

PRESIDENT'S LETTER

Illinois' New Out-of-Network Billing Law and Its Impact on Emergency Medicine



**Michael Wahl,
MD, FACEP, FACMT**

A new Illinois law was enacted in June with the intent of protecting patients from "balance billing" by physicians who treat patients who are insured by non-participating "out-of-network" providers.

I have heard tales of being billed enormous amounts by hospitals and physicians for out-of-network care from friends and neighbors who needed emergency and trauma care. Because of their stories, I understand that parts of the health care system are broken, and I am personally and wholeheartedly in favor of the concept behind this law.

Unfortunately, the proverb of "the unintended consequences of good intentions" very much applies to the language of Public Act 96-1523.

For non-hospital based providers such as internists, sub-specialists and surgeons, they must, by law, disclose to all patients who are covered by insurers who are not in the provider's network: "WARNING, LIMITED BENEFITS WILL BE PAID WHEN NON-PARTICIPATING PROVIDERS ARE USED." They then must inform the prospective patient they will be billed for the difference between the amount

the insurer pays and the physician's bill (i.e., balance billing).

With this disclosed up front, the patient can make the decision to stay with that physician or go to an in-network physician who has a contract with their insurer and thereby avoid balance billing. The process is easier for the patient, as it puts the onus of understanding the insurance billing and explaining options onto the provider instead of the patient, who may often not understand the complexities of our arcane medical insurance system.

The unintended consequence is that hospital-based physicians who do not have a choice on the patients they see or accept, including out-of-network patients, may not be able to receive fair payment for their services without an expensive arbitration process.

These physicians do not have the luxury of refusal of patients, and this is especially true for emergency physicians who practice as the safety net of the poor and uninsured and must see all patients under the constraints of EMTALA. If the hospital is "in network" for a particular insurer "X", but the emergency physician group does not have a contract with insurer "X", the current law places the emergency physician essentially at the mercy of the insurance company.

The law states that for services "provided by a non-participating facility-based physician or

provider, the insurer or health plan shall ensure that the beneficiary ... shall incur no greater expenses than the beneficiary would have incurred with a participating physician or provider for covered services."

This sounds good, but how many times over the years have hospitals or provider groups not been able to come to terms with insurers on fair payment?

And this is where an ill-defined arbitration process outlined in the law comes into play. The out-of-network EM physician may submit a bill to the insurer; the insurer may then submit whatever payment they feel is "usual and customary" to the physician. If an agreement cannot be reached, one party may initiate arbitration, which will most likely be the party who is not getting fair reimbursement — the EM physician.

Emergency medicine collections for services rendered are usually for a few hundred dollars. The difference between expected payment and actual proposed payment in this scenario may be small.

This begs the question:

- Does it make sense to go to arbitration for a \$50 to \$100 difference in expected payment?

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But this only raises additional questions:

- Does it make sense to go to arbitration if there are 300 such "\$50 to \$100 cases" per year per physician?
- What if the person initiating arbitration has to pay for the arbitration process as well as the lawyer fees on their side?
- Which side has the deeper pockets to accept the cost of ongoing, month-after-month arbitration: physician groups or billion dollar insurance companies?

If this legislation is not amended to address some of these issues, why should insurance companies even have in-network agreements with EM physicians in the future?

By not having agreements, they could conceivably pay, or not pay, whatever the insurers felt was "usual and customary." It potentially hands the insurance companies a blank check as to what EM services are worth. Given that part of the insurer's profit is to control expenses, with the language of this law, it is in the companies' best interests to undervalue EM care as much as possible.

EM physicians see all patients who present to their door under EMTALA. There is no choice. I believe that EM physicians embrace that challenge and see it is a duty and part of a pact they have made with themselves when they took the title of emergency physician.

As an integral part of the "safety net" for the poor and uninsured, we depend on fair compensation from insured patients for the revenue to maintain our practices and our ability to care for those who cannot pay for needed services. This law threatens to destroy the pillar of financial

support for the safety net and for emergency services as a whole.

