

PRESIDENT'S LETTER

# COVID-19 Vaccine Rollout Continues Worldwide



Henry Pitzele,  
MD, FACEP

The first phase of vaccine administration is nearing an end, and coincidentally, we seem to be having a bit of a reprieve in Illinois COVID volumes. It provides a ray of hope after a particularly gray year, although the vaccine rollout itself has

been (predictably) plagued with issues of adequate supply, racially and socioeconomically unequal distribution, and shockingly, a lack of trained and ready staff to administer the vaccine itself.

However, [Halleh Akbarnia](#), MD, FACEP, an ICEP member who not only sees patients at Advocate Condell, but throughout the pandemic, has been eager to help our always-decentralized and sometimes-ineffective response to the pandemic. As early as April, Dr. Akbarnia was encouraging ICEP to consolidate infection data in a way that would be easier for ED docs across the state to see and share. Flip to this spring, as the vaccine rolls out, she has been active in organizing immunization campaigns; her partnership with [IMPACT](#) (the Illinois Medical Professional Action Collaborative Team—she is now their Director of Community Outreach), has gotten a lot of shots into a lot of arms, and plans to keep do-

ing so. Dr. Akbarnia has created a [vaccination resource document](#) which she continues to update maintain and amplify to this day—anyone who is looking for the most recent vaccination availability information, or how we can volunteer our time to assist the vaccination effort can and should look to this document.

In the news leading the antiviral efforts on a large scale is ICEP member Garth Walker, MD. Dr. Walker was recently named Deputy Director of the Illinois Dept of Public Health where he brings attention to and combats health care inequalities. He presented his views during [ICEP webinar](#) about getting involved in Social Justice. (insert link to where the recording is online...) His new role with IDPH involves multiple areas of concentration, but currently he is busy bringing together community, state, and private/industry stakeholders in the effort to mitigate the virus and smooth the distribution and administration of the vaccine. We look forward to [hearing of his ongoing work](#) on this important and highly visible issue.

To continue speaking of our legislative efforts, I want to bring attention back to Springfield, where there is a piece of legislation festering on the Governor's desk—it's HB 3660, a bill concocted by the Illinois Trial Lawyers Association which would levy an additional 9% interest on any lawsuit award, backdated to the time the defendant was made aware of the suit. Nominally, the lawyers argue that this will incentivize defendants not to delay suits as they progress through the court. But what they don't say is that it incentivizes the plaintiff to drag things out! And more to the point, it acts as a punitive measure against us

(the defendants) and can leave us exposed to prejudgment liability which is not always covered by our malpractice insurance. And worst of all, patients would suffer, as the hospitals (on the hook for most of this extra 9%) which are already near closure from economic instability are pushed over the edge. Please, if you have not done so already, contact the Governor and express your dismay, urging him to veto this bill. ISMS has an excellent [form to fill out](#) for this express purpose, and if it makes it more convenient, here is some [boilerplate text to paste](#) into the box in the web form. It is a fight worth fighting.



Stay up to date with us on social media!

Facebook: [@ICEPfan](#)  
Twitter: [@ICEPemergency](#)

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# ICEP/ACEP and Emergency Medicine Need Your Assistance!!!

The process to select members to serve on ACEP committees is beginning and all ICEP and ACEP members are encouraged to apply.

EMRA members who are interested in serving as the organization's representative on an ACEP committee should also apply. The process is the same for resident and active members and you can expedite the process by using the online application. Residents and candidate applicants may provide a letter from their program directors and/or mentors as well.

If you are not currently serving on a national ACEP committee you must submit a current CV to volunteer for a committee. Please attach your CV to the online form or mail it to ACEP headquarters. You may also want to submit a letter of support from your chapter. If you are not sure how to contact your state chapter, visit your chapter website or refer to the chapter offices list on this page. The procedure to submit both forms is included with the online application. After completion of the form, you should receive an acknowledgement that your commit-

tee interest form has been submitted. If you do not receive this message, please contact us by email or by phone.

Most of the committee work is accomplished through e-mail and conference calls. Committee members are expected to attend the organizational meetings at the annual meeting in Boston, MA, October 23-24, 2021.

