Illinois EPIC
Emergency Physicians Interim Communique

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

May 2021
Volume 2

## PRESIDENT'S LETTER

# Moving Back to Normality and a Look Into the Future

Henry Pitzele, MD, FACEP

As my year as President comes to a close, my brain splits its ICEP mindshare thinking about the past year, and what is next to come. The year was not, in any way, what I (or anyone else) expected—it started almost exactly with the original COVID lockdown, and is ending as we are beginning our lift back into the light of a post-vaccinated return to interpersonal interaction. I could not be prouder of the way that ICEP has handled the pressures of the past year—the Board, Committees, and most of all, the dedicated ICEP staff have found ways of not only staying alive practically and fiscally, but to strive, and to use some of the new limitations to transcend our previous incarnation; we have continued to educate, with our legendary Oral Board Course maintaining itself as the gold standard of preparation for the exam, and its virtual status has allowed candidates from across the nation access to a resource which used to require a trip to Rosemont. We have reached out to hundreds of ears with the Social Justice webinars, again reaching a much larger audience than we could have in trying to sync schedules of so many disparate Emergency Physicians to meet in person. We have guided and crafted legislation at the statehouse level, all without the ability to go to Springfield to state our case.

So my eyes turn to the future, and I can only recommend one thing—to get involved. ICEP is, above all, dependent on the volunteering efforts of service from the ER doctors in Illinois. And there are so many ways to get involved. Our largest mission has traditionally been education, and if that is your interest, our Education Committee could use your assistance in organizing our courses, meetings, and other educational offerings—please try attending a meeting, and bringing your ideas and energies.

Advocacy is another pillar of the organization, and certainly one of the most important—no other organization is dedicated to fighting for emergency physicians, and emergency patients, at the state level. We have the resources and experience to effect real change; we just completed our annual Advocacy Day, speaking to lawmakers directly about some of our legislation and most pressing issues, and are on the cusp of (hopefully) passing legislation into law which will improve real care of our patients. Please join us in the Patient and Physician Advocacy Committee to continue this fight.

Our committees for Practice Management and EMS are also active and important ways to bring together leaders within our community both hospital-based and prehospital, to discuss and improve care—they, of course, dovetail well with the Education and Advocacy committees when issues are raised. And our newest committee, Social EM, has quickly gained popularity, as it tackles social justice issues as they pertain to EM. We welcome your skills, time, and effort in any and all of this committee work—please email ICEP (or me directly at hpitzele@icep.org) to point you in the right direction.

And I'd be remiss if I did not recommend getting involved in ACEP at the national level. All of our committees mirror the actions of ACEP (education, state and national advocacy efforts), and are joined by a host of other committees—the deadline for application to national committees is traditionally by the end of April (information can be found here). And the annual ACEP Council meeting, just before Scientific Assembly, is the way that ACEP leadership is chosen, and the direction of the organization is set for the upcoming year; the management and handling of the Council meeting is its own beast, another chance to get involved. And, of course, the Council is made up of delegates from all of the state chapters and ACEP sections, and the ICEP board elects Councillors yearly to send to the Council meeting every fall, to represent Illinois interests within the College.

The year ended with the seemingly apocalyptic conclusions of the ACEP workforce committee; however, I do not take these conclusions to mean that Emergency Medicine is dead or dying. I take them as a call to action, a call to become more involved, and I hope that you will, as well. I feel that all of these problems are solvable, but only if we come together and will the solutions into being, and ACEP is the conduit through which this can happen. I look forward to working with you all in the years to come!

***— Henry Pitzele, MD, FACEP***
***ICEP President***

## InsideEPIC

May 2021 | Volume 2

# ACEP's Commitment to You and Emergency Medicine

ACEP Board of Directors

Our specialty has been working for decades to create, evolve, and sustain a workforce that meets the growing emergency medicine needs of our country. Over the past two years, eight organizations—American Board of Emergency Medicine, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians, American Osteopathic Board of Emergency Medicine, Association of Academic Chairs of Emergency Medicine, Council of Emergency Medicine Residency Directors, Emergency Medicine Residents' Association, and Society for Academic Emergency Medicine—came together with the common goal of taking a data-driven, forward-looking approach to studying the emergency medicine workforce. The findings from the Emergency Medicine Physician Workforce: Projections for 2030 research, from which a manuscript is currently under independent peer review, show that for the first time in history we are headed toward an oversupply of emergency physicians in the next decade.