ICEP has entered a partnership with ISMS and the state societies for anesthesia, radiology and pathology to repeal or amend this law. Currently, a lawsuit that would temporarily hold the implementation of the law has been filed on grounds that it is unconstitutional as written.

While "balance billing" is off the table, it is reasonable to expect a well-written law that provides a mechanism for fair payment of EM services and does not leave the value of EM services for out-of-network reimbursement at the discretion of insurers.

If you would like to read the current law in its entirety, please click this link: www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1523

If you would like to be part of the ICEP committees that are taking action to stop implementation and amend this law, please contact me at mwahl@icep.org.



— Michael Wahl, MD, FACEP, FACMT
ICEP President

See Mike Wahl's letter to the editor of Crain's Chicago Business about the out-of-network issue at:

www.chicagobusiness.com

RESIDENT CORNER



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The cycle of another academic year has come; graduating seniors are off to discover new challenges, juniors are getting geared up for more clinical and program responsibilities, and new interns are arriving to start their journey in emergency medicine.

As your new resident representative to the ICEP Board of Directors, one of my goals throughout the oncoming year will be to use this column to address the issues and clinical information that are especially of interest to emergency medicine residents in Illinois.

Please share ideas for this column throughout the year and let me know what I can do to help you accomplish some of your goals this year.

Residency Seeks Survey Responses

The Emergency Medicine Residency program at the University of Illinois at Peoria is conducting research regarding Illinois' online prescription drug monitoring program. A simple survey has been created to evaluate various aspects of this program. Please consider completing the survey online at the link below. The survey takes 5-10 minutes to complete, and answers will be kept anonymous.

https://www.surveymonkey.com/s/illinois_provider_pmp



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ICEP Creates Leadership Development Program to Mentor Young Physicians

ICEP is excited to announce a new chapter program designed to provide young Chapter members the opportunity to study under ICEP leaders to prepare them for future leadership roles in the College and emergency medicine.

The Leadership Education and Development (LEAD) program will utilize mentorship, collaboration and networking, and a series of didactic and interactive learning sessions to foster growth and development.

The inaugural cycle of the program kicks off with the selection process beginning this week. A total of 3-6 individuals will be selected to participate in 2011-2012.

Selection for the program is a competitive process, and the LEAD Selection Committee will carefully review each application that is received by the August 31, 2011 deadline. The complete application and program guidelines is available now and can be downloaded from ICEP.org.

The program is comprised of three components that participants will complete throughout the year-long term:

- Experience multiple leadership opportunities both locally and nationally while taking an active role with various ICEP committees and the Board of Directors
- Develop a strong working relationship with leaders in emergency medicine and ICEP
- Complete a large scale project dedicated to the improvement of emergency medicine with an administrative, educational, research or political focus

To submit an application for LEAD, nominees must meet all of the following requirements:

1. Nominee must be a member of ICEP.
2. Nominee must have a minimum of one year of membership in ACEP or EMRA.
3. Nominee must agree to participate in all elements of the LEAD program as noted in the program outline.
4. Nominee must submit the LEAD program application, and provide a CV and a let-

ter of support from department chairman/director.

5. Cost for participation will be shared by ICEP and the individual participant. For more information about potential expenses, please refer to the "Cost Sharing" section of the program application.

The 2011-2012 LEAD class will participate in a number of exercises and sessions, meeting on a quarterly basis. Each session will have a different focus with different goals to accomplish. A primary component will include a visit to the state capitol in Springfield to meet with legislators and make contacts with their offices to lobby for changes on legislative and regulatory issues that affect emergency medicine.

Participants will also work one-on-one with past and present ICEP leaders who will serve as mentors. The LEAD program was developed by ICEP Board member Chad Kessler, MD, MHPE, FACEP, who will serve as the program's primary coordinator.

ICEP EMS Forum to Host House Task Force on EMS Funding Meeting in Sept.

ICEP's EMS Forum will host the first meeting of the General Assembly's House Task Force on Emergency Medical Services Funding.