Committee interest must be submitted by **May 1, 2021**. If you have any questions, please contact Mary Ellen Fletcher, CPC, CEDC, at 800-798-1822, ext. 3145, or [mfletcher@acep.org](mailto:mfletcher@acep.org).

Gillian R. Schmitz, MD, FACEP, ACEP's President-Elect, will finalize committee appointments in late June. If appointed to an ACEP national committee, your appointment will not be considered final unless a completed Conflict of Interest form is submitted by the deadline.

Remember, your participation will make a difference. Please consider volunteering. ICEP/ACEP and emergency medicine need your

experience and expertise.

Each Committee is appointed by the President to assist with activities for the year. Committee members serve for a specific period of time and are accountable to the President for achievement of assigned objectives. Task forces operate much like committees, but once their work is complete, they are deactivated.

ICEP and ACEP has more than 35 committees and task forces working on issues such as ethics, emergency medicine practice, pediatric emergency care, disaster medicine and more.

### [ACEP Online Committee Interest Form](#)

*Please note: This interest form is for any member not currently serving on any committee or requesting a new committee. If you are currently serving on a national committee, you DO NOT need to complete this committee interest form. Current committee members should complete the committee evaluation form to indicate preferences for next year.*



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# Chicago ED Leaders Group

Regardless of the hospital logo on each of our white coats, ED providers throughout Chicago often treat the same patients (certainly the same disease processes) with the same community resources. Taking unique approaches to similar challenges, it seemed we have an untapped reservoir of experience, successes, and learnings. After a couple of years into my role as Medical Director at University of Chicago Medicine (UCM), several of us thought that Chicago's ED patients and various ED operations would benefit from increased collaboration and communication.

An opportunity was clear: in the corporate world (my life prior to joining UCM) and especially in technology arenas, there are numerous "User Groups" that periodically gather to share ideas and successes. Chicago had no "User Group" function within our ED Community. The Illinois College of Emergency Physicians (ICEP) has a Practice Management Committee that coordinates and addresses issues throughout the state, but I missed the ability to pick up the phone or send a quick email to a group of peers and get feedback for issues specific to Chicago and our local patients.

So, in early 2019 we sent a simple invitation to each of the ED Leadership teams (MD and RN leaders) in EMS Region 11 to a lunch and meeting at UCM—members from the leadership teams from 17 different hospitals attended the first meeting and multiple additional EDs offered to join the group. This positive response was accompanied with several offers to help organize and we formed a planning group from UCM, Advocate Christ Medical Center, UI Health, and Loretto Hospital who have since organized meetings. To date, this group has held afternoon meetings that discussed various clinical and/or operational topics, featured guest speakers, and included an ED tour at UCM (Spring 2019), Advocate Christ Medical Center (Fall 2019), and had plans to hold the next meeting at Stroger Hospital (Spring 2020) but the pandemic forced that meeting to a zoom format. In the Spring of 2020, a sub-set of this group met weekly to discuss initial pandemic responses and treatment approaches and, in the Fall of 2020, the entire group held additional Covid calls.

Early on, after speaking with ICEP and realizing our goals are well-aligned, we agreed that this Chicago ED effort should meld into

ICEPs Practice Management Committee, with membership to ICEP not being a requirement to participate. One of the future goals that was especially aligned with ICEP was the goal of holding a similar meeting at the state level and those plans remain as potential until the pandemic abates. We also look forward to holding future in-person meetings of the Chicago ED Leaders Group where we can discuss important topics and tour additional EDs, while we also look to increase our RN Leadership participation.

If anyone is interested in joining upcoming meetings and communications of the group, please email Ginny Kennedy-Palys at [ginnykp@icep.org](mailto:ginnykp@icep.org). Also, for ICEP members outside of Chicago, please join the ICEP Practice Management Committee by contacting Ginny, as well. We look forward to increasing our collaboration and sharing as we care for our patients throughout the state of Illinois!

Tom Spiegel, MD, FACEP  
Co-Chair, Practice Management Committee

Mila Felder, MD, FACEP  
Chair, Practice Management Committee



# Take Action to Prevent Medicare Reimbursement Cuts

COVID-19 has played a personal and emotional toll on everyone. Emergency physicians and other health care providers on the front lines of the response have been significantly affected by unprecedented financial challenges during this.

