

## PRESIDENT'S LETTER

# The Future is ... Now



**Heather M.  
Prendergast, MD,  
MPH, FACEP**

You have made the choice at, least in the short term, that emergency medicine is your chosen profession. Not that long ago, I would hear residents complain, in the doldrums of their training, that they wish they had done something else.

During the tech boom, they envisioned stock option bliss through a high-tech start-up. The burst of the Internet bubble took away those dreams along with a lot of capital. Investment banking was also something that educated, motivated young people thought was the way to financial happiness. The great recession of 2008 demonstrated the downside of volatility of markets.

Whether you believe it or not, as a practicing emergency physician, our population is generally happier than most, with a very high career satisfaction rate. A longitudinal study by ABEM of emergency physicians over a 10-year period found that career satisfaction remains high with 90% reporting being satisfied or very satisfied with their careers in EM. [Ann Emerg Med. 2008 Jun;51(6):714-722.e1. Epub 2008 Apr 8]

A recently study by the Physicians Foundation published in American Medical News

(April 2012) surveyed 500 doctors younger than age 40 and reported that while personally optimistic about their career choices, the majority were professionally pessimistic about the health care system and worried about the future of medicine.

Whether we like it or not, here are the facts:

1. Regardless of the future of the Affordable Care Act, there will likely be a continued uptick in the demand for emergency services and capable emergency physicians.
2. There will likely be fewer resources allocated from government payers (Medicare, Medicaid) as projected spending of these programs are believed to be unsustainable.
3. There is a looming physician shortage, that some estimate to be 20 million by 2020.
4. The fastest increase in overall health spending is in the 25- to 40-year-old age range: a generation of patients with high expectations even prior to an age range when most experience greater health care needs.

So it seems there will be plenty of work — not only caring for a projected volume of patients, but also continuing to remain strong patient and practice advocates.

There are many reasons to become active as a young physician. First and foremost, young physicians are the future of our specialty. In a climate of transformation, new and fresh perspectives are paramount in remaining relevant and shaping change.

Evolution of the practice will be exponential.

## ICEP Establishing a New Young Physician Section

Who better to determine the path in an era of increasing demand and decreasing resources? Defining what will constitute emergency practice, macroeconomic forces beyond what exists in the ACA will mandate a transition from the current compensations scheme, which pays for volume over value. Young physicians must play a role in what they view as their responsibility.

Involvement and understanding of the methods by which emergency physicians are compensated arguably will have a much greater return on investment than someone who is nearing the end of their professional career. The specialty will need our perspective in plotting a course that has a sustainable revenue model to continue to attract a bright, motivated, and satisfied emergency medicine workforce.

Who will define what group structure best fits the future requirements of health care delivery? If the current trend of employed physicians continues, is the free standing fee-for-service model viable? Does this threaten large groups, or do they provide a safe haven outside a hospital or government structure, with a scale and capital to compete with these entities to offer the current spectrum of practice opportunities for EM physicians?

Who will define what is "patient satisfaction"? In the next era of this concept, there will be a need for physician-led measures that more closely align quality care with patient's non-medical needs and wants.

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# ICEP Encourages Amendments to Emergency Rules in SMART ACT

The Illinois College of Emergency Physicians recently approached the Department of Healthcare and Family Services and state legislators to amend the emergency rules implemented by the Save Medicaid Access and Resources Together (SMART) Act. ICEP has encouraged revisions that apply the current prudent layperson standard regarding emergency care to Emergency Level II services.

The SMART Act did not amend the existing statutory language that “no co-payment shall exist for emergency room encounters which are for medical emergencies.”

The cornerstone of the prudent layperson standard is the definition of “emergency” defined at 89 Ill. Admin. Code 148.140 (b)(1)(C) as:

“Emergency Services mean those services that are for a medical condition manifesting itself by

acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect that the absence of immediate attention would result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The determination of the level of service reimbursable by the Department shall be based upon the circumstances at the time of the initial examination, not upon the final determination of the client’s actual condition, unless the actual condition is more severe.”