The meeting will be held from 1:00 to 3:00 PM on September 20 at the ICEP Conference Center in Downers Grove.

The House Task Force was established to "formulate practical, timely and strategic guidance on how to improve equipment, funding, training, manpower, cost savings and communications" within the state. The Chair of the Task Force is Rep. Don Moffitt (R-Galesburg) and Co-Chair is Rep. Lisa Dugan (D-Kankakee).

The meeting at ICEP will be the first of a series of 10-12 meetings to be held throughout the state. The Task Force will provide a report of its findings to the General Assembly by January 1, 2012.

Several state legislators and their staff, IDPH officials, and EMS stakeholders from all over Illinois are expected to attend.

If you plan to attend this meeting, please register online at www.regonline.com/ICEPEMS-Forum2011. Registrations may be limited due to space constraints.

Faculty Needed for Oral Board Review Course August 26-27

ICEP is seeking faculty for its upcoming Oral Board Review Courses on August 26-27. As an oral board faculty member, you will present single or multiple case simulations to candidates in strict oral board exam format and provide feedback on their performance. The honorarium is \$200 per course day. ICEP's Oral Board Review courses are held at the Chicago O'Hare Marriott Hotel and run from approximately 7:45 am to 6:15 pm with coffee and lunch breaks. If you are available to teach, please contact Lora Finucane at 630.495.6400, ext 219 or loraf@icep.org.



Staff, including Medical Director Ernest Wang, MD, FACEP (center, in pink shirt) attend training modules in the just-opened NorthShore Center for Simulation and Innovation. The state-of-the-art facility will be the site for ICEP's two upcoming Emergent Procedures Simulation Skills Labs in August and November.

NorthShore Opens New Simulation Center; Hosts ICEP Courses at Facility

NorthShore University HealthSystem's state-of-the-art simulation center celebrated its grand opening earlier this summer. The NorthShore Center for Simulation and Innovation (NCSI) is located at Evanston Hospital.

ICEP members have the opportunity to train at the new 13,000-square-foot facility by attending one of the Emergent Procedures Simulation Skills Labs held by ICEP and NorthShore's Center for Simulation Technology and Academic Research (CSTAR).

CSTAR is one of two programs at NCSI that provide health care education, training and research opportunities utilizing cutting-edge simulation technology. CSTAR uses medical scenario simulation to improve patient care and outcomes while reducing health care costs.

NCSI also houses the Minimally Invasive Surgical Training and Innovation (MISTI) program, which provides a resource for surgeons to train, develop and test new techniques and procedures.

"The Center's goal is to help people develop stronger skills through practice. It also provides an opportunity to hone those skills especially in activities you must perform often, with little margin for error," said NCSI Medical Director and ICEP member Ernest Wang, MD, FACEP. Dr. Wang is a co-course direc-

tor for the Emergent Procedures courses.

Emergent Procedures Courses in 2011

There are two upcoming Emergent Procedures Simulation Skills Labs left in 2011: Friday, August 12 and Friday, November 4.

Spaces are still available for both course dates, and walk-ins will be welcomed at the August course. Register online now for either course date at ICEP.org.

The Emergent Procedures course is an intensive 1-day simulation-based course that targets high-risk procedures that are seldom performed in the emergency department because their clinical presentation is rare.

The top-rated program provides 10 *AMA PRA Category 1 Credits*™ and covers cardiovascular, airway, pediatric/obstetric, and ultrasound modules.

Among the procedures covered are: transvenous pacemakers for symptomatic bradycardia; FAST scan under ultrasound guidance; thoracostomy and chest tube insertion; cricothyrotomy; difficult airway adjuncts; and specialized obstetric and pediatric techniques.

For the complete schedule of procedures, download the full course brochure from ICEP.org.

Limited Spots Remaining for August Oral Board Course

ICEP has spots remaining at its popular Oral Board Review Courses this fall! Visit ICEP.org or call staff now to register for one or both courses on Friday and Saturday, August 26 and 27.

If you are taking your boards this fall, don't miss your opportunity to prepare at ICEP's top-rated Oral Board Review Course.

