Member

The officer elections were also decided. Serving the 2015-2016 terms are:

- **President-Elect:** Dr. Phillips
- **Secretary-Treasurer:** Yanina Purim-Shem-Tov, MD, MS, FACEP
- **Member-at-Large:** Ernest Wang, MD, FACEP

Past and current members of the ICEP Board of Directors at the conclusion of the Annual Business Meeting. FRONT ROW (left to right): Drs. Rebecca Parker, Yanina Purim-Shem-Tov, Mila Felder, John Hafner, Scott French, Steve Christos, Valerie Phillips, and Dallas Holladay. BACK ROW (left to right): Drs. Henry Pitzele, Ernest Wang, Mark Courtney, Edward Sloan, John Williams, Mark Cichon, Dino Rumoro and David Griffen.

At the meeting, outgoing Board members Scott French, MD, FACEP, Dino Rumoro, DO, FACEP, Edward Ward, MD, MPH, FACEP and Resident Member Archit Gulati, MD were recognized for their service to ICEP. Dr. Griffen was also presented with a plaque that recognized him for his year of service as ICEP President. See more photos from Spring Symposium on Pages 3 and 10, at ICEP.org, on Facebook, and on Twitter (@ICEPemergency).

Christine Babcock, MD, FACEP

Steve C. Christos, DO, MS, FACEP

Janet Lin, MD, MPH

Valerie J. Phillips, MD, FACEP

Henry Pitzele, MD, FACEP

Dallas Holladay, DO

Illinois EPIC

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
John W. Hafner, Jr., MD, MPH, FACEP

Executive Director
Virginia Kennedy Palys

Managing Editor
Kate Blackwelder

Illinois EPIC is published by the Illinois Chapter, American College of Emergency Physicians. Opinions expressed in this newsletter do no necessarily express the views of ICEP.

All advertisements appearing in the Illinois EPIC are printed as received from the advertisers. Advertisement in the EPIC does not imply endorsement of any product or service by the Illinois College of Emergency Physicians. ICEP receives and publishes advertisements but neither reviews, recommends or endorses any individuals, groups or hospitals who respond to these advertisements.

For membership or advertising information, call 630.495.6400 or dial toll-free 888.495.ICEP. Or visit ICEP online at ICEP.org

3 ICEP Leaders Honored for Dedication, Service with College's Annual Awards

Three ICEP members were honored at the Spring Symposium on April 30 at Northwestern Memorial Hospital in Chicago for their outstanding contributions to the college and emergency medicine.

Rebecca Parker, MD, FACEP, Dino P. Rumoro, DO, FACEP, and Dennis Uehara, MD, FACEP were recognized during the Annual Business Meeting at the Symposium.

Rebecca Parker, MD, FACEP

Dino P. Rumoro, DO, FACEP

Dennis Uehara, MD, FACEP

Bill. B. Smiley Award

Dr. Parker, of Park Ridge, is the recipient of the Bill B. Smiley Meritorious Service Award, which honors individuals who have made significant contributions to the advancement of emergency medicine in Illinois. The Bill B. Smiley award is ICEP's highest honor.

Dr. Parker served on ICEP's Board of Directors and later on ICEP's Executive Committee as a member-at-large, secretary-treasurer and then president-elect until she was elected to the ACEP Board of Directors in 2009. Dr. Parker has continued to represent Illinois at the national level when she was elected to a second term on the ACEP Board of Directors in 2013. She currently serves as Chair of the ACEP Board.

Dr. Parker is vice president for EmCare's North Division and senior physician leader for the Midwest. She is attending emergency physician at Presence Covenant Medical Center in Urbana and Vista Health System in Waukegan.

Dr. Parker's family was in attendance as Dr. Parker accepted her award and encouraged participants to get involved and stay involved with their state chapter of ACEP.

ICEP Meritorious Service Award

Dr. Rumoro, of Winfield, is the recipient of the ICEP Meritorious Service Award, honoring his significant contributions to the advancement of emergency medicine by exemplary service.

Dr. Rumoro is an ICEP Past President and served on the Board of Directors from 2002 to 2007. He was re-elected to the Board in 2009 — one of the rare members interested in a second opportunity on the Board — and has continued to serve through his second term that ends in May. He has also served as chair of several ICEP committees and as faculty for ICEP's flagship board review courses.

Dr. Rumoro is President-Elect of Medical Staff at Rush University Medical Center, as well as Chairperson and Associate Professor in the Department of Emergency Medicine.

Downstate Member Award

Dr. Uehara, of Rockford, is the recipient of the Downstate Member Award, which is conferred upon an ICEP member from outside the metropolitan Chicago area who has made a consistent effort to advance emergency medicine in Illinois despite lengthy travel.

