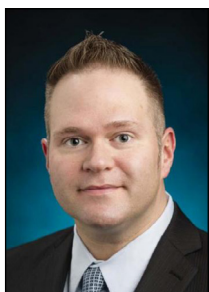


PRESIDENT'S LETTER

Umoja – The Focus on Our Commonalities



Jason Kegg, MD,
FACEP

I appreciate this chance to reach you through my first newsletter as ICEP President and hope that this finds you well. I gained some fresh perspective as I attended the ICEP Resident Career Day at Northwestern two weeks ago. It was a stellar program that focused upon professional advice and networking opportunities for early-career EM physicians. Whether it was making an impression to get the job you want, hearing from a panel of physicians in varied work environments, getting involved in organized EM on a larger scale, or navigating contracts, I caught myself smiling as I watched this new generation of healers gather pearls of wisdom. Even though EM-interested medical students and current EM residents were the intended audience, even a mid-career physician like me found great value. As the attendees asked questions and interacted with the speakers, I got to witness the trickle-down effect that can sometimes be forgotten. Moving along the trajectory of our career, doing what might seem automatic for some of the more experienced physicians, we all had to start somewhere. I often think that this perspective gets lost as we get busier and “life happens.” Highlighted by our varied panel of speakers that day, I was reminded that there is a vast array of workplace specifics and diverse practice environments available to us. For me, the common thread is what links us all – we have, every one of us, committed ourselves to

being there at all-hours for all-comers, for all complaints.

Reflecting on how we all must start somewhere, one of my earliest EM physician mentors shaped many of the ways that I viewed emergency medicine and sparked my interest in this career. Back then, on days that I wasn’t staffing the ambulance, I worked as an ED tech at the local hospital. One of our local physicians was notably quick to teach, welcomed questions, and personably explained the intricacies of his thought processes and plans with the team. He modeled a broad approach to complaints and discouraged minimizing patient presentations to biased premature conclusions. His even-keeled manner, even at the height of chaotic traumas or codes, set a tone of structure, collaboration, and order. Whenever I saw the car with his personalized plate, UMOJA, parked out front, I knew it was going to be an amazing shift - come what may. I later learned that Umoja meant “unity” and I smiled, thinking that there could be no better testament to his professional style and delivery of patient care.

While I have been fortunate enough to learn from, and work beside, an ever-increasing cadre of amazing healthcare professionals, I have been around long enough to have now out-lived some of my most influential mentors. Whether it was unexpected trauma or illness that took them from us, there are indelible marks on me to this day of their wisdom, professional style, teaching, influence, and support. Drawing upon these influences helps me realize that, while there is much that can divide us as a profession, I take some solace in what unites us.

I’m not suggesting that we turn a blind eye to the struggles and issues that can threaten medicine, or our specific specialty. Rather, having a unified voice to support each other, advocate for our patients and ourselves, and call for those action items that can hold longitudinal benefit, should be our focus.

I’m grateful to stand with all of you over the next year, hoping to have effective conversations and help ICEP achieve the goals of Illinois EM physicians. We are stronger in our unity and can use it to bolster each other and our specialty. I take pride in knowing that our specialty is anchored in service. I encourage you, as I have, to remember where some of your earliest starting points were... By committing ourselves to these continuing efforts, we support the specialty that we chose and, in some instances, the specialty that chose us.

Thanks for all that you do!

— Jason Kegg, MD, FACEP ICEP President

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ACEP Council Preview 2022



The ACEP Council will meet in person in San Francisco from September 29 – 30. The Council consists of members representing ACEP's 53 chartered chapters (50 states, Puerto Rico, the District of Columbia, and Government Services), its sections of membership, the Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), the Emergency Medicine Residents' Association (EMRA) and the Society for Academic Emergency Medicine (SAEM).

