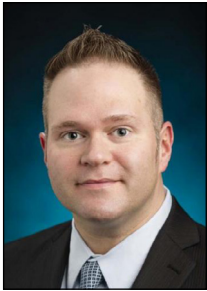


PRESIDENT'S LETTER

# The Best Way Out is Always Through



Jason Kegg, MD,  
FACEP

I don't normally have the opportunity to quote Robert Frost, but I recently read a modification of one of his best-known lines. *"The best way out is always through... and the only way through is together."*

This resonated with me, given the team dynamic and collaborative structure that is a hallmark of emergency medicine. It's no surprise to anyone involved in emergency medicine that the last several years involving the pandemic response have highlighted issues that we have been experiencing for years, but it sounds as though things like boarding, crowding, staff shortages, and workplace violence are being reported as fresh news. We have weathered these things for years, and we have done it together. A recent conference, and an upcoming one, highlighted this cohesion for me and gave me new hope.

At the recent ICEP [EM Update](#) held in Peoria, attendees were able to hear about upcoming treatment modalities for addiction, medical rescue highlights from a recent mass casualty incident, pertinent articles that could impact our daily practice, and emerging treatments for our understanding of agitation management. In addition to these timely topics, we discussed issues that affect the day-to-day practice of EM physicians not only in Illinois, but nationwide. It was invigorating to be experiencing in-person

conferences again and encouraged me with how much we can accomplish through our collective strength. That led me to anticipate an upcoming event, with solid attraction to enact positive change.

[ICEP Advocacy Day](#) was held Thursday, March 9 in Springfield, with over 40 attending physicians, residents, students, and ICEP staff. We visited the State Capitol to speak with legislators about topics that directly impact EM physicians.

Both ICEP and ACEP have been pushing for the increased recognition of **boarding and crowding**, not only for the strain it puts upon our staff and hospital resources, but how it has been directly shown to affect patient safety and outcomes. We see daily how the practice of boarding patients in the ED while they await transfer to an inpatient hospital bed threatens access to care for all Illinois patients and has significant consequences for both patients and facilities. The most vulnerable patients are some of the most at risk, especially those struggling with mental health related emergencies. Boarding is the No. 1 cause of emergency department overcrowding, a systemic problem with widespread ramifications, since crowding substantially increases patients' waiting times and boarding times, resulting in a delay of care up to 35% higher than normal, even for patients with serious conditions. The crowding problem is particularly acute for mental health patients due to a lack of inpatient psychiatric beds and outpatient facilities. For too long, boarding has been written off as an ED problem but all of us realize that this is a system-wide problem that rep-

resents a failure of inpatient bed management. Hospitals share the responsibility of ensuring the prompt transfer of admitted patients to inpatient units as soon as the decision by the treating emergency physician has been made. In times of highest need, it has been proposed that ED patients awaiting admissions should be allowed to be boarded on inpatient floors, or other areas of the institutions, to reduce the stress on the over-capacity emergency department. Proposals have been made that, in the event of ED boarding, hospitals must have established over-capacity contingency plans in place, with staffing to mobilize sufficient health care and support personnel to meet increased patient needs.

Our chapter and national organizations have taken this topic directly to Washington D.C. and continue to fight for this on your behalf.

Since collaboration is something that EM knows a lot about, ICEP has signed on with ISMS and other state and national medical related and specialty societies in support of House Bill 311: *"Ensuring Access to Health Care by Establishing Meaningful Network Adequacy and Transparency Standards."* This legislation helps level the playing field for consumers who purchase state regulated health plans by requiring health plans to provide accurate provider information, build networks that include sufficient provider options, and protect patients from care disruption when their preferred provider is no longer in network. We see the need to enact consumer protections at the state level. Our legislation provides several important protections for patients

*continued onto the next page*

## InsideEPIC

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in Illinois to ensure that their health insurance network will provide for the healthcare they need. This would provide the Illinois Department of Insurance a framework to promulgate rules that enact standards to ensure that patients have access to necessary healthcare professionals, including specialists and appropriate health care facilities. It would require health insurers to provide notice to patients when their healthcare professional is no longer in a network. It protects patients by allowing those with serious health conditions or who are pregnant to stay with their healthcare professional for a designated time period if the network changes. It ensures that network directories are accurate and kept up to date for patients to make informed decisions about selecting both their health insurance plans and health professionals.

