

PRESIDENT'S LETTER

Focus on Change in Time of Uncertainty



Yanina A. Purim-Shem-Tov, MD, MS, FACEP

This is a difficult time for our specialty, a time of uncertainty for us and our patients. Illinois Medicaid is in flux.

In February of 2017, Governor Bruce Rauner submitted a request for proposal to participate in the state's Medicaid managed care program. Currently, the state has 12 insurers participating in the program, and four of these insurers did not submit a plan by the deadline. Governor Rauner plans to narrow these to no more than seven different plans and vows to enroll 80 percent of Medicaid recipients into managed care plans. This change is in order to streamline the management of the Medicaid program and to focus on paying for results in care rather than just for services.

Sounds good? The concern is that the restructuring can result in confusion for patients and providers. Large numbers of patients currently enrolled in non-renewed Medicaid managed care programs will have to be switched into another program. One of these programs, Family Health Network, will likely have to close. This program supported several safety net hospitals in the Chicagoland area, and its closure will have significant deleterious effects on EDs in

the city and surrounding areas.

But of course, the biggest uncertainty of all comes from not knowing what the future of the health care holds. Currently we do not know how Medicaid dollars will be allocated to the states. In-block allocation of dollars could significantly limit the number of Medicaid recipients and thus decrease the number of insured, unless the private individual markets become so affordable and absorbs this block of patients. If not, patients will be seeking care once again in our emergency departments and continue overwhelming the system.

Furthermore, the "Repeal and Replace" effort by the Senate has not included emergency services as an essential requirement, giving insurers an option of not covering patients' emergency room visits. This reminds me of a personal experience with a private insurer from 1995, when I cut my thumb with a scalpel in a college class and needed to get stitches. I went to my closest ER and had my stitches, but forgot to notify my insurance and primary care provider prior to going to the ER. The ER bill was denied. Eventually, the bill was paid but it required a number of appeals and calls on my part to settle the issue, which was both time-consuming and nerve-racking.

If emergency care is not considered an essential requirement for insurance companies, these types of cases would become the norm. Our patients should always know that there is a safety net for them, and that is us! We should educate the public on the appropriateness of

ER use, but not punish our patients and place undue financial burdens on them when they utilize emergency services.

This brings me back to the issue of balance billing. As decisions are made and changes are implemented in Illinois and nationwide, it is vitally important that policymakers support fair payment for physicians and fair coverage for patients. The "affordable" premiums offered by health insurance companies mislead patients into purchasing policies that actually cover very little. This shifts costs onto patients and medical providers.

In a guest column for a local New Jersey news site, Dr. Jonathan Lustgarten, past president of the New Jersey Neurosurgical Society, writes about the issue: "... Legislators have promised cost savings by artificially lowering payments to doctors. Have their promises been kept? Not even in one case."

He cites the following examples:

- In 2011, Illinois adopted severely restrictive legislation that capped out-of-network billing to in-network rates. Legislators and advocates in Illinois promised cost and premium reductions as a result. In reality, however, costs continue to soar. This year, insurers in Illinois have proposed rate hikes of 45 percent.
- In 2010, Maryland adopted out-of-net-

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ICEP Sponsors 2 Council Resolutions in 2017

ICEP has submitted two resolutions to go before the ACEP Council at its meeting held in conjunction with ACEP17 Scientific Assembly in October.

The first resolution concerns guidelines for opioid prescribing in the emergency department. The resolution addresses the opioid crisis and requests that ACEP promote development of national guidelines to assist emergency physicians in their practice of prescribing opioids for acute pain.

The resolution suggests emergency physicians should limit the amount of opioids prescribed to less than 7 days; not prescribe long-acting or extended-release opioids unless coordinated with an outpatient provider; not fill prescriptions for missed or lost doses; and should consult with state-based prescription monitoring programs (PMPs).

The resolution recommends that ACEP encourage electronic medical record providers to incorporate easy-to-use PMP functionality into their products, and that ACEP should strongly discourage mandates for screening all ED patients for opioid use.

The second resolution addresses reimbursement for hepatitis C virus (HCV) testing performed in the ED setting. The resolution asks ACEP to encourage the adoption of state laws that allow for reimbursement for HCV testing in settings beyond the primary care setting, including the emergency department.

