

PRESIDENT'S LETTER

There is Strength in Numbers



Heather M. Prendergast, MD, MPH, FACEP

Emergency medicine has moved front and center in the health care debate as issues stemming from lack of access to primary care become even more visible. Emergency departments operate under the federal mandate of EMTALA, obligating a screening evaluation for anyone seeking care regardless of an ability to pay. This mandate effectively establishes emergency services as the safety net for the health care system.

We have the national spotlight and the numbers are on our side. According to recently published numbers:

- In 2009, there were 139 million ED visits in the United States.
- In a 12-year span, emergency departments saw a 32% percent increase in annual ED visits (a number double what was expected based on population growth).
- In a 7-year period, the number of emergency departments designated as "safety net" centers has doubled to over 2,500
- In a single year, it is estimated that emergency physicians provided nearly one-third of all outpatient medical care in the United States

As national health care costs continue to increase at unsustainable rates, so do efforts to identify ways to make the health care system more efficient. But it is important that changes be made in a responsible manner so as to not disrupt the safety net.

Significant growth of Medicaid is intended as one means of expanding coverage as part of the Affordable Care Act (ACA). Studies show that Medicaid recipients, some of the most vulnerable people in our society, are disproportionate users of health care in the emergency department. Medicaid and the prudent layperson standard are under unprecedented attacks in states across the country. Despite passage of a national "prudent layperson" standard to require health insurance plans to base coverage of emergency care on a patient's symptoms, not the final diagnosis, there are those who continue to construct barriers to emergency services as a cost-containing measure. Medicaid cost-cutting plans violate the prudent layperson standard and threaten patient care.

As the fate of the health care reform law hangs in the balance, we as a specialty cannot afford to take a "wait and see" position. Emergency services have been demonized in the current debate as being responsible for the high cost of health care. The current health care crisis presents a timely opportunity to correct the misinformed and educate policymakers, legislators, and other relevant stakeholders as to indisputable facts. The numbers speak for themselves. Despite the spin, emergency care represents approximately 2% of the nation's health care

dollars. According to the Agency for Healthcare Research and Quality, the total U.S. expenditure on emergency care was \$47.3 billion while overall annual U.S. health care spending was \$2.4 trillion.

Nonetheless, we as emergency physicians would all agree that it is paramount to identify best practices to optimize ED utilization without denying coverage for visits.

As we look forward to the year ahead of us, while there will be some challenges to face as a specialty, there will be many more opportunities:

We have a stronger presence on the national stage with ICEP members Rebecca Parker and Mark Mackey serving on the ACEP Board of Directors.

We have an opportunity to shape the evolution of a transition of care model not just locally but nationally as well, with ICEP's own Cai Glushak and Chad Kessler co-chairing the ACEP Transitions of Care Taskforce.

We have the opportunity through our advocacy efforts to participate in the Medicaid restructuring by speaking out to remind legislators and policymakers of the need to preserve access to health care and the safety net.

We have an active membership of 1,250 emergency physicians across the state of Illinois possessing a wealth of knowledge and real-life testimonies to the undisputed value of what we

■ **CONTINUED ON PAGE 2**

InsideEPIC

2012 - Issue 3

Illinois Medicaid Reform Legislation Passed, Sent to Governor for Signature

■ *page* **2**

New Members, Officers Assume Roles on ICEP Board of Directors for 2012-13

■ *page* **3**

ICEP Now Accepting Applications for LEAD Fellowship for Young Physicians

■ *page* **4**

Emergency Medicine at Loyola Elevated to Academic Department Status in July

■ *page* **10**

Illinois Medicaid Reform Legislation Passed, Sent to Governor for Signature

The Illinois General Assembly passed Medicaid reform legislation, the Save Medicaid Access and Resources Together (SMART) Act, on May 24. The bill has been sent to the governor, who has said that he will sign the legislation.

Read complete text of SB 2840: www.ilga.gov/legislation/97/SB/PDF/09700SB2840enr.pdf

The SMART Act was developed after a review of the entire Medicaid program by the Legislative Medicaid Advisory Committee, which included representatives from each of the four legislative caucuses.

As part of the Governor's proposal to achieve \$2.7 billion in Medicaid savings, the SMART Act scales back the Medicaid program by \$1.6 billion through provider rate adjustments, uti-

lization controls and eligibility verification/elimination.