The emergency rule conflicts with the legislative intent to preserve the prudent layperson standard by extending “non-emergency services” to include “Emergency Level II” services.

By the statutory definition, “Emergency Level II” includes emergency care that meets the prudent layperson standard and that is provided to care for a condition “manifesting itself by acute symptoms of sufficient severity.”

Since Emergency Level II care meets the prudent layperson definition of emergency care, the new language related to the copayment requirement should be amended to exclude Emergency Level II services. Such services are those provided when the patient reasonably believes that there is an emergency condition. A co-payment is likely to discourage a patient with a bona fide emergency condition from appropriately seeking emergency treatment for a serious urgent condition.

For example, a mother with a child who is vomiting and feverish may believe that the child

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## PRESIDENT’S LETTER

# The Future Is ... Now

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If these issues seem too expansive or daunting, I suggest that congregating locally with peers will reap more immediate benefits — networking, exposure to a multitude of practice styles and types, opening your eyes to options and opportunities for you personally and professionally which you would not otherwise anticipate.

To jump start these conversations and provide a platform, next month ICEP will host its inaugural Resident Career Day and formally introduce our Young Physicians Section. In lieu of our fall symposium, the entire day will be devoted to addressing the needs of young physicians transitioning from residency to professional practice. Topics will range from CV development to interviewing to contract negotiation and will

conclude with breakout sessions designed to address specific concerns of work/life balance, fellowship opportunities, and medical student planning.

The Young Physicians section (YPS) will focus on the concerns of residents and physicians within the first 3 years of independent practice after residency and fellowship training. The vision for this section is to provide a means for young physicians to participate in activities and programs relevant to their current practice stage in the hopes of aligning professional and personal goals.

A YPS is an investment in our future and serves to strengthen the value of ICEP membership by

1) addressing the real-time concerns of young physicians practicing emergency medicine including the transition into practice; 2) facilitating the participation of young physicians in advocacy and policy development; and 3) providing and promoting young physician leadership within ICEP and the field of EM.

So, mark your calendars and spread the word. Remember, there is truth to the old adage “Tomorrow belongs to the people who prepare for it today” —Author unknown.



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



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# Resident Career Day Focuses on Key Issues in Job Search, Planning Future

ICEP's new program targeted at residents preparing for the job search is just a few weeks away. Resident Career Day will be held Thursday, September 6 at the University of Chicago's Student Center West.

To register for this free, half-day program, visit [ICEP.org](http://ICEP.org) or call staff at 630.495.6400.

ICEP knows life after residency will bring a new set of challenges, starting with the search for your first position. The program is focused on helping you meet these challenges head on and turn them into opportunities.

The morning educational program highlights the practical topics residents are interested in, with an emphasis on real-world advice. Emergency medicine leaders who once were in your shoes share their perspectives on key information that will help you get ahead. Sessions include:

- Edward P. Callahan, MD, MS, FACEP, on fostering resilience.
- Dino P. Rumoro, DO, FACEP, on determining what type of practice fits you best.
- William Sullivan, DO, JD, FACEP, on interviewing and contract negotiation.
- Rebecca Parker, MD, FACEP on getting your personal finances in order.
- Jeffrey Graff, MD, FACEP on finding your emergency medicine niche.

At the conclusion of the didactic sessions, participants will then have the opportunity to participate in a powerful networking event: ICEP's

popular "Speed Dating" Career Fair Luncheon. The field's top recruiters will rotate through tables of participants to discuss career opportunities at their companies, hospital, or organizations. The small group setting gives attendees the best chance to network with potential employers and make connections.