ICEP will be represented by 13 councilors: Amit Arwindekar, MD, MBA, FACEP, Christine Babcock, MD, FACEP, Brad Bunney, MD, Cai Glushak, MD, FACEP, John Hafner, MD, MPH, FACEP, Adnan Hussain, MD, Janet Lin, MD, MPH, FACEP, Howie Mell, MD, MPH, CPE, FACEP, Henry Pitzele, MD, FACEP, Yanina Purim-Shem-Tov, MD, MS, FACEP, Willard W. Sharp, MD, PhD, FACEP, Lauren Smith, MD, and Deb Weber, MD. Several alternate councilors will also be on hand to hear the testimony and participate in the reference committee meetings. They will also fill in if a councilor must leave the meeting. The 2022 ICEP alternate councilors are Jason Kegg, MD, FACEP, Halle Akbarnia, MD, Shu Chan, MD, FACEP, Kristen Donaldson, MD, MPH, FACEP, Elisabeth Giblin, MD, George Hevesy, MD, FACEP, Napoleon Knight, MD, FACEP, Pavitra Kotini-Shah, MD, Julie Lewis, MD, Chris McDowell, MD, FACEP, and Laura Napier, MD, FACEP.

Each year the Council considers resolutions submitted by members, chapters, or section. This year ICEP has submitted two resolutions for consideration. The first is "Focus on

Emergency Department Boarding as a Health Equity Issue." The other is "Safe Staffing for Nurse Practitioners and Physician Assistant Supervision." Other resolutions focus on practice issues, reproductive health care, health equity, medical cannabis, and procedural issues on Council operations.

The Council also elects the president-elect and four members to the Board of Directors each year. This year ICEP's Dr. Henry Pitzele is running for a seat on the Board of Directors. Dr. Pitzele has been a strong advocate for the well-being and advancement of frontline emergency physicians. He has consistently been unafraid to speak loudly when business or government actors seek to encroach on the rights of the practicing emergency doctor, and to work strongly to minimize and manage conflicts of interest. ICEP strongly endorses Henry's candidacy for the ACEP Board.

With the exception of the elections, following the Council meeting, the actions of the Council are also voted on by the Board of Directors.

Please see below for an outline of events taking place during ACEP22 in San Francisco.

ACEP Board Meeting - Wednesday, September 28 and Monday, October 3

ACEP Committee Meetings - Saturday, October 1 and Monday, October 3

Council Meeting - Thursday, September 29 and Friday, September 30

Dine Around San Francisco - Sunday, October 2

ACEP22 Educational Program - Saturday, October 1 through Tuesday, October 4



Henry Pitzele, MD, FACEP

Exhibit Hall - Saturday, October 1 through Monday, October 3

Parties (ACEP22 Kickoff Party) - Saturday, October 1

Pre-Conference Courses - Friday, September 30

Research Forum - Saturday, October 1 and Monday, October 3

ACEP Section Meetings - Saturday, October 1 and Monday, October 3

For times and schedule updates [click here](#).



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Medical License Fees Waived for 2022

During his budget address in February, Governor Pritzker's announced that 2022 licensure fees would be waived for front line healthcare workers, including physicians. The waiver was an expression of thanks for critical services that were provided during the Covid pandemic.

In addition, individuals who are not currently licensed in Illinois and are seeking licensure in an eligible profession during the next two budget years will not pay the application fee.

The next deadline for physicians to renew their licenses in the three-year cycle is July 31, 2023. The Illinois Department of Financial and Professional Regulation (IDFPR) estimates that their online renewal portal will open in early April 2023.

Other frontline healthcare professionals eligible for the fee waiver are:

- Nurses (Registered Nurses, APRNs, APRN Controlled Substance, Full Practice APNs, Full Practice APN Controlled Substance, and LPN's)
- Pharmacists
- Pharmacy Technicians
- Physician Assistants
- Social Workers

[Click here](#) for the Frontline Healthcare Worker Fee Waiver FAQs.

Medication Assisted Recovery Helpline for Opioid Treatment and Referral is Available to Emergency Department Patients

On a Sunday morning in June, an individual called the Illinois Helpline for Opioids and Other Substances looking for methadone treatment. By 2:00pm that same day, the individual had seen a physician and received their first dose of methadone. As of early August, the individual (who had previously struggled to maintain participation in outpatient methadone programs) has not missed any doses and is actively participating in counseling services.