Dr. Uehara has been actively involved with ICEP for more than 30 years. He is an ICEP Past President and served on the Board of Directors from 1981 to 1996. His extensive involvement includes membership on numerous committees, serving as a Councillor for 10 years, and holding officer positions leading up to his presidency in 1987. Dr. Uehara remains involved with ICEP today, in frequent attendance at educational programs.

Dr. Uehara has been the Chairman of the Department of Emergency Medicine at Rockford Memorial Hospital since 1985 and is the Medical Director of the Rock River Region EMS System.

More photos from the Awards Presentation are online at ICEP.org and Facebook. Congratulations to our three very deserving winners.

Awards recipients Drs. Dennis Uehara, Rebecca Parker and Dino Rumoro with President Dr. John Hafner and Past President Dr. David Griffen at the Spring Symposium on April 30.

Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

New in EPIC! *Each issue of EPIC will feature the Statewide Research Showcase Abstract Round-Up. Several abstracts that were selected for the Statewide Research Showcase at the 2015 Spring Symposium will be printed, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Wesley Eilbert, MD, FACEP.*

Abnormal Vital Signs Fail as a Predictor of Patients Returning to the Emergency Department

Tomasz Przednowek, Medical Student, John W. Graneto, DO, FACOEP, FACEP; Midwestern University, Downers Grove, IL, Swedish Covenant Hospital, Chicago, IL

Background: One quality measure in Emergency Medicine is to review records of patients returning for possible missed pathology.

Objective: Can abnormal vital signs serve as a predictor of patients returning to the Emergency Department within 48 hours?

Design/Methods: This study was a retrospective review of patient records of those patients who returned to the Emergency Department within 48-hours at Swedish Covenant Hospital (Chicago, IL) between January 1, 2014 and June 17, 2014, looking at vital signs at initial visit discharge. 100 adult patients who were not 48-hour return patients served as controls, and X2 tests were conducted for statistical significance.

Results: 46 patients (14% of 48-hour return patients) had at least one abnormal vital sign in the general 48-hour return population, while in the control population, 21 individuals (21% of control patients) had at least 1 abnormal vital sign at discharge. The control population contained 1 abnormal temperature (1%), the general 48-hour return population contained 2 abnormal temperatures (0.6%). The control population contained 13 abnormal heart rates (13%), 29 were recorded in the 48-hour return group (9%). No abnormal respiratory rates were found in either population. The control group contained 7 abnormal systolic blood pressure readings (7%), 10 were found in the 48-hour return population (3.1%). 1 abnormal diastolic blood pressure was found in the control group (1%), 6 were found in the regular 48-hour return group (2%). One abnormal pulse oximetry reading was recorded in the 48-hour return population (0.3%), no abnormal recordings were found in the control group.

Conclusion: When compared to the control group, there was no significant association between abnormal vital signs at discharge and the likelihood of the patient being a 48-hour return patient.

Impact: In contrast to previous studies, these data do not support vital signs as predictors of 48 hour patient returns.

RESEARCH COMMITTEE COMMENTARY
We've all been taught to be wary of discharging patients with abnormal vital signs, and indeed several retrospective studies have found that many patients returning to the ED within a short period of time had an abnormal vital sign at the time of initial discharge. This is the first study that I know of that included a control group of patients discharged with abnormal vital signs, and it correctly refutes the conclusions of those previous studies. Ultimately, studies like this help to disprove some of the ED dogma we've all been taught.
— Wesley Eilbert, MD, FACEP

Impact of a Chronic Pain Protocol on Emergency Department Utilization

Jon Carl Olsen, MD, FACEP, Joseph Ogarek, MD, FACEP, Eric Goldenberg, MD, Suelo Sulo, MSc; Advocate Lutheran General Hospital, Park Ridge, IL

Background: Patients suffering chronic pain commonly present to the ED.

Objective: The objective was to determine if individualized ED care plans for these patients would reduce the frequency of their ED visits and reduce their controlled substance use.

Design/Methods: Frequent visitors (>3visits/6 months or those exhibiting drug seeking behavior) were included. We retrospectively reviewed their ED visit history for the past 6 months, and after enrollment in the protocol prospectively monitored their ED visits for 6 months. We also monitored their controlled substance prescriptions filled in Illinois for the 6 months before and after enrollment in the protocol via the Illinois Prescription Monitoring System. The protocol involved contact with a primary care physician and an agreed upon individualized medication protocol to treat their pain when they returned to the ED. This usually, but not always, restricted the use of controlled substances. The patient was informed of this plan and that their chronic painful condition is best managed by a primary care physician and not in the ED.

