

PRESIDENT'S LETTER



**David Griffen,
MD, PhD, FACEP**

We have all seen the chart showing the increasing cost of health care in the United States — now over 17% of our Gross Domestic Product. We spend more per capita on health care than any other nation.

Our demographics are not working to our advantage, as our population is aging and older people use more health care resources. Add the fact that the first wave of our Baby Boomer generation — the demographic Pig in the Python — is just now reaching their late sixties, and you have the perfect storm. Our health care spending is unsustainable.

If that is not bad enough, we are far from the healthiest among the nations of the world. We are not getting good value for the money we are spending. Health care reforms have been aimed at reducing cost and improving quality. Key to these reforms is shifting incentives from rewards for volume of care provided, to rewards for cost containment and measures of quality. This fundamental change in our health care system has been termed transitioning from “Volume to Value.”

One strategy for reducing costs is to reduce the demand for health care services. The term “demand destruction” was popularized in

Moving from Volume to Value

Practicing Medicine in an Era of Demand Destruction

discussions about fossil fuels but is now being used to describe a desirable component of health care reform. The Dartmouth Atlas has demonstrated a two-fold variation in per capita Medicare spending depending on where you live within the United States. This variation is not explained by severity of illness or socioeconomic status of patients. Quality of care is not better where more is spent.

One factor that is associated with increased demand for health care services is the number of physicians in a geographical area. The more physicians, the greater the demand. It is estimated by the folks at Dartmouth Atlas as well as other organizations that reduction in the per capita Medicare spending could result in 30% savings in our nation's health care costs.

Our specialty is actually quite used to efforts aimed at destroying demand for emergency services. How many times over the history of emergency medicine have policies attempted to reduce those “unnecessary emergency department visits”?

Indeed, visits to see us are often viewed as representing failures of our health care system. Increasing primary care physicians, barriers to payment for emergency services, urgent care centers, after-hour appointments, managed care, increased coverage for preventive services and medical homes have all been offered as solutions to those “unnecessary” emergency

department visits. And yet the patients keep coming and our volumes keep growing.

Why has demand for our services resisted attempts at destruction? For one thing, we have some very important strengths that add definite value. We are experts at taking undifferentiated populations of patients with various signs and symptoms, and effectively classifying them within subpopulations by the urgency of their therapeutic needs. We are not perfect at this by any means, but no one does it better.

Another strength is our ability to coordinate the resources of the health care system to get patients what they need. Fortunately we have pretty much all the resources of our hospital available at our disposal — at all times of night and day — to evaluate and treat our patients. We are also very good at working with others and within coordinated systems of care. If you are having a STEMI, or CVA, or septic shock, you want us to diagnose the problem and trigger the appropriate system response.

Our value as emergency physicians comes from these strengths. It is true that we are there to fill the gaps in our health care system. But even in a perfect system with unlimited access to primary care, dental services, and preventive care, the value our strengths provide will keep us in business in the long term.

■ CONTINUED ON PAGE 2

InsideEPIC

2014 - Issue 4

**HFS Clarifies Eligibility
for Enhanced Medicaid
Rates**

■ page **3**

**Dr. Rebecca Parker Seeks
Election for President-Elect
of ACEP**

■ page **4**

**Study Finds Medicaid
Patients Are Users, Not
Abusers of Emergency
Department**

■ page **6**

**Full End-of-Session Report
on Spring 2014 Legislative
Session Now Available**

■ page **8**

Moving from Volume to Value: Practicing in an Era of Demand Destruction *from Page 1*

Some of the efforts to destroy demand for emergency services have been ill advised. ACEP and ICEP have been very effective in defending our patients and our specialty. Successful advocacy for the Prudent Layperson standard is just one example. In addition, ACEP has done much to educate policy makers of our true value. The ACEP-commissioned 2013 Rand report "The Evolving Roles of Emergency Departments" gives a realistic picture of what we provide.

We need a strong state and national voice to counter proposals that would hurt our patients. But what else should we be doing about this movement to destroy demand for health care? Embrace it! That's right, make it our own cause. Some demand destruction is very valuable.

Unnecessary testing and treatment are not only expensive but are associated with their own set of complications, and can lead to even more expense tracking down very low-yield incidental findings. We have tremendous opportunity for the sensible application of evidence-based decision rules and guidelines in our practice to reduce unnecessary testing and interventions. Our patients deserve what they need but not more than they need, because more can be harmful. Members of our specialty have worked hard in developing decision rules for such things as pulmonary emboli, pediatric head injury, and other presentations that can be applied sensibly in our practice to reduce unnecessary testing.