Under the act, the Medicaid physician fee schedule has not been reduced, so emergency physicians will not see rate cuts. The legislation does include a reduction for other providers such as hospitals, with the exclusion of critical access hospitals, safety net hospitals, public hospitals, and Federally Qualified Health Centers. Hospitals will receive a cut of 3.5%; nursing facilities will have various payment reductions to their nursing and capital rates; and Institutions for Mental Disease will have a 2.7% cut.

The legislation does include a \$10 copayment for non-emergency use of the ED. Collection of the co-pay will be the responsibility of the hospital, not individual providers or groups. The

prudent layperson standard is maintained but it will be important to review the draft rules that will implement this section.

Other important sections include ambulance transports and stretcher vans. The bill proposes a change to the law requiring ambulance transportation between 24-hour medically monitored institutions such as hospitals and nursing homes. Criteria for ambulance usage will be clarified in separate discussions. The legislation also sets stricter provisions for the use of stretcher vans, including that stretcher vans may not be used to transport patients experiencing an emergency medical condition or being transported to a hospital for emergency medical treatment.

A detailed summary of the SMART Act will be available from ICEP's lobbyists shortly.

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from Page 1

do in the emergency department 24/7, 365 days a year.

Finally, ICEP has the opportunity to lead a grassroots effort to recruit other emergency physicians, acute care providers and other allies to address the underlying issue of lack of timely access to primary care and the role of emergency departments in bridging the gap. Patients will continue to seek care in our emergency departments because it is the most reliable system in place at this time. We must refute the argument that minimizing ED use is the magic bullet for solving the fiscal challenges within the health care crisis.

In a recent op-ed, ACEP President David Sea-

burg stated this quite nicely: "No matter how we slice and dice the data, the results always say the same thing: people come to the ER because they feel they need to be there. No patient should be self-diagnosing his or her medical condition. They cannot distinguish between discomfort that is a minor problem and discomfort that could be a killer. That is the emergency physician's job."

ICEP, this is our time to stand up once again and share our collective experiences on the front line and defend our practice. Everyone's listening and our patients are waiting for us to continue to advocate on their behalf.

This is our call to arms. There is an undeniable

strength in numbers. ICEP is our organization, and our organization needs us to be more engaged and more involved.

If you have an idea, share it. If you have a passion, join an ICEP committee. If you have something to say, join us in our advocacy efforts. We need you.

Are you in?



— Heather M. Prendergast, MD, MPH,
FACEP, ICEP President



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New Members, Officers Assume Roles on ICEP Board of Directors for 2012-13

Michael Wahl, MD, FACEP, FACMT turned over the gavel to incoming President Heather Prendergast, MD, MPH, FACEP at the Annual Business Meeting that took place during the Spring Symposium on April 26, 2012 at Advocate Christ Medical Center.

Dr. Prendergast will serve as President for the 2012-2013 term. Dr. Wahl will serve as Past President.

The results of the Board elections were also announced at the meeting. Incumbents re-elected to the Board of Directors were Scott French, MD, FACEP, John Hafner, MD, MPH, FACEP, and Dino Rumoro, DO, FACEP. Elected to her first term on the Board was Valerie J. Phillips, MD, FACEP, of Downers Grove. Michael Paddock, DO, MS, of Chicago, was re-elected as the Board's Resident Member.

The officer elections were also decided. Edward J. Ward, MD, MPH, FACEP was elected President-Elect. David Griffen, MD, PhD, FACEP, was elected Secretary-Treasurer. Dr. Hafner was elected Member-at-Large.



Outgoing President Dr. Mike Wahl presents Incoming President Dr. Heather Prendergast with the gavel as a symbol of her presidency at the 2012 Spring Symposium.

At the meeting, one outgoing Board member was recognized for his service to ICEP. Dr. Wahl thanked E. Bradshaw Bunney, MD, FACEP for his enduring commitment to the organization. Dr. Bunney again served on the Board this year to complete the term of Linda Herman, MD,

FACEP, who resigned due to relocating.