Results: A total of 46 patients (32 females, 14 males) with an average age of 39.9 years were investigated over a period of 14.8 months. Paired-sample t-tests were used for analysis. ED visits significantly decreased from an average of 6.2 visits/6 months before to 2.2 visits/6 months after enrollment ($p<.001$). The number of controlled substance pills prescribed by all providers significantly decreased with an average of 951 pills prescribed in the six months before enrollment to 769 pills in the six month period after enrollment ($p<.01$).

Conclusion: Implementation of a chronic pain protocol designed to treat ED patients with chronic pain significantly reduced their ED visits and controlled substance prescriptions.

Impact: Protocol implementation may reduce ED crowding and utilization, decrease costs and improve the care of patients with chronic painful conditions.

RESEARCH COMMITTEE COMMENTARY
The CDC reports that prescription drug abuse is an epidemic in this country, with narcotic analgesics leading the way. While many of us would hate to admit it, a lot of this has to do with prescriptions received in the ED. Furthermore, patients with chronic nonmalignant pain account for up to 7% of frequent users of the ED, contributing to the ever present problem of ED overcrowding. This nicely done study shows that with a little collaborative effort between ED physicians and primary care physicians, gains can be made in combating both of these problems.
— Wesley Eilbert, MD, FACEP

▪ CONTINUED ON PAGE 6

Research Showcase Abstract Round-Up

from Page 4

Examining Insurance Status and Utilization in the Emergency Department Pre- and Post-Affordable Care Act Implementation

Anand Gopalsami, MD, MBA, Matthew Pirotte, MD, Seth Trueger MD, MPH; The University of Chicago, Loyola Health System, Chicago, IL

Background: The three major health insurance coverage expansion elements of the Affordable Care Act (ACA) became effective on January 1, 2014: the individual mandate, insurance exchanges, and Medicaid expansion. The impact on the payer mix in the emergency department (ED) is unclear.

Objective: Provide initial assessment of ACA coverage expansion by examining changes from calendar year 2013- 2014 in insurance status and through a sampling of hospitals in the greater Chicagoland area.

Design/Methods: Obtained patient level data for calendar year 2013 and 2014 from two hospitals (AMC and community) one year pre- and post- reform measures. Controlled for age, sex, and ethnicity, we compared insurance status and visits/patient by each payer source for CY2013-14.

Results: Self-pay patients accounted for 14.7% of ED visits in 2014 and 10.8% in 2014. Private was 36.5% in 2013 and 34.3% in 2014. Medicare remained level at 30.8% in 2013 and 30.7% in 2014; Medicaid increased substantially, from 18.0% in 2013 to 24.2% in 2014.

Overall utilization rate, or ED visits per patient, stayed the same from 2013 to 2014 at 1.4 visits per patient, but Medicaid population had a slight rise from 1.5 to 1.6. Uninsured utilization decreased from 1.3 to 1.2 and those with commercial insurance had the lowest 1.2 visits per patient.

Conclusion: Since the major coverage expansions of the ACA, the share of ED visits from self-pay patients has decreased, with a similar rise in Medicaid visits. Encounters per patient remained constant but Medicaid utilization went up.

Impact: In the hospitals in our sample, the ACA's overall decrease in the fraction of Americans without health insurance was reflected in the payer mix in the ED after ACA implementation. While this is a small sample, we start to see potential impacts of coverage expansion. Future studies from regional and national datasets will further describe the impact of the ACA's coverage expansion on ED payer mix and utilization of emergency services.

RESEARCH COMMITTEE COMMENTARY
It's not surprising to me that more of our patients have Medicaid and less are uninsured since the rollout of Obamacare, and this study hints at the fact that once insured, patients will use the ED more often. What this probably means to the practicing emergency physician is that the Affordable Care Act will ultimately lead to higher ED volumes and a higher percentage of patients having some sort of insurance coverage.
— Wesley Eilbert, MD, FACEP

Look for more of the selected abstracts and Research Committee commentary to be published in the next issue!

Illinois Poison Center Needs Support from EM Physicans

As you may remember, last year the Illinois General Assembly supported four years of sustainable funding for the Illinois Poison Center (IPC). Unfortunately, the administration in Springfield has proposed a 2016 budget that eliminates this funding for the IPC. Should the proposed budget be implemented, the IPC will be forced to close its doors on July 1, 2015.

IPC is an integral component of the state's emergency response system, most recently serving as the Ebola Virus Disease emergency hotline. The State's investment in the IPC saves over $50 million in health care costs per year, $15 million of which is in Medicaid savings, through decreased emergency department visits and reduced lengths of stay for hospitalized patients.