ACEP actively develops Clinical Policies addressing best evidence practice for a number of conditions. This requires hard work by dedicated ACEP members. Despite the recent controversy about the policy for tPA and ischemic stroke, these Clinical Policies are valuable practice tools. When these and other evidence based

clinical guidelines are consistently followed, unnecessary interventions can be avoided.

ACEP is appropriately participating in the Choosing Wisely campaign, an initiative of the American Board of Internal Medicine Foundation. Each participating specialty was asked to provide a list of topics to encourage discussions between patients and physicians to reduce overuse of tests and procedures. ACEP developed five items of focus. I encourage all emergency physicians to familiarize themselves with the items submitted by ACEP. Also take a look at the topics provided by other specialties, as many of the items they submitted pertain to our practice. We should support these efforts when they make sense for our patients. This is demand destruction that makes good sense.

On a personal note, more and more I find myself sitting (the sitting part is important) and discussing with my patients why I do not think a certain test or treatment is in their best interest. I am involving them more in the decisions of what not to do, informing them of dangers of overtesting and overtreatment. This is my own effort at demand destruction.

Emergency physicians are trained in evidence-based medicine, and are good at understanding concepts such as pretest probability, false positives, and Bayesian probability. It is sometimes a challenge to effectively communicate the applications of these concepts to a single patient. However, pretty much everyone innately understands probability. Explaining that it is my opinion a test or treatment is likely to do more harm than good usually seems effective, as long as I make sure and listen to, and address, the concerns of the patient. I think (hope) I am getting better at this.

Unfortunately we practice in a malpractice climate that expects us never to be wrong. How does this relate to demand destruction? I will be addressing this in my next article. In the mean time, I would be interested in hearing your strategies to destroy demand.

Sincerely,



— David Griffen, MD, PhD, FACEP
ICEP President



An initiative of the ABIM Foundation

Find the "Five Things Patients and Physicians Should Question" list developed by ACEP for emergency medicine at:

www.choosingwisely.org/doctor-patient-lists/american-college-of-emergency-physicians/

Visit choosingwisely.org for lists from more than 60 additional specialty societies.



Illinois College of Emergency Physicians
3000 Woodcreek Drive, Suite 200
Downers Grove, IL 60515
Phone 630.495.6400 Fax 630.495.6404
www.icep.org

Editor
Cai Glushak, MD, FACEP
ICEP President
David Griffen, MD, PhD, FACEP
Executive Director
Virginia Kennedy Paly
Managing Editor
Kate Blackwelder

Illinois EPIC is published by the Illinois Chapter, American College of Emergency Physicians. Opinions expressed in this newsletter do not necessarily express the views of ICEP.

All advertisements appearing in the Illinois EPIC are printed as received from the advertisers. Advertisement in the EPIC does not imply endorsement of any product or service by the Illinois College of Emergency Physicians. ICEP receives and publishes

advertisements but neither reviews, recommends or endorses any individuals, groups or hospitals who respond to these advertisements.

For membership or advertising information, call 630.495.6400 or dial toll-free 888.495. ICEP. Also, visit the ICEP Website at <http://www.icep.org>.

© 2014





Save the Date for Reception at ACEP14

Holy cow! Mark your calendar and plan to attend a special ICEP Reception, co-hosted by SEMPA, at Harry Caray's Tavern on Navy Pier to bring together past and present members during ACEP14.

The reception will be held from 6:00 to 7:30 PM on Monday, October 27, before the ACEP14 Opening Party at Navy Pier.

The reception will include hors d'oeuvres and a cash bar inside Harry Caray's Tavern Navy Pier. Catch up with old friends and network with colleagues at this special event. ACEP only comes to Chicago once every 7 years — don't miss this favorite ICEP gathering. After the ICEP Reception, you'll already be at Navy Pier for the Opening Party.

ICEP has partnered with the Society for Emergency Medicine Physician Assistants (SEMPA) to present the reception. Past and present members from both organizations are invited to attend. Watch your email for an invitation and more details from ICEP coming in early September!



From the ICEP Practice Management Committee

HFS Clarifies Eligibility for Enhanced Medicaid Rates

Several ICEP members have questioned whether they are eligible for enhanced Medicaid reimbursement rates for primary care services under the ACA (i.e., Obamacare).