The resolution notes that not all states currently allow for reimbursement for laboratory testing for certain conditions, including HCV testing, outside of the primary care setting. According to CMS, for the purposes of national coverage determination (NCD), emergency departments,

as well as inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, clinics providing a limited focus of health care services, and hospice are explicitly not considered primary care settings appropriate for testing.

The resolution also notes that HIV testing previously faced similar scrutiny, and it is currently accepted that emergency departments are an ideal location for routine and/or non-risk based testing for patients, as the ED oftentimes functions as a safety net for those patients who otherwise may not have access to health care.

The ACEP Council meets to hear resolutions and conduct Board of Directors elections immediately prior to Scientific Assembly, in October this year. ICEP will be represented by 13 Councillors in 2017.

Focus on Change in Time of Uncertainty

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work restrictions at 140 percent of Medicare. This year, Cigna has proposed a 37 percent increase in premiums. CareFirst, Maryland's largest insurer, will increase rates by 50.4 percent.

- In New Jersey, as of January 1, 2017, plans sold in the Small Group markets were allowed by the state Department of Banking and Insurance to abandon the Usual, Customary, and Reasonable (UCR) standard for elective out-of-network reimbursement. As a result, these plans now pay out-of-network at 110 percent of Medicare. Despite this massive reduction in physician reimbursement, premiums for these plans have already increased 10 percent in the first six months of 2017.

Dr. Lustgarten concludes: "Reductions in physician reimbursement, wherever attempted, have never led to the promised reductions in premiums or total costs. Why? Because physician reimbursement represents only a small fraction (approximately 8 percent) of health care spending. Put another way, even if you paid physicians nothing, costs would continue to spiral out of control."

We really need to speak with one voice. Insurance companies must pay providers, whether in-network or out-of-network, fairly. The practice of fair payment would eliminate the need for balance billing. We do not want to put undue burden onto our patients.

Providers have been blamed for the rises in premiums when it is really not the case, as pointed out in the very well-written article referenced

above. Insurance premiums are being raised despite lowering payments to the providers. If the providers are not paid fairly, the providers will leave the states or the profession, which in turn, will create a significant shortage in our specialty.

Together, we can make a difference. Please contact your legislators and lobbyists and make this issue a first priority for our specialty!

Sincerely,



— **Yanina A. Purim-Shem-Tov, MD, MS,**
FACEP, President



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ICEP Member Debuts Minority Medical Student Project in Chicago This Summer

By Alejandra I. Cano, MD

University of Illinois-Chicago, Emergency Medicine, PGY-2; Chicago Minority Medical Student Emergency Medicine (CMMSEM) Founder & Director; acano3@uic.edu

How does a first-generation, Latina single mother of two become an emergency medicine resident?

Beside the hard work and determination that is expected for all EM residents, a critical factor for my own career development was mentorship. I had wonderful mentors, one of whom inspired me not only to choose emergency medicine as my career, but also to “pay it forward.”

The experience that solidified my decision to pursue EM was being part of the Minority Med-

ical Student Emergency Medicine program in Brooklyn with Robert Gore, MD, from SUNY-Downstate. Upon my return, I wanted to replicate the program that profoundly motivated me to practice EM.

I am thrilled to share with you that, thanks to the support of Dr. Rebecca Parker, the sister program, Chicago Minority Medical Student Emergency Medicine (CMMSEM), was launched in June. This program is supported by ICEP, ACEP, EMRA, University of Illinois at Chicago, Cook County Emergency Medicine Program, University of Chicago Emergency Medi-



The Chicago Minority Medical Student Emergency Medicine cohort attended a diversity and inclusion soiree as part of the program.

cine, and Advocate Christ Emergency Medicine

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Resident Career Day to Feature ACEP Board Member Dr. Gillian Schmitz

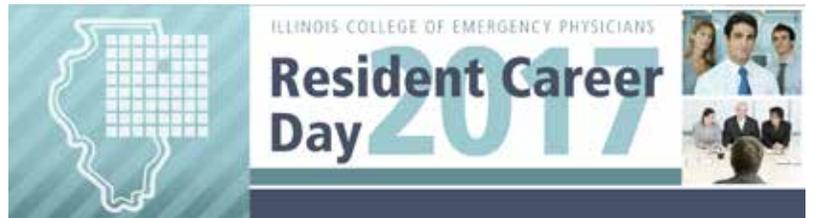
Register today to attend ICEP’s Resident Career Day on Thursday, August 31 at Northwestern Memorial Hospital in Chicago.