During an April 9, 2021, webinar, the eight stakeholders plus additional thought leaders furthered the process by proposing several ideas for consideration and discussion. We encourage you to watch the webinar and download a PDF of the slides used in the webinar at acep.org/workforce.

In an all-member email sent on April 15, ACEP identified eight key considerations we are committed to addressing. In this article, we, the ACEP Board, want to explain in greater detail what we mean by that.

To start, we firmly believe there is not one ideal, holistic solution to address market-driven industry instability. Shifting health care economics and evolving practice models affect each of you in different ways. Change will take time and precision, yet we must forge ahead as there are no quick fixes for the challenges we face. Furthermore, the implementation of the ideas discussed will require the coordinated involvement of the entire specialty, with each stakeholder playing an integral role in the process.

To that spirit, we are committed to continuing the multi-organizational task force that conducted the study to discuss feedback received from you and your colleagues, establish working groups, and begin advancing solutions. For our part, ACEP has taken steps to schedule needed engagements, is collating feedback, and is already investigating options. We developed toolkits and assisted in generating feedback and solutions from stakeholder groups—including other organizations, state chapters, ACEP sections and committees, and your local practice or programs. Where there is opportunity for meaningful change, ACEP is committed to developing new approaches that the entire emergency medicine community can support and champion.

**Eight Key Considerations**

- Stop the proliferation of emergency medicine residents and residency programs
- Raise the bar to ensure consistency across emergency medicine residency training
- Ensure business interests are not superseding the needs of educating the workforce
- Support practicing physicians to encourage rewarding practice in all communities
- Ensure appropriate use of nurse practitioners (NPs) and physician assistants (PAs) to protect the unique role of emergency physicians
- Set the standards for emergency medicine so every patient has access to a board-certified emergency physician
- Broaden the umbrella to expand emergency medicine physician scope of practice
- Expand the reach of emergency medicine to ensure that no community is left behind

Click the following link to read more in-depth on each of the eight key considerations.

https://www.acepnow.com/article/workforce-considerations-aceps-commitment-to-you-and-emergency-medicine/

In sum, these considerations are a starting point to outline pressing issues and potential solutions proposed to date. Very importantly, your perspectives and approaches are critical to these ongoing deliberations. Differing opinions are still needed and welcomed, as it is vital all consequences, whether intended and unintended, are considered in advance. Feedback, via email or on a discussion forum, can be provided at acep.org/workforce.

ACEP remains dedicated to working together with those who share our commitment to identify data-driven solutions that promote both patient safety and emergency physician opportunities.

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

**Editor**
Cai Glushak, MD, FACEP
**ICEP President**
Henry Pitzele, MD, FACEP
**Executive Director**
Virginia Kennedy Palys
**Managing Editor**
Brittney Tambeau

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# New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder

Steve Holtsford, MD, FACEP

Human Services announced providers would no longer be required to undergo training to obtain an "X-waiver" to their DEA license. https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html

The 8-hour training (24 hours for NP/PA/CRNA/Midwives) was universally thought to be an unnecessary barrier to prescribing buprenorphine. Buprenorphine is a safe partial mu agonist which has been shown to greatly decrease mortality for patients with Opioid Use Disorder. Buprenorphine is now often prescribed in the emergency department. The patient is then linked up with continued outpatient care.