The Committee met with Dr. Arvind Goyal, who is the Medical Director of the Illinois Department of Healthcare & Family Services, Medical Programs (HFS). Dr. Goyal provided clarification about which physicians are eligible for the enhanced rates. The rates (up to Medicare level) were authorized by the Federal Government for 2 years only, starting January 1, 2013 and ending December 31, 2014, consistent with a provision in the ACA.

The Federal rules specifically recognized physicians only in 3 primary care specialties: Family Medicine, Pediatrics and Internal Medicine for extra payments, funded 100% by the Federal Government. They also dictated all the rules associated with this program. HFS serves as a pass-through agency for those Federal enhanced monies.

To qualify for the extra payments, a physician must provide verifiable attestation of i) Board certification in one of those 3 special-

ties, or ii) for non- Board certified physicians, a statement that 60% or more of their practice time was spent seeing patients for specified primary care E&M codes (99201-99499) or vaccination codes specified for enhanced payments by the Feds.

The qualified primary care physicians were asked to bill HFS as usual and they would be paid as usual. A few months later when the Feds receive those claims for matching purposes, they would then send additional payments to HFS for distribution to designated primary care physicians.

Dr. Goyal reported that HFS recognized that many ED physicians provide essential and valuable primary care services, more so in certain communities across Illinois. Since emergency medicine is not listed as one of the qualifying specialists by the Feds for this enhanced payment, they would need board certification in one of those 3 specified specialties and so attested. Then, any E&M and vaccination services that they provided while delivering care at any site will automatically receive extra payment for services delivered until December 31, 2014.

Dr. Derek Robinson Honored with Awards

ICEP member Derek Robinson, MD, MBA, FACEP, Executive Director of IHA's Institute for Innovations in Care & Quality, was named one of the National Medical Association's (NMA) Top Healthcare Professionals Under 40 for his work to change the face, practice, and future of medicine. He received the award August 2 at the NMA national convention in Hawaii.

In addition, Dr. Robinson was recently selected as one of Chicago's 40 Game Changers for 2014 by the Urban Business Roundtable. The award, recognizing the accomplishments of a new generation of business and civic leadership in Chicago,



was presented to Dr. Robinson on August 7 by Ms. Melody Hobson, President of Ariel Investments, and Ms. Melody Spann-Cooper, President of WVON Radio.



Dr. Rebecca Parker to Run for President-Elect of ACEP

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

The election is held during the annual Council Meeting before ACEP14 in October in Chicago.

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

ICEP supports Dr. Parker in her campaign.

Don't Miss Career Fair, Dr. Paul Kivela at Resident Career Day in September

There is still time to register for ICEP's popular Resident Career Day program. With a focus on career planning, it's not just for residents — medical students as well as attending physicians are encouraged to attend. The program offers practical, real-world guidance on career planning, to help you get what you want, where you want, when it's time to start the job hunt or search for your next position.

Resident Career Day will be held Thursday, September 4 at Presence Resurrection Medical Center's Marion Conference Center in Chicago. There is no charge for residents, medical students, and ICEP member attending physicians to attend.

The 2014 program features keynote speaker Paul Kivela, MD, MBA, FACEP, ACEP's Secretary-Treasurer. Dr. Kivela will present "What I Didn't Learn in Residency" and will participate in a panel discussion on managing student debt.

Life after residency will bring a new set of challenges, starting with the search for your first position. ICEP's Resident Career Day focuses on helping you meet these challenges head on and turn them into opportunities. On the agenda:

- Keynote speaker Dr. Paul Kivela, ACEP

Secretary-Treasurer, presenting key lessons he learned *outside* of residency

- A panel discussion on managing student debt, featuring Dr. Kivela, Dr. Matthew Pirotte, and financial advisor Thomas Olexa
- Building your brand on social media, presented by Dr. Ernest Wang, who was recently named Faculty of the Year by the University of Chicago EM Residency Program
- A panel discussion on global health opportunities, featuring Dr. Timothy Erickson, Dr. Jennifer Chan, and Dr. Cai Glushak
- The popular "Speed Dating" Career Fair networking event: top industry recruiters will rotate through tables of participants to discuss available employment opportunities and make valuable connections for the future

Registration and a full program agenda are available online now at ICEP.org. Although there is no charge to attend, pre-registration is strongly encouraged. Note that no CME credit is available for this program.