ICEP’s half-day program is designed to provide resources and advice to residents, medical students, and young physicians as they embark on their emergency medicine careers.



Gillian R. Schmitz, MD, FACEP

ICEP is excited to welcome ACEP Board of Directors member Gillian R. Schmitz, MD, FACEP, to present the keynote presentation. Dr. Schmitz will present “From Resident to Attending: Surviving the First Year Out of Residency.” She will discuss tips for transitioning from residency to clinical practice and highlight some common mistakes made as a new attending, with strategies to avoid the pitfalls. She will review pearls on jump-starting a career as a young physician, including time-saving tips and essentials for risk management, wellness, and learning the ropes as a new attending. Dr. Schmitz will dis-



uss ways to get involved as a young physician and overcome the anxiety that comes with starting a new job.

The 2017 program also features:

- Matthew Pirotte, MD, FACEP, discussing financial planning concepts and illustrating a basic financial plan for the first year out of residency
- William Sullivan, DO, JD, FACEP, reviewing common physician employment contract terms and simple negotiating tactics to help create a favorable contract

The program also includes the “Speed Dating”

Career Fair where participants network with the field’s top recruiters in a round-table format to discover career opportunities and make key connections with potential employers.

Medical students and 1st year residents who don’t wish to participate in the Career Fair can sit down with Dr. Schmitz and ACEP President Rebecca Parker, MD, FACEP for an open forum discussion of career planning for EM and matching to a residency.

Life after residency brings a new set of challenges. Resident Career Day focuses on giving you the tools you need to meet this challenges head on and turn them into opportunities. Register at ICEP.org to attend.

End of Legislative Session Highlights

The Illinois General Assembly has concluded its extended spring legislative session with the passage of a budget. This is the first time a budget has been passed in Illinois since 2015, and bills dating back to more than two years ago are now starting to be paid.

Governor Rauner, who opposed the deal and the included income tax increase, vetoed the package of bills but the override was passed with bipartisan support, 71-42.

Some of the primary impacts of the budget are:

- An increase in the state income tax: from 3.75 to 4.95 percent for the personal income tax rate, and from 5.25 to 7 percent for the corporate tax rate — changes expected to generate about \$5 million in revenue
- School funding, both K-12 local schools and higher education (state universities)
- Continuation of road construction projects
- Payment to social services agencies and suppliers
- Payment in full for lottery winners

Other highlights of the spring legislative session, including bills of interest to ICEP that

passed the houses and will be sent to the Governor for signature, include:

- The operations of the Mobile Health Integrated Task Force have been extended. ICEP Past President Valerie J. Phillips, MD, FACEP, is a member of this task force.
- The Volunteer Emergency Worker Job Protection Act was amended to provide that any volunteer EMS worker or firefighter may not be disciplined or terminated by the employer for responding to an emergency call or text message during work hours that requests volunteer EMS or firefighter services.

One major victory for ICEP was related to HB 2800, which amends the Perinatal HIV Prevention Act. The bill as passed requires mandatory HIV testing for all pregnant patients during the third trimester of pregnancy. The requirement was authored to apply to all health care facilities, including emergency departments, but ICEP lobbyists were successful in having Emergency Services removed from bill before it was passed. HB 2800 has been sent to the governor for signature.

The full End of Session report prepared for ICEP by Illinois Strategies is available at ICEP.org. The General Assembly has adjourned until the fall veto session.

ICEP will continue to monitor progress of the bills as the Governor signs them into law and during the veto session.

Controversial and expected to return in the full legislative session in spring 2018 are bills related to physician assistant practice and independent practice of nurses.

Attempts to change the language in the Physician Assistant Practice Act from “supervising physicians” to “collaborating physicians” were unsuccessful. Similarly, the APRN scope of practice bills failed in both the House and the Senate. The Senate bill, SB 642, sought to expand the scope of practice for postgraduate advanced practice registered nurses, including granting prescriptive authority.