While it seems that intoxicated, belligerent, or simply difficult patients have had us practicing verbal judo and de-escalation techniques for decades, the focus on the worsening violence in the workplace epidemic is starting to gain real attention and some traction. *With IL Senate Bills 1621 and 1622*, ICEP is supporting legislation that amends the Health Care Violence Prevention Act to require the health care facility to report any incident of verbal aggression or physical assault of a health worker in an emergency department to the Illinois Department of Public Health.

These incidents should be tracked to better assess how each institution is doing on systematically limiting this behavior. This legislation would also set a significant minimum penalty

for assaulting healthcare staff. Specifically, the bill sets penalties for attacks on ED staff which mirrors the consequences for attacks on peace officers—specifically, raising the penalty for battery on ED staff to the level of a felony. Just as the legislation for attacks on police officers, the law should not protect assailants who are intoxicated—this is not an acceptable excuse. We are hoping to join the many other states who have already passed such legislation in demonstrating that the citizens of Illinois value and support their ED healthcare workers as strongly as we support police, and that neither group should face danger to their person just for performing their extremely necessary work. Emergency Physicians say ED violence has resulted in an increase in wait times and often patients leave without being seen or treated by a doctor. Physical violence, intimidation, and threats are not accepted in any other workplace, and they shouldn't be allowed or tolerated in a health care setting. Emergency departments should be a safe space where patients are guaranteed they have the full attention and dedication of their care team to treat their ailments. It's past the time to act on violence in the ED, and ICEP will lead the way with a new legislative initiative. And you can help! We need personal stories of violence which affected you (or your colleague healthcare workers, including nurses, techs, and all the staff) in the ED. Your experiences matter to lawmakers. We need as many real-world data as possible as we push to craft and pass legislation with real, meaningful change to improve our working lives in the ED. Violence to ED staff is not acceptable, ever. [Please share your story by visiting the ICEP website.](#)

As my time as ICEP President draws to a close, I'd like to reiterate how proud I am of each and every one of you and how honored I am to call you my colleagues. If you are in the twilight of your career, I appreciate how you blazed a trail and carved out this place for us within the house of medicine. If you are mid-career, I encourage you to be renewed with the experience you have gained and the role that you can take as a mentor and advocate for others as they come up in the specialty. If you are early career, do not be discouraged by what may appear as obstacles – these are just growing pains as you strive ahead to make real changes in the future of EM. If you are a resident, enjoy this time of learning and absorb as much as you can - you are a mentor and example for our EM-interested or undecided medical students. I can still remember in medical school when they spoke about "finding your tribe," regarding the choosing of a specialty. While I may not have known it then, I have been fortunate enough to work with and learn from some of the most professional and selfless people I have ever known. I treasure that I can call them friends and family and I look forward to what the coming years will bring.

Thank you all for what you do every day!



— **Jason Kegg, MD, FACEP**  
**ICEP President**



Photos to the left from Advocacy Day 2023. More on page 5.

**DID YOU KNOW?**

ICEP Headquarters moved locations in 2022. The new address is 2001 Butterfield Road, Esplanade I, Suite 320.



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# ACEP Urges FTC to Finalize Ban on Non-Compete Clauses in Employment Contracts

The American College of Emergency Physicians (ACEP) urges the Federal Trade Commission (FTC) to finalize its proposed rule to ban non-compete clauses in employment contracts. In a letter to the Commission, ACEP unequivocally supports a ban on these predatory clauses which can limit the ability of emergency physicians to practice medicine in their communities and hinder their ability to effectively advocate for their patients.

“Emergency physicians should not be subject to harmful non-compete agreements,” said Christopher S. Kang, MD, FACEP, president of ACEP. “Restricting an emergency physician’s ability to choose a job can stall or upend their career, contribute to workplace dissatisfaction, and accelerate currently high rates of burnout, especially in rural and underserved communities where it is already challenging to attract and retain physicians.”

ACEP strongly agrees with the FTC that non-compete clauses are unfair, exploitative, and coercive because they can restrict emergency physician autonomy and limit otherwise viable employment options. Finalizing this regulation as proposed would help address the current an-

ti-competitive conditions faced by many emergency physicians amidst growing health care consolidation.

