

PRESIDENT'S LETTER

Amid the Storm of 2020, Still Standing



**Henry Pitzele,
MD, FACEP**

It's tempting to see the end of December as a definitive cap to a year that most of us would like to see in the rear-view mirror; like it or not, we'll not soon forget the shocks and tumult of 2020. But, especially this year, I think it's useful to take a look at this December from the point of

view of an academic year — more as a mid-point. Because, as the great sage said, most of the truths we cling to depend greatly on our own point of view.

The pandemic fits perfectly into this point of view; we are through the trauma of the unknown in the beginning, but are now just approaching the crest of the second wave; we have a much better idea of what we will have to do to get over this crest, and start to see the other side. And we're starting to understand a little more what the future is going to look like. We've been coming to work every day, whether there was enough PPE or not, weathering the contradictory storms — of overwhelming numbers, interspersed with numbers dropping so low that we found ourselves having hours and pay cut. And again, as the year turns, we find ourselves in the middle.

Now, when the potential panacea of a vaccine is unveiled, it isn't the end, either, but only the beginning of the second act, bringing with it

questions of efficacy and safety, loading us with equally contradictory questions of how soon we'll be offered the shot, and whether we want to take it at all.

So where does ICEP stand in the middle of all of this? Hobbled, certainly, by the pandemic lockdown, as are we all, but still standing for support, education, and advocacy.

In efforts to support front-line emergency physicians and our patients, ICEP just released a statement regarding COVID vaccine availability (see full statement on Page 3). Since many of us work as contractors (and not hospital employees), we feel that it is in the best interests of patient safety, and the safety of our departments, to follow state and federal guidelines to immunize front-line staff, regardless of whether they are direct employees of the hospital or contractors. The type of employment model a hospital or network has chosen to deliver emergency care does not change our ability to get sick or pass on the virus to the many vulnerable patients we see every day. Hospitals have been entrusted to be the arbiters of the vaccine, at least in these early stages, and we urge them to do the right thing, and immunize staff without discriminating against physicians with contractor status.

We have continued our mission of education — now at a digital remove, but no less resolved; our most recent Oral Board Review exam preparation course was a success, teaching a new set of candidates through Zoom windows, instead of the hotel setting of the previous decades. Our staff and course director, through the frame of our dedicated faculty, continue

to deliver the gold standard for preparation for this exam, despite the new challenges. We are excited to present more virtual Oral Board Review Courses this spring and continue our status as the leader in the field. (See story on Page 4 for details.)

Our Social EM Committee has also continued to deliver on education, with four stellar webinars on systemic racism, bringing together expertise from Illinois emergency physicians with other experts in the field; the silver lining in the dark pandemic wrench is that these webinars live on our server now, and if you missed them, you can access them any time. A new webinar series is launching in January, and we are excited to deliver new content on trauma-informed care (see story on Page 2).

And on the advocacy front, ICEP shows no signs of slowing. On the state level, we continue to push for our longstanding advocacy efforts to improve support for the emergency care of mental health patients, and for the safe integration of advanced practice providers into our physician-led ED teams. These advocacy efforts were also slowed down by the pandemic — the Illinois Senate and House have a very abbreviated schedule, which heavily weighed down efforts to make our voice heard, and led to the cancellation of our annual Advocacy Day in Springfield.

However, our advocacy committee finds new ways to serve our patients' needs; we have begun working with the SASETA Implementation Task Force in order to fight for state

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Amid the Storm of 2020, Still Standing

funding for reimbursement for the sexual assault exams which the new law mandates, but does not sufficiently fund — these exams are, indeed, a step up in care, but they are resource-intensive, even more so for lower-volume EDs in less densely populated parts of the state. Our newest legislative focus seeks to have the state fund compensation of these exams, as most other states already do.

We also continue to drum up support for ACEP's national-level advocacy efforts. ACEP is, at this moment, fighting two simultaneous battles which threaten our specialty—balance billing (AKA surprise billing), and the impending Medicare fee cuts. I have written about the Medicare fee slashing before, but in brief, the newest fee schedule for Medicare's payment for emergency services has been approved, and even after all of the lobbying and policywork that ACEP has done on our behalf, we still find ourselves with a 6% cut in Medicare compensation at year's end. This may not sound like a lot, but when you think about someone telling you that you'll be making 6% less next year, the numbers become very real. And this is precisely what is slated to happen: small groups will just receive less recovery from billing, and I predict large CMG's will quickly pass the bur-

den on to front line docs (I do not expect private equity shareholders or private jet-wielders at the top of the corporate pyramid to take the hit). I don't mean to be alarmist, but this legislation will be a rapid and difficult-to-reverse change in our daily lives and operations. While it's easier to ignore slower-moving existential threats (the inextricably intertwined private equity ubiquity/replacement by APP's/unchecked new residency growth), this new fee schedule basically assigns us an extra shift, every month, forever, just to make the same pay.

