Illinois EPIC
Emergency Physicians Interim Communique

Illinois College of Emergency Physicians
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Why ACEP Membership Matters: Fulfilling a professional duty to patients and colleagues

Willard W. Sharp, MD, PhD, FACEP, FAAEM
2024-2025

"You cannot afford to stand aloof from your professional colleagues in any place. Join their associations, mingle in their meetings, give the best of your talents, gathering here, scattering there; but everywhere showing you at are all times faithful students, as willing to teach as to be taught." - William Osler MD

I am excited to be writing you from ACEP's 55th annual scientific assembly being held in Las Vegas. The assembly has grown from 130 attendees in 1969 to more than 6,000 attendees this year. Although the meeting is four days running from Sunday until Wednesday, it in truth runs six days beginning with ACEP's council meeting running from Thursday to Friday. I am sure there are many reading this asking themselves why would anyone spend so much time at an annual conference, much less even go? In age of social media and digital communications, is there a fundamental need for such a meeting given the sacrifices involved including time away from family and work not to mention expense? In fact, why even belong to ACEP/ICEP? The famous physician Dr. William Osler argued that attending meetings and belonging to a medical professional organization was not merely desirable it was a necessity and a duty. I believe this aphorism has been forgotten by our profession and that we have failed our patients and our trainees in our forgetfulness. **Belonging to ACEP/ICEP is not only desirable but necessary to maintain and preserve the high standards of emergency medicine practice. There are three fundamental reasons why membership is a duty: Advocacy, career development, and fellowship.**

Advocacy ensures the highest standards of patient care and comes in two forms. Direct advocacy is advocating on a patient's behalf for legislation and policies that directly benefits them. Advocating for public policies ensuring patient emergency care or legislation for preventing injuries would be an example. However, policies that maintain physician standards, physician availability, and physician wellness also ultimately benefit the patient in the form of high-quality care although indirectly. I had the opportunity of witnessing this form of indirect patient advocacy on Saturday night when I heard United States House of representative's member Raul Ruiez speak on repealing the annual Medicare cut to physician salaries. Every year ACEP along with the AMA fights congress to prevent severe cuts to physician salaries which have stagnated over the last decade. If these cuts went into effect your practice group or employer would immediately cut our salaries which we too often take for granted. Rep. Ruiez aptly stated "Policy without politics is a lecture. Politics without policy is a sport. Policy and politics must be combined to create social change". Professional medical organizations provide structure essential for political advocacy directed both at legislative issues involving patients as well as the practice of emergency medicine. If physicians are not part of their professional organization, then they are neither fighting for their patients or themselves. **Belonging to a professional organization is simply good patient care. Not belonging to professional organizations like ACEP is in a sense a form of abandonment of our patients and our colleagues.**

Career development is essential for maintaining not only the standards of the profession but also for ensuring personal growth and wellness. Medicine is constantly changing and interacting with your colleagues can bring one up to date with the most recent practice. Dr. William Osler wrote "The daily round of a busy practioner tends to develop an egoism of a most intense kind…" Interactive lectures and forums allow for modification of this egoism and an understanding for the need of growth. Digital educational content and social media offer new opportunities for professional growth, but these interactions do not replace the need for meeting each other in person. In person events allow for random meetings and serendipitous conversations in hallways and lecture halls that lead to unexpected ideas and opportunities. Career development also comes in the opportunity to serve on committees directed at improving the profession and patient care. Becoming the chair of a committee or leading a taskforce help develop leadership skills that can then open one up to future opportunities within one's hospital or other organizations. Physicians are inherently

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lovers of knowledge and self-improvement. This love is grown and maintained through professional membership in ACEP/ICEP.

Finally, belonging to ACEP/ICEP offers opportunities for fellowship. Being an emergency medicine physician is challenging physically and emotionally. We experience things we can only share with each other that only a colleague will understand. Through advocacy, educational, and leadership opportunities discussed above, friendships are made, and peer support networks develop. **By belonging and being involved one learns that they are not alone and that one's colleagues are under similar duress.** Burnout amongst emergency medicine physicians is reported to be the highest it has ever been while membership in ACEP and other medical professions continues to decline. These two phenomena are related and not coincidental. Yes, these are challenging times, but so were the 1970's. When ACEP was started by a few physicians in a small room, emergency medicine was not considered a specialty, insurers refusal to pay for services rendered, and the physicians realized they were developing a specialty that lacked specialty specific education. What has not changed is the need for a community willing to fight for its patients and each other. We need to remind ourselves that being a part of ACEP is essential to address these needs.