After lunch, consider attending a breakout session on a specialized topic:

- Explore fellowship opportunities, with representatives from numerous programs ready to outline their available options.
- Discuss the challenges facing women in emergency medicine, featuring ICEP President Heather Prendergast, MD, MBA, FACEP as the session moderator, and panelists Halle Akbarnia, MD, FACEP, Valerie Dobiesz, MD, FACEP, Anna McCormick, MD, and Carolyn Zonia, DO, FACEP, FACOEP.
- Outline planning strategies for medical students, with perspectives provided by medical students at several Illinois programs.

## Rollout of ICEP Young Physician Section

At Resident Career Day, ICEP will also introduce its new Young Physician Section, developed by Dr. Prendergast and the Membership Committee to increase involvement of young physicians in the chapter. The section is targeted to both residents and physicians within the first 3 years of independent practice after residency and fellowship training. Its goal is to provide this population of ICEP members with activities and programs relevant to their practice level.

Starting the job hunt? Plan to network with these companies and more at Resident Career Day activities on September 6. Exhibitors are continuing to register!

## Career Fair Recruiters

- EPMG, PC
- EmCare, Inc.
- Emergency Consultants, Inc.
- Emergency Medical Associate, PLLC
- Emergency Medicine Physicians
- Emergency Physician Staffing Solutions
- Emergency Service Partners
- Infinity HealthCare
- Ministry Health Care
- Schumacher Group
- Team Health

## Exhibitors

- Apollo MD
- Carle Physician Group
- OSF Health Care
- Premier Physician Services
- U.S. Army Health Care Recruiting

# Dr. David Howes to Be Honored with ACEP Education Award at SA 2012

Longtime ICEP member David S. Howes, MD, FACEP is the 2012 recipient of ACEP's Outstanding Contribution in Education Award. He will be presented with the honor at the Fellow Convocation and Awards Ceremony during Scientific Assembly on the evening of Wednesday, October 10.

Dr. Howes, Professor of Medicine and Pediatrics and Residency Program Director Emeritus, Section of Emergency Medicine, University of Chicago, has been educating emergency medicine physicians, residents, and medical students for three decades.

In training over 500 EM resident graduates, Dr. Howes gives every resident and medical student the latitude to manage the patient with independence, yet ensures that student learns and the patient benefits from the experience. As an EM residency leader, Dr. Howes has directed residency and medical student educational courses



**David S. Howes,  
MD, FACEP**

to help build better clinicians.

His recent textbook on preparation for the EM oral boards extends his reach to a larger audience, demonstrating the importance of superb clinical and communication skills in emergency medicine. Further demonstration of his pervasive impact on the education of emergency physicians is exemplified in projects such as the promotion of real-time ultrasound digital documentation

that represent 6,000+ hours of large- and small-audience didactic programs for EM faculty, residents and medical students. And for 30 years, every resident who starts the day shift with Dr. Howes appreciates his emphasis on the importance of the oral simulation exercise

for teaching and credentialing of residents, and his innovative use of case studies in emergency medicine in a web-based format to enhance resident learning. Over 100 publications, including original research papers, published abstracts at national meetings, book chapters, monographs, reviews, and a first author textbook ensure that his message regarding emergency education has reached the broadest possible audience.

For decades, Dr. Howes has been a popular lecturer at the local, regional and national level – a generation of emergency physicians have enjoyed his informative and entertaining reviews on a wide variety of clinical topics. Medical student, emergency medicine resident, institutional, regional and national organizations have chosen to honor Dr. Howes for his teaching and his impact on the teaching of emergency medicine to others. He is a recipient of multiple

■ CONTINUED ON PAGE 11

## LEAD Fellowship Applications for ICEP Young Physicians Due August 24

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.

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 24, 2012 deadline. The complete application and program guidelines can be downloaded from the News Story on ICEP.org.

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. Member of ICEP.

2. Minimum of one year of membership in ACEP or EMRA.
3. Agree to participate in all elements of the program as noted in the program outline.
4. 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 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.





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# ICEP to Bring Resolution on Mental Health Before ACEP Council in Oct.

