

PRESIDENT'S LETTER

ACEP Council Tackles Big Issues in 2017

Resolutions Focus on MOC, Opioid Epidemic, Unfunded Mandates



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

The 2017 ACEP Council Meeting in Washington, DC, held prior to ACEP17 in October, was truly an exciting and democratic session; full of spirited discussions and debates, but with a single goal to represent the entire diverse body of emergency physicians — from democratic groups, to

free-standing EDs, to academic emergency medicine, to truly any and all members of our specialty.

This year, our ACEP Council grew to 410 members, representing all states and territories, as well as interest groups such as the Geriatrics Section, Undersea & Hyperbaric Medicine Section, Young Physicians Section and several others. Illinois was proud to be represented by 13 Councillors and 3 alternates at the meeting. Our large delegation at the Council speaks well of the strength in membership within our own state (Councillor allocations are determined by chapter membership, with 1 councillor for every 100 members).

One of the most important roles of a Councillor is to bring the information learned back to our

colleagues who weren't able to attend. Some of the topics addressed at the Council were related to maintenance of certification (MOC); the opioid epidemic and our role in combating it; prescription drug availability and pricing, including the ability of our patients to use their own home medications for cost containment; unfunded mandates; and issues related to physician wellness.

Maintenance of Certification

One of the hottest topics discussed was maintenance of certification (MOC). ABEM, the American Board of Emergency Medicine, is open to our suggestions and is listening to our concerns. ABEM President Terry Kowalenko, MD, provided a report to ACEP detailing 2017 activities in regards to researching and conducting feasibility and cost analysis of different viable options for MOC.

Since June 2017, ABEM has taken two paths of action: 1) conducting process review, and 2) exploring alternatives and modifications to ConCert™. ABEM has received more than 20,000 survey responses. These surveys have shown that “ConCert™ content is highly relevant and that physicians perceive learning and career benefits to preparing for and taking the examination” (as stated in the ABEM report).

At the beginning of October 2017, ABEM conducted a ConCert™ summit, at which ACEP was represented. The new approaches discussed at the summit were:

- Mini exams (short exams every 2 years, taken at home and proctored remotely, with ability to look up information).
- Adaptive learning (delivery of frequent questions on a mobile device).
- Oral examination (current Oral Certification Examination for recertification).
- Modifications to the existing ConCert™ (ability to take exam more frequently; free or discounted repeat attempts; remote proctoring; focus on “walk-around knowledge” delivered in clinical scenarios; more detailed feedback).

ABEM has set a timeline to review all feedback from diplomates and do feasibility and cost studies prior to the organization's February 2018 Board of Directors retreat and meeting. ABEM anticipates making an announcement soon thereafter regarding the most likely alternative to ConCert™, potential changes to the current ConCert™, and timeline of implementation. Realistically, we should hear of these changes in April 2018. Stay tuned, as ICEP and ACEP will update you on all developments as we learn them.

Opioid Epidemic

The next hot topic at the Council was ACEP's role in endorsing the study and education of a pilot facility for supervised drug injections. The position of the Illinois delegation, echoed by many, is that ACEP should not have any

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ACEP Council Tackles Big Issues in 2017

Resolutions Focus on MOC, Opioid Epidemic, Unfunded Mandates

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perception of emergency physicians supporting drug injection sites. The counter-argument presented was that drug injection sites have been studied and are successful in Europe and also should be studied in the United States, given that the European studies show improved morbidity and mortality of these patients.

In the end, ACEP passed the resolution, mimicking the wording of our American Medical Association (AMA) colleagues: “Resolved, That ACEP join their partner organization, the American Medical Association, in supporting the study of the role of Supervised Injection Facilities in decreasing morbidity and mortality due to intravenous drug use and to determine if Supervised Injection Facilities are a potential public health intervention; and be it further Resolved, that the ACEP Board of Directors report its findings at the 2018 Council Meeting.”

Similarly focused, the National Safety Council is spearheading a new public awareness campaign focused on the nationwide opioid epidemic. This campaign kicked off November 10-16 in Chicago with a memorial that commemorates the more than 22,000 deaths that occur annually attributed to prescription opioids. If you have an opportunity to visit the memorial this week, it is open daily from noon until 8 pm through November 16 at 1714 N. Damen Avenue in Chicago. The memorial will be a traveling exhibit that moves to locations throughout the country. (See Page 3 for more about this program.)