To conclude, professional medical organizations like ACEP/ICEP are not merely desirable but essential for the practice of high-quality emergency medicine. They offer advocacy, career development, and fellowship opportunities necessary for advancing and maintain patient care. William Osler argued that membership is a professional duty. We have forgotten that duty and failed to teach it to our trainees which I believe has contributed to high burn our rates and dissatisfaction with practice. Is ACEP perfect? No. No one is and as a human endeavor it is has its failings. However, ACEP is uniquely a highly representative organization with an elected council that helps it evolve with the times. I thank each of your membership and encourage you to get the full value out of your membership by running for council, joining a committee or attending an event. I would also ask that you reach out to your colleagues who are not members and ask them are they ready to fight for their patients and for each other to preserve emergency medicine by joining us at ACEP? I look forward to welcoming them and seeing you soon!

When Emergency Physicians Regularly Fear Violence at Work, It's Past Time for Change

When emergency departments fill beyond capacity, some tough questions come up for emergency physicians.

In Monday's James D. Mills Memorial Lecture, "(Not) Up Next: Waiting Room Medicine," Diana Nordlund, DO, JD, FACEP, tackled some of these - from concerns about protocol and physician responsibility to documentation, and more.

"Document what you did and why you did it," she said.

ACEP has a policy on waiting room medicine, Dr. Nordlund noted. Still, it may not always be clear in practice where physician responsibility begins and ends in many scenarios.

There are some common traps associated with waiting room medicine. "It's easy to inadvertently fixate on information from the waiting room encounter," Dr. Nordlund said.

Questions can also arise about who should see a patient in certain circumstances, especially when bandwidth is an increasingly challenging issue.

"When residents and attendings see patients together, that mitigates risks. [Residents] should do it with oversight so they can learn and be ready," Dr. Nordlund said.

The audience participated in a robust discussion about tools and solutions that can help enhance patient care in these circumstances, such as ultrasound, as well as identifying gaps in knowledge that could inform decisions related to waiting room medicine. "There's a lot more data available on patient satisfaction than on outcomes and risks," Dr. Nordlund said.
Dr. Nordlund interacted with the crowd, leading a provocative discussion on the promise and potential pitfalls of using artificial intelligence (AI) in the waiting room. AI opens the door to numerous opportunities, Dr. Nordlund said, but there are still many questions that surround the practical application of these types of tools.

Physicians who want to use AI will navigate a sea of considerations that include bias, privacy, security, and informed consent, she said. One complex question is, if AI is used to gather health information, is a physician-patient relationship established?

"That's a hard question in the context of liability," Dr. Nordlund said.
AI has the potential to reduce pressures felt by most emergency physicians at various points.

Full article continued here.

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House Passes Poison Control Centers Reauthorization ActTransfer

On Tuesday, the House passed S. 4351, the ACEP-supported "Poison Control Centers Reauthorization Act of 2024," led by Senators Patty Murray (D-WA), Tommy Tuberville (R-AL), Ben Ray Luján (D-NM), and Mitt Romney (R-UT). The bill previously passed the Senate in July and now moves to President Biden's desk to be signed into law.

The bill reauthorizes critical poison control programs, including the national toll-free phone number, support for poison control center utilization, and resources for local poison control centers. ACEP has long championed federal efforts to bolster certified poison control centers that provide essential services to the public, and this reauthorization will ensure they continue to operate effectively. ACEP is committed to supporting the vital work of these centers as they provide resources, expertise, and lifelines to the public.

Learn more about ICEP's priorities on a state level or something:

As a dedicated advocate for emergency physicians, ICEP is unwavering in its commitment to supporting, developing, and amplifying their voices.

https://www.icep.org/advocacy-key-issues/

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ACEP Welcomes New President, Alison J. Haddock, MD, FACEP

The American College of Emergency Physicians (ACEP) is pleased to announce Alison J. Haddock, MD, FACEP, as president for the 2024-2025 term. Dr. Haddock currently serves as regional dean for the Everett campus of the Washington State University Elson S. Floyd College of Medicine.

During her term as president, Dr. Haddock plans to prioritize initiatives and policies that protect emergency physician autonomy and expand professional opportunities for physicians in the emergency department and beyond.