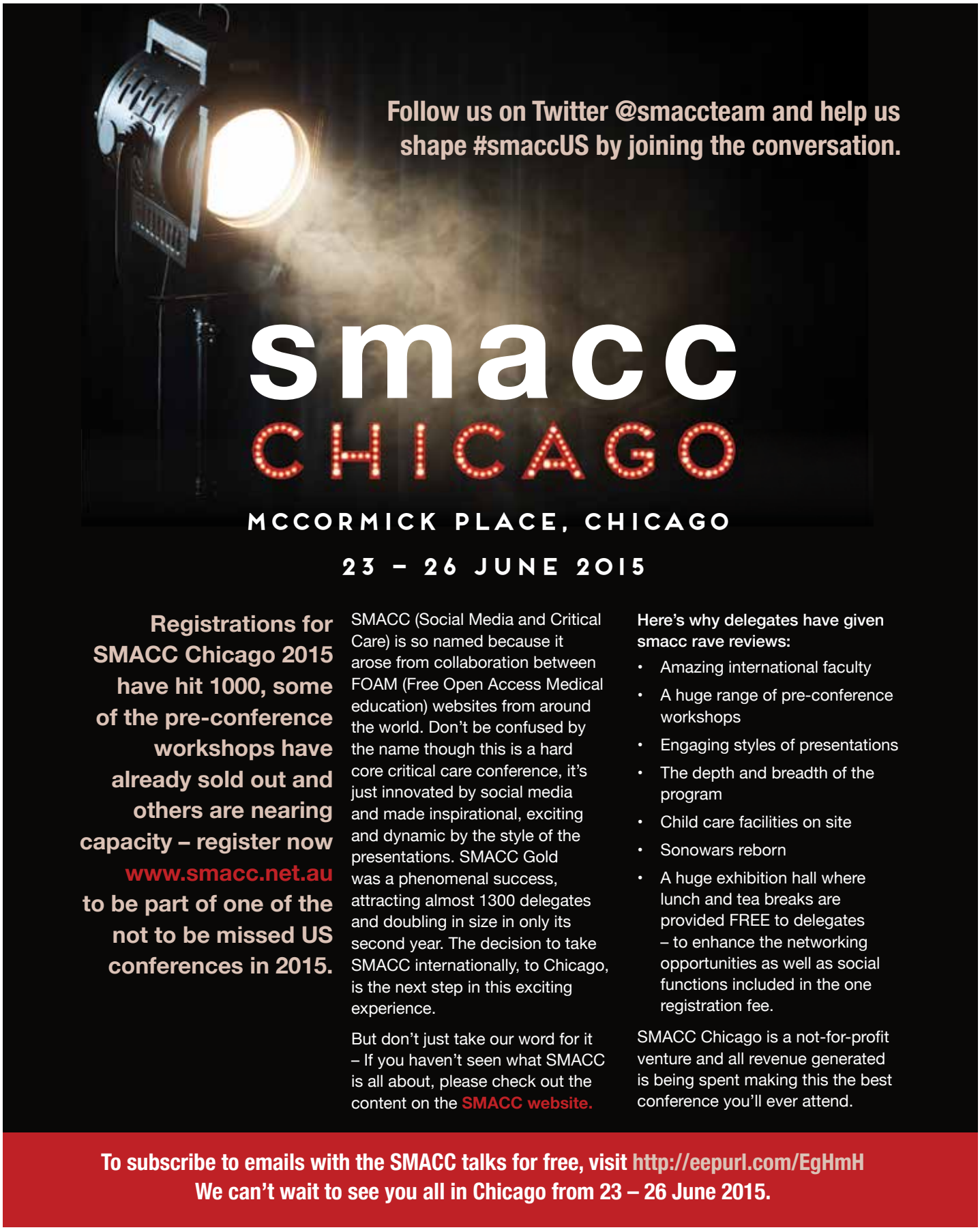
The IPC has asked that ICEP members call and email their legislators and urge them to oppose any cuts that could result in the closure of the IPC. Last year, the IPC emergency hotline responded to approximately 80,000 poison-related cases throughout the state — nearly 20,000 of those were consults to hospital staff. The IPC saves an estimated 35,000 emergency room visits per year and prevented over 20,000 ambulance runs last year for an already strained 911 and emergency response system. Injury from poisoning continues to rise in Illinois, and the Don't let Illinois be the only state in the country without poison center services. The Illinois Poison Center has set up an automated system to quickly and easily send a message to your legislators. Visit: http://mchcadvocacy.org/icep-members-urge-the-illinois-general-assembly-to-protect-the-illinois-poison-center. (Note that you may experience a slight delay in opening the webpage.)

