The Value of Membership in Turbulent Times

Now that we have completely cured COVID-19, it is time to get back to business as usual.

Would that not have been a nice start to my forthcoming year as ICEP President? Instead, we find ourselves hunkered together, covered in PPE, and watching our daily infection curves from across the country and hoping that we can see in them our new baseline reality.

But what better company to hunker with? I take the gavel from Dr. Ernie Wang, who has not only been keeping us informed with data and recommendations in the EPIC, webinars (and press interviews!), but joins the ranks of other ICEP members (such as Dr. Paul Casey at Rush, Dr. Sarah Unterman at the Jesse Brown VA, Dr. Christopher McDowell at Memorial, and many others) who are leading their hospitals’ and networks’ responses to COVID-19.

I have never been prouder of my fellow emergency physicians. Who better to lead this charge than someone who knows the intricacies and demands of both patients and frontline staff, sees clearly the entire function of a medical system, and is balanced with vision and communication honed by years of work in the ED?

As we prepare to ascend the second crest of our first wave, this spring has also brought significant attention to systemic racism, and has (hopefully) forced us all into some uncomfortable introspection. While most of the focus of protests, press coverage, and legislation has been on police, this movement has given us a chance to examine our own field to attempt some change and improvement.

ICEP is lucky enough to have leaders in the field of healthcare disparities who have helped us to refocus some of our more global questions into inquiries about healthcare equity. Drs. Garth Walker, Keri Robertson, and Ashley Magda joined Dr. Wang on an ICEP webinar to discuss this issue, which we hope will be the tip of our educational iceberg. The recording is available at ICEP.org/covid19 if you missed it.

That stuff is great. So what, you ask, are ICEP and ACEP doing for us now?

ACEP has done more than release a statement on structural racism and an information paper on disparities in emergency care; they have also released (free to members) a virtual educational module by ACEP Board of Directors member Aisha Terry on Unconscious Bias in Clinical Practice, which can help each of us better understand our implicit shifts in perception, no matter how woke we think we are. Further on the education front, ACEP has made the decision to cast Scientific Assembly this October in a virtual fashion, to more efficiently (and safely) bring the conference home to us.

But most of all, ACEP’s legislative mission continues to be active, even when so much of society is mired in lockdown, and that is where (in my opinion) the hard-earned dollars we send to ACEP every year make their highest yield—no other organization is fighting for our field at this level, keeping us able to continue practicing on the front lines. I will give two of the most current examples:

**COVID-19 Provider Relief Fund**

When the CARES Act’s first distributions of funds came through, some of us (or our groups) received a small amount of money. However, as we all saw our ED volumes tank, our share of subsequent funds has not tracked accordingly. ACEP’s legislative arm continues to engage with HHS in order to secure more fair shares of relief funds as they are disbursed.

**Alternative Payment Model**

As payors (most notably Medicare) move away from fee-for-service and toward value-based models, we would like to continue to be paid for our work. To this end, ACEP believes the best way to get this done would be to serve as the authors and architects of the new payment model which will supplant the old. Enter the Acute Unscheduled Care Model (AUCM, pronounced ‘awesome,’ which in itself is awesome). It is now being aggressively introduced to governmental and non-governmental payors, so that when value-based payment models are chosen, our interests are represented.

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ICEP End of Session Report for Illinois General Assembly Just Released

Because of the COVID-19 pandemic, the Illinois General Assembly had an abbreviated spring session and did not vote on most bills that had been introduced.

During the fall veto session and the spring 2021 session, many bills important to emergency medicine will be considered by state legislators. Some of the most important are:

- ICEP’s initiative allowing EMS transport to alternate care facilities;
- Ensuring that prior authorization by insurers will not be required for patients needing medication or imaging in the emergency department;
- Requiring criminal background checks for persons licensed under the EMS Act;
- Expanding the Health Care Workplace Violence Prevention Act

SB 3451 is the initiative introduced by ICEP and sponsored by Sen. Antonio Munoz. The bill amends the EMS Systems Act to allow EMS system providers to transport patients to alternate health care facilities that are licensed under the Hospital Licensing Act or a state licensing agency. It provides that EMS service providers who transport patients under the amendatory Act’s provisions shall be reimbursed by the Department of Healthcare and Family Services under a provision of the Illinois Public Aid Code. Read President Henry Pitzele’s view on this bill on Page 4.