Each six-hour Core Review course lets you experience a schedule similar to the actual oral examination. First, you'll receive a briefing on exam techniques and tips. Then, armed with all pertinent laboratory data and x-rays, you'll be tested on six single cases and two multiple-case encounters. Immediate feedback from expert faculty will help you assess your performance and target areas for additional review.

If you are looking for additional review or practice, you can opt to take both six-hour courses, on Friday morning and Saturday afternoon. Cases will be different on each day.

All of our course options put you one-on-one with experienced faculty at the ABEM Exam Site hotel, the Chicago O'Hare Marriott.

Contact ICEP staff at 630-495-6400, ext. 200 or 205, to register today for an Oral Board Review Course. You won't find a better review option.

Oral Board Review Courses



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ICEP Legislative Day In the Works; Planned for Early March in Springfield

1-Day Educational Program to Follow Day of Advocacy, Lobbying Events

The Government Affairs and Education Committees are collaborating with the Board of Directors to plan a two-day combined advocacy and educational event in Springfield in 2012 that would include a Legislative Day with visits to the state capitol and a reception with legislators.

The program is tentatively scheduled for early March; exact dates will be announced via email shortly.

The format will be a two-day event, with one day dedicated to legislative issues and the following day an educational event focusing on



clinical topics. Members have the option to attend one or both days of the program.

Participants at the ICEP Legislative Day will visit the state capitol, where individual or small-

group meetings will be scheduled with legislators and their staff to discuss issues that impact emergency medicine.

The day will conclude with an early-evening reception at the Abraham Lincoln Presidential Library and Museum for registrants, legislators, staffers, and lobbyists.

Details of the 1-day educational program, including speakers and topics, will be announced soon.

Watch your email for more information from ICEP about this special event in 2012 and plan to join your colleagues down in Springfield in early March.

Academic Forum Set for November 3: Call for Resident Research Abstracts

ICEP will host its annual Academic Forum Resident Program on Thursday, November 3, 2011 at Advocate Christ Medical Center's Auditorium & Conference Center in Oak Lawn.

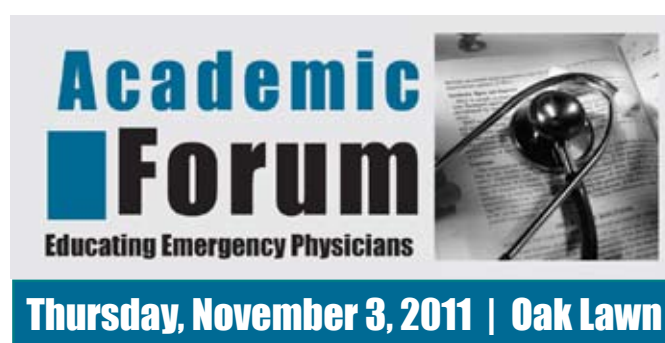
ICEP asks each residency director to select one resident to present original research for the Resident Research Competition. The resident should best represent the residency to Illinois emergency medicine colleagues, and should also be one of the principal investigators of the research to be presented. The abstract may have been presented at a regional or national meeting prior to the Academic Forum as long as it has taken place within the last year, and the presenter indicates where and when the research was presented on their abstract cover sheet.

A team of ICEP Research Committee members will judge the research presenters, and first and second placements will be chosen. Winners will receive cash prizes and all presenters will be recognized for their research.

The deadline to submit a presenter (with the research abstract) is September 15. Download the required submission form from ICEP.org/research.

In addition to the Resident Research Competition, the Academic Forum will again feature its popular "Speed Dating" style Career Fair luncheon. This special event provides a targeted setting to discover career opportunities at hospitals, companies and organizations in Illinois and nationwide. During the luncheon event, the field's top recruiters will rotate through tables of participants, giving attendees the best chance to network with potential employers.

More information about the Academic Forum, including the educational topics and keynote



speakers, will be announced in the next issue of the EPIC. A complete course brochure and online registration will be available September 1.