I think it's worth reaching out to our lawmakers one more time, before the beginning of the year. ACEP has made doing so (in the aggregate) very easy, with a prefilled form. Or call, write a letter, or tweet. The EM community in Illinois has had a tough year—we all have—and we've done amazing work with the hand we've been dealt; let's let them know how they can help us keep working hard to keep everyone safe and healthy.



— Henry Pitzele, MD, FACEP
ICEP President

Update from ACEP on December 29, 2020: “ACEP believes that a payment reduction of any kind to emergency physicians is unacceptable. Regarding the 2 percent decline to Medicare payments, I would like to note that the cut will most likely be less than that. In fact, you may see a small increase in payment depending on the specific services you deliver. ACEP was able to secure increases to the ED evaluation and management (E/M) codes levels 3-5 (99283-99285) both in 2020 and in 2021. These are the codes that most emergency physicians typically bill. In 2021 specifically, CMS increased the values of 99283 by 12 percent, 99284 by 5 percent, and 99285 by 5 percent based on specific ACEP recommendations. These increases were initially wiped out by a significant cut to the Medicare physician fee schedule (PFS) conversion factor (-10.2 percent) that CMS finalized for 2021. The PFS conversion factor is what converts the values of each code into dollars. However, the bill that was just signed into law offsets the majority of the 10.2 percent cut to the conversion factor. CMS has not yet issued a revised 2021 conversion factor, but we expect it to be a cut of around 3.5 percent (instead of 10.2 percent). Therefore, if you primarily bill ED E/M codes, you will most likely come out slightly ahead in 2021 compared to 2020.”

— Jeffrey Davis, Director of Regulatory Affairs

New Social EM Webinar Series on Trauma Informed Care Launching at End of January

ICEP's Social Emergency Medicine Committee is at work to organize a new series of webinars that focus on trauma informed care. The four-part program will start January 27, 2021, with an introduction to the topic.

The new webinar series comes after the success of the Social EM Committee's debut Structural Racism and Social Justice webinar series that debuted this fall. The four-part series was re-

corded and is available at ICEP.org to watch at any time.

The winter series will follow a similar format, presented every three to four weeks and featuring a variety of guest speakers on a variety of topics. All webinars will be presented free on Zoom, though donations are welcomed. Pre-registration is required and will be open online at ICEP.org in January.

The second webinar is slated for February 10 and will focus on human trafficking. The third webinar will focus on intimate partner violence, with personal and psychological perspectives. This topic is scheduled for March 3. A date has not yet been confirmed for the fourth and final webinar in the series, focused on child and elder abuse. Confirmed speakers, agendas and registration links will be available shortly. Watch social media, ICEP.org, and your email for details.



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ICEP, ACEP Issue Statements on Priority Access to COVID-19 Vaccine for ED Docs

ICEP Member Dr. Marina Del Rios of UIC First to Receive Vaccine in Chicago

Earlier in December, ICEP issued a statement on the need for priority access for COVID-19 vaccination for all emergency physicians, after it was brought to ICEP's attention that some hospitals whose EPs are employed on a contract basis were not slated for access to the vaccination.

ICEP Statement on Vaccination

The Illinois College of Emergency Physicians (ICEP) believes that all physicians who work in a hospital or health system's emergency department must be included in that hospital's allotment of COVID-19 vaccine to their health care workers, regardless of the employment model used.

As hospitals have begun making plans for the distribution of their allotments of the vaccine, several Illinois hospitals and health systems have indicated that only health care workers employed by the hospital directly will be immunized. Unfortunately, if such policies are rigorously applied, many emergency physicians who are mission critical, frontline workers would be excluded. Hospitals and health networks often contract with medical groups, staffing firms, or corporate groups to provide hospital-based physicians, such as emergency physicians, hospitalists, critical care physicians, interventional cardiologists and neurologists, and trauma surgeons. In fact, we estimate that in Illinois between one-half and two-thirds of all emergency physicians are not employees of the hospitals but contractors with whom hospitals have made agreements to staff their EDs. These emergency physicians have no other practices and are the public face of their hospitals when it comes to emergency care.