This is the result of a new program called Medication Assisted Recovery NOW (MAR NOW) funded by the Chicago Department of Public Health (CDPH) and Illinois Department of Human Services/Division of Substance Use Prevention and Recovery (IDHS/SUPR). MAR NOW, run by statewide treatment provider Family Guidance Centers, Inc. (FGC), connects callers through the 24/7 Illinois Helpline for Opioids and Other Substances to immediate methadone, buprenorphine, or naltrexone treatment. Callers seeking buprenorphine are connected directly to an FGC physician, who can telephonically prescribe buprenorphine and support callers through home induction. Anyone looking for methadone, naltrexone, or in-person buprenorphine is connected within 24 hours to a clinic appointment at FGC. FGC care managers then work with individuals to connect them to a long-term substance use provider for ongoing care. MAR NOW can also connect callers to residential treatment and withdrawal management, as requested.

In the acute care hospital setting, the staff at MAR NOW can assist hospital-based physicians and advanced practice providers with the evaluation of patients with opioid use disorder, buprenorphine induction in the emergency department or inpatient services for appropriate patients and provide referrals upon discharge from the acute care setting. The program serves as a bridge clinic after acute care discharge, and will assist patients with insurance enrollment and connection to other behavioral health supports as needed.

MAR NOW launched as a Chicago pilot in May 2022 and expands statewide on September 1, 2022. Between May 9 – August 9, the program has successfully connected nearly 50 patients to

MAR and has provided for several home inductions on buprenorphine with no adverse events during home induction. 93% of callers looking for buprenorphine have been connected via a clinic or home induction to the medication, and 92% of patients who started with home induction have been connected to ongoing care at a community provider. Central to the MAR NOW program model are FGC's care managers, who take transferred calls from the Illinois Helpline, answer questions about MAR options, and conduct rigorous follow-up to ensure that patients can pick up their medication at their desired pharmacy, have transportation to the pharmacy or clinic, and are successfully connected to a community provider for ongoing care. The program is available to anyone regardless of insurance status, income, documentation, or ability to pay, and transportation to the pharmacy or clinic is provided to anyone who needs it.

To access MAR NOW from the emergency department, patients can call the Illinois Helpline for Opioids and Other Substances at 833-234-6343 (833-2FIND-HELP) between 6am-10pm 7 days/week to be connected to a MAR NOW care manager. After hours, they can leave a message and receive a call-back the next day. If the patient is appropriate for buprenorphine induction, the MAR NOW specialists can assist ED physicians and advanced providers with the induction process for patients in withdrawal as well as long term care follow up. The goal of this program is to help improve the quality of care for patients with OUD with acute care treatment and follow up with a simple phone call

that the patient can initiate in the emergency department.

For questions about MAR NOW, contact Dr. Maria Bruni at mbruni@fgcinc.org or Sarah Richardson at sarah.richardson@cityofchicago.org.

Dr. Wilnise Jasmin, Chicago Department of Public Health

Sarah Richardson, Chicago Department of Public Health

Director Laura Garcia, Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR)

Dr. Nicole Gastala, Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR)

Dr. Maria Bruni, Family Guidance Centers, Inc.
Ron Vlasaty, Family Guidance Centers, Inc.





**Please visit the
AstraZeneca Booth #1730**

ACEP22 • October 1-4 • San Francisco

Free CME Program on Tackling the Golden Hour



ICEP is pleased to present this free CME activity for members, Tackling the Golden Hour – Trauma Tools for the Emergency Physician is an internet enduring activity that will take approximately 4.25 hours to complete in its entirety.

Certificates will be sent out prior to verification of membership.

This activity was released on July 15, 2022 and the accreditation period expires on June 30, 2025.

Program Description:

Trauma is a significant global health issue, leading to more than 4.6 million deaths annually worldwide. In the United States, injury is the primary cause of death in people ages 1 to 44 years, and the fourth leading cause of death overall. Trauma does not discriminate. Patients with a significant mechanism of injury, at the extremes of life (pediatrics and geriatrics), and with medical co-morbidities and polypharmacy are at increased risk of hemorrhage, shock, and mortality. This program will provide updates on relevant clinical topics regarding trauma care for Emergency Medicine physicians to guide their management and care of these critical patients.