At the Board meeting following the Spring Symposium, ICEP's Councillors for 2012 were selected. Representing the Chapter at ACEP's Council Meeting will be:

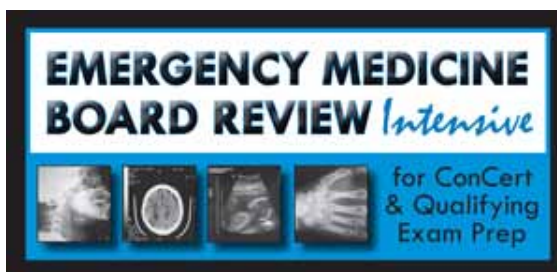
- E. Bradshaw Bunney, MD, FACEP, Northbrook
- Shu B. Chan, MD, MS, FACEP, Chicago
- Mark E. Cichon, DO, FACEP, FACOEP, Park Ridge
- Marc Dorfman, MD, FACEP, Glencoe
- Mila Felder, MD, FACEP, Elmhurst
- Cai Glushak, MD, FACEP, Chicago
- John Hafner, MD, MPH, FACEP, Peoria
- George Z. Hevesy, MD, FACEP, Peoria
- Chad Kessler, MD, FACEP, Chicago
- Valerie J. Phillips, MD, FACEP, Downers Grove
- Heather M. Prendergast, MD, MPH, FACEP, Chicago
- Edward J. Ward, MD, FACEP, Chicago
- Deborah Weber, MD, FACEP, Riverwoods
- Alternate: Michael Paddock, DO, MS, Chicago

Revamped EM Board Review Intensive Course Now Open for Registration

ICEP is proud to announce the debut of its revised and updated Board review course, Emergency Medicine Board Review Intensive. Registration for the 2012 courses is now open online and the course brochure is being finalized.

The courses will be held at the ICEP Conference Center on August 14-17, 2012 and October 16-19, 2012. The course prepares physicians to take their recertification or qualifying examination in emergency medicine.

ICEP's EM Board Review Committee reviewed recent participant feedback extensively in order to rework the course to make it more effective and help participants get ready to pass their



Boards. Key changes that will be seen at the 2012 courses include:

- More Board-style questions integrated into lectures for a targeted, more effective review
- Supplemental question review sessions each morning — extra practice on what you need the most
- A brand-new Pass Guarantee* for first-

time Qualifying or ConCert exam takers in 2012 (*conditions apply)

- Comprehensive review materials, including exclusive online question bank for self-study, detailed eSyllabus, and Study Pearls audio CD set for review-on-the-go
- Expert faculty covering all of the major concepts included on the exams in a concise, 4-day program

The course provides 30 *AMA PRA Category 1 Credits™* for the 4-day program, with additional credits available for the included review components (27 *AMA PRA Category 1 Credits™* for the Self-Study Online and 6 *AMA PRA Category 1 Credits™* for the Study Pearls Audio CDs).

To register, visit ICEP.org. The complete course brochure will be available next week.

ICEP Now Accepting Applications for LEAD Fellowship for Young Physicians

ICEP's Leadership Education and Development (LEAD) program is returning in 2012-2013 to provide an opportunity for a second class of young Chapter members to study under ICEP leaders to prepare them for future leadership roles in the College and emergency medicine.

The LEAD program utilizes mentorship, collaboration and networking, and a series of didactic and interactive learning sessions to foster growth and development.

The second 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 2012-2013.

Selection for the program is a competitive process, and the LEAD Selection Committee will carefully review each application that is received by the August 3, 2012 deadline. The complete application and program guidelines will be available from ICEP.org on June 12.

The program is composed 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

The inaugural LEAD class of 2011-2012 worked on projects that included communications messaging and branding; developing new courses for physicians, advanced practice providers and emergency nurses; conducting a survey and needs assessment of rural emergency physicians; research on mental health issues; the Frequent Flier Intervention project; and more.

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 letter 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 inaugural LEAD class included Dr. Ted Clark (left), Dr. Soumiya Prakasam, Dr. Sharon Moise, Dr. Laura Oh, and Dr. Cindy Chan (pictured with LEAD program coordinator Dr. Chad Kessler [second from left] and visiting leadership development speakers).

The 2012-2013 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 coordinator.

Call for Faculty for Fall 2012 Oral Board Review Courses

ICEP is seeking faculty for its upcoming Oral Board Review Courses on Friday and Saturday, September 28 and 29, 2012.

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.

Oral Board Review Courses



**Friday & Saturday,
September 28-29, 2012
Chicago O'Hare Marriott**





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*Cesar J. Herrera, MD, Cardiologist
Advocate Medical Group - Heart and Vascular of Illinois*

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Resident Career Day Set for Sept. 6

ICEP's Membership Committee is planning a new half-day program for residents that targets what they are looking for: practical, real-world guidance on career planning.

ICEP's Resident Career Day will be held Thursday, September 6 at the University of Illinois at Chicago.

If you are a resident, save the date and plan to attend to get ready for everything that comes next — from CV development to interviewing to contract negotiation — with ICEP's newest program designed exclusively for residents preparing for the job search.