ACEP asked its members for anonymous feedback about their experiences with non-compete agreements and included many of the responses in its letter to the FTC. Among 75 emergency physician respondents, 90% said non-compete clauses make it harder for emergency physicians to switch employers, and more than half (59%) said they would seek a different job locally if they were not subject to the clause.

Non-compete clauses prevent opportunities to expand critical skills and experience, exacerbate rural and underserved areas’ workforce shortages and prevent emergency physicians from working simultaneously at multiple facilities, which can suppress wages. Further, geographic restrictions in these clauses can upset personal and professional lives and put undue strain on physicians’ families.

Among emergency physicians who responded to ACEP as an employer that uses non-compete clauses, nearly eight in 10 (79%) said that a categorical ban would either have a positive or

minimal impact on their group. Only 10% indicated that a ban would negatively impact their group.

ACEP is concerned that exempting non-profit health systems from the ban would create an unlevel playing field with the potential for unintended consequences and requests that the Commission explore these ramifications, providing additional guidance where possible. ACEP is hopeful that the FTC also monitors the effect a ban could have on the ability of rural and underserved areas to recruit and maintain a stable workforce.

“Coming on the heels of selfless service throughout the COVID-19 pandemic, the use of non-compete clauses in emergency medicine is damaging to emergency physicians and impacts their ability to best serve the patients in their communities,” said Dr. Kang. “Finalizing this ban would be a fundamental step that can empower emergency physicians to take more control over their careers.”

[More information over at emergencyphysicians.org.](https://www.acep.org/emergency-physicians.org)

## EM Orgs Issue Joint Statement on the Emergency Medicine 2023 Match Results

Each year the emergency medicine (EM) community celebrates Match week, as we welcome another group of talented EM residents to our specialty.

The 2022 EM Match saw an unprecedented initial 219 unmatched positions affecting one in four residency programs. The 2023 Match will see 555 initially unmatched positions, affecting a larger number of residency programs. Although these are challenging results, EM remains a vibrant and appealing specialty for many with almost 2500 new trainees already joining the EM family.

There are multiple factors leading applicants to favor other specialties over EM. Many have speculated about factors such as workforce projections, increased clinical demands, emergency department (ED) boarding, economic challeng-

es, the impact of the COVID-19 pandemic, and the corporatization of medicine, among many others. To better understand these factors and define a path forward, a Match Task Force has been convened with broad EM organizational representation. The Task Force is working to identify factors that have led to an increase in unfilled EM positions and to develop strategies to mitigate them.

Given the recent pandemic and results of the last two Matches, this is a challenging time for EM. As we focus on solutions, we continue to work hard to support trainees, residency programs, and faculty. Our organizations will continue to search for ways to find the optimal balance between the demand for future emergency physicians and the supply of training positions. We will continue to advocate for our physicians’ ability to thrive in EM and meet their calling of

providing the best possible care to our patients and communities. We will work to ensure medical students fully understand our specialty when making their residency selections by proactively showcasing the advantages and addressing negative perceptions.

The 2023 Match presents challenges and opportunities. We affirm our responsibility and commitment to engage actively. EM continues to attract talented and dedicated students and remains one of the most popular specialties for students. We are confident that programs with unfilled positions will fill with terrific new residents during SOAP. We welcome this amazing next generation of emergency physicians and their future accomplishments that will continue to advance our specialty.

[More at ACEP.org.](https://www.acep.org)

ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS

# Virtual Oral Board Review Courses

# 2023



ABEM Virtual Exam Simulation Live on Zoom:

**April 17-18**  
**August 28-29**  
**November 13-14**

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

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

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- **One-on-one case simulation** is followed by personalized feedback and tips for improving your exam score
- A video on tips and strategies for success is available on demand in advance of the course to help you prepare and maximize your course experience

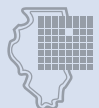
### Registration Fees:

\$679.00 ACEP/ICEP members  
\$779.00 Non-Members

Courses are presented in a half-day format. The morning and afternoon cases are different, so Candidates can register for up to 2 sessions. Experienced ICEP faculty deliver cases **one-on-one** via Zoom and provide feedback to improve your exam performance.

For more information or to register visit [icep.org/oral-board-review](https://icep.org/oral-board-review) or contact Alexa Franks at [alexaf@icep.org](mailto:alexaf@icep.org).