The temporary moratorium on the 2 percent Medicare sequester will end on April 1, 2021 unless Congress takes action to extend it.

Additionally, according to the Congressional Budget Office, the recently passed “American Rescue Plan Act of 2021” that provides further necessary COVID-19 relief will trigger statutory across-the-board PAYGO reductions in Medicare spending, resulting in an additional 4 percent cut to Medicare payments that the beginning of 2022.

Cuts of this magnitude will have devastating, long-term effects on emergency medicine and will threaten patient access to lifesaving emergency care.

The House of Representatives is poised to vote this week on legislation (H.R. 1868) that would extend the 2 percent sequester moratorium through 2021 and would prevent the projected 4 percent PAYGO sequester set to take effect in 2022.

Please urge your U.S. Representative to support this critical legislation that will help prevent additional financial stress on our already-strained health care safety net.

**Not sure on what to send? See below or follow the link below.**

[Click here to take action](#)

To: US Representative

Subject: Please Support H.R. 1868

Message Body:

As an emergency physician and your constituent, I urge you to support H.R. 1868, legislation that will prevent devastating reimbursement cuts for emergency physicians and other health care providers who remain on the front lines of the COVID-19 response.

As you know, the COVID-19 pandemic has taken a substantial personal, emotional, and financial toll on emergency physicians who have worked tirelessly to save lives during the greatest public health challenge of our time. In addition to emergency departments stretched beyond capacity and scarcity

of personal protective equipment and other necessary resources, many emergency physicians have also faced unprecedented financial challenges over the course of the last year. Additional reimbursement cuts would be demoralizing and devastating for the health care safety net that is already under significant strain.

We were deeply appreciative of Congress’ efforts in previous COVID-19 relief efforts last year to provide necessary relief from the 2 percent Medicare sequester. Unfortunately, this temporary moratorium is scheduled to end on April 1. As we are not yet out of the public health emergency and knowing that the effects of COVID-19 will be present for the foreseeable future, we strongly urge you to support H.R. 1868 that will extend the 2 percent Medicare sequester relief through 2021 and will also prevent an additional statutory PAYGO sequester of 4 percent at the beginning of 2022.

Time is of the essence, and without congressional action, these cuts will further erode the foundation of the health care safety net that has served as the front lines of the COVID-19 response. Once again, we urge you to support H.R. 1868 to prevent these devastating cuts to emergency medicine and provide critical relief so that we may continue to provide the lifesaving care that our patients need and deserve. Thank you.



ARE YOU SEATED FOR YOUR ORAL EXAM IN  
SPRING 2021? ICEP HAS YOU COVERED!

# *Virtual* ORAL BOARD REVIEW COURSES



ABEM Virtual Exam Simulation  
Live on Zoom:

~~April 8-9, 2021~~ **SOLD OUT!!!**

**May 17-18, 2021**

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

## WHY MAKE ICEP YOUR CHOICE FOR ORAL BOARD REVIEW?

- One-on-one case simulation with experienced faculty via zoom
- More cases in less time to maximize your preparation
- 6 single traditional cases and 1 structured interview will be included
- To maximize your one-on-one case practice with faculty, the course introduction and tips for the oral exam presented by Course Director Dr. Deborah Weber will be available in advance of the course
- 35 years of experience helping emergency physicians pass their boards

### Registration Fees:

\$659.00 ACEP/ICEP members

\$759.00 non-members

Courses are presented in a half-day format, morning and afternoon, with case rotations one-on-one with faculty via Zoom. Every case rotation includes direct feedback from the faculty examiner to identify your strengths and weaknesses.

Registrants can register for up to 2 sessions as the cases for the morning and the afternoon are different.

For more information or to register, contact Lora Finucane at [loraf@icep.org](mailto:loraf@icep.org).

ICEP.org



# Contact Congress: Urge Support for Mental Health Resources for Covid-19 Healthcare Workers

As you and your emergency medicine colleagues across the country continue your tireless efforts to advocate and care for your patients, ACEP continues to initiate and support legislative efforts in Congress to protect your health and well-being during these challenging times.