ICEP has submitted a resolution proposing a study on the effects of psychiatric boarding patients that will be considered by the ACEP Council at its meeting in conjunction with Scientific Assembly in October.

The resolution was authored by ICEP to ask ACEP to investigate the magnitude and any possible solutions to the problem of holding patients in need of psychiatric services. This problem is spiraling out of control, especially in Illinois. Not only do these patients place a burden on the ED in terms of their prolonged stays, but oftentimes they are violent and pose a risk to staff and other patients. With ongoing cuts in the budgets for state health services, this situation is certain to worsen. Anecdotally, this appears to be a widespread problem.

In a 2010 survey of hospital emergency department administrator conducted by the Schum-

acher Group, 86% of ED administrators indicated they are unable to transfer psychiatric patients, with 70% reporting stays of greater than 24 hours and 10% reporting average stays over a week.

More than 90% of survey respondents reported that this boarding reduces the availability of ED beds, and 67% of respondents reported a decrease in the number of psychiatric beds. From the survey, 76% of respondents also reported a lack of resources, leading to 23% of EDs discharging psychiatric patients without seeing a mental health professional due to a lack of resources.

ICEP's resolution specifically asks ACEP to investigate the effects of psychiatric patients on the quality, patient flow and cost to provide care for these patients. It recommends ACEP approach the mental health community to partner

for possible solutions such as tele-medicine for evaluation of psychiatric patients.

The resolutions requests that ACEP form a working group with the American Psychiatric Association (APA) to study the imbalance of the need for behavioral health care, resources available to meet these needs, and the consequent impact on emergency departments with development of a needs assessment to identify opportunities to close this gap.

A report from the working group with the American Psychiatric Association on behavioral health care would be delivered to the 2013 ACEP Council meeting.

The Council meetings will be held Saturday, October 6 and Sunday, October 7. This year, ICEP was allocated 13 Councillors to represent the Illinois chapter.

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# 2012 EM4LIFE Courses Scheduled for November

Two courses dates have been scheduled for EM4LIFE 2012 LLSA Article Review Courses in November: Tuesday, November 13 at the Midwest Food Bank in Bloomington, and Thursday, November 15 at the ICEP Conference Center in Downers Grove.

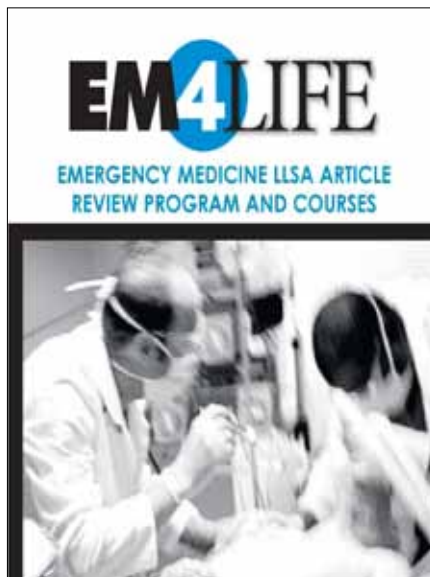
ICEP and course director Deborah Weber, MD, FACEP have made some changes to the course format to stay current with changes implemented by ABEM for the Maintenance of Certification (MOC) program.

The full EM4LIFE textbook will not be produced for the 2012 articles. Instead, course participants will receive PowerPoint slide handouts (with more than 600 slides) to follow along during the course lectures.

Members are able to obtain the original LLSA articles from ACEP at no charge for additional reference and study if desired. Log in to ACEP and visit the LLSA Resource Center for a link to download the articles from 2010-2013 available now.

As a result of this format change, members will see a reduced EM4LIFE course price of \$199 for the 8-hour 2012 articles course. Non-members will pay \$225.

Additionally, ABEM has partnered with ACEP to offer CME credit for the study of the LLSA materials each year, starting with 2011. Participants have the option of pre-registering with ABEM for 13 hours of CME credit for completing the 2012 LLSA activity and exam. The cost for this credit is \$30.