Preview of Vendors at 2014 Resident Career Day

Plan now to visit these vendors at 2014 Resident Career Day:

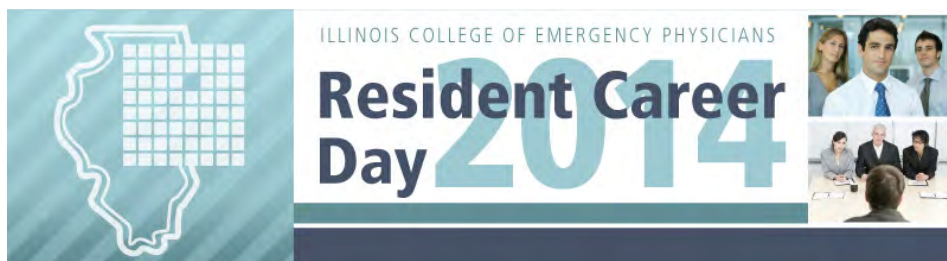
Speed Dating Career Fair Recruiters

- Advocate Medical Group
- CEP America *
- EmCare *
- Emergency Consultants, Inc.*
- Emergency Medicine Physicians
- EPMG, PC *
- Hofmann Gale Medical Staffing, LLC *
- Infinity HealthCare *
- OSF Health Care *
- Team Health *

Exhibitors

Recruiters with (*) above will also be exhibiting.

- Acute Care Inc.
- Apollo MD
- Carle Physician Group
- Indiana Air National Guard
- Mid-America Emergency Physicians
- Premier Physician Services
- Presence Medical Group
- Schumacher Group
- U.S. Army Health Care Recruiting



The best benefits



are free.

Benefits are important when you're considering compensation packages, but they're even more important when you're considering the life you want to lead. Imagine the peace of mind that comes from having the best med mal insurance anywhere. We provide it, and it won't cost you a dime. Want financial security? We have a fully-funded 401k worth nearly 250K in five years, and \$1.6 million in 20. The best benefit you get when you join EMP is something you can't put a price on. It's being part of a democratic group of EM physicians who put caring for patients, and each other, first.



Visit emp.com/jobs
or call Ann Benson at 800-828-0898. abenson@emp.com



Opportunities from New York to Hawaii.
AZ, CA, CT, HI, IL, MI, NH, NV, NY, NC, OH, OK, PA, RI, WV

Study Finds Medicaid Patients Users, Not Abusers of Emergency Department

A new report from the Medicaid and CHIP Payment and Access Commission (MACPAC) finds that Medicaid enrollees visit the emergency department appropriately like most patients, but they have generally more complex health needs and less access to primary care than their privately insured counterparts.

According to the report, Medicaid enrollees' ED use accounts for just 4 percent of total Medicaid spending, but because Medicaid enrollees use the ED more frequently than both privately insured and uninsured persons, state Medicaid programs monitor ED use closely.

The MACPAC report states the ED is an expensive place to treat medical problems because it maintains 24-hour staff and resource availability and the hospital settings in which most EDs are based have both high overhead and fixed costs. Thus, payers and health plans have long sought to keep costs down by educating patients about appropriate use of the ED and providing timely access to care in other settings.

Higher ED use among Medicaid enrollees is explained mostly by the higher rates and more severe cases of chronic disease and disability they experience relative to those who are privately insured and uninsured. High ED use also can be a sign of poor access to primary, specialty, dental, and outpatient mental health care in other settings.

A recent study of Oregon's 2008 Medicaid expansion to low-income adults reported a rise in ED use among newly insured Medicaid enrollees, fueling concerns that the Medicaid expansion authorized by the Patient Protection and Affordable Care Act could lead to a surge in ED use, increasing program costs and overcrowding of EDs.

Download the current MACfacts issue brief (posted to ICEP.org in the Patient & Physician Advocacy Center), including full references and citations from the report, to review a fact check of commonly held beliefs about ED use in Medicaid.

Alex Rosenau, DO, FACEP, president of the American College of Emergency Physicians, responded to the report, stating: "This report from MACPAC confirms that Medicaid patients, like all emergency patients, depend on the emergency department to diagnose and treat what is wrong with them or to reassure them that what they feared could be very dangerous is not. ... In short, the mounting research shows that most of these patients have serious and complex medical problems that can only be addressed in the emergency department."