The Illinois College of Emergency Physicians believes that for public safety and continuity of access to emergency care, hospitals must protect the occupational safety of all emergency department personnel, be that in the provision of PPE, or vaccinations. Hospitals and health systems must work proactively to protect their emergency department patients and staff, and to protect the integrity of emergency medicine itself, maintaining a robust system which can absorb this winter's storm of infectious disease. Illinois's emergency physicians, like their col-



leagues nationwide, have been coming to work every day since the beginning of this pandemic. They, and their patients, have trusted that hospitals and health systems are working to keep every community as safe as possible. The Illinois College of Emergency Physicians expects no less.

ACEP Statement on Vaccination

ACEP also released a statement in support of priority vaccination access:

The American College of Emergency Physicians supports all emergency physicians and their role on the front lines of the COVID-19 response. We believe all emergency physicians and emergency department staff members should be afforded Group 1A access to the COVID vaccine as recommended by the CDC and FDA so they can safely continue the fight against this pandemic.

ACEP encourages hospitals and state policymakers to make every effort to ensure that all emergency physicians and frontline staff have the opportunity to be vaccinated as soon as possible. The management of emergency patients takes a team and we must ALL be safely there for our patients.

Vaccinations Begin in Illinois

ICEP member Marina Del Rios, MD, MS, of the University of Illinois Hospital & Health Sciences System, made news headlines throughout Chicago on December 15 as the first person in the city to receive the COVID-19 vaccine.



Marina Del Rios, MD, MS

Chicago Public Health Commissioner Dr. Allison Arwady led a small ceremony for five recipients during which she emphasized the vaccine's safety, saying it went through the proper channels and scientific monitoring.

Dr. Del Rios shared her experience with numerous news outlets, including WGN, the Chicago Tribune, and the Chicago Sun-Times. Links to the articles are on ICEP social media and online at [ICEP.org/covid](https://icep.org/covid).

Registration Open for Feb. 11 Virtual EM Update

ICEP's winter CME conference is virtual and better than ever. Emergency Medicine Update is a multifaceted educational program for all emergency care providers — and you don't have to leave your house to tune in live.

The program will be presented on Zoom on Thursday, February 11 from 8:00 AM to 1:45 PM and is approved for a maximum of 3.5 *AMA PRA Category 1 Credits*™ for the morning program and an additional 1.0 *AMA PRA Category 1 Credit*™ for a presentation jointly presented by ACEP and Spire Learning.

On the 2021 agenda:

- COVID-19 in Children for Emergency Medicine, presented by Jennifer M. Rosario, MD, FAAP, describing the incidence and characteristics of COVID-19 infection in children as well as identification and management of its complications
- Pediatric Sedation in the ED, presented by Brad Stone, DO,

discussing indications for pediatric sedation in the ED

- Best Practices for Traumatic Spinal Injury, presented by Robert M. Tennill, MD, CHSE, identifying clinical features of acute traumatic spinal cord injury and the application of current, evidence-based treatment in this patient population
- Top 10 EM Articles of 2020, presented by John W. Hafner, MD, MPH, FACEP, reviewing current literature to outline important advances in emergency medicine from key articles in 2020
- Reversing Direct Oral Anticoagulants in the ED, jointly presented by ACEP and Spire Learning, focused on managing DOAC-associated life-threatening bleeds in the emergency department
- ICEP Update, presented by Henry Pitzele, MD, FACEP

Register online now at [ICEP.org](https://www.icep.org).

EMERGENCY MEDICINE *Update* the virtual experience



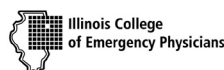
Focus on:

COVID-19 in Children for Emergency Medicine • Pediatric Sedation in the ED • Best Practices for Traumatic Spinal Injury • Top 10 EM Articles of 2020 • Reversing Direct Oral Anticoagulants in the ED • ICEP Update

Thursday, February 11, 2021 • Live on Zoom



Earn pediatric & trauma CE hours to fulfill your state requirements!