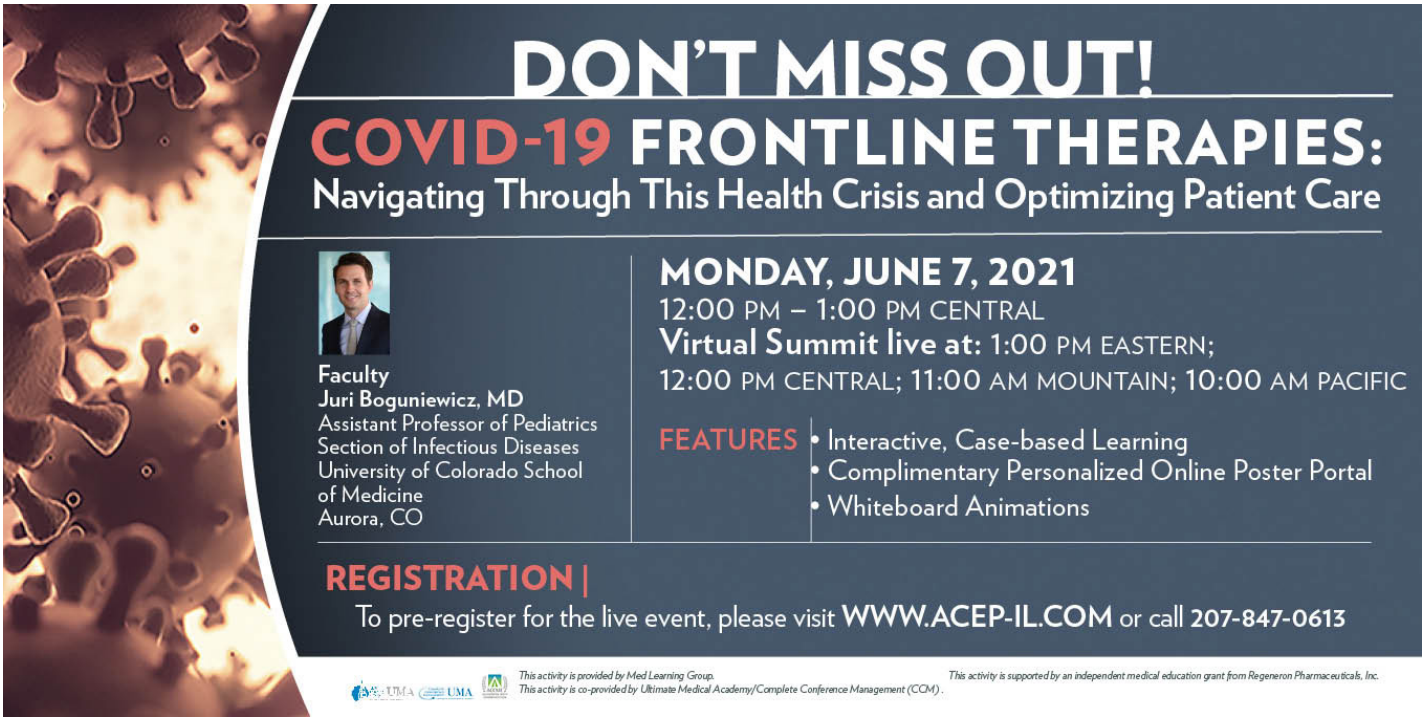
While the training requirement is gone, if you intend to prescribe buprenorphine, you still must obtain a waiver from the DEA. The process now simply does not require proof of training. You will complete a "Buprenorphine Waiver Notification" on the SAMHSA website. Here is the link to complete the waiver: https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php. There have been some reported bugs in the registration process. You will need your state license and DEA registration. When the system asks for "Certification Qualification Criteria" please check "Other". Then write in "Practice Guidelines". These bugs are being worked on but your submission can be confirmed via infobuprenorphine@samhsa.hhs.gov.

You will receive your X-waiver within two months. SAMHSA will email an approval letter and this is followed by an updated DEA license which will show your regular DEA number and your X-DEA number on the same license.

This training exclusion does NOT apply to providers who wish to maintain more than 30 patients on buprenorphine. If you wish to see patients in an outpatient addiction clinic where you are likely to have more than 30 patients, the 8-hour training is still required. ER physicians will not approach the 30-patient threshold since we will be prescribing for only 3-10 days at a time. The prescription will only be under your name for that amount of time. Answers to any questions regarding the new rules can be found here: https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/faqs

Please consider taking a few minutes to obtain your X-waiver. Opioid Use Disorder is a very treatable condition. Treatment should be started in the emergency department. It was never hard and it just got a whole lot easier!

# COVID-19 Frontline Therapies - Virtual Summit



# ACEP Responds to Regulation that Proposes Modifications to HIPAA

Last week, ACEP responded to a proposed regulation released by the Office of Civil Rights (OCR) within the U.S. Department of Health and Human Services (HHS) that would make changes to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The proposed reg was released last December under the Trump Administration—but the Biden Administration gets to ultimately decide whether to finalize any of the proposals included in it.

As you all know, HIPAA is tremendously complex— and in many cases, you as physicians are afraid to release any information out of fear of breaching data, violating HIPAA, and receiving a (sizable) penalty. Further, HIPAA is frequently, and inappropriately, cited as a reason to not disclose information to you or to require burdensome paperwork to get vital information about your patients. Understanding and fully complying with HIPAA is now even more of a challenge given the new data sharing regulations instituted by the Office of the National Coordinator for Health Information Technology (ONC). These changes just went into effect in early April 2021 and you and your hospital are likely still trying to figure out what data sharing and exchange of information are permissible and/or required under both HIPAA and the ONC regulations (ACEP has released a poll assessing your initial experience implementing the ONC data sharing requirements. Fill it out here!).