Sometimes the bills ICEP opposes are as or more important than those it supports. For example, this spring session saw bills introduced that would:
- Require mandatory staffing ratios for nurses
- Require implicit bias, dementia, hemophilia, and other additional training for physicians
- Allow independent practice by physician assistants

The full End of Session report prepared specifically for ICEP by our lobbyists is available at ICEP.org. Although ICEP’s Advocacy Day and reception with legislators in Springfield was cancelled due to the pandemic, lobbying has continued behind the scenes.

Illinois will have many new state representatives and senators elected in 2020. There have been a series of retirements and resignations, so many new faces will populate the Illinois House and Senate after November 3. The Emergency Medicine PAC of Illinois, administered by ICEP, continues to support candidates whose positions and interests align with those of emergency medicine.

ICEP EMS Committee Collaborates Digitally to Share Pandemic Resources

The ICEP EMS Committee has continued to work collaboratively during the pandemic period to share resources and information of note to Illinois EMS systems, medical directors, and providers.

ICEP created a WhatsApp group chat for members to post questions and suggestions. Some of the topics they covered were: arrest care for prehospital patients during the pandemic; stopping CPR in suspected COVID patients; the need for quarantine if one firefighter or paramedic in a station is diagnosed; and skills validation of paramedic students during the pandemic.

The informal format allowed members to exchange current information and best practices in real time to benefit patients and providers alike.

The EMS Committee will meet via Zoom for its quarterly meeting on September 24 from 11:00 AM to 1:00 PM. The EMS Forum will follow from 1:15 to 3:00 PM and is open to all EMS providers and stakeholders in Illinois. Email Ginny Kennedy Palys at ginnykp@icep.org if you would like to be added to the email list for upcoming meetings, or to the WhatsApp group messaging.
Resident Career Day Going Virtual

Mark your calendar and plan to attend Resident Career Day, presented virtually on Thursday, August 27.

The program will be presented from 7:30 AM to 12:00 PM live via Zoom (exact times subject to change). The program will also be recorded and released afterward for those who cannot attend the live virtual sessions.

The ICEP Membership Committee is at work putting together a lineup of local and national speakers to provide the resources and advice residents, medical students and young physicians need as they embark on their emergency medicine careers.

Two keynote educational sessions will be presented. ACEP Board of Directors member Alison J. Haddock, MD, FACEP, will focus on how residents can improve healthcare and get engaged in advocacy and political efforts.

The second educational session will be confirmed and announced when registration opens online in early July. Watch your email for more details.

The Career Forum will also be translated into a simplified virtual format. Some of the field’s top recruiters will introduce their opportunities while educating participants on key aspects of the job search, including contracts, benefits, partner tracking, and more. Joining ICEP are:
- Carle Health
- Elite Emergency Physicians Inc.
- OSF HealthCare
- TeamHealth
- US Acute Care Solutions
- Vituity

The Resident Speaker Forum will be presented as part of the educational program as well. The Resident Speaker Forum is an opportunity for professional development for novice speakers looking to polish their lecturing skills at a statewide forum, with feedback from an expert panel of judges. One speaker will represent each residency, and a winner will be announced in a post-Career Day email blast. If you are interested in presenting, please contact your residency program for more details. Each presentation will be limited to 6 minutes with an additional 1 minute allowed for Q & A.

Resident Career Day will conclude with a product showcased sponsored by Vapotherm. Mark Gebhart, MD, EMT-P, FAAEM, CPM, will discuss the current research, mechanisms of action and applications of High Velocity Nasal Insufflation (HVNI) as a mask-free noninvasive ventilation solution for patients in respiratory distress in the emergency department.

Registration will open after the 4th of July holiday at ICEP.org. There is no charge for ICEP member physicians, residents, and medical students to participate. CME credit is not available for this program.

Fall Oral Board Course Registration Open

Registration is open now for ICEP’s fall Oral Board Review Courses, scheduled to be presented September 10-11, 2020, at the Chicago O’Hare Marriott Hotel. The only course at the ABEM Exam Site Hotel, ICEP’s program delivers more cases in less time for maximum preparation and CME.

Limited spaces are available for all course options, but ICEP’s courses sell out quickly. Register now to reserve your space.

COVID-19 Preparation and Cancellation

ICEP is working with the Chicago O’Hare Marriott to provide the safest environment possible for all course participants and faculty. All course participants and faculty will be required to wear masks and follow recommended social distancing practices. Course participants will be notified of any changes.

If ABEM restructures the fall 2020 Oral Board Certification Examination, ICEP will work to provide a restructured simulation to align with ABEM procedures. If ABEM cancels the fall 2020 exam and/or if CDC or state guidelines requires closure of the course hotel, ICEP will provide a refund for your fall course registration. Otherwise the standard ICEP cancellation policy will apply. Please contact Lora Finucane at loral@icep.org with questions or concerns.