REGISTER NOW: [ICEP.ORG](https://www.icep.org)

Inaugural Virtual Oral Board Review Courses A Success; Three Dates Scheduled for Spring

At the beginning of December, ICEP debuted its inaugural Virtual Oral Board Review Courses in response to ABEM's announcement that the Oral Examination in Emergency Medicine would be moving to a virtual format beginning in December 2020 and continuing into Spring 2021. The change was announced after Spring and Fall 2020 exams were cancelled due to the COVID-19 pandemic. ICEP's spring and fall review courses were also cancelled.

ICEP's virtual course mimics the format ABEM is using for the exam, focusing on single case encounters as well as a structured interview case, all one-on-one with faculty examiners.

The courses were presented over two days, with a total of four sessions, via Zoom. The course format was well received by participants and faculty alike.

Are you seated for your Oral Exam in spring 2021 and faced with the virtual exam experience? ICEP has you covered. Our Virtual Oral Board Review Courses are a direct simulation of the process you will see during your ABEM exam.

ICEP continues to be the leader in Oral Board preparation nationwide — the first to pilot the new format, our experience with an effective virtual simulation is your gain. As always, our attention to detail, led by course director Dr. Deborah Weber, provides a seamless virtual experience that has been expertly designed to maximize performance and minimize anxiety.

Courses are presented in a half-day format, morning and afternoon, with case rotations one-on-one with faculty. Every case rotation includes direct feedback from the faculty exam-

iner to identify your strengths and weaknesses.

ICEP has scheduled three Virtual Oral Board Review Courses for spring 2021, to correspond with ABEM's dates for the virtual Oral Examination. ICEP's courses will be held:

- **February 1 & 2, 2021**
- **April 8 & 9, 2021**
- **May 17 & 18, 2021**

Because of the limitations of the virtual format, course registration is extremely limited and will fill quickly. Registration is open online now at [ICEP.org](https://www.icep.org) for all three Spring course dates. The cost of the half-day course is \$659 for ICEP/ACEP members and \$759 for non-member physicians. Although the December 2020 course did not include CME, the spring 2021 will be approved for *AMA PRA Category 1 Credits*™.



WE WERE MADE FOR THIS

— OUR RESPONSE TO COVID-19



US Acute Care Solutions experienced the same sudden and unprecedented declines in hospital & ED volumes related to COVID-19 that everyone else did. **How we reacted was different.**

We prioritized **state-of-the-art patient care**

- We provided clinical updates three times a week to educate our clinicians on the latest evidence-based management techniques during a time of ultra-rapid knowledge development.
- We created our nationwide COVID Task Force to quickly disseminate best practices nationally.
- We instituted frequent, clear, and concise communication to reduce information overload and to minimize misinformation.
- We created a clinical management tool to facilitate appropriate disposition for COVID patients.
- We created a first-in-the-industry ventilator allocation guideline, leveraging our ethics expertise.
- We provided educational points for clinicians to educate non-medical community members in their personal social media networks.

We prioritized the **safety and needs of our clinicians**

- We sourced our own national PPE backup supplies to mitigate local shortages.
- We developed a state-of-the-art N95 sterilization technique and shared this with our hospital partners.
- We created on-shift support for decontamination methods.
- We created the first-in-the-industry quarantine fund to pay clinicians for lost time.
- We maintained benefits (including our marquee 401k plan) for our clinicians and employees throughout.
- We distributed wellness resources for our clinicians and their families.
- We created a communication aid for clinicians to facilitate travel to their hospitals without delays.
- We offered first-in-the-industry free antibody testing to all clinicians and employees.

We prioritized the needs of **our hospital partners**

- We built surge ICU and hospital medicine processes and protocols, pre-ED triage tents, pop-up acute care settings, and even new hospital relationships.
- We supported telemedicine initiatives for hospitals, resulting in new patients being brought into the hospital system for appropriate care.
- We hosted webinars for hospital partners to coordinate an informed COVID response with best practices by leveraging our national footprint of 200+ acute care sites.
- We developed a clinical management tool to assign hospital observation, transfer, and inpatient admission.
- We created guidelines for a COVIDSafe Emergency Department, easing patient concerns about viral transmission and continuing to provide our trademark high-quality care for serious acute conditions.

US Acute Care Solutions is different because we are majority physician-owned and are physician-led. We have the clinical, operational, and financial resources to weather the worst of a storm. COVID is case in point. We stepped up to face this crisis as a leader in our industry and an exceptional partner for our hospitals. **We were made for this.**

Interested in partnering with USACS?