Other initiatives of the NSC campaign will be a video series discussing patient cases, and the release of labels for patients to place on their insurance cards to request information from providers if opioids are prescribed. I urge you to learn about this campaign and be its stewards. We want to disseminate this information

through our state and make every effort to curb this epidemic. Find out more at www.nsc.org/learn/NSC-Initiatives/Pages/prescription-drug-abuse.aspx.

Unfunded Mandates

In all of our discussions at ACEP17, unfunded mandates were front and center. These mandates included universal opioid screening for all patients in the EDs; HCV testing not reimbursed for at-risk patients; and several others. The two resolutions on unfunded mandates were brought by the Illinois delegation. The HCV reimbursement resolution was referred to our Board for review and policy development. Illinois’ opposition to the unfunded mandate for universal drug monitoring screening for all of our patients has passed with majority support.

These issues are pertinent not only to our state, but are battled in many other states. ACEP supports the notion that our members are aware of when to screen patients through drug monitoring programs and when it is not necessary. We are also keenly aware of numerous screening tests pushed onto us in the EDs. While screening may be a great concept from a public health point of view, if we are to screen, we should be reimbursed!

Other Issues of Note

Other resolutions raised were related to buzzwords we hear so frequently: “physician wellness” and “work-life balance.” One resolution focused on parental leave coverage. Although in concept a great idea — allowing parents to stay home for longer times with paid leave — this is difficult in practice for small democratic groups, who have limited coverage. When one member is on parental leave, the rest of the group has to provide ED coverage and also cover this member’s salary. In the end, after a

robust discussion, the resolution passed. ACEP will be championing paid parental leave for all its members!

Another interesting resolution was in regards to patients being allowed to bring and take their own medications while in hospital admission Observation. Most institutions have policies regarding home medications. Typically, for safety reasons, home medications are not allowed for patients to take while in the hospital. This does turn into costly bills for patients. ACEP resolved to support that all medications administered during Observation will not be applied for reimbursement. ACEP’s goal is that any out-of-pocket cost to the patient in Observation would not be greater than inpatient services.

There were in total 62 interesting resolution and I encourage you to review them to familiarize yourself as to what ACEP’s marching orders are for next year! The Council notebook is available at ACEP.org.

As we move toward the end of the year and into 2018, know that ICEP is following all of these issues closely and will keep our membership informed of new developments and information. If you have any questions, concerns, or comments on any of these issues, please feel free to reach out to me at yipurimshemtov@icep.org.

Sincerely,



— Yanina Purim-Shem-Tov, MD, MS, FACEP
President



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National Safety Council's Memorial for Opioid Epidemic Victims Starts in Chicago

Imagine 22,000 deaths. That's how many people lost their lives to opioid overdoses in one year. Each was someone's child, sibling, parent, friend.

The National Safety Council (NSC) is providing an opportunity for everyone to see — up close and in person — the toll the opioid crisis has taken. NSC is hosting a memorial to recognize those who fell victim to opioid addiction and to give visitors a sense of urgency to take action in their own lives and help stop opioid overdose. All ICEP members are encouraged to visit.

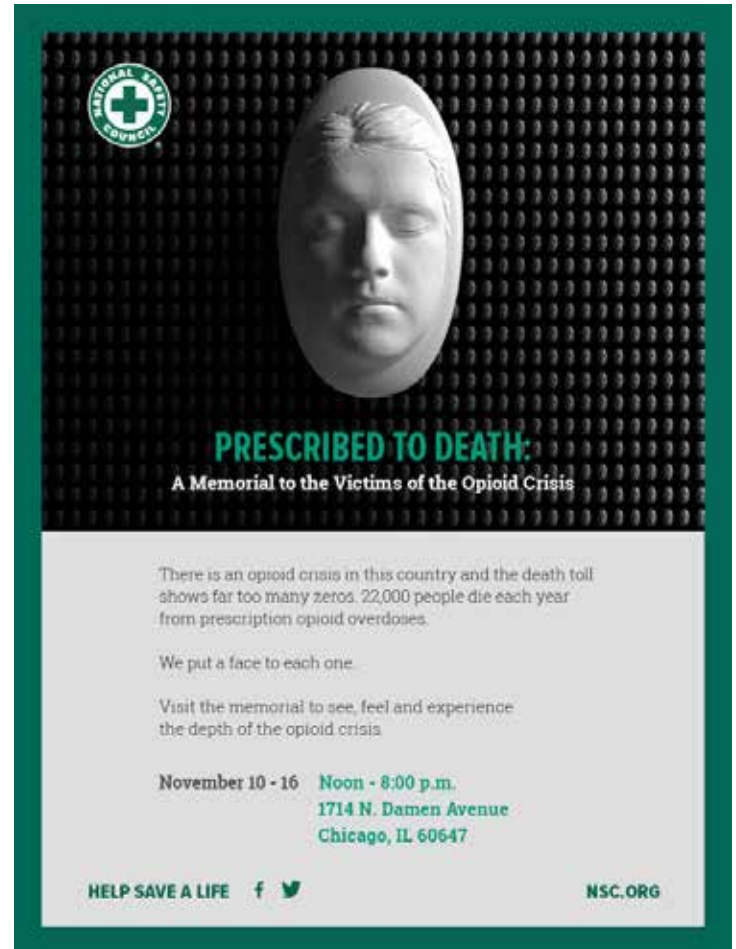
The exhibit opened in Chicago on Friday, November 10 and will be open through Thursday, November 16 at 1714 N. Damen Avenue in Chicago. Daily hours are noon to 8:00 PM. The memorial is a traveling event that will move to other cities nationwide after its debut in Chicago.