The morning program puts residents in touch with the experts to learn best practices for professional development, including building a CV, negotiating a contract, evaluating various practice models, insurance and personal finance management, and more.



populations, including women in emergency medicine and medical student planning.

The program will then segue into a luncheon designed to help attendees discover career opportunities at a powerful networking event: The field's top recruiters will rotate through tables of participants, giving attendees the best chance to network with potential employers and make valuable connections for the future.

There will also be a fellowship networking event at the end of the day, to introduce the fellowship opportunities available in Illinois.

Speakers will include Ed Callahan, Dino Rumoro, DO, FACEP, and Bill Sullivan, DO, JD, FACEP.

While the program is targeted to residents, attending physicians are welcome to attend any part of the program that interests them.

Breakout sessions will focus on specialized

Look for a course brochure in July!

PREPARING FOR YOUR ORAL BOARD EXAM?

The Illinois College of Emergency Physicians will offer its highly acclaimed Oral Board Review courses:

◆ Courses conducted at the ABEM Oral Board Exam site and provide a virtual dry run of the actual Board exam

◆ Cases are of exam-level difficulty and delivered in strict Oral Board Exam format

◆ Experienced faculty provide immediate individualized feedback on your performance following each case

Oral Board Review Courses

— ◆ —
**Friday & Saturday,
September 28-29, 2012
Chicago O'Hare Marriott**

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are available to course participants seeking extra case practice prior to their exam. Advanced registration is advised as space is limited.

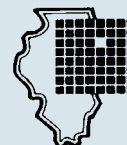
Call ICEP for more information.

Courses approved for *AMA PRA Category 1 Credits™*

Course Director - Deborah E. Weber, MD, FACEP

* Not affiliated with ABEM

To register, or for more information, contact:
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Highlights of 2012 Spring Symposium

LEFT: Outgoing President Dr. Michael Wahl (right) and incoming President Dr. Heather Prendergast talk with ACEP Board member Dr. Mark Mackey (left). RIGHT: Spring Symposium Co-Course Director Dr. Chad Kessler (left) thanks Dr. Richard Cantore, of New York, (right) for speaking at the Symposium.



About 250 physicians, residents and medical students were in attendance at ICEP's Spring Symposium and Annual Business Meeting on April 26 at Advocate Christ Medical Center.

The meeting was well received, with dynamic speakers that included Richard Cantore, MD, Trevonne Thompson, MD, FACEP, Nathan Allen, MD, and Mark Mackey, MD, MBA, FACEP.

ICEP's annual awards were presented during the Business Meeting, honoring Saif Nazir, MD, FACEP, Cai Glushak, MD, FACEP, and Lisa Barker, MD, FACEP for their dedication to the College and emergency medicine.

The Symposium was followed by the NEXT Great Speaker Forum, in which young speakers compete for a lecture spot at next year's event. Matthew Pirotte, MD, of Northwestern Memorial Hospital, was selected as the winner.



ABOVE: Dr. Saif Nazir, recipient of the Bill B. Smiley Meritorious Service award, proudly poses with his wife, Nusrat. ABOVE LEFT: Dr. Wahl congratulates Dr. Cai Glushak as he is honored with the ICEP Meritorious Service Award. BELOW LEFT: Dr. Lisa Barker thanks Dr. Wahl as she is presented with the Downstate Member Service Award.



More online at Facebook.com/ICEPfan



LEFT: Dr. Shu Chan congratulates Statewide Research Showcase presenters Drs. James Phillips, Rob Rifenburg, and Bob Cambridge. CENTER: NEXT Forum presenters, moderator Dr. Chad Kessler, and guest judges Drs. Trevonne Thompson and Nathan Allen congratulate winner Dr. Matthew Pirotte. RIGHT: Dr. Chad Kessler presents Dr. Matthew Pirotte with a plaque recognizing his accomplishment as the winner of the 2012 NEXT Great Speaker Forum.



Unique Opportunity for Emergency Medicine Board-Certified Physicians (ABEM, AOBEM or BCEM) in central Illinois

What: Due to the relocation of one full time member of our group, we are seeking 1 full-time physician. Full time is 6 shifts per month of 24 hour each. We typically start physicians out part-time for 4 to 6 months to assure a good fit for both the physician and the practice. This is a small group practice at a downstate hospital emergency department. The ED has a volume of ~10,500 and is a very satisfying practice environment. Our group has been at this location for 10 years and we have very strong relationships and a stable commitment from the hospital leadership and Board of Directors

Where: Approximately 100 miles south of Chicago, 90 miles west of Indianapolis and 50 miles northeast of Champaign, within comfortable driving of all these major metro areas.