The program includes:

- 4 narrated PowerPoints
- 4.25 hours of *AMA PRA Category 1 Credits™* continuing medical education

To receive CME, you must:

1. Read and agree to all activity information on this page.
2. Read and agree to all activity front matter/information on this page.
3. Participate fully in educational content to include listening to or reading lecture material in its entirety
4. Complete activity evaluation.
5. Attest to completing the activity according to the steps referenced above.

[Full information and instructions can be found here.](#)

Once participation is successfully verified, ICEP will forward a CME certificate of completion within 14 working days. Please note that *AMA PRA Category 1 Credits™* may be awarded one (1) time in conjunction with your purchase during the 1-year period.

ICEP offers free CME for state-mandated programs. For all available CME programs head over to icep.org and click on “shop” in the top right hand corner.



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November 18, 2022

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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.

ICEP.org



Illinois Prescription Monitoring Program Update

Illinois Prescription Monitoring Program staff presented on the Bureau of Justice Assistance grant projects at the North and West Prescription Drug Monitoring Program Training and Technical Assistance Center Regional Meeting in Salt Lake City, Utah on Tuesday, August 9th.

In an email sent out on August 31 a summary was released of the Bureau of Justice Assistance Grant Projects. Below is the email summary.

The Patient Search module allows prescribers and dispensers to search for a specific patient using first name, last name and date of birth. It displays a list of all the prescriptions dispensed for the patient within the last 12 months including prescriber, drug and pharmacy information.

- Mapping Prescriptions: Displays the location of patient, prescriber and pharmacy on a map. The purpose of this module is to identify potential doctor shoppers or abusers.
- Medical Cannabis: Displays if a medical cannabis card is on file for the patient.
- Naloxone Dispensed: Displays any naloxone prescription dispensed to the patient.
- EMS Naloxone Administered: Displays Naloxone administered through EMS to the patient.

MyPMP (Prescriber Report Card) allows pre-

scribers to view all the prescriptions dispensed using their DEA number for the last 12 months. The purpose of this module is to identify any fraudulent activity and identify patients who have met certain thresholds.

- Multiple Provider Episode: Patients who have 5 or more prescribers or 5 or more pharmacies within 6 months.
- Above 90 MME (Morphine Milligram Equivalent) on average per day: Patients who have received prescriptions over 90 MME on average per day within 30 days.
- Overlapping opioid prescriptions: Patients who have received more than one opioid prescription within the same 30 days.
- Co-prescribing benzodiazepine and opioids: Patients who have received at least one prescription for an opioid and one prescription of benzodiazepine within the same 30 days.
- Medical Cannabis: If a patient has a medical cannabis card on file.

Please note that the patient may have received a prescription from another prescriber but if they still meet the threshold, both prescribers will see this patient on their MyPMP.

County Data Dashboard: Provides county-level analysis per capita for each indicator, in comparison to overall state totals.

- Multiple Provider Episodes - Patients who have received 5 or more prescriptions from 5 or more pharmacies in 6 months (per 100,000 population)
- Greater than 90 MME on average per day - Patients who have been prescribed greater than 90 MME on average per day (per 100,000 population)
- Total buprenorphine prescriptions, patients and providers

State Data Dashboard: Provides state-level analysis from 2010 for indicators.

- State totals for opioid patients and prescriptions
- Prescription stats by drug type - Total number of prescriptions for opioids, benzodiazepines, stimulants and other controlled substances.
- State totals for CDC indicators - Total number of patients for CDC indicators including greater than 90 MME per day, multiple provider episodes and benzodiazepine and opioid overlap.

To see the whole presentation by the Illinois Prescription Monitoring Program staff click the slide below.

Illinois Prescription Drug Monitoring Program (PDMP)





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ICEP Calendar *of* Events 2022

(Subject to change)

September 19, 2022

Board Meeting

TBD

September 29-30, 2022

Scientific Assembly

San Francisco, CA

October 14, 2022

Emergent Procedures

Evanston, IL

November 1, 2022

EM4Life - 2022 Articles

Downers Grove, IL

November 18, 2022

Oral Board Review

Via Zoom

December 7, 2022

Ultrasound for EM

Downers Grove, IL

December 12, 2022

Board Meeting

TBD

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



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