Warn Me Labels

The NSC has also launched an initiative to distribute Warn Me labels that patients can place on their insurance cards. The stickers indicate to physicians that the patient would like more information about opioids if they are being prescribed. The stickers are not meant to undermine professional medical advice but instead are intended as a tool to help patients who don't know enough about opioids to start a conversation with their health care providers in order to make informed decisions.

Download the Physician Information Sheet on Warn Me labels from ICEP's website at: http://www.icep.org/wp-content/uploads/2017/11/NSC-Opioid-Physician-Sheet_8.5x11-copy.pdf.

Physicians can get involved by informing their team about Warn Me Labels and asking them to make a note in the patient's record when they see one. This will help medical staff know when a patient might have more questions. Physicians can also order Warn Me Labels to provide patients. Order online at <http://shop.nsc.org>.



Senator Durbin's Office Seeks Help with ACA Insurance Exchange Direct Enrollment

The Affordable Care Act Open Enrollment started November 1 and will be open through December 15. The office of Senator Dick Durbin is asking for ICEP members' assistance in providing information to patients on how to enroll in the insurance exchanges for 2018.

The program is available with insurance options for Illinois health care consumers in 2018. Insurance coverage will begin January 1, 2018, for all patients who enroll in a plan for 2018.

Senator Durbin's office asks ICEP physicians to remind their emergency patients of the following related to ACA enrollment:

- Sign up early to ensure coverage for 2018 and avoid the \$695 penalty.
- Health coverage is more affordable than you think—eight out of ten people qualify for financial help that will keep monthly premiums between \$50 and \$100.
- Options have changed, so be sure to shop around the website for the best choice.
- Free enrollment assistance from navigators is available to help answer questions.

Patients may visit Senator Durbin's ACA web page at www.durbin.senate.gov/affordable-care-act-open-enrollment- for phone numbers and links to the enrollment website. Durbin's informational page also includes helpful links to FAQs, cost savings and tax credit estimators, an application checklist, and more.

ICEP members Drs. Jack Wu, Susan Nedza and Peter Draper visited with Senator Durbin's legislative correspondents earlier this fall. Durbin's office thanked the ICEP members for all assistance members related to this effort.

Illinois Department of Public Health Issues Standing Order for Naloxone

The Illinois Department of Public Health (IDPH) has issued a statewide naloxone standing order to make the opiate-blocking drug available to individuals at risk of an overdose as well as their family and friends.

The Naloxone Standing Order allows eligible entities, namely pharmacies and opioid overdose education and naloxone distribution (OEND) programs to provide naloxone to any requesting person with the intent to respond to a suspected opioid overdose without a direct prescription. With this standing order, insurers, such as Medicaid and Medicare, can be billed. Eligible entities must complete approved training and education on naloxone administration to access the order.

“Solving the opioid crisis is going to take a comprehensive strategy that emphasizes prevention, treatment and recovery, and response, and involves multiple and interdisciplinary sec-

tors,” said IDPH Director Nirav D. Shah, MD, JD, of the Department’s decision in September to join a group of other states offering the standing order.

Pharmacies utilizing the order should report naloxone dispensing information to the Illinois Prescription Monitoring Program. Pharmacists must complete approved training and education on naloxone administration to access the order.