"Even having a primary care physician is no bar against appropriate emergency department use," Dr. Rosenau continued. "In general, the combination of poverty and illness present challenges with few genuinely simple solutions, despite misplaced beliefs that significant health care costs could be saved by keeping patients out of the ER."

"In the meantime, for all of our patients, the ER is the home in our medical neighborhood where the lights are always on," Dr. Rosenau concluded.

Illinois Prescription Monitoring Program

- ▲ Tracking Controlled Prescriptions
- ▲ View Patient Prescription Histories
- ▲ Preventing Abuse and Diversion
- ▲ Mobile Accessibility – 24/7 Access
- ▲ Program is Voluntary
- ▲ Web Site is Free of Charge



www.ilpmp.org

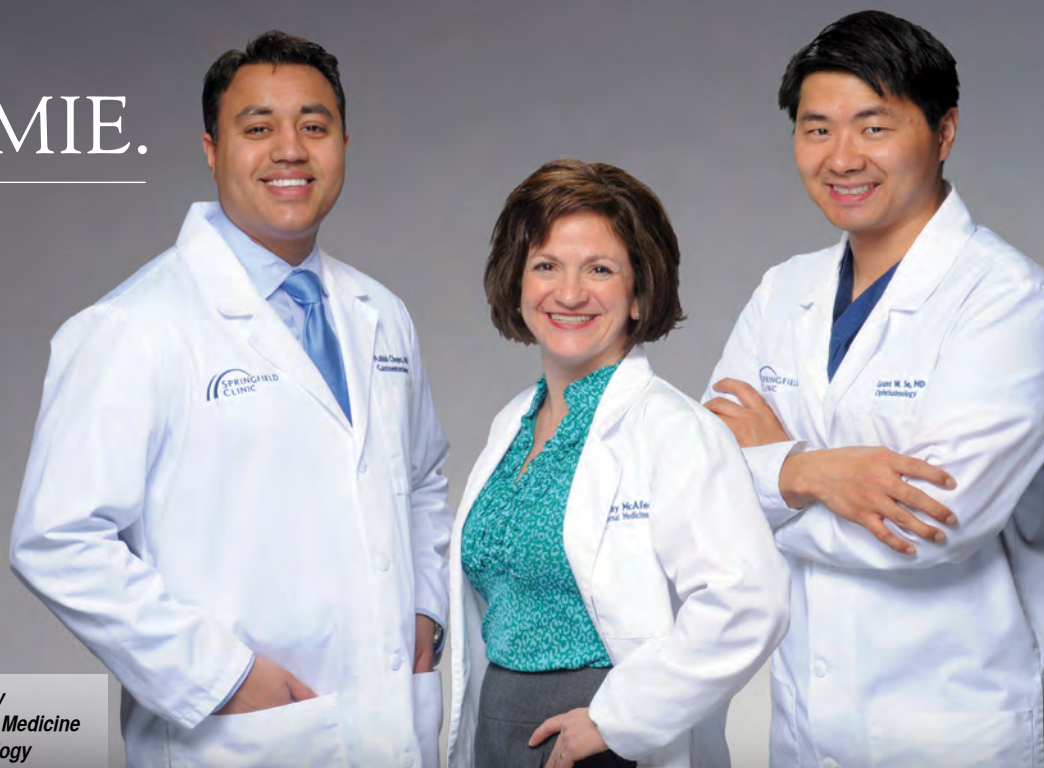


Printed by the Authority of the State of Illinois IOCI 361a (2/11)



We are ISMIE.

Exceptional.
Capable.
Talented.



Ashish Chopra, MD, Gastroenterology
Cathy Lomelino McAfee, MD, Internal Medicine
Grant Su, MD, FASOPRS, Ophthalmology

As policyholders, we appreciate ISMIE Mutual Insurance Company's dedicated work to keep our reputations and livelihoods intact. From its innovative programs to manage liability risk to providing us with solid coverage, ISMIE Mutual is our Physician-First Service Insurer®. Founded, owned and managed by physician policyholders, ISMIE remains committed to protecting physicians and our practices.

Our talent and skills allow us to deliver exceptional care to our patients; ISMIE Mutual delivers exceptional medical liability coverage for our practice.

Depend on ISMIE for your medical liability protection – so you can focus on the reason you became a physician: to provide the best patient care possible.

Not an ISMIE Mutual policyholder and interested in obtaining a comparison quote for your medical liability coverage? Contact our Underwriting Division at 800-782-4767, ext. 3350, or e-mail us at underwriting@ismie.com. Visit our web site at www.ismie.com.