ICEP continues to work with the Chicago O’Hare Marriott about plans for rescheduling the spring course. ABEM has not yet released a decision about its plans for the spring exam.

Why make ICEP’s course your choice for oral exam preparation? Here’s what sets us apart:
- Two powerful course options: Choose one or both programs depending on the level of review you are interested in. No duplicate cases presented!
- All courses include one-on-one case simulation with experienced faculty
- Featuring the eOral system! Practice on the same program used by ABEM
- Immediate, personalized feedback on your performance

Register now at ICEP.org.
New Metrics By County Intended to Assess Local Risk of Spread

On the weekly Illinois Department of Public Health COVID-19 situational awareness webinar last week, county COVID-19 risk level indicators were introduced as a way to support informed decision-making and healthy behaviors.

IDPH is monitoring these indicators that measure the health burden of COVID-19 in each Illinois county and capture a county’s ability to respond. Many of these county-level indicators are similar to Governor J.B. Pritzker’s Restore Illinois reopening criteria and support that larger framework.

The goal of the initiative is to establish consistent metrics across counties and create standardized messaging for each indicator.

These metrics are intended to be used for local level awareness of each county’s progress during Phase 4 and will help local leaders, businesses, local health departments, and the public make informed decisions and promote healthy behaviors.

By applying the same metrics to each county, IDPH is using a standardized approach to monitor the state as a whole. Each county will be assessed to determine whether it is meeting or exceeding each indicator target.

Metric development is based on IDPH leadership, subject matter experts, local health department input, and review of other jurisdictions’ approaches. IDPH will update the metrics for each county weekly.

IDPH is using a singular value for the metric. Counties meeting set targets will be indicated in blue, while counties that are not meeting the targets will be indicated in orange.

• Blue (“Target”) indicates that the county is experiencing overall stable COVID-19 metrics.
• Orange (“Warning”) indicates there are warning signs of increased COVID-19 risk in the county.

Among the weekly indicators that comprise the overall metric are new cases per 100,000; test positivity; adult CLI ED visits; number of adult CLI admissions; number of deaths; ICU bed availability; and sufficient testing.

Individuals, families, and community groups can use these critical data to help inform their choices about personal and family gatherings, as well as what activities they choose to do.

Similar metrics are being used with success by the City of Chicago, in states such as Oregon and Utah, and recommended by leading epidemiologist Thomas Frieden. (The specific criteria for these sets of metrics varies significantly.)

The searchable county level metrics with the weekly indicators for each county can be found at: http://dph.illinois.gov/countymetrics

**Phase 4 of Restore Illinois Begins Statewide**

All four of the state’s health regions created under the Restore Illinois plan met the required metrics to move into Phase 4 on Friday, June 26. The state was in Phase 3 since May 29.

Under Phase 4, some additional restrictions are lifted to permit limited indoor dining at restaurants, health and fitness studios, movies and theaters, museums and zoos and more. Phase 4 also increases the size of gatherings that are allowed from 10 people to a maximum of 50 people.

The move to Phase 4 also coincided with the first time Illinois passed the threshold for conducting 30,000 COVID tests in a 24-hour period. The statewide rolling 7-day positivity rate hovers between 2-3%.

Throughout the state of Illinois, additional testing sites continue to open to make it easier for all Illinois residents to get a test if they feel they need one. As of June 4, all community-based testing sites became open to the public for anyone to get tested, regardless of symptoms or other criteria. No appointment, doctor referral, or insurance is needed at state operated drive-thru sites and testing is available at no cost to the individual.

A list of public and private testing sites can be found on the IDPH website at www.dph.illinois.gov/testing.
In the turbulent sea of healthcare one thing will never change.

We are the captains of our ship. Always have been and always will be. At USACS, every full-time physician that comes aboard our ship becomes an owner. Our mutiny-proof ownership model ensures patients will always come first, and we’ll be well equipped with everything we need for the best voyage: outstanding benefits, incredible work-life balance, and legendary camaraderie. Best of all, physicians maintain majority control.

At USACS, we love what we do and the crew we’re sailing with. See why ownership matters at USACS.com
**The Value of Membership in Turbulent Times**

As ACEP represents us in DC, so ICEP does at the state house. Although our legislators in Springfield have had an abbreviated legislative season due to the pandemic, and didn’t do a whole lot of voting, ICEP has continued pressure with the hopes that the fall may bring votes on bills which are important to Emergency Medicine. (See summary on Page 2 and full End of Session Report at ICEP.org for a detailed overview of how the Spring session ended.)