OEND programs utilizing the order must be enrolled with the Department of Human Services, Division on Alcohol and Substance Abuse, Drug Overdose Prevention Program.

Entities who function under an EMS system do not need this standing order but should make arrangements to obtain naloxone education and administration protocols under the authority of their EMS Medical Director.

The Naloxone Standing Order Form can be requested online from <http://www.idph.state.il.us/Naloxone/>. All who request the drug will be educated and trained on how to administer it.

IDPH plans to release an Illinois Naloxone Map in the near future, which will document all of the entities who have requested the Naloxone Standing Order to provide the drug.

The standing order will be renewed annually or revised as necessary at earlier intervals based on developments in drug formulation or policy changes.

IDPH documented nearly 1,900 fatal opioid overdoses in Illinois during 2016 – an increase of more than 75 percent compared to 2013. Opioid deaths in Illinois’ rural, south-central counties are increasing sharply due to a lack of resources and effective training to combat the problem, according to the Department.

Spaces Still Open at Dec. Ultrasound Course

Spaces are still available for registration for ICEP’s annual Ultrasound for Emergency Medicine Workshop on Wednesday, December 6 in Downers Grove.

Registration is open online now at ICEP.org/ultrasound.

The course, updated in 2016, has replaced pelvic ultrasonography with cardiac ultrasonography to make the program and skills stations more applicable to emergency physicians. Feedback from the ICEP membership and past course participants indicated pelvic ultrasonography is rarely performed in the emergency department.

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

The Basic course agenda includes:

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



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

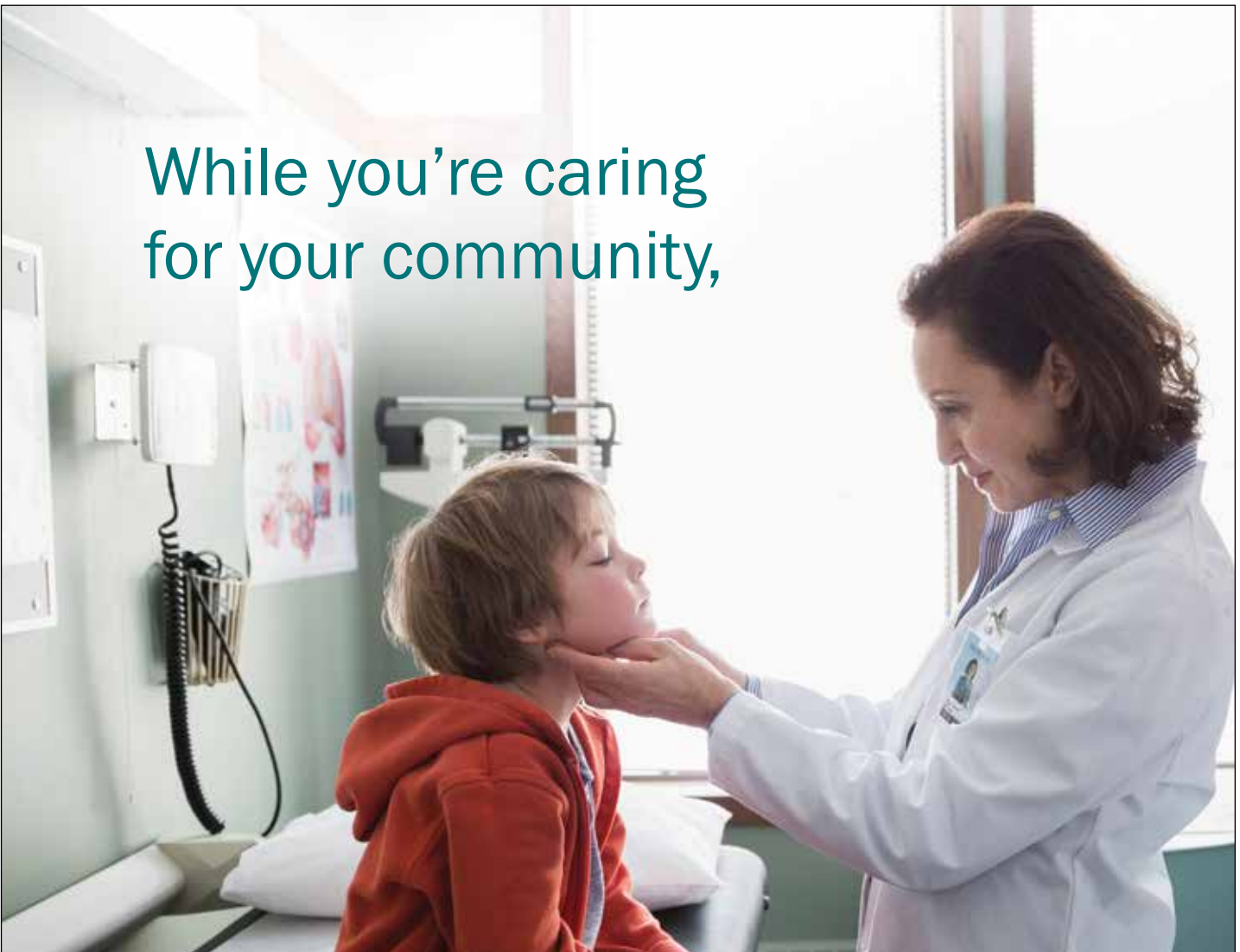
Both the Basic and Fast Track courses feature hands-on skill stations to practice: cardiac, gallbladder and AAA, Fast Exam, and peripheral IVs and central lines. All stations will be