The physician assistant and advanced practice nurse bills will be one of ICEP and lobbyists’ priorities during the next legislative session.

ICEP Oral Board Faculty Offer Insights into Benefits of Realistic Prep Course

Limited spaces for ICEP’s fall Oral Board Review Courses on September 15-16 at the ABEM exam site, the Chicago O’Hare Marriott, are still available! Call ICEP at 630-495-6400, ext. 200, to reserve your space today.

A few of ICEP’s dedicated course examiners recently offered their opinions on what sets ICEP’s course experience apart from the competitors.

Edward Fieg, DO, FACEP, FAAEM, faculty at 16 ICEP courses over the past 10 years, called the course “superiorly methodical” in its organization and candidate preparation.

“The ICEP Oral Board Review Course uniquely offers the candidate complete and rote drill



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instruction, familiarization and desensitization to the exam process, and precise step-by-step experience to ensure the candidate’s successful passage of this critically important career hurdle,” he said.

William Sullivan, DO, JD, FACEP, an examiner at 15 ICEP courses since 2006, discussed the rewarding experience of serving as faculty and working one-on-one with the participants.

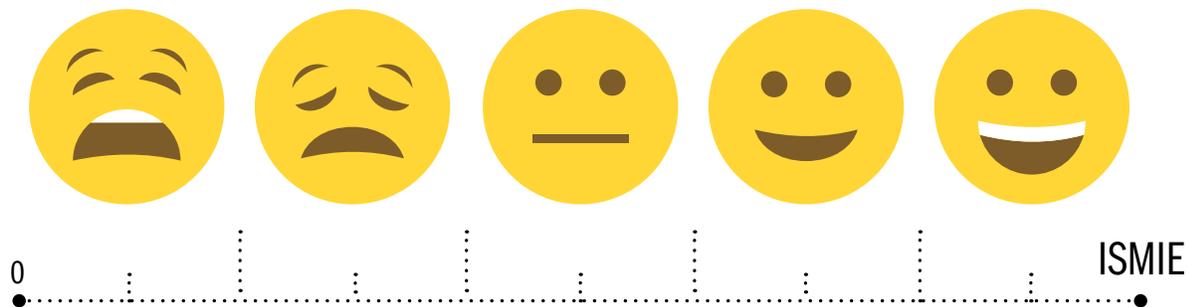
“As an examiner, it’s satisfying watching many candidates who struggled through the first few simulated cases later breeze through the cases by the end of the course,” he said. “That’s the difference ICEP’s course makes.”

Sign up today to interact with these faculty and more as you work one-on-one on single- and triple-case encounters, including cases presented digitally using the same platform used by ABEM on the exam. Full course details and registration are online at ICEP.org.



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LEFT: The CMMSEM participants attended a simulation lab presented by Cook County Hospital as part of the program, providing hands-on clinical experience in emergency medicine. RIGHT: The participants pose with Dr. Steve Bowman, residency director for the Cook County Hospital emergency medicine residency program, at the conclusion of the sim lab.

ICEP Member Debuts Minority Medical Student Project in Chicago This Summer

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Program. It is a city-wide cohort designed to expose underrepresented minority (URM) and LGBTQ rising 2nd year medical students to careers in academic and community EM.

Through this program, I wanted to provide medical students with an interest in the emergency medicine field the opportunity to get first-hand clinical experience. The program also highlights research, mentorship, standardized test skills,

and residency preparation that are required to excel in EM.

The cohort is expected to conduct research projects under the guidance of a faculty member, and their projects will be presented at the culmination of the program as well as submitted to national conferences.

I expect the skills gained to encourage participants to familiarize themselves with independent

research and become confident as they progress in their medical careers. I hope this summer will be one they remember fondly and inspire them to continue the cycle of paying it forward.

— **Alejandra I. Cano, MD**, University of Illinois-Chicago, Emergency Medicine, PGY-2

A follow-up story with the full results of the cohort program will be published in a future issue of the Illinois EPIC.



The CMMSEM cohort participated in Illinois Heart Rescue training at the University of Illinois at Chicago as one of the program activities.

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ITLS eTrauma Online Course Offers Flexible New Option for Trauma CME

Need trauma CME? International Trauma Life Support has recently released its updated ITLS eTrauma online course — now available with physician credit!