Two examples of this are:

**Alternate Care Facility Transport**
In an ongoing effort to attempt to mitigate the ever-present spectre of egregious wait times for patients held for psychiatric transfer, ICEP continues to push for legislation that would allow EMS transport of stable psychiatric patients to non-ED locations of specialized care. This concept has been piloted and appears to be a safe way to care for this at-risk population in non-ED settings.

**Mandatory Education**
It seems to be a panacea to many, many special interest groups to require mandatory education for all providers in whatever area a group cares about. I’m certain that the Society for Preservation of Poultry Antiquities wouldn’t mind at all if the State of Illinois required us to do an hour of CME every two years on the sad plight of rare turkey breeds, but ICEP thinks we already have too much required learning, and (not to cast any shade on the fine people in the SPPA) do our best to block the myriad requests for new educational requirements sent to the Illinois General Assembly.

Although it may not seem like a big deal, these things add up to quality-of-life detractors that are actually palpable. I actually think that one of ACEP’s most stunning and life-changing legislative feats was the official reversal of the mythical Joint Commission/OSHA food ban in the ED physician workspace.

Although the past several months have not been particularly easy, one thing that has been easy for me has been going to work. I am lucky to work at a place where the leadership of my department, my hospital, and my organization all had my best interests and safety in mind during the crisis—I knew this because their plans and strategies were communicated regularly and often, and they remained flexible and open to hearing from us when things needed attention.

That is certainly my intention over the next year at ICEP. Please tune in to our Facebook and Twitter feeds, and feel free to email me any time at hpitzele@icep.org about any issue you think would be important to emergency physicians.

Henry Pitzele, MD, FACEP
ICEP President

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**Summer Application Deadline for EMRA Awards, Scholarships is July 15**

The summer deadline to nominate yourself or a resident or medical student colleague for one of EMRA’s awards, scholarships, or grants is July 15.

This year, EMRA has launched a new Awards management system. Before you begin your nominations please note you must have the nominee’s CV and letter of intent as well as a letter of recommendation.

You can request a letter of recommendation by entering the name and email of the recommendee in the nomination submission form.

There are three general categories of awards: Travel Scholarships, Project Grants (Local Action and Research), and Merit Awards (Resident of the Year, Academic Excellence, etc.) There are also a number of scholarship and fellowship opportunities available to residents, medical students, and fellows on a variety of topics.

Applicants are allowed to apply or be nominated for a maximum of three awards per cycle – one per category. If an applicant is nominated for more than one award in a category, he or she will be asked to select the award for which they would like to compete.

In 2019, in celebration of EMRA’s 45th anniversary, the 45 Under 45 campaign was launched to recognize 45 young emergency medicine physicians who are changing the world. This effort connected with our specialty in a meaningful way – so much so that EMRA will continue this effort with the 25 Under 45 campaign this year.

EMRA and ACEP are encouraging you to shine a light on your chapter and its leaders to recognize excellence, to fund a passion project or to attend a national meeting.

Questions? Contact Cathey Wise, EMRA Executive Director, at cwise@emra.org or on her cell at 817.905.3310.
What is PMPnow?

PMPnow allows your electronic health record system to automatically send requests to the PMP. Patient information is then viewable within seconds inside your EHR.

No more logging on to the website and remembering passwords. For more information visit: www.ilpmp.org or email: dhs.pmp@illinois.gov.

www.ilpmp.org
ACEP Working to Improve Mental Health Support

ACEP recently met with The Joint Commission to discuss physicians being penalized by state licensing boards and other entities for seeking mental health support.

On May 12, TJC released a statement that supports “the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.”

ACEP is also collaborating with the American Association of Emergency Psychiatry (AAEP) on some new resources related to physician wellness and mental health during COVID-19.

On June 11, ACEP hosted “Who’s got your back? Psychological Awareness & Team Support,” a free webinar about the value of peer support and how to help colleagues and yourself. The webinar is now available in the eCME library (worth 1 AMA PRA Category 1 Credit™).

Another webinar featuring Dr. Jack Rozel, president of AAEP, and Dr. L. Anthony Cirillo, ACEP Board Member, shared insights on why EM physicians are experiencing fear and grief during the pandemic period, how to cope with different types of stress, and how to help yourself and your team through this difficult time.