Since there are already a lot of changes around data sharing policies that you have to deal with, we don't think this is the best time to modify HIPAA. Therefore, one of the points ACEP made up front in our response was that OCR should consider delaying when these HIPAA modifications (if finalized) would become effective.

Besides expressing our overall concern about timing, we did submit comments on specific proposals. Overall, we support a few proposed policies that we believe would reduce administrative burden or enhance your ability to treat patients. However, we also express concerns about proposals that may actually add burden or jeopardize the privacy and security of your patients' health information. Some key highlights of ACEP's response include:

1. Strengthening the Access Right to Inspect and Obtain Copies of Personal Health Information (PHI)

Proposal: OCR proposes to add a new right that generally would enable an individual to take notes, videos, and photographs, and use other personal resources to view and capture PHI in a designated record set as part of the right to inspect PHI in person.

ACEP Response: ACEP is very concerned with the proposed relaxed restrictions on personal photos and/or videos taken by patients of their PHI. While OCR states that covered entities can work with patients to arrange a mutually convenient time and place for them to inspect their PHI, in emergency situations and in the emergency department (ED) setting overall, this could be quite challenging or even impossible. Therefore, ACEP requests that OCR NOT finalize this proposal. However, if OCR does decide to finalize it, it should create an exception for care delivered in the ED.

2. Modifying the Implementation Requirements for Requests for Access and Timely Action in Response to Requests for Access

**Continue reading the article here:**https://www.acep.org/federal-advocacy/federal-advocacy-overview/regs--eggs/regs--eggs-articles/regs--eggs---may-13-2021/

presented by Illinois College of Emergency Physicians
and American College of Emergency Physicians

# ICEP Spring Symposium 2021

## and Annual Business Meeting | May 27th
## Live via Zoom Webinar

# Program Agenda

*Spring Symposium, May 27th, Live Zoom Webinar*

6:45 a.m. - 7:00 a.m.
**Registration + Research Posters Open**

7:00 a.m. - 7:05 a.m.
**Welcome and Introduction**
*Henry Pitzele, MD, FACEP*
*Chrissy Babcock, MD, MSc, FACEP*
*Christopher Colbert, DO, FACOEP, FACEP*
*Joseph Palter, MD*

7:05 a.m. - 7:20 a.m.
**ICEP Update**
*President Henry Pitzele, MD, FACEP*

7:20 a.m. - 7:45 a.m.
**The Current State and Future of Emergency Medicine: What Every Physician Should Know**
*Gillian R. Schmitz, MD, FACEP*

7:45 a.m. - 7:55 a.m.
**Meritorious Service Award Presentation**
*R. Scott Altman, MD, FACEP*
**Downstate Award Presentation**
*Christopher McDowell, MD, MBA, MS, FACEP*

7:55 a.m. - 8:15 a.m.
**Session Host Presentations + Research Posters**

8:15 a.m. - 9:05 a.m.
**Statewide Research Showcase**
*Jennifer Smith-Garcia, MD* - Amita Health Resurrection Medical Center
*Brett Goodfriend MD* - Advocate Christ Medical Center
*Afreen Abraham, MD* - SIU School of Medicine
*Jerome J. Martin, MD* - Rush University Medical Center
*Pyone David, MD, MSW* - Loyola University Medical Center

9:05 a.m. - 9:45 a.m.
**Telehealth and Emergency Medicine: Present and Future Utility**
*Aditi U. Joshi, MD, MSc, FACEP*

9:45 a.m. - 9:50 a.m.
**Bill B. Smiley Award Presentation**
*Valerie J. Phillips, MD, FACEP*

9:50 a.m. - 10:20 a.m.
**Session Host Presentations + Research Posters**

10:20 a.m. - 11:00 a.m.
**What Artificial Intelligence + Machine Learning Can Do for You in Your ED**
*Maame Yaa "Maya" A. B. Yiadom, MD, MPH, MSCI*

11:05 a.m. - 11:35 a.m.
**Far Away But Not Out of Reach - Tips and Tricks to Treat Patients Virtually**
*Meeta Shah, MD*

11:35 a.m. - 11:45 a.m.
**Last Chance to Visit Research Posters**

11:45 a.m. - 12:45 p.m.
**Resident Speaker Forum**

12:45 p.m. - 12:50 p.m.
**Resident Speaker Forum Winners Announced**

12:50 p.m. - 1:20 p.m.
**Annual Business Meeting**

1:20 p.m. - 2:20 p.m
**Product Showcase: Assessing Disability in Acute Ischemic Stroke: Beyond Just the NIHSS**
*Ben Usatch, MD*
***Educational grant support provided by Genentech, Inc.***

2:20 p.m
**Evaluation and Adjournment**

# COVID-19 ED Management Tool Now Available, Updated

A team of clinicians from around the country have been working for several months to update the original ACEP COVID-19 Severity Classification Tool.