This option of purchasing additional CME hours for completing each year's activity and exam will be available for the yearly LLSA articles going forward as well.

For more information about this process, please read ABEM's FAQs online at [ABEM.org](http://ABEM.org).

Please note that pre-registration for the additional CME hours is required, and the option is no longer available after the exam is completed. This registration process is separate from the registration required for the LLSA exam.

To register for ICEP's 2012 EM4LIFE LLSA Article Review Courses, visit [ICEP.org](http://ICEP.org) or call ICEP staff at 630.495.6400.

## ICEP Seeks Amendment to SMART Act Rules *from Page 2*

has an emergency condition and take him to the emergency department for treatment. Only after testing can a determination be made as to whether an emergency existed. But at the time of presentation, the mother had a reasonable belief that the child could be seriously ill. Patients in such situations should not be dissuaded from seeking emergency care for fear of a co-payment that they can ill afford.

The emergency rules on co-payments should be only applicable to Non-emergency/screening level services already codified. The suggested amended language ICEP proposed follows (note strikethrough to remove text):

"Non-emergency services defined as ~~Emergency Level-H~~ and Non-emergency/Screening Level in 148.140 (b) rendered in an emergency room may require a nominal copayment amount as defined in federal regulations at 42 CFR 447.50 et seq., which for federal fiscal year 2012 is \$3.65. Individuals identified in 89 Ill. Adm. Code 140.402 (d)(1) and (d)(2) are subject to this copayment."

ICEP hopes the proposed amendments can begin a dialogue with HFS about the co-payment language in the emergency rules and lead to an key amendment of the SMART Act.

## 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 [lora@icep.org](mailto:lora@icep.org).

### Oral Board Review Courses



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[www.osfhealthcare.org](http://www.osfhealthcare.org)



# ICEP Introduces Ultrasound-Guided Peripheral IV Access Courses for Nurses, PAs

ICEP has partnered with the Illinois Emergency Nurses Association to present new ultrasound-guided peripheral IV workshops targeted specifically for all levels of nurses and emergency providers.

Emergency department directors are urged to send their emergency nurses and physician assistants to one of the upcoming half-day courses. The program includes an hour of didactic review and two and a half hours of hands-on practice with the skills.

Courses will be held at the ICEP Conference Center on Wednesday, October 24 and Thursday, November 29. The course of the course is \$95 for the 4-hour program.

The course will cover:

- Ultrasound basics of probe selection, knobology, image quality and more



- Getting started with ultrasound-guided peripheral IV
- FAST Exam overview
- Skills stations: Normal vasculature, transverse and longitudinal approaches to peripheral IV placement, normal and abnormal FAST exam, central line target practice, and more

Register online now at ICEP.org. Space is limited due to the intensive hands-on nature of the workshop. Each workshop will provide contact hours from ENA.

## Spaces Still Available at Oral Board Courses in September

There are a limited number of spaces remaining at ICEP's popular Oral Board Review Courses on September 28 and 29 at the Chicago O'Hare Marriott. Options are available on both days.

If you are taking your oral exam, don't miss the preparation and practice you get at the course. You will be one-on-one with faculty throughout the course, practicing single and multiple cases in a setting that simulates exactly what you'll encounter at the actual exam.

Visit ICEP.org or call 630.495.6400 to register today.



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# Dr. David Howes to be Honored by ACEP at SA 2012

## from Page 4

“Favorite Faculty” awards” from University of Chicago Pritzker medical students and “Teacher of the Year” and “Mentorship” awards from University of Chicago residents. He has received University of Chicago institutional awards for his teaching, leadership in graduate medical education, and promotion of diversity.

ACEP, ICEP, the American Academy of Emergency Medicine (AAEM), and the Society for Academic Emergency Medicine (SAEM) have accorded multiple awards to Dr. Howes over many years for his teaching and service in

the education of emergency physicians, including most recently, the ACEP “National Faculty Teaching Award,” the AAEM “Residency Program Director of the Year” award and the SAEM “Visionary Educator Award” from the Diversity Interest Group.