The 8th edition ITLS eTrauma: Taking Trauma Training Online program is an easy opportunity to earn trauma hours with 13 topic-focused lessons (head, spinal, thoracic trauma, and more). The program is approved for a maximum of 8 *AMA PRA Category 1 Credits*™.

The course reinterprets the ITLS Provider classroom instruction in a self-paced, online format that focuses on the essential knowledge to take better care of trauma patients.

The ITLS eTrauma course can be used for continuing education or as the first step in achieving ITLS Basic or Advanced Provider certification.

ITLS is the world's leading provider of emergency trauma care education. ITLS training stresses rapid assessment, appropriate intervention and identification of immediate life threats. The ITLS framework for rapid, appropriate and

8th Edition ITLS eTrauma Taking Trauma Training Online



effective trauma care is a global standard that works in any situation. ACEP member Roy L. Alson, MD, FACEP, serves as Co-Editor.

New eTrauma content focuses on updated SMR guidelines, hemorrhage control and TXA, mass shooting events, and more.

The web-based program is flexible and self-paced so you can complete the course on your own timeline. The streamlined, intuitive user interface is mobile-optimized for on-the-go learning.

Three options for purchase are available: with a hard copy textbook and eTextbook, with eTextbook only, or course access only, for students who already have an 8th edition *ITLS for Emergency Care Providers* textbook). No matter which option you choose, you can start your course any time: the access code is delivered at the time of purchase.

A great value at less than \$25 per CME hour, eTrauma is an accessible and affordable way to meet your requirements for trauma CME hours. Get started today at ITRAUMA.org/etrauma.

NOTE: The eTrauma course and materials are sold through Pearson CME credit is an optional add-on that must be purchased separately through ITLS. To purchase the program with CME, you will need to make two separate purchases. Details are online at ITRAUMA.org/etrauma.

All Questions, All Night: Evening Question Review is August 15-17 in Downers Grove

By popular demand, ICEP's EM Board Review Intensive after-dinner question session has been extended to three nights in 2017!

Join ICEP in the evenings on August 15-17 for Evening Question Review: 3-hour "rapid-fire" question sessions that will keep you on your toes as you maximize your study time. The fast-paced, interactive format is a perfect opportunity for a targeted review of topics and a way to earn topic-specific CME hours too.

Evening Question Review will be presented Tuesday, August 15 from 6:30 to 9:30 PM by Joseph Colla, MD, RDMS, and will include questions on cardiology, orthopedics, pediatric rashes, pulmonary, and hematology.

Adam Rodos, MD, will present from 6:45

to 9:45 PM on Wednesday, August 16, with questions on infectious disease and more.

Timothy J. Meehan, MD, MPH, FACEP, will present the session Thursday, August 17 from 6:30 to 9:30 PM, with questions on trauma, environmental, neurological, toxicology, and pediatrics.

If you are attending the full 4-day EM Board Review Intensive course on August 15-18, the Evening Question Sessions are included free.

If your schedule is too packed for our full 4-day



review, join us at night only! You may register separately for the Evening Question Review — either the full 3-day program or individual evenings as desired.

The cost of the 3-day program for ACEP members is \$199 and \$249 for non-member physicians. Single evenings are \$99 per evening. Register online at ICEP.org/embri.



Check the ILPMP website. What are you waiting for?

The Illinois Prescription Monitoring Program (ILPMP) collects information on Schedule II – V controlled substance prescriptions dispensed in Illinois. The ILPMP website helps to improve the quality of clinical care and benefits prescribers and dispensers by allowing a summary view of a patient’s prescription history. The use of the website is free and is an excellent tool to help prevent potential drug interactions and/or accidental overdoses.

Illinois Prescription Monitoring Program

www.ilpmp.org



Ultrasound for EM Course Set for Dec. 6

ICEP's annual Ultrasound for Emergency Medicine Workshop will be presented on Wednesday, December 6 in Downers Grove.

Registration is open online now at ICEP.org/ultrasound. The cost for ACEP members is \$450 for the Basic Course or \$300 for the Fast Track Course. The cost for non-member physicians is \$499 for Basic and \$350 for Fast Track. Physician assistants and advanced practice nurses are also welcome to attend at a discounted rate of \$325 for the Basic Course and \$175 for the Fast Track.