Hospital Opioid Treatment and Response Learning Collaborative Open to All Hospitals in Cook County

The Illinois Public Health Institute (IPHI) is pleased to extend an invitation to hospitals in Chicago and suburban Cook County to participate in the Hospital Opioid Treatment and Response Learning Collaborative (HOTR-LC).

As the backbone organization of the Alliance for Health Equity (AHE), IPHI is also seeking applications from AHE member hospitals to participate in the second phase of the HOTR Demonstration Project. The intent of the demonstration project is to expand hospital capacity and partnerships to initiate medication for opioid use disorder (MOUD) and naloxone prescribing/distribution in hospital settings in the city of Chicago and suburban Cook County.

Applicants may apply for projects to support adoption in emergency departments (EDs) and/or inpatient units.

**Learning Collaborative launch: Friday July 17, 2020, 12:30-2:00 pm**
- Learning collaborative registration form due July 10 (open to all hospitals in Cook County)
- Demonstration site application due June 30 (three awards available)

The HOTR-LC will bring hospital teams together to support and facilitate conversation around best practices, implementation, and quality improvement as it relates to caring for people with opioid use disorder and/or those who are at risk for opioid overdose. Hospital teams are welcome to participate in any of the learning collaborative sessions of interest. Hospital teams are encouraged to participate in all of the sessions though it is not required.

Here are some of the changes IPHI is highlighting about this year’s learning collaborative in hopes of making it easier for hospital teams to participate:

There will be 6 sessions total presented, 1 per month beginning in July and ending in December of this year. The schedule with all 6 dates along with topics is available for review from a link at ICEP.org. The official launch of the learning collaborative will take place on Friday, July 17.

IPHI is partnering with subject matter expert Dr. Nicole Gastala at UI Health to help lead the learning collaborative.

All sessions will be held virtually in light of COVID-19 considerations.

Sessions will be shortened this year to 90 minutes.

Attendance at all 6 sessions is required only for demonstration site hospitals. Other hospital teams may select which sessions they will attend. The link to the session schedule is available at ICEP.org.

**General Participation – Learning Collaborative**
Hospitals that do not have the current capacity to apply or serve as a demonstration site are encouraged to participate in the learning collaborative series at no cost. This includes any hospital within Cook County (both members and nonmembers of the Alliance for Health Equity). While there is no application for the learning collaborative, there is a simple registration form to complete and submit to IPHI.

The registration form is due Friday, July 10 at 5:00 pm. Find the short registration form at ICEP.org.

**2020 Request for Applications – Demonstration Sites**
For AHE member hospitals ready and interested to increase their infrastructure around services for people with OUD, there is the option of applying to be a demonstration site. Demonstration sites receive a $35,000 award for their participation and are asked to submit a work plan for how they will use the award to begin implementation over the course of the learning collaborative period (July-Dec). Demonstration sites will also be provided with technical assistance by Dr. Gastala.

The deadline to apply for this award is Tuesday, June 30. Demonstration site awards will be announced Friday, July 10.
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See the benefits of being an Army medical professional at goarmy.com/ierp2020
ICEP Calendar of Events 2020

(Subject to change)

**July 3, 2020**
**Independence Day Holiday**
ICEP Office Closed

**August 27, 2020**
**Resident Career Day**
Northwestern Memorial Hospital, Chicago
Via Zoom

**August 31, 2020**
**ICEP Educational Meetings Committee**
12:00 PM - 2:00 PM

**September 7, 2020**
**Labor Day Holiday**
ICEP Office Closed

**September 10-11, 2020**
**Oral Board Review Courses**
Chicago O’Hare Marriott Hotel, Chicago

**September 24, 2020**
**ICEP EMS Committee**
11:00 AM - 1:00 PM
Via Zoom

**September 24, 2020**
**ICEP EMS Forum**
1:15 PM - 3:00 PM
Via Zoom

**September 30, 2020**
**ITLS Illinois Advisory Committee**
10:00 AM - 11:00 AM
Via Zoom

**October 2, 2020**
**Emergent Procedures Simulation Skills Lab**
Grainger Center for Simulation and Innovation, Evanston

**October 5, 2020**
**ICEP Board of Directors Meeting**
10:30 AM - 2:30 PM
Via Zoom

**November 17, 2020**
**2020 EM4LIFE LLSA Article Review Course**
ICEP Conference Center, Downers Grove

**November 26-27, 2020**
**Thanksgiving Holiday**
ICEP Office Closed

**December 2, 2020**
**Ultrasound for Emergency Medicine**
ICEP Conference Center, Downers Grove

See the latest at ICEP.org and follow on Facebook and Twitter!

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**Illinois EPIC**

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