— Michael Wahl, MD, FACEP, FACMT
Medical Director, Illinois Poison Center

ACEP Seeks to Expand State Advocacy via 911 Network

ACEP's Grassroots Advocacy Network is launching the Triple E Campaign: Expand - Enhance - Engage to involve more members in the National 911 Advocacy Network. The program started at the Leadership and Advocacy Conference in May and concludes at ACEP15.

During the 6-month campaign, chapters compete to increase 911 membership within their chapter overall and also increase 911 membership among the medical student and resident population. The top three chapters will be recognized at ACEP15. More details of ICEP's involvement will be announced shortly — but you don't have to wait to get involved. If you are not already a member of the 911 Legislative Network, sign up now at www.acepadvocacy.org/911networkinfo.aspx. More than 1,800 ACEP and EMRA members already participate.



Registrations for SMACC Chicago 2015 have hit 1000, some of the pre-conference workshops have already sold out and others are nearing capacity – register now www.smacc.net.au to be part of one of the not to be missed US conferences in 2015.

SMACC (Social Media and Critical Care) is so named because it arose from collaboration between FOAM (Free Open Access Medical education) websites from around the world. Don't be confused by the name though this is a hard core critical care conference, it's just innovated by social media and made inspirational, exciting and dynamic by the style of the presentations. SMACC Gold was a phenomenal success, attracting almost 1300 delegates and doubling in size in only its second year. The decision to take SMACC internationally, to Chicago, is the next step in this exciting experience.

But don't just take our word for it – If you haven't seen what SMACC is all about, please check out the content on the SMACC website.

Here's why delegates have given smacc rave reviews:

- Amazing international faculty
- A huge range of pre-conference workshops
- Engaging styles of presentations
- The depth and breadth of the program
- Child care facilities on site
- Sonowars reborn
- A huge exhibition hall where lunch and tea breaks are provided FREE to delegates – to enhance the networking opportunities as well as social functions included in the one registration fee.

SMACC Chicago is a not-for-profit venture and all revenue generated is being spent making this the best conference you'll ever attend.

To subscribe to emails with the SMACC talks for free, visit http://eepurl.com/EgHmH
We can't wait to see you all in Chicago from 23 – 26 June 2015.

More Highlights of 2015 Spring Symposium

More than 230 attending physicians, residents, and medical students were in attendance at ICEP's Spring Symposium on April 30 at Northwestern Memorial Hospital.

The program was live-tweeted by Seth Trueger, MD, MPH (@MDaware) and a team of residents. Compilations of Tweets from each educational session will be publised on ICEP.org and MDaware.org in June.

The education program featured ACEP Board Chair Rebecca Parker, MD, FACEP discussing the 10 Choosing Wisely recommendations released by ACEP.

A panel discussion debated controversies in concussion management. George Chiampas, MD, FACEP, Holly Benjamin, MD, and Julian Bailes, MD, served as panelists.

Eric Krueger, MD, of the University of Illinois at Chicago residency, was declared the winner of the Resident Speaker Form. Thanks to all who participated in the competition, as well as all of the presenters in the Statewide Research Showcase. Five research presentations were given, and nine posters were on display.

More photos are online at ICEP.org, Facebook and Twitter.

LEFT: Head injury panelists Drs. George Chiampas, Holly Benjamin, moderator Janet Lin, and Julian Bailes discuss concussion management controversies. RIGHT: ACEP Board Chair Dr. Rebecca Parker examines the Choosing Wisely recommendations developed by ACEP.

Thank You to:

GOLD SPONSOR
VITAS Healthcare

SILVER SPONSOR
PhysAssist Scribes

EXHIBITORS
ACUTE CARE, INC.
ApolloMD
Boehringer Ingelheim Pharmaceuticals
Centegra HealthSystem
Cepheid
Elite Medical Scribes
EmCare
Emergency Medicine Physicians
Emergency Physicians Insurance Co. RRG
Emergency Physicians Medical Group, PC
EMRA
eNNOVEA Medical
Hofmann Gale Medical Staffing, LLC
Illinois Public Health Association
Infinity HealthCare
Janssen Pharmaceuticals, Inc.
Loyola University Medical Center
Mediserv, Ltd.
Meridian Medical Technologies
Mid-America Emergency Physicians
Newsura Insurance Services, Inc.
OSF HealthCare
SMACC Chicago 2015
TeamHealth
Teva Select Brands
The Medicines Company

IDPH Supports New Clinical Guidelines Prescribing PrEP to Prevent HIV Infection

The CDC and the U.S. Public Health Service have released new clinical guidelines recommending health care providers consider prescribing pre-exposure prophylaxis (PrEP) for patients at significant risk for HIV. The strategy of providing daily oral antiretroviral drugs continuously to uninfected individuals prior to HIV exposure, known as PrEP, has been shown to reduce HIV acquisition among all populations at high risk. The Illinois Department of Public Health supports the provision of PrEP as an evidence based biomedical intervention to prevent HIV infections.