Qualifications: Experienced emergency physicians with outstanding clinical skills and a desire and enjoyment of communicating with patients, BC/BP in EM.

Pay/Benefits: \$125/hour on weekends/holidays and \$118/hours on weekdays (ED volume 10,000). Full-time benefits (>144 hours/ month): health insurance, 401K, \$3,000 per year CME, paid malpractice insurance (including tail) and pre-tax business expense deductions.

Shifts: We have 24 hour shifts available.

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

If interested, send message and CV to:
jtbasketballmd@msn.com or call 708-846-4329

Emergency Medicine at Loyola Elevated to Academic Department Status in July

Loyola University's Board Trustees recently voted unanimously to elevate the division of Emergency Medicine to academic department status, effective July 1. Emergency Medicine previously had existed as a division of the Department of Surgery.

ICEP member Mark Cichon, DO, FACEP, FACOEP, who had served as division director for Emergency Medicine for the past 16 years, has been named chair of the new department.

Dr. Cichon was recruited to Loyola in 1996. Since his start, emergency medicine and trauma have worked collaboratively to sustain a trauma level rating that is beyond what most centers can achieve. Dr. Cichon developed a culture of collaboration between the Emergency Department and the other departments within Stritch, recognizing that the Emergency Medicine Department frequently acts as a bridge between primary care and the medical specialties.

As a full, stand-alone department, the new Department of Emergency Medicine is better positioned to enhance academic needs for both



**Mark Cichon, DO,
FACEP, FACOEP**

The new Department of Emergency Medicine has seen significant growth and development in several key areas. Since 1995, patient volumes in the ED have increased from 29,000 to 53,000 patients per year. The division also has instituted several programs to facilitate care for critically ill patients, including the Heart Attack Rapid-Response Program, the Stroke Program, the Sepsis Program and the Hypothermia Program.

As it has maintained its identity as a Level I Trauma Center providing leading-edge care, the emergency medicine division also has been

students and faculty and allow for academic growth, faculty development and faculty recruitment and retention. This change aligns with national trends over the past decade, as an increasing number of emergency medicine divisions have become full departments.

recognized by groups such as The Joint Commission, the Commission on Accreditation of Medical Transport Systems, the American College of Surgeons for Trauma, the Illinois Department of Public Health for Trauma, Burns, Pediatric and Emergency departments.

As a center for instruction, the Department of Emergency Medicine offers teaching within a broad scope. A three-credit EMT course is offered for undergraduates. The Department obtained national designation for its Paramedic Training Program and established the first Critical Care Paramedic Program in the late 1990s that led to changing the designation for Illinois Medics to Critical Care EMT-P. The Department also developed the first vertically integrated curriculum at the Stritch School of Medicine in disaster preparedness.

In approving the proposal to elevate Emergency Medicine to departmental status, the Board noted that the department meets — and in many cases — exceeds the criteria established for becoming a department. Congratulations to Dr. Cichon and Loyola's new Department of EM.

Dr. Ernest Wang Named to New Position

Dr. Ernest Wang has accepted the position of Assistant Dean for Medical Education at NorthShore University Health System. He begins his new role effective July 1, 2012.

Dr. Wang will be taking on a number of additional leadership responsibilities in relationship to NorthShore's academic affiliation with the University of Chicago Pritzker School of Medicine, including chairmanship of the NorthShore Education Council and membership on multiple Pritzker education committees. He will work directly with clerkship, site and program directors to identify and implement best practices across the spectrum of educational activities in all departments. He will also be instrumental in developing and executing on faculty development initiatives for NorthShore employees.

Dr. Wang received his BA from Stanford, completed his MD and residency at Northwestern,



and has been an emergency medicine attending physician at NorthShore since 1999.

He has been instrumental in developing the simulation program at NorthShore, and in the design of the new simulation center, the North-

Shore Center for Simulation and Innovation, at Evanston Hospital. Dr. Wang serves as course directors for ICEP's popular Emergent Procedures Simulation Skills Lab courses held in conjunction with NorthShore at the center. Dr. Wang developed the course with ICEP member Morris Kharasch, and worked with an ICEP task force to bring the courses to emergency physicians. Upcoming courses will be held on September 7 and November 2, 2012.