"More must be done to make sure every emergency physician has the resources and the authority to make the decisions they believe are best for their career and their patients," said Dr. Haddock. "ACEP is sharpening its focus on policies and best practices that empower emergency physicians on the job and enhance patient care." Under Dr. Haddock's leadership, ACEP will expand its tools and resources dedicated to helping emergency physicians make informed career choices at all levels across practice settings. These include programs to promote employer transparency and accountability, and initiatives that recognize emergency departments for upholding the highest standards established by ACEP's emergency department accreditation programs.

Dr. Haddock assumes the presidency as demand for emergency medicine is soaring and physician-led advances are reshaping care delivery. ACEP is leading efforts to confront threats posed by corporatization and consolidation in medicine, address boarding and crowding in the emergency department, stop unscrupulous insurance company behaviors, and initiate other policies and programs that make it possible for emergency physicians to render the best possible care for anyone, anytime.

Dr. Haddock is past chair of the board of directors of ACEP, past chair of the ACEP State Legislative Committee and a past board member for the Emergency Medicine Residents Association and Texas College of Emergency Physicians. She attended medical school at Weill Medical College of Cornell University and completed her emergency medicine residency at the University of Michigan.

Full article found here.

Research Forum 2024 - Illinois Presenters

ICEP would like to recognize ICEP members who had their research accepted to the ACEP Scientific Sessions Research Forum!

Of note, our very own board member Nicholas Cozzi, MD, MBA, FACEP has work that was presented as well as former board members Casey Collier, MD, FACEP and Kim Stanford, MD, MPH, FACEP.

We also want to thank everyone who attended ACEP's 2024 Council Meeting in Las Vegas, Nevada. We had 13 councillors and 4 alternates representing our Chapter along with other members who represented their ACEP Sections and the ACEP Board of Directors.

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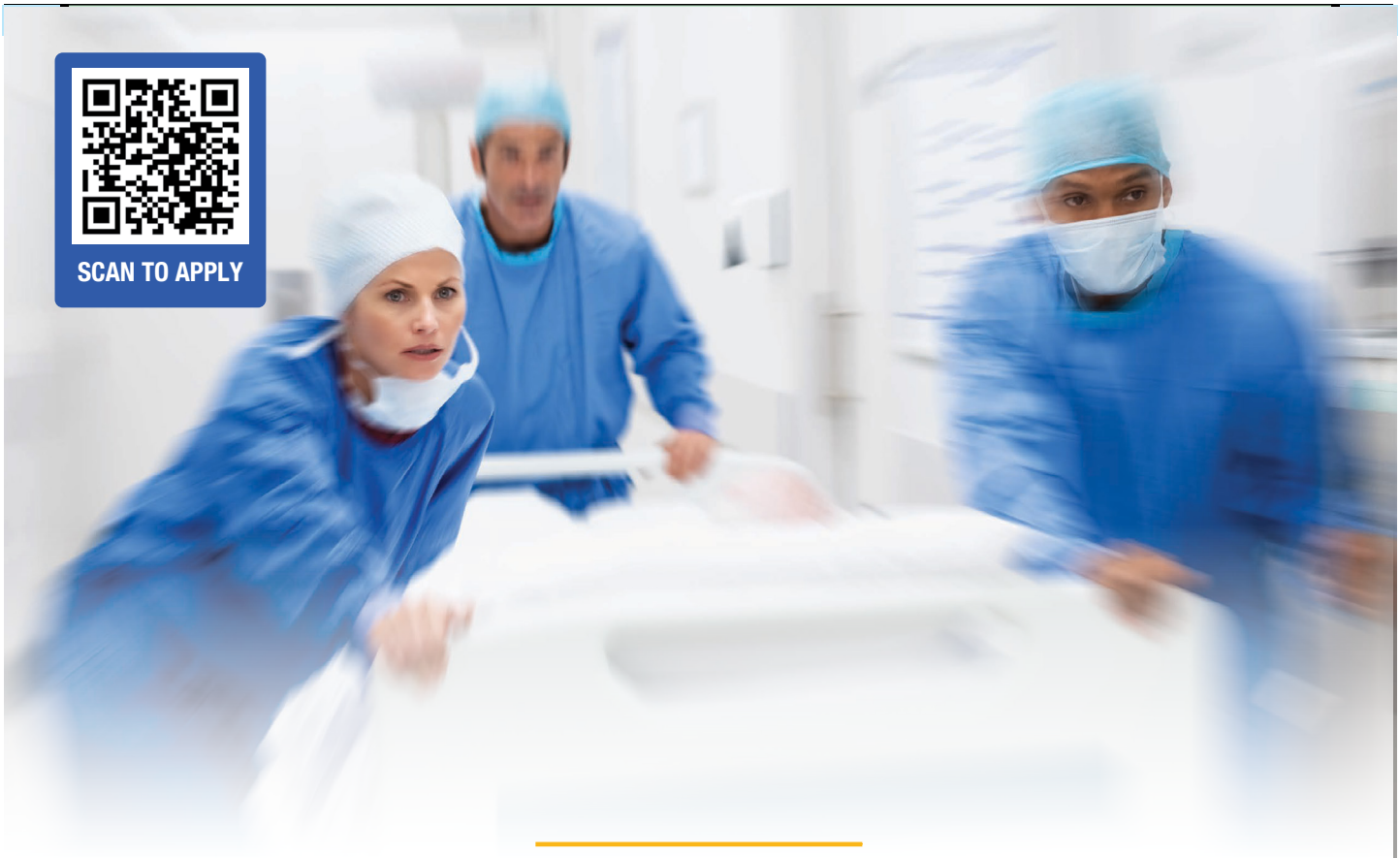