These new guidelines were developed by the CDC in close partnership with health care providers like you, public health professionals, community stakeholders and other federal agencies. The guidelines recommend that providers consider PrEP as a prevention option for patients who meet specified risk criteria. They also underscore the importance of counseling that covers medication adherence and behavioral HIV risk reduction and recommend regular monitoring of HIV status, side effects, toxicities and risk behaviors.

More specifically, the guidelines recommend PrEP for HIV-uninfected patients with any of the following indications:

- Is in an ongoing relationship with an HIV-infected partner.
- Is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and who is:
  - A gay or bisexual man who has had sex without a condom or been diagnosed with a sexually transmitted infection within the past six months.
  - A heterosexual man or woman who does not regularly use condoms when having sex with partners known to be at risk for HIV (for example, injecting drug users or bisexual male partners of unknown HIV status) or whose partners are from communities with high rates of HIV infection.
- Has injected illicit drugs within the past six months and has shared equipment or

CONTINUED ON PAGE 12

EMERGENCY MEDICINE
Chicago, Illinois

PROFILE

The Department of Emergency Medicine at Rush University Medical Center seeks an emergency medicine residency trained, Board Certified / Eligible physician. This recruitment is part of a key strategic growth initiative for the medical center. Rush opened a new hospital in January 2012, which is home to the new, state-of-the-art Emergency Department with an annual volume of 70,000. Ideal candidates will join the team with an academic appointment and the opportunity for professional growth and nonclinical time. The Department of Emergency Medicine is committed to building upon the excellent patient centric care with a strong focus on the patient experience.

The Department has made recent updates to the compensation structure and currently provides a competitive market base salary with an incentive bonus opportunity up to 30% of the base salary. Shifts are 9 hours in length with the replacement physician coming at hour 8 to allow for 1 hour of overlap to decrease sign-outs. There are currently 72 hours of physician coverage per day, and we are actively recruiting for 81 hours of physician coverage, 27 hours of scribe coverage per day and an additional 16 hours of NP/PA coverage per day which allows average physician patient per hour of 2.05. The Department is also actively restructuring the number of shifts per physician per year to maintain competitive with local Emergency Medicine departments.

As an academic department, the Rush Department of Emergency Medicine trains rotating residents from multiple specialties, medical students and physician assistants. It is academically affiliated with the Stroger Hospital of Cook County (Cook County Hospital) Emergency Medicine Residency through an overarching master affiliation agreement between both institutions and sponsors the joint Emergency Medicine Ultrasound Fellowship and Simulation Laboratory Fellowship. The ED is supported by social workers, a chaplain and a child life specialist in addition to consultants representing all specialties in medicine and surgery who take 24 hour call for the ED. The attending staff are Rush employed physicians and receive full benefits at group rates, CME reimbursement, malpractice insurance and a robust retirement package.

HOSPITAL ENVIRONMENT

Rush University Medical Center is an academic medical center that encompasses a 664-bed hospital serving adults and children. In January 2012, Rush opened a new 376-bed hospital building, known as the Tower, which is part of the Medical Center's major renovation of its campus. Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as graduate programs in allied health, health systems management and biomedical research. The Medical Center also offers more than 70 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.

Rush is consistently ranked as one of the nation's top hospitals by *U.S. News & World Report*. Rush is ranked in 7 of 16

For more information, please contact:

Leah Doebler
Senior Faculty Recruiter
Leah_Doebler@rush.edu
312-563-6074

RUSH UNIVERSITY MEDICAL CENTER

Rush is an Equal Opportunity Employer

Why SMACC? Chicago Ready for 2015

Weingart labeled SMACC the "Best conference ever" but is it really worthy of all the hype?

SMACC (Social Media and Critical Care), so named because it is powered by a collaboration of FOAM (Free Open Access Meducation) websites from around the world, is truly different. It is a high-powered critical care conference but more importantly, it is inspirational, informative and innovative. Here are TEN reasons you should be at SMACC Chicago in June 23-26, 2015.

1. Speakers – The speakers are hand picked from both the FOAM world and the conventional conference circuit because they are inspirational leaders in their fields. See the full list of speakers at www.smacc.net.au/speakers/.

2. Topics - The sessions are delicately pieced together to cover issues from hard core medical science and research to education and end of life care, but more critically they embrace controversy. The full agenda is online at www.smacc.net.au/program/.