If you have any questions about submitting research for the Academic Forum, please contact Lora Finucane at 630.495.6400, ext. 219, or email loraf@icep.org. ICEP looks forward to having all of Illinois' emergency medicine residencies represented at the 2011 Forum.





JOB OPPORTUNITIES

FOR BOARD CERTIFIED EM PHYSICIANS

A new private EM physician group for top ER doctors has partnered with a new hospital on Chicago's south side. Metro South Medical Center, formerly known as St. Francis Hospital in Blue Island, has awarded Emergency Care Physician Services (ECPS) with a 10-year EM physician-staffing contract.

ECPS is a Chicago-based, physician-owned, financially democratic Emergency Medicine group with **Full & Part-Time Positions Available Now for Board Certified EM Physicians.**

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Seth Guterman, MD FACEP
(773) 255-1236 or sguterman@ecps.md

More information can be obtained at www.ecps.md

Registration Open Now for 2011 ACEP Scientific Assembly in San Francisco

ACEP's Scientific Assembly will be held October 15-18 in San Francisco. Registration and housing blocks are now open.

The headquarters hotel is the Hilton San Francisco Union Square. Reservations at any of the conference hotels should be made through ACEP's contracted housing company, Momentum Event Network.

More information, including reservation information, online registration, and the complete brochure and schedule, is available at ACEP.org/sa.

Among the highlights of Scientific Assembly 2011 are:

- Opening session: Panel discussion about the Affordable Care Act featuring U.S. Representative Joe Heck, DO, FACEP (R-NV), Oregon Governor John A. Kitzhaber, MD, and ACEP Board member and new President



David C. Seaberg, MD, FACEP; moderated by Arthur L. Kellermann, MD, FACEP

- Over 300 world-class educational sessions
- Interactive workshops and skills labs – including the new Simulation lab
- Summaries of LLSA test articles
- New pre-conference Cadaver lab
- ACEP's Research Forum included in 4-day registration fee
- The largest exhibit program in the specialty, with more than 300 vendors showcasing the

latest equipment and products

- Time to mingle with other emergency physicians from around the world during the many social activities, including the Opening Party, the Fellows Convocation and all section and committee meetings

Council Meeting

The annual Council Meeting held in conjunction with Scientific Assembly will be Thursday and Friday, October 13-14.

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LLSA Article Review Courses

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2010 Articles

Saturday, September 10, 2011
Downers Grove, IL

2011 Articles

Thursday, November 10, 2011
Downers Grove, IL

Tuesday, November 15, 2011
Bloomington, IL

Register now or purchase the text online @ www.icep.org

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There are still available spaces at both of ICEP's upcoming EM|MOREinFOUR Emergency Medicine Board Review course dates. Registration is open online at ICEP.org.

The 4-day course will be held twice in 2011:

- **September 6-9** (Tuesday through Friday)
- **October 3-6** (Monday through Thursday)

Sign up for the September course if you are taking the course for recertification prep. ABEM's EMCC ConCert exam dates are October 3-8.

If your schedule doesn't allow you to attend a live course, EM|MOREinFOUR Online programs are a great option, allowing you to review online anytime. Register online and start the program a day later — it's that easy!

ICEP's EM|MOREinFOUR Online program includes two components, which can be purchased



together or individually. The Webcast course or Webcast topic selections include video lectures featuring the top-rated EM|MOREinFOUR faculty and their PowerPoint presentations. Each topic is available to watch individually and ranges from 30 minutes to two hours in length.

The Webcast lectures are available through ICEP's course portal, which tracks what you've watched so you can easily monitor your progress and pick up where you left off. The course portal also offers the PDF syllabus files online

to follow along with the lectures.

The second review option, EM|MOREinFOUR Self-Study Online, is ICEP's web-based independent study tool that features 650+ visual stimuli-based questions on EKGs, X-rays, infectious disease, EENT, dermatology, trauma, and more. The program tests your knowledge and exam preparedness with multiple-choice questions referenced to the 7th ed. Rosen and 7th ed. Tintinalli.