A fitting tribute to his three decades of teaching is that the Dean of the University of Chicago Pritzker School of Medicine conferred upon Dr. Howes the first-ever institutional honorary title of Program Director Emeritus status in recognition of being the longest serving Residency Director in the history of the University of Chicago Medical Center.



Swedish Emergency Associates has full and part time positions available in the ED and Fast Track! Located on Chicago's dynamic north side, Swedish Covenant is a high acuity level II community teaching hospital with ED resident coverage and 49 hours of ED coverage & 14 hours of FT coverage. Benefits include malpractice insurance with tail coverage, competitive compensation, flexible scheduling, health/dental/disability insurance & productivity bonus opportunities. For consideration, please email your CV to Bruce McNulty MD, Chairman Emergency Medicine at Swedish Covenant Hospital: [bmcnulty@seahealthcare.com](mailto:bmcnulty@seahealthcare.com) or call 773-878-8200 x 5475.

## 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**

### MOCK ORALS/ PRIVATE TUTORIALS

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

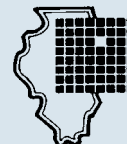
Call ICEP for more information.

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:  
**Illinois College of Emergency Physicians**  
Phone: 888-495-ICEP Fax: 630-495-6404  
[www.icep.org](http://www.icep.org)



# Spaces Open for Fall Sim Skills Labs

Registration is still available for ICEP's popular Emergent Procedures Simulation Skills Labs this fall. Courses will be held on September 7 and November 2 at the state-of-the-art North-Shore Center for Simulation and Innovation at Evanston Hospital.

The 9-hour course focuses on high-risk procedures that are seldom performed day-to-day in the emergency department because their clinical presentation is rare.

Participants are hands-on working with the most current simulation technologies for a full 8 hours, rotating in small groups through numerous modules that are organized into 4 topics: Airway, Cardiovascular, Pediatric/Obstetric, and Ultrasound. The faculty-to-participant ratio is small to ensure that participants get the



personalized instruction and practice time they need to feel confident performing the rare critical care skills.

Among the procedures practiced are:

- Cricothyrotomy
- Difficult airway assessment and algorithms

- Bougie, intubating LMA, and glidescope
- Transvenous pacemaker
- Pericardiocentesis
- Percutaneous and pediatric chest tubes
- Normal and breech delivery
- Shoulder dystocia
- NALS resuscitation/umbilical line
- PALS resuscitation
- Pediatric airway
- FAST scan
- Gall bladder and AAA ultrasound
- Ultrasound for vascular access and central line placement

To register, visit [ICEP.org](http://ICEP.org) or call staff at 630.495.6400. The cost of the course is \$565 for ACEP members. Participants can earn a maximum of 9 *AMA PRA Category 1 Credits*™.

## ACEP Applauds the Creation of NIH's Office of Emergency Care Research

The American College of Emergency Physicians (ACEP) and the Society for Academic Emergency Medicine (SAEM) lauded the announcement at the end of July by the National Institutes of Health (NIH) about the creation of a new Office of Emergency Care Research (OECR) as a gift to emergency patients everywhere.

The NIH is the largest federal agency dedicated to medical research. The formation of the OECR has been heralded as a significant advance for emergency medicine investigators and emergency patients.

"This is a landmark event for emergency care research," said David Seaberg, MD, FACEP, ACEP president. "It would not have been possible without longstanding leadership by and collaboration among ACEP, SAEM and many individual emergency physicians dedicated to advancing emergency care through research."

"The creation of the OECR is a major step forward for emergency patients whose illnesses and injuries cross the whole spectrum of medicine, from neurology to trauma to pediatrics," said Debra Houry, MD, MPH, past president of SAEM. "The unique challenges of emergency medicine finally have one home at the national

level committed to studying key issues affecting the 136 million patients who visit emergency departments every year."