3. Format – The style has an informal open feel that encourages a two-way conversation, which is further enhanced by the integration of social media into the sessions.

4. Community – SMACC brings together all the critical care community together from pre-hospital / to emergency medicine to critical care to anesthesia.

5. Excitement – The energy at SMACC powers a vibrant atmosphere.

6. Networking – All breaks and lunches are catered free to provide a relaxed atmosphere for delegates to come together.

7. Social - All social functions are included in the registration to bring all delegates together as part of one critical care community.

8. Workshops – Over 30 pre-conference workshops cater for every need from communication and debriefing to Airway and Ultrasound. Programs options are online at www.smacc.net.au/program/workshops/.

9. Post-conference – All sessions at SMACC are podcast and released FREE in a serial fashion over 6 months post conference as part of FOAM at www.smacc.net.au/the-talks/.

10. Not for Profit – SMACC is administered by a charitable trust and no individual benefits financially.

The theme for SMACC Chicago is smaccFEST, because it is more than a conference, it is a festival. SMACC is a celebration of medical science, knowledge, education, ideas, community and innovation united by a love of practicing critical care. More than 2,000 delegtes are expected and many preconference workshops are already selling out so don't delay. Register now at www.smacc.net.au/register-now/.

Visit ICEP Booth 220 in the SMACC Exhibit Hall.

ICEP Participating in Workgroup on Billing for Sexual Assault Services

ICEP is among a small group of hospitals and organizations invited to participate as part of the Illinois Hospital Assocation's (IHA) Work Group on Billing Sexual Assault Services. Executive Director Ginny Kennedy Palys represents ICEP and the interests of emergency physicians.

The Work Group was convened to provide input and advice as IHA develops a billing protocol template that hospitals will use as a method to avoid directly billing sexual assault surivivors who receive emergency and forensic services in the ED. The template will be able to be modified by hospitals to fit the needs of their individual institutions.

House Bill 3848 has been introduced and is expected to pass the legislature this session to amend the reimbursement provisions of the Sexual Assault Survivors Emergency Treatment Act. The amendment was negotiated by IHA and the Office of the Attorney General. The Sexual Assault Survivors Emergency Treatment Act already prevents sexual assault survivors from being directly billed for hospital emergency and forensic treatment, but the amendment seeks to improve the processes and eliminate situations in which a survivor is billed in error.

Under the provisions of the amendment, all health care professionals who bill separately from the hospital, such as emergency physicians, will be required to develop a billing protocol that ensures no survivor will be sent a bill for these services. The billing protocol must be submitted to the Office of Attorney General for approval.

The protocol must include at a minimum:

1. Description of training for persons who prepare bills for such services
2. A signed statement by the biller who has completed the training that they will not bill survivors of sexual assault
3. Prohibitions on sending bills to collection and taking action that would adversely affect the survivor's credit
4. Actions to be taken is provision 3 above is violated

ICEP continues to work with its lobbyists to revise this amendment so as not to create an excessive administrative burden on both the Office of the Attorney General and the health care providers who must submit the paperwork. ICEP has recommended education of providers as an alternative and has offered to work directly to educate its members as needed.

ICEP will provide updates as work progresses.

Dr. Rebecca Parker Seeking Election as ACEP President-Elect

ICEP member and Chair of the ACEP Board of Directors Rebecca Parker, MD, FACEP will stand for election for President-Elect of ACEP this fall.

Rebecca Parker, MD, FACEP

Dr. Parker is concluding her second term on the ACEP Board. She was elected to the Chair of the Board during ACEP14 and is serving a 1-year term.

The election for ACEP President-Elect is held during the annual Council Meeting before ACEP15 in October in Boston.

All Councillors vote to elect the President-Elect as well as to elect the members of the Board for the upcoming term. (Other officer positions are elected by the Board directly.)

ICEP supports Dr. Parker in her campaign and wishes her the best of luck.

IDPH Supports New Clinical Guidelines Prescribing PrEP to Prevent HIV Infection

from Page 10

been in drug treatment within the past six months.

For sexually-active people, since no single prevention strategy is 100% effective, the guidelines also recommend that physicians encourage patients to use PrEP with other proven prevention strategies including the use of condoms, lubrication or other risk reduction strategies to provide even greater protection than when used alone. PrEP is not a replacement for safer sex practices.

Truvada for PrEP has been approved with a Risk Evaluation and Mitigation Strategy (REMS). The central component of this REMS is a prescriber training and education program to assist prescribers in counseling and managing individuals who are taking or considering Truvada for PrEP. The training and education program does not restrict distribution of Truvada but provides information about essential elements of a comprehensive HIV prevention strategy. The REMS for Truvada can be found here: http://www.truvadapreprems.com

PrEP has the potential to alter the course of the U.S. epidemic, if targeted to populations in need and used as directed. In fact, CDC estimates that as many as 275,000 HIV uninfected gay men and 140,000 HIV serodiscordant heterosexual couples could benefit from this intervention.