ICEP.org





# Advocacy Day 2023



Over 40 ICEP members were in attendance for our ICEP Advocacy Day held Thursday, March 9 in Springfield. This was the first in-person event held in the last few years. Attendees included attendings, residents, and fellows along with ICEP's Lobbyist and Executive Director.

The program included a diverse range of invited speakers, thoughtful discussions, an overview of how to connect with legislators, and briefing the legislative issues of focus: violence in the ED, boarding & crowding, physician expansion, and related EMS bills. Senator Jill Tracy (R), 50th District, joined the program to speak about the ICEP initiatives related to violence in the ED. After the program and lunch, the group headed over to the Capitol for their scheduled visits.

#### DID YOU KNOW?

Illinois Chapter of ACEP chartered on October 21, 1970 in Las Vegas, Nevada, with Marjorie L. Smith, M.D., elected President

## Know an ICEP Member Deserving Recognition with an ICEP Award in 2023?

ICEP recognizes its dedicated leaders with three awards, presented each year at the Ginny Kennedy Palys Annual Symposium (effective 2023), formerly known as the Spring Symposium and Annual Business Meeting.

Please consider nominating a colleague for one of ICEP's awards:

**Bill B. Smiley Award**– ICEP's highest award that recognizes a member for a lifetime of service to ICEP and emergency medicine in Illinois.

**ICEP Meritorious Service Award**– This award is conferred on a member who has made a special contribution to ICEP through service, advocacy, education, or other contributions.

**Downstate Member Service Award**– This award recognizes the contributions of a member who lives and works outside the metropolitan Chicago area.

**Nomination Submission Package via an Online Form**

All nominations must include the following:

Candidate's CV/Resume  
Photo/headshot of candidate  
Cover letter explaining the candidate's nomination. (2 pages max)

If nominating a candidate for multiple awards, separate cover letters must be sent in support each award nomination.

**Deadline: March 27, 2023**

[Click here to nominate.](#)

## Nominations for ICEP Board of Directors

The ICEP Awards & Nominating Committee, cordially invites you to consider submitting a nomination and serving on the ICEP Board of Directors.

There will be five members elected to the ICEP Board this year. The Board term is three years and members may serve up to two consecutive terms.

All active members in good standing are eligible to serve on the Board. One Board position is allocated to an emergency medicine resident.

**Nomination Submission Package:**

Candidate's CV/Resume  
Cover letter explaining your nomination (2-pages max)  
Candidate Photo (optional)  
Board of Directors Terms

Board members serve a 3-year term and may be re-elected to a second 3-year term.

Resident member serves a 1-year term and may be re-elected to a second 1-year term.

All nominations, including self-nominations

and letters of support, should be submitted online via the online link below.

**Nomination Deadline: March 27, 2023**

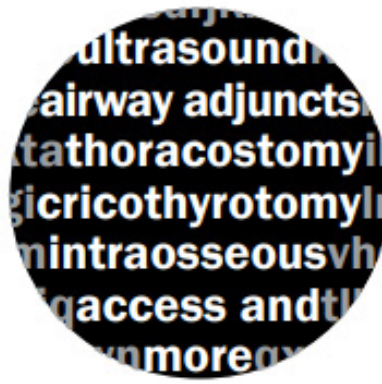
[Click here to nominate.](#)

The Awards and Nominating Committee will evaluate all submissions and select the final slate of candidates for each category. Elections will take place electronically with ballots going out in April.

Sponsored by the Illinois College of Emergency Physicians & the American College of Emergency Physicians

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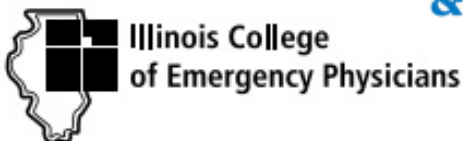
**ONE UPCOMING COURSE DATE:**

**April 21, 2023 | September 29, 2023**

**Grainger Center for Simulation & Innovation  
Evanston Hospital | Evanston, Illinois**



**Center for Simulation  
& Innovation**



# Big Advocacy Win: CMS Revises No Surprises Act Guidance to Make Arbitration More Balanced

On March 17, [CMS issued revised guidance](#) for the independent dispute resolution (IDR) process that takes into account the recent Texas Medical Association Court Order. The new guidance removes the flawed “double counting” provision and states that independent arbitrators must consider all evidence presented to them by the disputing parties (without weighting the qualifying payment amount more heavily than any other factor or assuming that other factors are already incorporated into the qualifying payment amount).