ISMIE

Mutual Insurance Company

The Physician-First Service Insurer®

Protecting the practice of medicine in Illinois

©2013 ISMIE Mutual Insurance Company

13-1944-P



ICEP Presents Hands-On Workshops for Emergent Procedures, Ultrasound

This fall, hone your practical skills set with ICEP's hands-on workshops for emergency medicine ultrasound or emergent procedures. Spaces are available at both courses.

Simulation Skills Lab

The Emergent Procedures Simulation Skills Lab will be held Friday, October 3, 2014, at the NorthShore Center for Simulation and Innovation at Evanston Hospital.

Participants work hands-on with the most current simulation technologies for a full 8 hours, rotating in small groups to maximize your practice time. You'll refine your skills on more than 30 procedures in airway, cardiovascular, pediatric/obstetric, and ultrasound modules, focusing on procedures that are seldom performed day-to-day in the ED because their clinical presentation is rare.

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.

The course is developed and taught by the field's leading experts in simulation, including Ernest Wang, MD, FACEP; Morris Kharasch, MD, FACEP; Tim Heilenbach, MD, RDMS; and Jared Novack, MD.

Find out more about this popular program or register online today at ICEP.org/sim.

Ultrasound for Emergency Medicine

The Ultrasound for Emergency Medicine Workshop will be held Wednesday, December 3, 2014 at the ICEP Conference Center in Downers Grove.

ICEP developed this workshop for physicians on the bedside use of ultrasound to diagnose acute life-threatening conditions, guide inva-

emergent procedures SIMULATION Skills Lab

teaching critical skills for the critical-care environment



sive procedures, treat emergency medical conditions, and improve the care of emergency department patients.

The Ultrasound for Emergency Medicine workshop will cover pelvic, gall bladder, AAA, FAST exam, central lines, and peripheral IVs, using live models for most procedures.

The course offers two interactive options:

- The Basic course is designed for physicians with limited or minimal experience, seeking both didactic lectures and hands-on practice on ultrasound techniques.
- The Fast Track course is designed for physicians with prior ultrasound experience seeking hands-on practice only. The Fast Track course does not include didactic lectures but puts participants hands-on at skill stations the entire course to maximize practice.

Find out more about the Ultrasound courses or register online today at ICEP.org/ultrasound.

Due to the hands-on design of these courses, space is limited. Register early to reserve a spot.

Full End-of-Session Report for Spring 2014 Now Available

ICEP's lobbyists at Illinois Strategies, LLC, have released the complete End-of-Session Report for the Spring 2014 session of the Illinois General Assembly.

The report includes a summary of the actions and status for each bill followed by ICEP during the session. Download the complete report from the Patient & Physician Advocacy Center at ICEP.org.

Excerpted from the report:

"It was a good legislative year for emergency medicine. ICEP supported legislation that was passed by the General Assembly which included: SB 647 that provides coverage for telehealth services; SB 741 that provides funding for the Illinois Poison Center; SB 3076 on POLST; HB 5742 that designates Acute Stroke Ready Hospitals; and SB 3414 that brings EMS educational standards into national compliance.

"ICEP was one of many medical groups that opposed SB 2187, which would have allowed psychologists to prescribe psychotropic medications. An agreement was reached that removed organized medicine's opposition, and the bill moved forward. The education and training for prescribing psychologists mirrors what is required of an APN and PA."

The legislature will return to Springfield for the Fall Veto Session after the November election. The dates of the Veto Session are November 19, 20, 21, December 2, 3 and 4.



ACEP14 Comes to Chicago in October for 'Emergency Medicine's Meeting'

With more than 350 educational sessions, interactive workshops, skills labs, the world's largest Exhibit Hall and numerous social networking opportunities, ACEP14 has something for every emergency physician.

ACEP14 will be held October 27-30 at McCormick Place Chicago. Registration is open online now at ACEP.org/ACEP14. Early bird registration rates are available through September 26.

Emergency Consultants, Inc., presents the ACEP14 Kickoff Party from 7:30 p.m. to midnight on Monday, October 27, at the Navy Pier Grand Ballroom. The Closing Celebration, presented by EmCare, is from 7 to 11 p.m. on Wednesday, October 29, at the spectacular Museum of Science and Industry.