Contact **James Watson**, Chief Development Officer, watsonj@usacs.com

Interested in a clinical career with USACS?

Contact **Darrin Grella**, VP of Recruiting, dgrella@usacs.com



ICEP Members Honored with ACEP Awards

Two ICEP members were recognized in 2020 with national ACEP awards, announced in conjunction with ACEP20 'Unconventional.' Tarlan Hedayati, MD, FACEP, has been named ACEP's Outstanding Speaker of the Year. Adnan Hussain, MD, was honored with the Community Emergency Medicine Excellence Award. Both will be presented with their awards next year at ACEP21 when they can be formally honored in person.

ACEP's prestigious Outstanding Speaker of the Year award is designed to recognize a single faculty member who has consistently demonstrated teaching excellence through performance, versatility, and dependability during ACEP educational meetings throughout the year.

Dr. Hedayati is an Associate Professor and the Chair of Education in the Department of Emergency Medicine at Cook County Hospital in Chicago, where she oversees the educational activities for the 68 residents, 30 faculty members, and rotating medical students in the department. She has a passion for medical edu-



**Tarlan Hedayati,
MD, FACEP**

cation and is currently completing a Masters in Medical Education for Health Professionals at Johns Hopkins.

Her clinical interests are in emergency cardiology and critical care and she has contributed as a speaker on the national and international levels as well as served as an author or editor to multiple medical blogs, journals, and textbooks.

She attended medical school at the University of Illinois at Chicago, completed residency at Los



**Adnan Hussain,
MD**

Angeles County/University of Southern California, and has been at Cook County Hospital for the last 10 years.

The Community Emergency Medicine Excellence Award honors Dr. Hussain, Medical Director of AMITA Saint Joseph Medical Center in Joliet, for his outstanding contributions to care in Joliet and its surrounding communities.

The award is presented at the Emergency Medicine Practice Committee meeting during the ACEP annual meeting. Recipients are determined by the Emergency Medicine Practice Committee and ACEP board of directors.

Dr. Hussain attended George Washington School of Medicine and Health Sciences in Washington, D.C., and completed residency training in emergency medicine at Northwestern University Feinberg School of Medicine in Chicago.

Congratulations to Dr. Hedayati and Dr. Hussain!

Spring Symposium to Be Presented Live Virtual May 27; Call for Research Abstract Submissions

Deadline to Submit Abstract for Statewide Research Showcase is February 22

Mark your calendar now and plan to attend the Spring Symposium Virtual Experience: ICEP's live CME program set for Thursday, May 27, 2021, in a virtual format.

ICEP's Education Committee is at work to plan a program that brings together relevant topics and dynamic national speakers live online, making content more accessible than ever. The program focuses on technology in the ED and how it informs the practice of emergency medicine. The topic has never been more timely due to the impact of the COVID-19 pandemic on the practice of medicine as well as medical education.

The speaker line-up and topics will be announced later this spring. ICEP is currently seeking submissions for the annual Statewide Research Showcase held as part the Spring Symposium Virtual Experience.

Call for Submissions for 2021 Statewide Research Showcase

The Statewide Research Showcase is open to both residents and attending physicians to present oral and poster presentations of emergency medicine research. All abstracts will be considered, even if previously presented at other meetings.

The complete submission rules and the required electronic abstract submission form can be downloaded from [ICEP.org/research](https://www.icep.org/research).

The deadline to submit abstracts is Monday, February 22. The Research Committee will make selections and notify applicants in March.

Abstract guidelines and scoring system will remain the same as in previous years. The maximum word count for the abstract is 400 words.

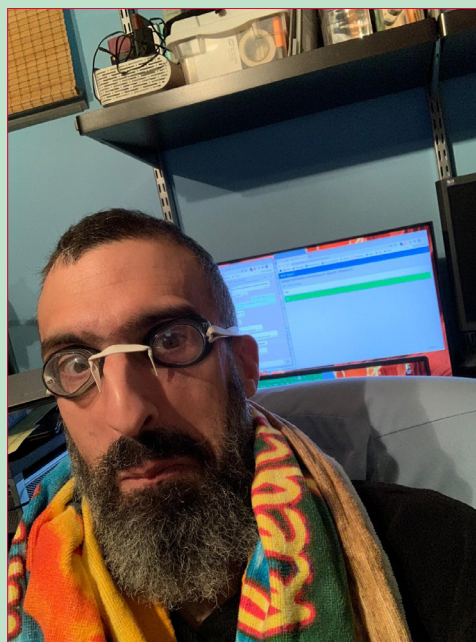
All submitted abstracts are published in the Statewide Research Showcase eBook that is distributed with other meeting materials at the Spring Symposium.