At last, the guidance seems to closely reflect what the No Surprises Act statute actually says. **This is a major advancement in ACEP’s advocacy push to make the arbitration process more fair and balanced.**

---

At the end of 2020, Congress passed the No Surprises Act, a comprehensive bill that bans balance billing for out-of-network (OON) services starting in 2022 and establishes a backstop independent dispute resolution (IDR) process to ensure that clinicians and facilities are paid appropriately for the OON services they deliver.

As the federal government works to implement the new legislation, the upcoming decisions being made in Washington, D.C. through the regulatory process could have widespread ramifications throughout the health care system.

Learn about the major No Surprises Act requirements and what they mean for you.

## What’s Happening Now?

Like any major piece of the legislation, the details of the “No Surprises Act” need to be hammered out through the regulatory process.

ACEP has teamed up with the Emergency Department Practice Management Association (EDPMA)—a major trade association that represents both large and small emergency medicine (EM) group practices—to help us comb through the surprise medical billing legislation and develop a well-rounded advocacy strategy for the regulatory process.

Together, ACEP and EDPMA will ensure that the message from the emergency medicine community is loud, clear, consistent, and timely.

## ACEP Advocacy Efforts: A Timeline

For the last two years, ACEP has advocated on behalf of emergency physicians to ensure that any legislation that would address surprise medical billing would truly keep patients out of the middle of billing disputes and include a fair payment mechanism that would hold health plans accountable and ensure adequate reimbursement for OON services.

Here’s an overview of our advocacy timeline so you can see where we started, what’s happening now and where we are heading next.

[You can view the full timeline here.](#)

### DID YOU KNOW?

In 1973 Illinois EPIC established, with intent to publish quarterly as communication to solicit new members and to encourage members to become active.

## Congrats to our 2023 ICEP Leadership Scholarship Program Winners



Dr. Jacob Trammel



Dr. Rachel Schmalshof

Thank you to all who applied. The Illinois state chapter of the American College of Emergency Physicians, ICEP is dedicated to the support of quality emergency medical care and committed to the interests of emergency physicians.

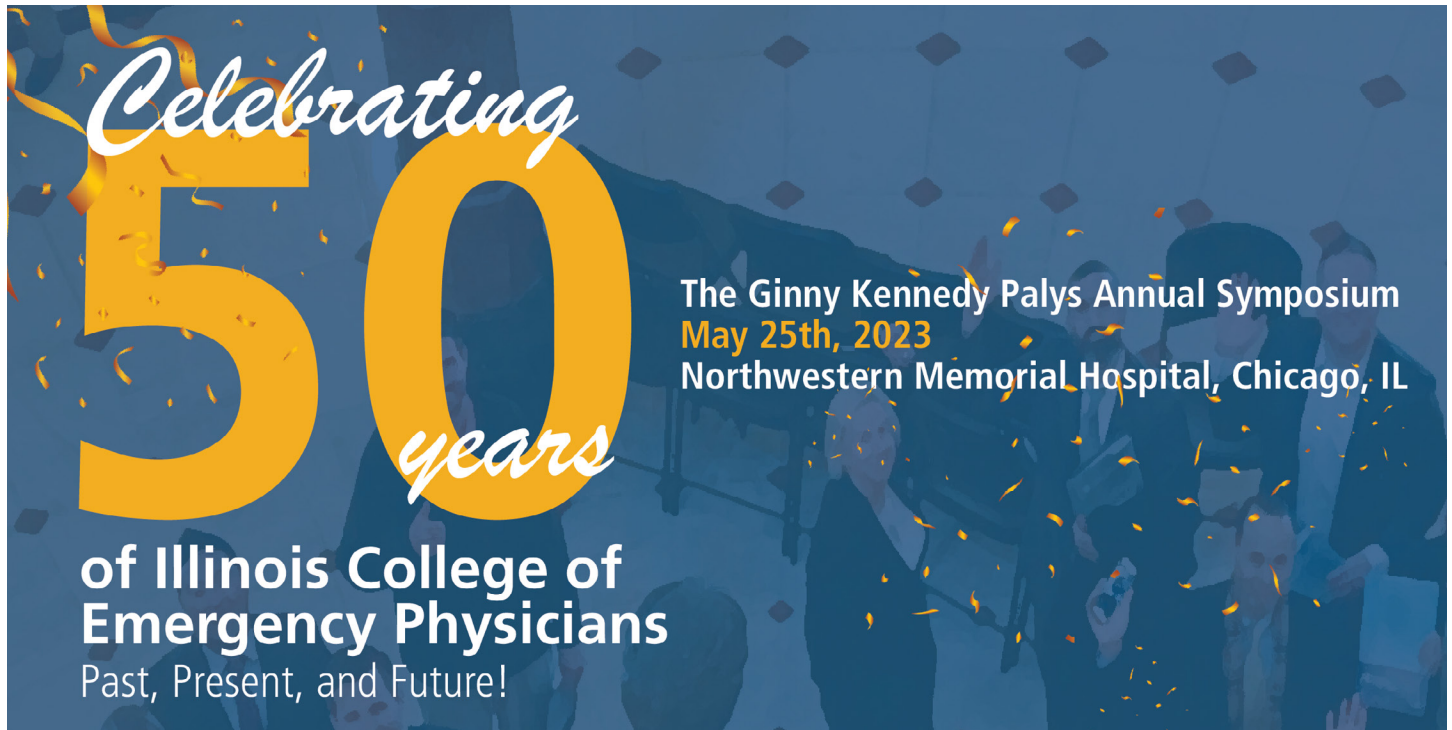
The ICEP Scholarship Program provides leadership development training to residents and young physicians in Illinois so they can participate in advocacy efforts at the local, state and national levels. The program also provides opportunities to make lifelong connections, education mentoring, advocacy, and legislative experience.