Dr. Wang was previously NorthShore's Associate Residency Program Director for the emergency medicine residents from 2003 to 2011. He is also the director of the Emergency Medicine Simulation fellowship sponsored by the University of Chicago.

In recognition of his commitment to education, his excellence as a teacher, his clinical acumen and his internal impact at NorthShore, Dr. Wang was recently promoted to the rank of Clinical Associate Professor at the University of Chicago Pritzker School of Medicine.



CDC Report on Emergency Department Usage in 2011 Highlights Access Issues

A new report released in May from the Centers for Disease Control and Prevention (CDC) regarding emergency department use among adults aged 18 to 64 in 2011 reveals a focus on the lack of access to care and its impact on emergency medical care.

The report finds more than half (54.5 percent) of adults go to the emergency department because they believe ‘only a hospital could help.’ Two-thirds of respondents (66 percent) reported visiting the ER because of the seriousness of their medical problem.

The majority of patients (79.7 percent) also identified lack of access to other medical providers as a reason for visiting the ER, which is backed up by other data from the CDC showing two-thirds of emergency visits happen after normal business hours. Common reasons cited in the study included: the doctor’s office was not open (48.0%), or there was no other place to go (46.3%).

The report focuses on a subset of the least sick and injured patients; it does not include the elderly, children or patients admitted to the hospital from the emergency department. Only patients examined, treated and subsequently released from the emergency department were included.

The report was compiled from National Health Interview Survey (NHIS) data collected January to June 2011, which found that 19.5% of adults aged 18–64 had visited an emergency room in the past 12 months.

The study also considered the impact of health insurance on ED usage. Adults with public health plan coverage were twice as likely as those with no health insurance to visit the emergency room because their doctor’s office was not open. Uninsured adults were more likely than those with private health insurance or a public health plan to visit the emergency room due to having no other place to go.

View the complete summary report online at ICEP’s Facebook page: [Facebook.com/ICEPfan](https://www.facebook.com/ICEPfan)

“No matter how we slice and dice the data, the results always say the same thing: people come to the ER because they feel they need to be there,” said ACEP President David Seaberg, MD, FACEP in a response statement. “No patient should be self-diagnosing his or her medical condition. They cannot distinguish between discomfort that is a minor problem and discomfort that could be a killer. That is the emergency physician’s job.

“We treat 135 million patients a year, 92 percent of whom need care within 2 hours, and we do it all for two cents out of every American health care dollar. When people think they are having emergencies – whether it’s in the middle of the night or on a Tuesday morning – they seek emergency care because they know we will take care of them.”

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Ready to Write A Council Resolution?

Many College members introduce new ideas and current issues to ACEP through Council resolutions. This may sound daunting to our newer members, but the good news is that only takes two ACEP members to submit a resolution for Council consideration. In just a few months, the ACEP Council will meet and consider numerous resolutions.

ACEP's Council, the major governing body for the College, considers resolutions annually in conjunction with Scientific Assembly. During this annual meeting, the Council considers many resolutions, ranging from College regulations to major policy initiatives thus directing fund allocation. For 2012, the Council has 350 Councillors: ACEP members representing chapters, sections, AACEM, CORD, EMRA, and SAEM.

This Council meeting is your opportunity to make a resounding impact by setting our agenda for the coming years. Topics such as the direct election of the president-elect, or working with the Emergency Nurses' Association on staffing models, grew directly from member resolutions submitted to the Council. If you have a hot topic that you believe the College should address, now is the time to start writing that resolution.

How to Get Started

Resolutions consist of a descriptive Title, a Whereas section, and finally, the Resolved section. The Council only considers the Resolved when it votes, and the Resolved is what the Board of Directors reviews to direct College resources. The Whereas section is the background, and explains the logic of your Resolved. This should be short, focus on the facts, and include any available statistics. The Resolved section should be direct and include recommended action, such as a new policy or action by the College.

There are two types of resolutions: general resolutions and Bylaws resolutions. General resolutions require a simple majority vote to pass, while Bylaws resolutions require a two-thirds majority. When writing Bylaws resolutions, list the Article number, and Section from the Bylaws you wish to alter. Then, in the resolution, you should show the current language, and bold your suggested new language while striking through the suggested edits. See the ACEP Web site article, "Guidelines for Writing Resolutions," which further details the process and offers tips on writing a resolution.