The new tool, which can be accessed here and on the MDCalc site and app, is a complete reboot and lays out a pragmatic approach to management of COVID-19 patients in the emergency department.

The new tool walks clinicians through the following steps in the management of patients in the emergency department with COVID-19:

1. Severity Classification
2. Risk Prognostication
3. Risk Assessment
4. Diagnostic Testing
5. Diagnostic Interpretation
6. Disposition
7. Treatment

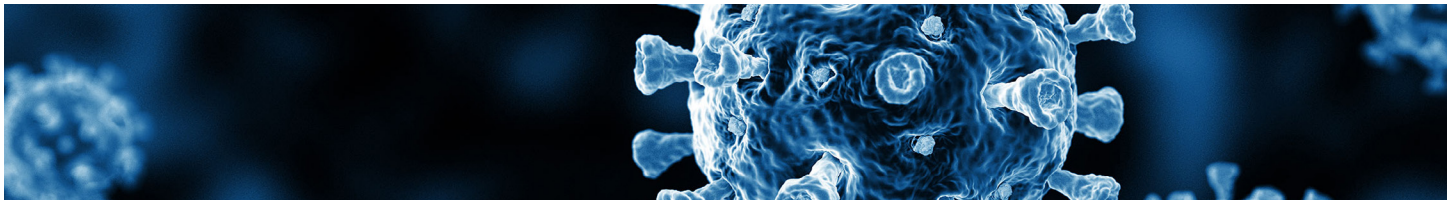
By using this tool, emergency physicians are able to better determine the severity of disease their patient is manifesting, as well as determine the prognostic risks that patient has for mortality or end-organ failure. From there, determination of the optimal diagnostic, therapeutic, and disposition approaches can be undertaken.

The tool now offers treatment recommendations that are curated from guidelines from the NIH and IDSA that are consistently being updated as the evidence on therapeutic options evolve.

Additionally, Smart Phrases have been included in this tool, so that clinicians have guidance on the appropriate documentation to include in the EMR based on the management approach that is best for each patient.

The working group will be continuing to make updates over the coming months, so revisit this page for the latest version of the PDF document.

Click here to download the full PDF.



# Tick and Tick-Borne Disease Knowledge, Attitudes, and Practices

A colleague in the pathobiology department at University of Illinois College of Veterinary Medicine is conducting a survey of medical professionals who come in contact with ticks and tick-borne diseases. This survey is being sent to primary care physicians, emergency physicians, NPs, and RNs currently practicing in Illinois in hopes of getting a better understanding of the knowledge, attitudes, and practices surrounding ticks and tick-borne diseases in the area.

The survey can be found here: https://j.mp/3fCvKGq and should take 10-15 minutes. There is a sign up at the end for a free infographic poster on ticks and tick-borne disease after completion of the survey. If you have any additional questions, please feel free to reach out to Emma Sanstrom via email at emmans6@illinois.edu. Thank you so much for your help and participation!

# Statement on PA Name Change

Today, ACEP and EMRA issued this statement in response to the AAPA House of Delegates decision to change their professional title to "Physician Associate" -

The American College of Emergency Physicians (ACEP) and the Emergency Medicine Residents' Association (EMRA) oppose the title change from physician assistant (PA) to physician associate. ACEP and EMRA believe in physician-led teams and transparency in our training and qualifications. The term "associate" creates confusion and does not appropriately convey to our patients or the public the role physician assistants serve while working under emergency physician-led care.

# ICEP Calendar *of* Events 2021

*(Subject to change)*

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

**June 7, 2021**
**ICEP Board Meeting Tentative**
Via Zoom

**August 23 + 24, 2021**
**Virtual Oral Board Course**
Via Zoom

**August 27, 2021**
**Resident Career Day**
Via Zoom

**September 20 + 21, 2021**
**Virtual Oral Board Course**
Via Zoom

**October 23 + 24, 2021**
**ACEP Council Meeting**
Boston, MA

**October 25 - 28, 2021**
**ACEP Scientific Assembly**
Boston, MA

**November 18 + 19, 2021**
**Virtual Oral Board Course**
Via Zoom

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

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