Education

Critical care, pediatrics, health policy, pulmonary disorders – these are only a few of the 26 areas of practice you can elevate at this event and improve patient care. Get it started at 8 a.m.

Monday, Oct. 27, at the Opening Session, where keynote speakers Steven Levitt and Stephen Dubner, authors of international best-sellers "Freakonomics" and "Superfreakonomics," will look at the economics of health care. Levitt is the William B. Ogden Distinguished Service Professor of Economics at the University of Chicago. Dubner is an award-winning author, journalist, and TV and radio personality.

The annual Colin C. Rorrie, Jr. Lecture is on the same day at 12:30 p.m., and will be delivered by AMA President-Elect Steven Stack, MD, FACEP. Dr. Stack will talk about "The ACA: The Rocky Road to Health Reform." ACEP Board Member Jay Kaplan, MD, FACEP, delivers the James D. Mills Jr. Memorial Lecture at 12:30 p.m., Wednesday, Oct. 29. "Physician, Heal Thyself: The Importance of Creating Resilience," will help emergency physicians deal with stress and improve wellness.

Exhibits and New Technology

Don't miss the Exhibit Hall. With more than 500

exhibitors and the sophomore year of innovatED, you'll see the latest technologies, solutions, products and services from some of the most respected names in the emergency medicine. The Exhibit Hall and innovatED are open at 9:30 a.m. on Monday, Tuesday and Wednesday.

Introducing EM Hackathon

New to the list of events held in conjunction with ACEP14 is the new EM Hackathon on Oct. 24-26. ACEP and EMRA have teamed up with Hacking Medicine at MIT and Chicago Health 2.0 to offer an emergency medicine problem-solving challenge during ACEP14. The EM Hackathon leverages out-of-the-box thinkers for an amped-up, all-weekend, problem solving session where emergency medicine physicians collaborate with computer programmers, engineers, and other subject matter experts to tackle challenges in EM. The Hackathon will begin on Friday evening, October 24 at 1871 in Chicago. Participants will work (hack) through the weekend and judges will decide the winners on Sunday, October 26.

Hiring Conference

Senior Residents and Experienced Emergency Medicine Physicians and Hospitalists

- Interview with up to 12 hospitals in one day.*
- Hiring decisions will be made the day of your interview.
- Selected candidates will receive a letter of intent for employment.

Blue Mountain Health System (ED and IPS)
Palmerton and Lehigh, PA

Community Health of Scranton (ED)
Scranton, PA

East Liverpool City Hospital (ED)
East Liverpool, OH

Heart of Lancaster Regional Medical Center (ED)
Lititz, PA

Holy Spirit Hospital (ED)
Camp Hill, PA

Lancaster Regional Medical Center (ED)
Lancaster, PA

Meadville Medical Center (ED)
Meadville, PA

Saint Peter's University Hospital (ED)
New Brunswick, NJ

Trumbull Memorial Hospital (ED and IPS)
Warren, OH

Washington Health System (ED and IPS)
Washington, PA

Wheeling Hospital (ED)
Wheeling, WV

Williamsport Regional Medical Center (ED)
Williamsport, PA

Submit your CV to pre-qualify: www.EmCarePhysicians.com/Hershey

EmCare
Making Health Care Work Better.™



The Hotel Hershey
Hershey, PA
September 25 and 26

Complimentary hotel stay and travel to those who pre-qualify.

Limited interview spots available.

* You must pre-qualify.

Equal Opportunity Employer.



Clinical and Core Faculty Physician Opportunities in Illinois

OSF Saint Francis Medical Center is the area's only Level 1 Trauma Center and resource hospital for EMS. We are a major teaching affiliate of the University Of Illinois College of Medicine at Peoria. Our state of the art, 60,000 square foot ED opened in 2010.

- Exceptional opportunity to partner with 50+ physicians
- Average physician will see two patients per hour
- 32/hr per week is considered full-time with benefits
- Progressive hospital with top end compensation and benefit package
- Potential faculty and leadership opportunities for exceptional candidates
- 12 EM residents a year in a TL1-2-3 program.
- Active Life Flight Helicopter program.

The greater Peoria area has a population of 350,000 and offers a remarkably low cost of living with all the comforts and attractions of the big city.

Please contact or send CV to:

Stacey E. Morin, OSF Healthcare Physician Recruitment
Phone: (309) 683-8354 or 800-232-3129, press 8
eMail: stacey.e.morin@osfhealthcare.org
Visit us on the web at www.osfhealthcare.org.