ICEP's Ultrasound for Emergency Medicine Workshop will again include cardiac ultrasonography with live-model practice, updated in 2016 by popular demand.

Pelvic ultrasonography was eliminated as the result of feedback from the ICEP membership and past course participants, who indicated this



skill is rarely performed in the emergency department.

The course features two tracks: a Basic course for physicians with minimal experience seeking both didactic lectures and hands-on practice in ultrasound technique; and a Fast Track course for physicians with prior ultrasound experience seeking hands-on practice only.

The Basic course agenda include the following topics:

- Ultrasound basic and knobology, presented by Course Director Robert Rifenburg, DO, RDMS, FACEP

- Cardiac ultrasonography, presented by David Sallen, MD
- Fast Exam, presented by Monika Lusiak, MD
- Gallbladder, presented by Michael Gottlieb, MD, RDMS
- AAA, presented by Joseph Peters, DO, RDMS, FACEP, FACOEP, FACOI
- Ultrasound-Guided Peripheral IVs and Central Lines, presented by Jennifer Rogers, MD

Both the Basic and Fast Track courses feature hands-on skill stations to practice: cardiac, gallbladder and AAA, Fast Exam, and peripheral IVs and central lines. All stations will be live-model except for peripheral IVs and central lines.

The course is approved for a maximum of 5.5 *AMA PRA Category 1 Credits*TM. View the complete course brochure at ICEP.org/ultrasound for a detailed agenda, program objectives, and complete faculty listing.

ICEP Committee Member Applications Due Sept. 8

ICEP is now accepting applications for individuals who wish to serve on ICEP committees in 2017-18. All committee applications are due September 8, 2017.

Your application must be submitted online from ICEP.org/committeapp. You may indicate your interest in up to 3 committees on the application. There is no need to submit multiple applications.

The ICEP committees accepting applications are:

- Awards/Nominating
- Bylaws
- Educational Meetings
- EM Board Review Intensive Course
- EMS
- ITLS Illinois Advisory
- Membership
- Patient and Physician Advocacy

- Practice Management
- Research

Undecided about which committees might be a good fit for you? Browse the current committee mandates and membership online at ICEP.org/committee.

If you are a current committee member, you will also be asked to provide some feedback about your experience this year (included in the same application). Current committee members must complete an application to confirm interest in remaining on their committee(s).

You must be a current ICEP member to serve on ICEP committees.

Notifications of committee appointments will be made via email in mid-October.