Make sure to check under the Residents & Young Physicians tab on the ICEP website for future opportunities.



# Would you like to be featured on ICEP's social media accounts or in a future issue of ICEP's EPIC? Complete the form below for a chance to be featured!

Feel free to share other articles you find informative for your fellow colleagues as well. [Click here to submit.](#)



The Illinois College of Emergency Physicians' presents: The Ginny Kennedy Palys Annual Symposium formerly known as Spring Symposium.

Celebrating 50 years of ICEP. The symposium is the premier annual event for members, non-member physicians, EM residents, and medical students.

Registration is already open, sign up today!

### Want to save \$50 off on your registration fee?

Join the fun by participating in our scavenger hunt. The first 5 people to answer all questions correctly will receive \$50 off on registration for The Ginny Kennedy Palys Annual Symposium! Hint: answers can be found in THIS ICEP EPIC Newsletter. Good luck!

[Click here to complete the scavenger hunt.](#)

The brochure is available now and live on our website. Make sure to visit [www.icep.org/gkp-annual-symposium/](http://www.icep.org/gkp-annual-symposium/) for all the latest updates on the symposium.

See you all in May!

### DID YOU KNOW?

The Illinois Chapter of ACEP held its first Illinois Scientific Assembly in 1971 with 75 registrants.







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(06/21)

# ICEP Calendar *of* Events 2023

(Subject to change)

**April 17 + 18, 2023**

**Virtual Oral Board**  
Zoom

**April 21, 2023**

**Emergent Procedures Sim Skills Lab**  
Evanston, IL

**May 9, 2023**

**EM4Life – 2022 LLSA Article Review Course**  
Downers Grove, IL

**May 25, 2023**

**The Ginny Kennedy Palys Annual Symposium**  
Chicago, IL

**August 24, 2023**

**Resident Career Day & Recruitment Event**  
Chicago, IL

**August 28 + 29, 2023**

**Virtual Oral Board**  
Zoom

**September 29, 2023**

**Emergent Procedures Sim Skills Lab**  
Evanston, IL

**November 13 + 14, 2023**

**Virtual Oral Board**  
Zoom

**December 5, 2023**

**Ultrasound for Emergency Medicine**  
Downers Grove, IL

**December 6, 2023**

**Mastering Ultrasound-Guided Nerve Blocks**  
Downers Grove, IL

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



**Illinois College of Emergency Physicians**

2001 Butterfield Road, Esplanade I, Suite 320  
Downers Grove, IL 60515

#### DID YOU KNOW?

1989 – EMPAC established as state-based political action committee