live-model except for peripheral IVs and central lines.

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

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

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April 26 Set for ICEP Advocacy Day

Join ICEP members and ICEP's lobbyists on Thursday, April 26 in Springfield to meet with state legislators to lobby for emergency medicine issues.

The program will start at the Sangamo Club in Springfield, where participants will attend a briefing with lobbyists from Illinois Strategies, LLC., and have lunch at the Club.

After lunch, the group will walk to the state capitol to visit legislators. Members may make appointments with their legislators but should note that many legislators' offices do not take appointments and prefer drop-in visits.



ICEP Advocacy Day is free for all members, but advance registration is required. Registration will open online at ICEP.org in January. Watch for an email when registration opens!

Participants outside of Springfield may wish to take Amtrak for convenience. The Amtrak station is within walking distance of the Sangamo Club.

Emergency Medications Act Supported by ACEP Expected to Become Law

The U.S. House of Representatives at the beginning of November unanimously accepted a modified version of the ACEP-supported "Protecting Patient Access to Emergency Medications Act of 2016" (H.R. 304). The bill now goes to President Trump, who is expected to sign it into law.

The bill ensures continued access to pain and anti-seizure medications for patients suffering medical emergencies. It will explicitly permit physician medical directors to issue standing orders to EMS personnel so they may administer controlled substances to their patients, by amending the Controlled Substances Act (21 USC 821 et seq). In addition, the legislation clarifies and codifies who is authorized to provide verbal orders for controlled substances; provides the option for a single EMS agency registration; and clarifies receipt, movement and storage rules for EMS agency controlled substances.

ACEP has been working to develop and enact this bill since 2015 in response to a DEA letter that questioned the legality of standing orders in EMS. This led ACEP to establish and lead a coalition of EMS-affiliated organizations that developed and promoted this

important legislation.

ACEP's president, Paul Kivela, MD, FACEP released the following statement:

"I applaud the United States Congress on the bipartisan passage of the 'Protecting Patient Access to Emergency Medications Act of 2017,' sponsored by Rep. Richard Hudson (R-NC) and G.K. Butterfield (D-NC) in the House and Sen. Bill Cassidy (R-LA) and Sen. Michael Bennet (D-Co) in the Senate.


"This law will make sure Emergency Medical Services (EMS) agencies can continue to administer approved medications, such as anti-seizure and pain management drugs, to their patients under the authority of the Drug Enforcement Administration (DEA).

"EMS provides critical care for patients in the pre-hospital setting. The ability to use controlled substances in the field as appropriate is essential to saving lives, managing pain and improving health outcomes. This legislation will help protect the role of EMS medical directors and ability of first responders to treat patients with appropriate and necessary medication."

EMERGENCY MEDICINE Update

February 15, 2018
Peoria, Illinois

ICEP's winter CME conference in Peoria is better than ever. Emergency Medicine Update is a multifaceted educational program with something for every emergency care provider.



This activity has been approved for AMA PRA Category 1 Credit™

Thursday, February 15, 2018
Peoria, Illinois

Save the Date for 2018 EM Update Peoria: February 15

Emergency Medicine Update, ICEP's winter CME program, has been scheduled for 2018. Mark your calendar and save the date for Thursday, February 15, 2018, at the Jump Trading Simulation and Education Center in Peoria.