It takes at least two members to submit a resolution, or a Chapter, Section, AACEM, CORD, or EMRA may submit a resolution. If the resolution comes from a Chapter or Section, then a letter of support from the President of the Chapter or Chair of the Section is required. The Board of Directors or an ACEP committee can also submit a resolution. The Board of Directors must review any resolution from an ACEP committee, and usually reviews all drafts at their June meeting. Bylaws resolutions pass through the Bylaws committee for review and suggested changes. These changes and suggestions are referred back to the author of the resolution for consideration. Resolutions are due at least 90 days before the Council meeting. This year the deadline is **July 9, 2012**.

What Happens Next

Councillors receive the resolutions prior to the annual meeting along with background information from ACEP staff. At the Council meeting, the Speaker and Vice-Speaker divide the resolutions into four reference committees. The reference committees meet and hear testimony on each resolution. You, as the author of your resolution, should attend the reference committee that discusses your resolution. Reference committees allow for open debate and unlimited testimony, and participants often have questions best answered by the author. Afterwards, the reference committee summarizes the debate and makes a recommendation to the Council.

The Council then meets to discuss all the resolutions. Each reference committee presents each resolution, providing a recommendation and summary of the debate to the Council in writing and on the podium, and then the Council debates each resolution. Any ACEP member may sit in the back and listen to the Council debate whether a Councillor or not. If you wish to speak directly to the Council, you may request to do so in writing to the Speaker before the debate. Include your name, organization affiliation, issue to address, and the rationale for speaking to the Council. Alternatively, you may ask your Chapter or Section for alternate Councillor status and permission for Council floor access during debate. Chapters and Sections often have alternate Councillor slots and encourage the extra participation.

The Council's options are: Adopt the resolution as written; Adopt as Amended by the Council; Refer to the Board, the Council Steering Committee, or the Bylaws Interpretation Committee;

Not Adopt (defeat or reject) the resolution; or Postpone.

Hints from Successful Resolution Authors

- Present your resolution prior to submission to your Chapter or Section for sponsorship on the Council floor. This way, they can give advice and assistance.
- Consider the practical applications of your resolution. A well-written resolution that speaks to an important issue in a practical way passes through the Council much more easily.
- Do a little homework before submitting your resolution. The ACEP web site is a great place to start. Does ACEP already have a policy on this topic? Has the Council considered this before? What happened?
- Find and contact the other stakeholders for your topic. They have valuable insight and expertise. Those stakeholders may co-sponsor your resolution.
- Attend debate concerning your resolution in both reference committee and before the Council. If you cannot attend, prepare another ACEP member to represent you.

More Resources

First, all authors should review the "Guidelines for Writing Resolutions" article online. The site also gives information about the Council Standing Rules, Council committees, and Councillor/Alternate Councillor position descriptions. There is a very useful link to Actions on Council Resolutions. Under this link are PDF documents dating back to 1998 summarizing each resolution and what has occurred with each of them. You can review past actions, or keep track of what happens once your resolution passes.

Writing and submitting Council resolutions keeps our College healthy and vital. A Council resolution is a great way for College members to speak to the leaders of the College and the Board of Directors. Even if your resolution does not pass, the College will debate the topic and consider its ramifications. Plus, other members may have resources or suggestions to address your issue. Take advantage of this opportunity and exercise your rights as part of our emergency medicine community. Dare to make a difference by submitting a resolution to the ACEP Council in 2012.

— Excerpted from "Make a Difference: Write That Council Resolution", *American College of Emergency Physicians*



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As the challenges of keeping up with healthcare reform rise, many independent physician groups struggle with the increasing complexity of managing the ED.

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—Laura J. Mellick, MD
Adventist Medical Center
Portland, OR
(Joined CEP America in 2005)



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BARRINGTON, ILLINOIS. Tri-County Emergency Physicians, LTD seeks a full-time or part-time night Emergency Department Physician at Good Shepherd Hospital in Barrington, Illinois. This position has a night differential premium pay. Must be board certified or board eligible in Emergency Medicine. Please send your CV to Dr. Joseph Giangrosso, 450 W. Highway 22, Barrington, IL, 60010, 847-842-4231 or email joe.giangrosso@advocatehealth.com. We offer a competitive salary with bonus.