Scan this code with your smart phone
to tour our emergency department.



www.osfhealthcare.org



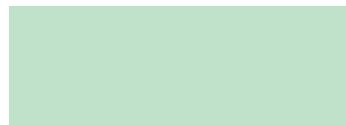
Classified Ads

Medcor, Inc., a Chicagoland-based healthcare company, seeks a full-time physician Associate Medical Director (AMD.) The AMD reports to the Chief Medical Officer and has broad leadership, oversight and development responsibilities in support of Medcor's clinical service lines. The ideal candidate will be residency-trained/board-certified in EM with experience as a program director. Three years of post-graduate experience are required. Apply at www.medcor.com or email david.good@medcor.com.



LOOKING FOR MORE JOB OPPORTUNITIES AND OPEN POSITIONS IN ILLINOIS? Visit the ICEP Career Center online at ICEP.org/careercenter. The Career Center connects job seekers with employers who post ads for their open positions. You can browse the job opportunities at the website, or sign up for the Job Flash email that will send new job openings directly to your email.

Full and part time positions are available for a combined Holy Cross/Mount Sinai Hospital Position. The Sinai Health System is recruiting part and full time emergency physicians to work at Mount Sinai Hospital and Holy Cross Hospital. Mount Sinai Hospital is a community teaching hospital, affiliate of Chicago Medical School and University of Chicago on the southwest side of Chicago. Mount Sinai sees 60,000 patients per year and is an EDAP level I pediatric and adult trauma center. Holy Cross is a community hospital with stroke designation, sees 45,000 patients per year is also on the south side of Chicago. Physicians will work at both hospitals and will be employed by Sinai Medical Group. Competitive salary and benefits. For further information, contact Les Zun, MD, Chair, Emergency Medicine at zunl@sinai.org or 773-257-6957.



want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?
want to reach 1,350 Illinois emergency physicians?

Advertise in the  **EPIC.**
Targeted. Affordable. Effective.

Contact Kate Blackwelder
at 630.495.6400, ext. 205 or
kateb@icep.org for an Illinois EPIC
rate sheet and list of closing dates.

emergent procedures SIMULATION Skills Lab

teaching critical skills for the critical-care environment



state-of-the-art simulation technology | maximum of 8.25 AMA PRA Category 1 Credits™

Friday, October 3, 2014

**NorthShore Center for Simulation & Innovation
Evanston Hospital | Evanston, Illinois**

**Developed and taught
by the field's leading
experts in
simulation:**

**Ernest Wang,
MD, FACEP**



**Morris Kharasch, MD,
FACEP**

**Tim Heilenbach, MD,
RDMS**

Jared Novack, MD

Details & registration:
ICEP.org/sim



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

ICEP Calendar *of* Events 2014

September 1, 2014

ICEP Office Closed
Labor Day Holiday

September 4, 2014

Resident Career Day
Presence Resurrection Medical
Center, Chicago

September 8, 2014

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

September 16, 2014

**Research Committee
Conference Call**
10:00 AM - 11:30 AM

September 17, 2014

**ITLS Illinois Advisory
Committee Meeting**
10:00 AM - 12:00 PM
ICEP Training Room
Downers Grove

**Register for all courses
online at ICEP.org!**

September 17, 2014

**Membership Committee
Conference Call**
3:00 PM - 4:00 PM

September 23, 2014

**EM Board Review Intensive
Course Committee
Conference Call**
9:30 AM - 10:30 AM

October 3, 2014

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

October 7, 2014

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

October 7, 2014

EMS Forum
1:00 PM - 3:00 PM
ICEP Training Room
Downers Grove

October 14-17, 2014

**Emergency Medicine Board
Review Intensive Course**
ICEP Conference Center
Downers Grove

October 20, 2014

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

October 20, 2014

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

October 27, 2014

**ICEP Reception at ACEP14
Co-hosted by SEMPA**
6:00 PM - 7:30 PM
Harry Caray's Tavern Navy
Pier, Chicago

November 13, 2014

**EM4LIFE 2014 LLSA Article
Review Course**
ICEP Conference Center
Downers Grove

November 27-28, 2014

ICEP Office Closed
Thanksgiving Holiday

December 1, 2014

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

December 3, 2014

**Ultrasound for Emergency
Medicine Hands-On Workshop**
ICEP Conference Center
Downers Grove

December 8, 2014

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

December 8, 2014

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