The full agenda and online registration are in the works and will be available later this year. Watch ICEP.org and your email for more details of this half-day program!



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Statewide Research Showcase Abstract Round-Up with ICEP Research Committee

The Statewide Research Showcase Abstract Round-Up is back. Each issue of EPIC will feature one of the abstracts that were selected for oral presentation at the Statewide Research Showcase at the 2017 Spring Symposium, with brief commentary provided by a member of the Research Committee. This month's commentary is provided by Marilyn Hallock, MD, MS, FACEP.

Change in Payer Mix at Disproportionate Share Hospitals in Illinois Following Implementation of the Affordable Care Act

Andrew B. Moore, MD; Logan P. Weygandt, MD; Scott M. Dresden, MD; Northwestern University McGaw Medical Center, Chicago, IL

Background:

The implementation of the Affordable Care Act (ACA) reduces Disproportionate Share Hospital (DSH) payments because of presumed changes in payer mix.

Objective:

We evaluate the change in payer mix at DSH in Illinois before and after ACA insurance expansion.

Design/Methods:

This was a retrospective analysis of administrative data from the Illinois Hospital Association Health Care and Hospital Data Reporting Services (COMPdata) data set from 3rd quarter 2010 to 2nd quarter 2015. Visits at Illinois hospital-based Emergency Departments (EDs) were included for analysis. EDs at hospitals declared DSH by the Illinois Health and Human Services website for each year from 2011-2013 were classified as DSH EDs. EDs at hospitals which were never classified as DSH from 2011-2013 were defined as non-DSH. ED visits were categorized by primary payer: private, Medicaid, Medicare, and uninsured. Chi square analysis for proportions and difference in differences (DiD) were used to compare changes between DSH and non-DSH EDs in payer mix before and after ACA health insurance expansion (January 1, 2014). Visits are reported as percent of overall patient visits by primary payer. DiD is reported as change in visits/year at DSH hospitals compared to non-DSH hospitals.

Results:

Thirty-three DSH EDs were identified. After ACA insurance expansion, Medicaid visits increased from 34.7% to 39.6% of all visits at DSH and 26.4% to 33.9% at non-DSH (DiD = -39,000 patients/year for DSH EDs compared to non-DSH, $p=0.001$). Uninsured visits at DSH decreased from 24.8% to 16.7% and from 22.8% to 15.3% at non-DSH (DiD = +34,000, $p<0.001$). Privately insured patients increased from 30.6% to 34.9% and 41.7% to 41.9% at DSH and non-DSH respectively (DiD = +2,600 $p=0.6$).

Conclusion:

Though DSH and non-DSH EDs both had increases in Medicaid visits and decreases in uninsured visits, the magnitudes were significantly different. Compared to non-DSH hospitals DSH hospitals have had a smaller increase in Medicaid visits and a smaller decrease in uninsured visits. These findings suggest that DSH hospitals continue to bear a larger burden of uninsured care than non-DSH hospitals after ACA implementation.

Impact:

DSH EDs bear a larger burden of under and uninsured patients post-ACA.

RESEARCH COMMITTEE COMMENTARY:

The effects of the Affordable Care Act (ACA) upon the payer mix in Illinois is a very relevant topic today and worth reviewing during the highly politicized challenge for providing high quality, affordable, and sustainable health care for all.

The study was a retrospective review of a group of Illinois ER visits from 2010-15 categorized by payer mix: private, Medicaid, Medicare, and uninsured. Data was further categorized into Disproportionate Share Hospital (DSH) vs non-DSH EDs, as well as payer mix before and after ACA health insurance implementation (2014). There were 33 DSH EDs, but it was unclear what the number of non-DSH EDs was.

After ACA implementation, overall for both DSH and non-DSH EDs payer mix, there was

an increase in the percentage of Medicaid visits (4.9% increase at DSH, 7.5% increase at non-DSH), an increase in the percentage of privately insured visits (4.3% DSH, 0.2% non-DSH), and a decrease in the percentage of uninsured visits (8.1% DSH, 7.5% non-DSH).