Recently, legislation that ACEP helped draft last year, the “Dr. Lorna Breen Health Care Provider Protection Act” (S. 610/H.R. 1667), was reintroduced in the U.S. Senate and House of

Representatives. The legislation would support, protect, and provide resources to emergency physicians and other health care workers who are facing physical and mental stress due to the COVID-19 pandemic. Named for ACEP member Dr. Lorna Breen, who was lost to suicide in April 2020, the bill would take major steps to reduce and prevent suicide and burnout and alleviate other mental health concerns that have only been exacerbated by COVID-19.

*Although the COVID relief package currently being considered by Congress already contains funding for some of these programs, this authorizing legislation would be complementary and provide more specific guidance on how those grants should be distributed and overseen, as well as establish a study on barriers to seeking mental health support services for physicians and other health care providers.*

[Click here to learn more and take action!](#)



## Spring Symposium to Be Presented Live Virtual Coming May 27, 2021

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 in the upcoming weeks along with the brochure and program agenda.

If you have any questions about the spring symposium please reach out to Lora Finucane at [loraf@icep.org](mailto:loraf@icep.org).

Anyone looking to still register for the Spring Symposium click the link below:

[Spring Symposium 5/27](#)

**NEW IN 2021!  
DISCOUNTED RATE FOR ALL**

**\$99 - ICEP/ACEP Members**  
**\$129 - Non-ACEP Physicians**  
**\$20 - Resident**  
**Free - Medical Students**



# Hospitals Guidelines for Being Prepared During COVID-19

As Illinois and the country face the unprecedented public health emergency brought on by the COVID-19 pandemic, hospitals are confronted with an extraordinarily high demand for health care services and must quickly implement actions to address the COVID-19 crisis. When health care providers are forced to operate at increased or full capacity, they must meet the needs of their individual patients and the collective needs of the community.

The mission behind the Illinois Department of Public Health (IDPH) includes preventing disease and injury, developing population-based

strategies to address public health issues, and advocating for equitable health care treatment during a pandemic such as COVID-19.

Although COVID-19 has brought on numerous obstacles to more than 200 Illinois hospitals it has been no surprise that these facilities need to take steps in increasing their bed capacity and temporarily suspending categories of service to increase resources for things of this nature. In addition, hospitals may need to coordinate with other hospitals, local health departments, or alternate care facilities in order to increase capacity.

To read more about the guidelines on emergency preparedness for hospitals during COVID-19, [click here](#).

The infographic below and other helpful information on COVID-19 can be found at [cdc.gov](#).

## Before Patients Arrive



### • Prepare the clinic.

- Know which of your patients are at higher risk of adverse outcomes from COVID-19.
- Consider and plan for providing more telemedicine appointments.
- Know how to contact your health department.
- Stay connected with your health department to know about COVID-19 in your community. Step up precautions when the virus is spreading in your community.



### • Communicate with patients.

- Ask patients about symptoms during reminder calls.
- Consider rescheduling non-urgent appointments.
- Post signs at entrances and in waiting areas about prevention actions.



### • Prepare the waiting area and patient rooms.

- Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
- Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
- If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

## When Patients Arrive



### • Place staff at the entrance to ask patients about their symptoms.

- Provide symptomatic patients with tissues or facemasks to cover mouth and nose.
- Limit non-patient visitors.



### • Separate sick patients with symptoms.

- Allow patients to wait outside or in the car if they are medically able.
- Create separate spaces in waiting areas for sick and well patients.
- Place sick patients in a private room as quickly as possible.

## After Patients are Assessed



### • After patients leave, clean frequently touched surfaces using EPA-registered disinfectants—counters, beds, seating.

### • Provide at-home care instructions to patients with respiratory symptoms. Consider telehealth options for follow up.

### • Notify your health department of patients with COVID-19 symptoms.



[Direct link to infographic.](#)

# ICEP Calendar *of* Events 2021

*(Subject to change)*

**May 17, 2021**

**Webinar 4  
Child + Elder Abuse**  
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

**June 7, 2021**

**ICEP Board Meeting  
Tentative**  
Via Zoom

**August 27, 2021**

**Resident Career  
Day**  
Via Zoom

**See the latest at [ICEP.org](http://ICEP.org) and follow  
on Facebook and Twitter!**



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