Ultimately, the role of PrEP in preventing new HIV infections will depend on: its acceptability to users; how effectively it is delivered by health care providers, including support for patients to achieve high medication adherence and prevent increases in risk behavior; and access to the drug by those at substantial risk of HIV.

As a clinician, you play a critical role in helping to realize the promise of PrEP for HIV prevention in the Illinois. Research shows that the doctor-patient relationship is a powerful one – what you say to your patients can have a great impact on their behaviors and health care choices.

Starting today, you can take several key steps to help expand uptake of PrEP and help address some of the practical issues for its effective delivery. These include:

- Prescribing PrEP to those patients with indications for its use
- Increasing awareness of this safe and effective HIV prevention intervention
- Creating an open dialogue with patients to screen for behaviors that may result in HIV acquisition, communicate prevention messages and reinforce safer behaviors
- Communicating to patients in HIV-discordant relationships that PrEP is an available option for the HIV-negative partner

The new guidelines and clinical providers' supplement are published in full at:
CDC PrEP Guidelines
CDC PrEP Provider Supplement
More resources online at ICEP.org/news.

WHY CHOOSE CARLE?

Emergency Medicine Opportunities

Carle Physician Group in Urbana, Illinois, is seeking additional **BE/BC Emergency Medicine** physicians to join our quality-oriented team**.** Our **400-member physician group** is part of a not-for-profit integrated network of healthcare services that also includes **Carle Foundation Hospital, a 393-bed Level I Trauma Center for 22 counties in Central Illinois.**

- Stable 23-member department along with 10 PAs seeing 70,000 patients per year
- 24-hour in-house coverage provided by Anesthesiology, 21-member Hospitalist Department, OB-GYN and Trauma Surgery
- 14,000 square foot expansion completed in 2014 added 17 additional acute beds, ultrasound room in dedicated ED Radiology suite with state-of-the art imaging equipment
- Teaching opportunities through **University of Illinois College of Medicine - Urbana-Champaign**
- Accredited Stroke and Chest Pain Center
- Air medical transport stationed at Carle around the clock with a Carle team on-site ready for departure in minutes
- Carle's Emergency Department has routinely scored in the 90th percentile in Press Ganey customer satisfaction among its peers and received the prestigious 2012 Emergency Medicine Excellence Award by HealthGrades
- Home to the Big Ten University of Illinois, Urbana-Champaign is a diverse community of 195,000 offering cultural events, sports and entertainment typically found in larger cities and is centrally located two hours from Chicago and Indianapolis and three hours from St. Louis
- Excellent educational, healthcare and housing options provide an ideal setting For personal and professional satisfaction for the single person or family
- **Vacation, CME and holiday time with equitable distribution of holiday/weekend shifts; superior compensation and benefit package, paid malpractice insurance with 100% tail coverage, and a sign on and retention bonus!**

www.carleconnect.com

For more information, please call Sarah Spillman-Smith at (800)436-3095, extension 4179 or E-mail sarah.spillman@carle.com

Carle

Illinois EPIC

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

ICEP Calendar *of* Events 2015

May 25, 2015
ICEP Office Closed
Memorial Day

June 1, 2015
Educational Meetings Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

June 4, 2015
EMS Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

June 4, 2015
EMS Forum
1:00 PM - 3:00 PM
ICEP Conference Center
Downers Grove

June 8, 2015
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

June 8, 2015
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

July 3, 2015
ICEP Office Closed
Independence Day Holiday

August 11-14, 2015
Emergency Medicine Board Review Intensive Course
ICEP Conference Center
Downers Grove

September 1, 2015
EMS Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

Register for all courses online at ICEP.org!

September 1, 2015
EMS Forum
1:00 PM - 3:00 PM
ICEP Conference Center
Downers Grove

September 3, 2015
Resident Career Day
Northwestern Memorial Hospital, Chicago

September 7, 2015
ICEP Office Closed
Labor Day

September 8, 2015
Research Committee Conference Call
10:00 AM - 11:00 AM

September 18-19, 2015
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

October 2, 2015
Emergent Procedures Simulation Skills Lab
Evanston Hospital, Evanston

October 13-16, 2015
Emergency Medicine Board Review Intensive Course
ICEP Conference Center
Downers Grove

October 19, 2015
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

October 19, 2015
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

November 17, 2015
EM4LIFE 2015 LLSA Article Review Course
ICEP Conference Center
Downers Grove