Upon further review of the data presented, it was interesting to compare the payer mix at both DSH and non-DSH EDs before ACA implementation and after ACA implementation. When the data is analyzed in this fashion, it revealed data that could be interpreted differently than the conclusion the author made. Specifically, prior to ACA implementation, the payer mix at DSH EDs when compared to non-DSH EDs revealed there were 8.3% more Medicaid visitors (34.7% DSH, 26.4% non-DSH), 11.1% fewer privately insured visitors (30.6% DSH, 41.7% non-DSH), and 2% more uninsured visitors (24.8% DSH, 22.8% non-DSH). Following ACA implementation, the payer mix at DSH EDs when compared to non-DSH EDs narrowed these pre-existing differences: 5.7% more Medicaid visitors (39.6% DSH, 33.9% non-DSH), 7% fewer privately insured visitors (34.9% DSH, 41.9% non-DSH), and 1.4% more uninsured visitors (16.7% DSH, 15.3% non-DSH).

The author's conclusion was that "DSH EDs bear a larger burden of under- and uninsured patients post-ACA." This is true; however, further review of the data reveals that both pre- and post-ACA DSH Es have more uninsured and Medicaid visitors, and fewer privately insured visitors, when compared to non-DSH EDs. In addition,

post-ACA, both DSH and non-DSH EDs had fewer uninsured visitors, and more Medicaid and privately insured visitors.

This would lead me to add to the author's conclusion that post-ACA changes in payer mix narrowed the burden of uninsured and underinsured (Medicaid) between both DSH and non-DSH EDs.

— Marilyn Hallock, MD, MS, FACEP
ICEP Research Committee

Want more?
Download the 2017 Statewide Research Showcase eBook for all of the abstracts at [Spring Symposium: ICEP.org/spring](http://ICEP.org/spring)





Is your patient cheating on you?

Check the ILPMP website. What are you waiting for?

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

Illinois Prescription Monitoring Program

www.ilpmp.org



Research Offers New Insights Into the Opioid Crisis: Study Presented at ACEP17

Two studies presented at the research forum at ACEP17 in October detailed the intractability of opiate dependency, including among patients who are successfully rescued from overdose by naloxone, and offer insights into who is more likely to become opiate dependent. The results of a poll of 1,261 emergency physicians were also released as part of a press conference held to discuss recent opioid research and its overall impact on the public health crisis.

“Virtually every emergency physician has seen firsthand the tragedy of opioid addiction,” said ACEP President Paul Kivela, MD, FACEP. “The consequences of this epidemic are playing out in the nation’s emergency departments. Almost all the emergency physicians responding to an ACEP poll (87 percent) reported that the number of patients seeking opioids has increased or remained the same. More than half (57 percent) said that detox and rehabilitation facilities were rare or never accessible.”

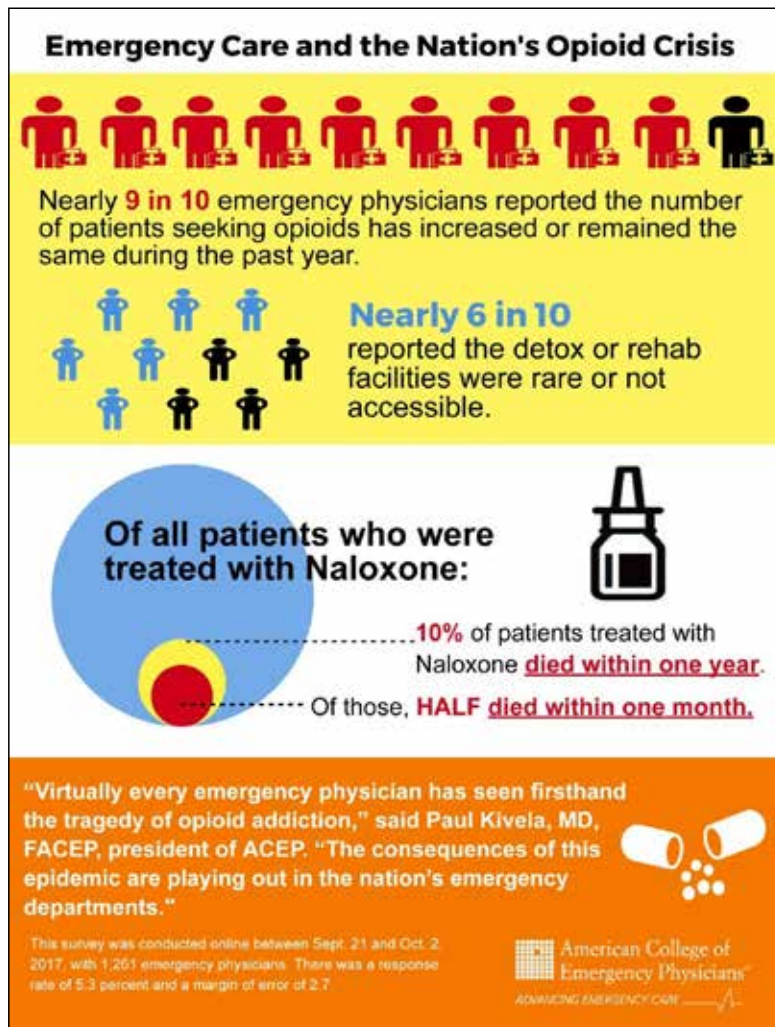
According to one new study presented, despite the increased availability of naloxone, about 10 percent of patients treated with naloxone had died within a year of treatment. Half of those who died did so within one month of treatment. The study, conducted in Massachusetts, found that of patients treated with naloxone who died within one year of treatment, about 40 percent died outside the hospital.