A dedicated centralized office for emergency care research was called for in previous research reports issued by ACEP and SAEM and was a key recommendation of the IOM Report on Emergency Care issued in 2006.

Since the release of the IOM Report in 2006, members of an ACEP/SAEM Task Force have been collaborating with the NIH to advance emergency care research. This collaboration has resulted in a number of recent developments, including: the NIH Emergency Medicine Research Roundtable reports released in 2010; the awarding of the first national K12 grant program by the National Heart, Lung and Blood Institute specifically for the career development of emergency medicine researchers in 2011; and the newly established OECR.

"Emergency medicine has been shown to directly affect the quality and duration of patients' lives and this investment by the NIH in emergency care research provides a formal structure to advance the field," said Charles B. Cairns, MD, FACEP, professor and chair at the University of North Carolina School of Medicine in

Chapel Hill, N.C. and co-chair of the ACEP/SAEM joint task force.

ACEP/SAEM Task Force members have met with the NIH Director Dr. Francis S. Collins to address concerns raised in the NIH Emergency Research Roundtable Reports. The development of the OECR is a direct result of these discussions.

Dr. Walter Koroshetz, the Deputy Director of the National Institute of Neurological and Stroke Disorders, has been named the Acting Director of OECR. Dr. Koroshetz has been actively engaged in the Roundtable reports and in discussions with Director Collins regarding emergency care research. The Acting Deputy Director will be Alice M. Mascette, MD, senior clinical science advisor in the Division of Cardiovascular Sciences of the National Heart, Lung, and Blood Institute.

The establishment of the OECR is groundbreaking precisely because until now there has been disagreement about which institute or center emergency care research falls under at the NIH. The NIH's structure hasn't enabled research into the evaluation and treatment of emergency patients because it doesn't naturally fall into any specific institute or center within the NIH.







## Job Opportunities for Board Certified EM Physicians

Emergency Care Physician Services™ is a Chicago-based, physician-owned, financially democratic Emergency Medicine group with Full & Part Time Positions available for Board Certified EM physicians.

The unique business model of ECPS is based on full transparency with profit sharing opportunities for those physicians who make a defined commitment on a full or part time basis. Newly renovated ED facilities of MetroSouth Medical Center in Blue Island, IL offer 30 state-of-the-art medical exam rooms with integrated LCD televisions plus Empower Systems™ ONC Certified EHR hospital-wide. 42,000 patients are evaluated annually by double to triple staff coverage, with 43 hours of physician coverage.

### Physician Requirements [Full Time, Part Time, or Moonlighters]

To be considered a Top ER Doctor and be guaranteed profit sharing opportunities, candidates must:

#### + Deliver High Quality, Expedient (Fast) Medical Care

*All patients are evaluated "immediately" upon being placed in an exam room. Avg time equal or greater than 10 minutes. At the time period "Physician Change of Shift," all patients are evaluated immediately upon being placed in exam room to start diagnostics and medical orders.*

#### + Deliver Customer Service Focused Medicine to Patients, Family Members, Hospital Employees, Medical Staff, and Senior Administrators.

#### + Meet Patient and Customer Satisfaction Scores equal to or greater than the ECPS benchmark score.

#### + Ensure Expedient Disposition of Hospital Admissions.

#### + Ensure that all hospital admissions meet Medical Necessity Criteria with supporting clinical documentation and Diagnosis on the ED chart.

### Compensation

**Base Salary is \$165/hour for Day Shifts, \$175/hour for Night Shifts.**

Profit Sharing for those who make a defined commitment.

Malpractice Insurance is provided by ECPS.