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70K ED at **Rush Copley Medical Center** in Aurora/Naperville Area

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Newly opened **Rush Copley** Freestanding Emergency Center in Yorkville, IL

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2 year partnership eligibility

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

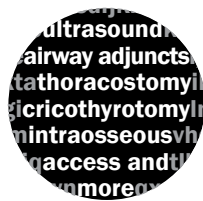
Send CV to Steven Parkes:
SWParkes@empactphysicians.com
www.EMPackPhysicians.com



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HealthSystem come together to present...

emergent procedures SIMULATION Skills Lab

teaching critical skills for the critical-care environment



September 7, 2012 | November 2, 2012

**NorthShore Center for Simulation
and Innovation | Evanston Hospital**



Illinois College
of Emergency Physicians

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Due to expansion and growth, **Carle Physician Group** in Urbana, Illinois is recruiting additional **BE/BC Emergency Medicine** physicians to join our stable and experienced quality-oriented department. ● 18-member department and 10 PAs seeing ~65,000 patients per year ● All physicians are ABEM/AOBEM certified ● Emergency Department physicians are supported by a 18-physician Hospitalist Department and 24-hour in-house coverage provided by Anesthesiology, Hospitalists, OB-GYN, and Trauma Surgery ● Opportunity to teach medical students/residents through the **University of Illinois College of Medicine** ● **Superior compensation package, paid malpractice insurance with 100% tail coverage** ● Vacation, CME/meeting and holiday time with equitable distribution of holiday/weekend shifts ● Department has routinely scored in the 99th percentile in Press Ganey customer satisfaction among its peers and just received the prestigious 2012 Emergency Medicine Excellence Award by HealthGrades ● Home to the Big Ten University of Illinois, Champaign-Urbana is a diverse community of 195,000 offering cultural, sporting and entertainment options usually associated with much larger cities; centrally located two hours from Chicago/Indianapolis and three hours from St. Louis. **For more information, contact Karen Uden at (800) 436-3095, extension 4112, email your CV to karen.uden@carle.com or fax it to (217) 337-4181.**



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

ICEP Calendar *of* Events 2012

June 18, 2012

**ICEP EM Board Review
Intensive Committee**
1:00 PM - 3:00 PM
ICEP Board Room
Downers Grove

June 28, 2012

ICEP Research Committee
10:00 AM - 12:00 PM
ICEP Board Room
Downers Grove

July 4, 2012

**Fourth of July Holiday
ICEP Office Closed**

July 11, 2012

**ICEP Practice Management
Committee**
10:00 AM - 12:00 PM
ICEP Board Room
Downers Grove

July 11, 2012

**ICEP EM Board Review
Intensive Committee**
11:00 AM - 1:00 PM
ICEP Board Room
Downers Grove

August 14-17, 2012

**Emergency Medicine Board
Review Intensive Course for
ConCert & Qualifying Exam**
ICEP Conference Center
Downers Grove

August 18, 2012

**2011 EM4LIFE LLSA Article
Review Course**
ICEP Conference Center
Downers Grove

August 21, 2012

**2010 EM4LIFE LLSA Article
Review Course**
ICEP Conference Center
Downers Grove

August 27, 2012

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

September 3, 2012

**Labor Day Holiday
ICEP Office Closed**

September 6, 2012

Resident Career Day
Location TBD

September 7, 2012

**Emergent Procedures
Simulation Skills Lab**
NorthShore University
HealthSystem Evanston
Hospital, Evanston

September 24, 2012

ICEP Finance Committee
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

September 24, 2012

ICEP Board of Directors
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

September 27-28, 2012

Oral Board Review Courses
Chicago O'Hare Marriot
Chicago

October 16-19, 2012

**Emergency Medicine Board
Review Intensive Course for
Qualifying & ConCert Exam**
ICEP Conference Center
Downers Grove

October 24, 2012

**Ultrasound-Guided Peripheral
IVs Hands-On Workshop**
ICEP Conference Center
Downers Grove

October 25-26, 2012

**PACC 2012: Primary and Acute
Care Collaborative**
ICEP Conference Center
Downers Grove

October 25-30, 2012

Mock Oral Private Tutorials
Chicago O'Hare Marriot Suites
Rosemont

November 2, 2012

**Emergent Procedures
Simulation Skills Lab**
NorthShore University
HealthSystem Evanston
Hospital, Evanston

November 13, 2012

**2012 EM4LIFE LLSA Article
Review Course**
Midwest Food Bank
Bloomington

November 15, 2012

**2012 EM4LIFE LLSA Article
Review Course**
ICEP Conference Center
Downers Grove

November 29, 2012

**Ultrasound-Guided Peripheral
IVs Hands-On Workshop**
ICEP Conference Center
Downers Grove

December 10, 2012

ICEP Finance Committee
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 10, 2012

ICEP Board of Directors
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

Register for all courses online at ICEP.org!