“Patients who survive opioid overdoses are by no means ‘out of the woods,’” said lead study author Scott Weiner, MD, FACEP, assistant professor at Harvard Medical School and director of the Brigham Comprehensive Opioid Response and Education Program at Brigham

and Women’s Hospital in Boston, Mass. “These patients continue to be at high-risk for overdose and should be connected with additional resources such as counseling, treatment and buprenorphine.”

Another study presented at ACEP17 found a high correlation between early childhood trauma exposure and opioid-misuse.

Indianapolis Emergency Medical Services created a quality improvement project to meet opioid-misusing patients in the emergency department and link them to ongoing care. The study detailing the results of that project found that a substantial portion of patients who come to the



emergency department after surviving an overdose had high rates of other mental health diagnoses and exposure to childhood trauma.

“In order to truly reach overdose survivors, we need a much better understanding of who they are and the many challenges they face when they seek care,” said lead study author Krista Brucker, MD, FACEP of Indiana University School of Medicine in Indianapolis, Ind. “Designing and implementing effective outreach and referral programs will require listening carefully to patients and taking into account the impact of untreated mental illness, exposure to childhood trauma and many other medical and social determinants of health.”

In addition, Dr. Kivela said that prevention is the ultimate solution.

“Emergency physicians are working on solutions, such as the Alternatives to Opiates Program at St Joseph’s Regional Medical Center in New Jersey,” said Dr. Kivela. “Policy-makers also are focused on this epidemic. For example, Con-

gress appropriated \$500 million under the 21st Century CURES Act in 2016 to battle the opioid crisis. It’s important not to overreact, because people have legitimate pain. It took many years for us to get to this place, and it will take time to get out.”

A recording of the full press conference is available on ACEP’s Facebook page at [Facebook.com/ACEPfan](https://www.facebook.com/ACEPfan).

Poll Methodology: ACEP’s survey was conducted online between September 21 and October 2, 2017, with 1,261 emergency physicians responding. There was a response rate of 5.3 percent and a margin of error of 2.7.

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ICEP Calendar *of* Events 2017-2018

November 23-24, 2017
Thanksgiving Holiday
ICEP Office Closed

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

December 6, 2017
Ultrasound for Emergency Medicine Hands-On Workshop
ICEP Conference Center
Downers Grove

December 8, 2017
ITLS Illinois Advisory Committee Meeting
10:00 AM - 12:00 PM
ICEP Board Room
Downers Grove

December 11, 2017
Finance Committee Meeting
9:30 AM - 10:30 AM
ICEP Board Room
Downers Grove

December 11, 2017
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

December 25-26, 2017
Christmas Holiday
ICEP Office Closed

January 1, 2018
New Year's Day Holiday
ICEP Office Closed

February 15, 2018
Emergency Medicine Update
Jump Trading Simulation & Education Center
Peoria

March 19, 2018
Board of Directors Meeting
10:30 AM - 2:30 PM
ICEP Board Room
Downers Grove

April 12-13, 2018
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

April 26, 2018
ICEP Advocacy Day
Springfield

May 3, 2018
Spring Symposium & Annual Business Meeting
Location to be announced

May 22, 2018
EM4LIFE 2017 LLSA Article Review Course
ICEP Conference Center
Downers Grove

August 14-17, 2018
Emergency Medicine Board Review Intensive Course
ICEP Conference Center
Downers Grove

September 13-14, 2018
Oral Board Review Courses
Chicago O'Hare Marriott
Chicago

November 15, 2018
EM4LIFE 2018 LLSA Article Review Course
ICEP Conference Center
Downers Grove

Register for all courses online at ICEP.org!



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