Whether purchased together or separately, EM|MOREinFOUR Webcasts and Self-Study Online provide 90 days of online access to the materials, allowing you to choose the intensity of your review and work at your own pace.

To view the complete course brochure for more information about the online options and live courses, please log on to ICEP.org.

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ACEP Establishes Position on Sedation

Paper Outlines Recommendations for Physician Credentialing, ED Practice

ACEP's Board of Directors recently adopted a position on procedural sedation and analgesia in the emergency department.

The position paper, "Procedural Sedation and Analgesia in the Emergency Department: Recommendations for Physician Credentialing, Privileging and Practice," can be downloaded from ACEP.org.

In the position paper, ACEP reaffirms that emergency physicians are qualified to administer procedural sedation in the emergency department in order to deliver faster and better care to their patients.

The position (also to be published in the October print edition of *Annals of Emergency Medicine*) outlines the process for credentialing emergency physicians with their hospitals.

"Emergency physicians are experts not only at administering procedural sedation but also at rescuing patients with compromised airways," said ACEP President Sandra Schneider, MD, FACEP.

"Procedural sedation and analgesia is a core competency in emergency medicine and a daily part of emergency department practice," Dr. Schneider said. "The best interests of our patients are served when emergency physicians provide the sedation required for time-sensitive, painful procedures, such as shoulder dislocations."

Earlier this year, ACEP convened a task force to memorialize its position on procedural sedation and analgesia in the ED as a guide for hospitals. ACEP's guidelines are supported by CMS and The Joint Commission, but hospitals individually decide who administers procedural sedation in their emergency departments.

"Requirements that emergency physicians work in teams of two to administer sedation and perform the procedure are unrealistic and unnecessary, given the training and skill of emergency nurses," said the lead author of the paper, Robert E. O'Connor, MD, FACEP, a member of ACEP's Board of Directors.

"Procedures that emergency physicians typi-

cally perform can be safely stopped so that the physician can give sedation and recovery their undivided attention."

"ACEP's position on procedural sedation is supported by scientific literature and very large clinical studies which show no difference in quality or safety between emergency physician-directed sedation and that delivered by other specialists," Dr. O'Connor added.

ACEP also asserts that in the absence of a second physician, emergency nurses can and should participate in the administration of procedural sedation.

ACEP affirms the need for quality assurance programs in emergency departments that monitor procedural sedation and analgesia practice, track adverse events, ensure satisfactory documentation and compliance with protocols, and identify opportunities for improvement.

The position was adopted at the June 2011 Board meeting.



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- Same physician group for 33+ years. For additional information please call Dr. Joe Shanahan at (630) 330-0182 or email joseph.shanahan@ahss.org



PEORIA, ILLINOIS: Emergency Physicians Staffing Solutions (EPSS) is currently seeking full/part-time Emergency Physicians for Proctor Hospital. This 20-bed ED provides emergency care to over 20,000 patients yearly and includes an ED observation unit, digital radiology and multiple subspecialty coverage. Only 2.1 patients per hour with NP coverage 6 days per week! Superior compensation package including increased holiday and weekend pay with equitable distribution of holiday/weekend shifts. Must be board certified or board eligible in emergency medicine ABEM, ABOEM, or board certified by APS. **EPSS Physicians can work at one of 5 facilities in Central Illinois all within 1 hour of Peoria, volumes range from 2,700 to 20,000.** EPSS physicians can choose to work at any or all of the facilities. EM Board Certification only required at Proctor. Flexible scheduling, claims made malpractice coverage and tail coverage, free online CME, and freedom from non-competes. For more information contact Jim Hubler, MD at 309-712-1766 or email hublerepps@aol.com.