### Contact

Those interested in participating in a financially democratic EM physician group should contact **Seth Guterman, MD FACEP** at [773] 255-1236 or [sguterman@ecps.md](mailto:sguterman@ecps.md)



[www.ecps.md](http://www.ecps.md)



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# Classified Ads

**ILLINOIS, KANKAKEE:** Riverside Medical Center is a Level II Trauma center with 42,000 annual visits and 53 hours of clinician coverage daily. The ED environment is supported with a highly-skilled and efficient nursing staff. EPMG cares about allowing clinicians to live life and do the work they love. We care about providing exceptional compensation and benefits, including a brand new partnership program. To learn more contact Sarah Hysell at 734.686.6327 or shysell@epmgpc.com. Visit us at [www.epmgpc.com](http://www.epmgpc.com).

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**BARRINGTON, ILLINOIS.** Tri-County Emergency Physicians, LTD seeks a full-time or part-time Emergency Department Physician at Good Shepherd Hospital in Barrington, Illinois. 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](mailto:joe.giangrosso@advocatehealth.com). We offer flexible hours and a competitive salary with bonus.

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**ST. JOSEPH, MICHIGAN:** Lakeland Hospital – St. Joseph is a 43,000 volume ED with 40 hours of clinician coverage daily and located on beautiful Lake Michigan. The ED environment is supported with a highly-skilled and efficient nursing staff. EPMG cares about allowing clinicians to live life and do the work they love. We care about providing exceptional compensation and benefits, including a brand new partnership program. To learn more contact Carrie Dib at 734.686.6336 or [cdib@epmgpc.com](mailto:cdib@epmgpc.com).

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**CLINTON, IOWA: NEW PAYRATES!** Mercy Medical Center - Clinton sees 21,000 patients annually and is a certified Level IV Community Trauma Care Facility. The ED environment is supported with a highly-skilled and efficient nursing staff. EPMG cares about allowing clinicians to live life and do the work they love. We care about providing exceptional compensation and benefits, including a brand new partnership program. To learn more contact Tynia Arnold at 734.686.6335 or [tarnold@epmgpc.com](mailto:tarnold@epmgpc.com). Visit us at [www.epmgpc.com](http://www.epmgpc.com).

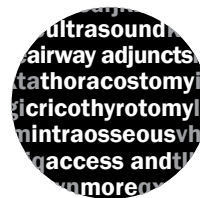
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**EMERGENCY MEDICINE PHYSICIANS:** NES Healthcare Group is seeking emergency medicine physicians for Memorial Hospital in Chester, IL. Close proximity to St. Louis, MO. Annual volume of 7,000. Candidates must have current EM experience. Competitive compensation and malpractice coverage provided. Contact: Megan Evans, Physician Recruiter, 800.394.6376, fax 631.265.8875, [mevans@neshold.com](mailto:mevans@neshold.com).

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## ICEP Calendar *of* Events 2012

**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 24, 2012**

**LEAD Applications Due**

**August 27, 2012**

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

**August 29, 2012**

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

**August 29, 2012**

**EMS Forum**  
1:00 PM - 3:00 PM  
ICEP Conference Center  
Downers Grove

**September 3, 2012**

**Labor Day Holiday**  
**ICEP Office Closed**

**September 6, 2012**

**Resident Career Day**  
University of Illinois at Chicago  
Student Center West  
Chicago

**September 7, 2012**

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

**September 11, 2012**

**Emergency Medicine Board Review Intensive Committee Conference Call**  
11:00 AM - 12:00 PM

**September 24, 2012**

**LEAD Program Session**  
8:00 AM - 10:30 AM  
ICEP Conference Center  
Downers Grove

**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 6-7, 2012**

**ACEP Council Meeting**  
Denver, Colorado

**October 8-11, 2012**

**ACEP Scientific Assembly**  
Denver, Colorado

**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 5, 2012**

**Emergency Medicine Board Review Intensive Faculty Meeting for 2013 Redesign**  
10:00 AM - 12:00 PM  
ICEP Conference Center  
Downers Grove

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

**Register for all courses online at [ICEP.org](http://ICEP.org)!**