All abstracts must be submitted electronically to Lora Finucane at loraf@icep.org in the Abstract Submission Form. Abstracts must conform to the guidelines listed in the form in order to be considered. A blinded copy of the abstract must be included for judging purposes.

**Statewide Research
Showcase Abstract
Submission Form:
[ICEP.org/research](https://www.icep.org/research)**



Highlights of the ACEP20 Virtual Council Meeting



The annual ACEP Council Meeting was held via a virtual platform this year, and ICEP was represented by 13 Councilors and several Alternate Councilors. The group met via Zoom to discuss voting on resolutions. At the Council Meeting, ICEP President Henry Pitzele, MD, FACEP, also delivered a short presentation on hyperbaric emergencies.

Grant-funded Survey Seeks Input from EM Physicians About Maternal Health

The University of Illinois at Chicago Maternal Health Innovation Program grant funded by Health Resources and Services Administration (HRSA) & NorthShore University Health System Perinatal Depression Program funded by Illinois Department of Public Health (IDPH) both work to improve maternal health and reduce maternal mortality and severe maternal morbidity during pregnancy and one year postpartum.

A brief survey has been developed to learn more about how emergency departments across the state identify pregnant and postpartum persons during their visits.

The project also aims to identify how projects can support emergency department staff in caring for this population.

This de-identified survey should take 5-10 min-

utes to complete by an emergency department physicians and nurses. Survey responses will be used by program staff to inform ongoing training and quality improvement initiatives in emergency departments across Illinois. Multiple staff from the same facility may respond.

Since multiple ED staff from the same facility may respond to this survey, please feel free to forward the link to any ED staff.

If you have questions about the survey, please contact Ashley Horne at ahorne@uic.edu or Shirley Scott at sscott9@uic.edu

The deadline to complete the survey is December 31, 2020.

Take the survey online at: <https://www.redcap.ihp.uic.edu/surveys/?s=7YDK88WE3W>

Next 'Get Waivered' Training Is Feb. 22

Given the circumstances caused by COVID-19, ACEP is offering a Zoom-based MAT Waiver training. The next 'Get Waivered Illinois' X-waiver training webinar will be presented February 22 at 9 A.M. The course is free and open to all Illinois MDs and DO (including residents), NPs and PAs (including NPs and PAs in training), and medical students. Register online now at getwaivered.com/remote.

DATA 2000 Sponsor: American Academy of Addiction Psychiatry. Funding for this initiative was made possible (in part) by grant no. 1H79T1081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



ICEP Calendar *of* Events 2021

(Subject to change)

January 1, 2021
New Year's Holiday
ICEP Office Closed

January 11, 2021
ICEP Educational Programs Committee Meeting
11:00 AM - 12:30 PM
Via Zoom

January 20, 2021
ITLS Illinois Advisory Committee Meeting
10:00 AM - 11:00 AM
Via Zoom

January 27, 2021
Trauma Informed Care Webinar 1: Introduction
12:00 PM - 1:30 PM
Via Zoom

February 1 & 2, 2021
Virtual Oral Board Review Courses
Via Zoom

February 10, 2021
Trauma Informed Care Webinar 2: Human Trafficking
12:00 PM - 1:30 PM
Via Zoom

February 11, 2021
Emergency Medicine Update: Virtual Experience
7:45 AM - 1:45 PM
Via Zoom

March 3, 2021
Trauma Informed Care Webinar 3: Intimate Partner Violence
12:00 PM - 1:30 PM
Via Zoom

March 8, 2021
ICEP Board of Directors Meeting
10:30 AM - 2:30 PM
Via Zoom

March 9, 2021
ICEP Research Committee Meeting
10:00 AM - 11:00 AM
Via Zoom

April 8 & 9, 2021
Virtual Oral Board Review Courses
Via Zoom

May 17 & 18, 2021
Virtual Oral Board Review Courses
Via Zoom

May 27, 2021
Spring Symposium & Annual Business Meeting Virtual Experience
Via Zoom

See the latest at [ICEP.org](https://www.icep.org) and follow on Facebook and Twitter!



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