Carle Physician Group in Urbana, Illinois is excited to announce a new partnership with Kirby Hospital in Monticello, Illinois and is seeking 6 **BE/BC Emergency Medicine** physicians to join our stable and experienced quality-oriented group of 16 physicians. ● Time will be split providing services to Carle Foundation Hospital, a Level I Trauma Center, and Kirby Hospital, a critical-access regional hospital with newly constructed facilities to open in late 2011 ● Ideal candidate will be comfortable working in a high-volume, high-acuity emergency department (65K visits) and a slower-paced rural emergency department ● Emergency Department physicians are supported by a 16-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 ● 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; Monticello is a vibrant bedroom community; both are centrally located two hours from Chicago/Indianapolis and three hours from St. Louis. **For more information, contact Karen Uden at (800)436-3095, extension 4112, email your CV to karen.uden@carle.com or fax it to (217) 337-4119.**



Our Lady of the Resurrection Medical Center Chicago

We are adding two FT Emergency Medicine physicians with exceptional quality, communication and customer service skills.

Our ED is located in Chicago just five miles west of Wrigley Field and has 41,000 visits annually with many high acuity patients. We are in the top 5 percent of all EDs nationally ranked by Healthgrades.

PA staffed fast track, academic involvement with senior level EM residents and 16 hours of double coverage. Employment with Resurrection Health Care, salary, paid vacation and CME with CME allowance, full benefit package with retirement and pension plans.

Requirements: Trained and boarded/eligible in Emergency Medicine with an unchallenged valid medical license in Illinois.

Submit your confidential CV to:

Carla Casia, Director of Physician Recruitment
Resurrection Health Care
ccasia@reshealthcare.org
Phone: 773-990-8924
Fax: 773-990-8920

ICEP and NorthShore University
HealthSystem come together to present...

emergent procedures SIMULATION Skills Lab

teaching critical skills for the critical-care environment



August 12, 2011 | November 4, 2011

Center for Simulation Training and Academic Research

NorthShore University HealthSystem

Evanston Hospital | Evanston, Illinois



**Illinois College
of Emergency Physicians**





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

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ICEP Calendar *of* Events 2011

August 8, 2011

ICEP Educational Meetings Committee

11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

August 10, 2011

ICEP EM | MOREinFOUR Committee Conference Call

11:00 AM - 12:00 PM

August 12, 2011

Emergent Procedures Simulation Skills Lab

Evanston Hospital, Evanston

August 26-27, 2011

Oral Board Review Courses

Chicago O'Hare Marriott
Chicago

September 1, 2011

2009 EM4LIFE LLSA Article Review Course

ICEP Conference Center
Downers Grove

September 6-9, 2011

EM | MOREinFOUR - Emergency Medicine Board Review Course

ICEP Conference Center
Downers Grove

September 10, 2011

2010 EM4LIFE LLSA Article Review Course

ICEP Conference Center
Downers Grove

September 20, 2011

ICEP EMS Committee

11:00 AM - 1:00 PM

ICEP EMS Forum

1:00 PM - 3:00 PM

ICEP Conference Center
Downers Grove

September 21, 2011

ICEP Practice Management Committee

10:00 AM - 12:00 PM

ICEP Board Room

Downers Grove

September 22-25, 2011

Mock Oral Private Tutorials

O'Hare Marriott Suites, Chicago

September 30, 2011

ITLS Illinois Advisory Committee

10:00 AM - 12:00 PM

Memorial Hospital, Bellville

Videoconferencing:

ICEP Board Room

Downers Grove

October 3-6, 2011

EM | MOREinFOUR - Emergency Medicine Board Review Course

ICEP Conference Center

Downers Grove

October 13-14, 2011

ACEP Council Meeting

San Francisco

October 15-18, 2011

ACEP Scientific Assembly

San Francisco

November 3, 2011

Academic Forum Resident Program & Career Fair

Advocate Christ Medical Center
Oak Lawn

November 4, 2011

Emergent Procedures Simulation Skills Lab

Evanston Hospital, Evanston

November 7, 2011

ICEP Educational Meetings Committee

11:00 AM - 1:00 PM

ICEP Board Room

Downers Grove

November 10, 2011

2011 EM4LIFE LLSA Article Review Course

ICEP Conference Center

Downers Grove

November 15, 2011

2011 EM4LIFE LLSA Article Review Course

Midwest Food Bank

Bloomington