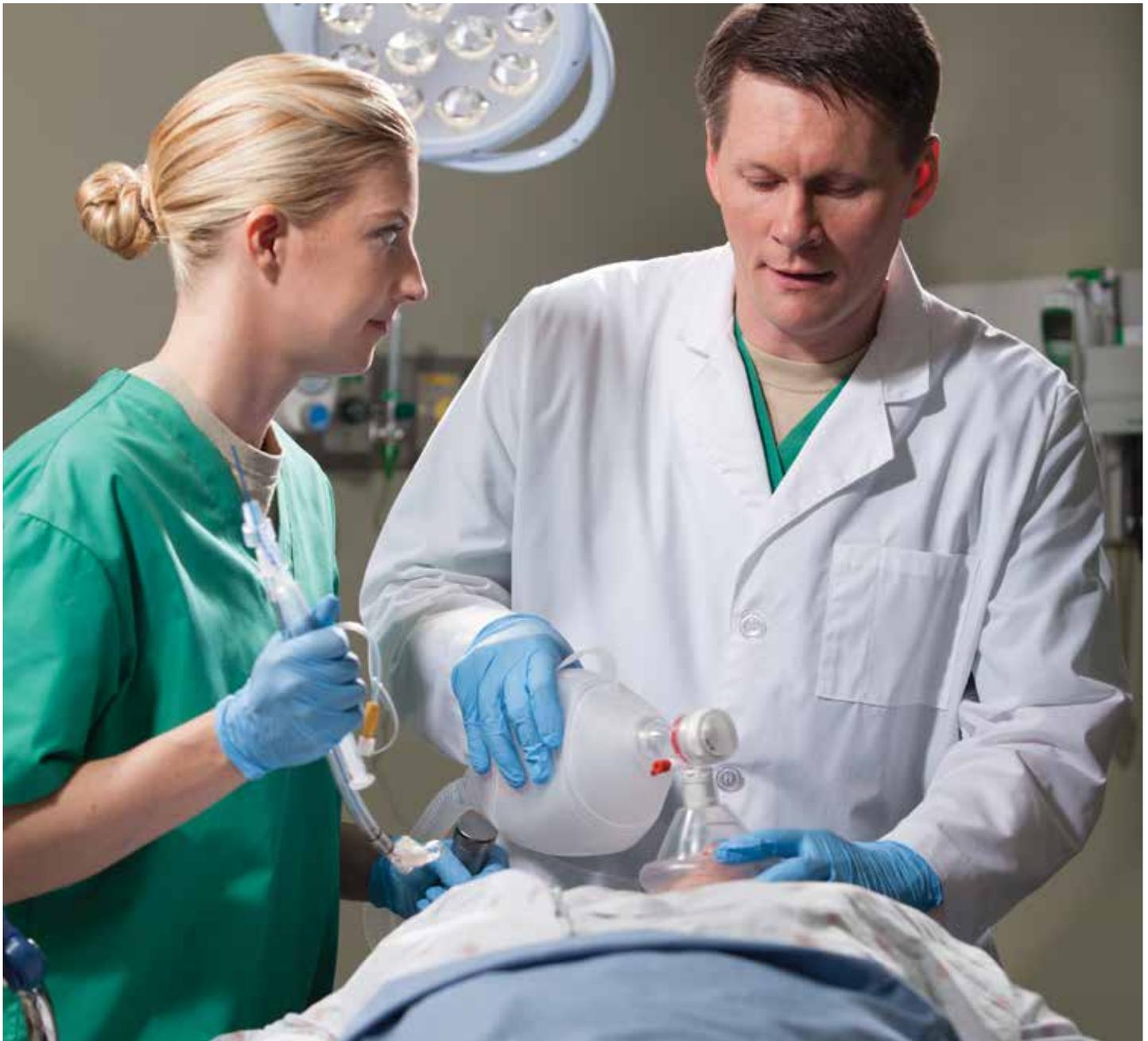
ACEP Seeking Submissions for Doc Blog

ACEP is always seeking new submissions for its Doc Blog on the Emergency Care for You public education website.

It's simple to submit – ACEP looks for 400-500 words on a consumer-related topic written from an emergency physician's perspective – hopefully with some type of personal experience angle that you are willing to share. Any general health topic that you think is important and you'd like to write about is a possibility.

Please email Michael Baldyga at mbaldyga@acep.org for topic ideas or to suggest a topic of your own. Feel free to share this with any emergency physician who might be interested.





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ICEP Calendar *of* Events 2017

August 15-18, 2017
Emergency Medicine Board Review Intensive Course
ICEP Conference Center
Downers Grove

August 28, 2017
Education Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

August 31, 2017
Resident Career Day
Northwestern Memorial
Hospital, Chicago

September 4, 2017
Labor Day Holiday
ICEP Office Closed

September 6, 2017
EMS Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

September 6, 2017
EMS Forum
1:00 PM - 3:00 PM
ICEP Conference Center
Downers Grove

September 15-16, 2017
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

September 26, 2017
Research Committee Conference Call
10:00 AM - 11:00 AM

September 27, 2017
ITLS Illinois Advisory Committee Meeting
10:00 AM - 12:00 PM
ICEP Conference Center
Downers Grove

October 6, 2017
Emergent Procedures Simulation Skills Lab
Evanston Hospital, Evanston

October 16, 2017
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

October 16, 2017
Board of Directors Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

October 24, 2017
EMS Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

October 24, 2017
EMS Forum
1:00 PM - 3:00 PM
ICEP Conference Center
Downers Grove

November 14, 2017
EM4LIFE 2017 LLSA Article Review Course
ICEP Conference Center
Downers Grove

November 23-24, 2017
Thanksgiving Holiday
ICEP Office Closed

December 4, 2017
Education Committee Meeting
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

December 6, 2017
Ultrasound for EM Workshop
ICEP Conference Center
Downers Grove

Register for all courses online at ICEP.org!