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CDC Report Says OUD Medications are Underused

Among adults needing OUD treatment in 2022, only 25% received medications for OUD; 30% received OUD treatment not including these medications. These findings underscore disparities in treatment and a need to increase use of medications for OUD. Lower percentages of Black and Hispanic adults, who have been particularly affected by increasing overdose deaths (3), received any OUD treatment compared with White adults. Among adults who received OUD treatment, lower percentages of women and younger and older adults received medication. Higher proportions of persons with other drug use or misuse or who had ever been arrested and booked received medications for OUD; these findings might reflect greater awareness of treatment need or contact with systems linking persons to OUD treatment. Higher percentages receiving medication among adults with severe OUD might reflect perception or more clinician recognition of treatment need among adults with six or more OUD symptoms. Still, among adults with severe OUD, fewer than one half (80.7% of the 53.0% who received any OUD treatment) received medications for OUD, underscoring the large gap in receipt of evidence-based treatment, even for this highly affected group.

Approximately 43% of adults needing OUD treatment did not perceive that they needed it, consistent with previous findings that large proportions of persons with SUDs did not feel that they needed treatment. Patients taking opioids only as prescribed (who constitute a majority of persons meeting OUD criteria***) might be particularly unlikely to perceive a need for OUD treatment, even if they experience OUD symptoms. If clinicians suspect that patients prescribed opioids for pain have OUD on the basis of patient concerns or behaviors, or if patients experience harm from opioids or choose to but are unable to taper opioids, clinicians should discuss their concern with the patient, provide an opportunity for the patient to disclose related concerns or problems, and assess for OUD using DSM-5 criteria (4). Nonjudgmental support and harm reduction approaches can establish rapport, build trust, and reduce overdoses and other harms among persons not ready for treatment.

Full article continued here.

Congress Must Fix Flawed Medicare Payment System

Medicare cuts are looming unless Congress acts. ACEP and more than 100 organizations urge Congress to provide clinicians with the financial stability needed to ensure access to high-quality care.

"Step one is ensuring that Medicare payments to clinicians in 2025 and beyond are adjusted each year with an inflationary update," the letter said. "Congress must act before the end of 2024 to provide clinicians with the financial stability needed to ensure beneficiaries continue to have access to high-quality care.

The Medicare Physician Fee Schedule is the only payment system within Medicare that lacks an inflationary update. Bipartisan legislation would add a permanent inflationary update and two additional bills have been introduced to change budget neutrality requirements.

You can voice your support for stabilizing Medicare physician payment by visiting the ACEP Advocacy Action Center.

ICEP Doctor Returns From Mission to Simulate Mars

Back from a 378-day NASA simulation of life on Mars, Dr. Nathan Jones says the mission at Johnson Space Center in Houston was a success, and he has no regrets about the time away from his family in Springfield.

"I missed out on a lot, but I still believe it was worth it," Jones, an emergency-room physician at Springfield Memorial Hospital and Decatur Memorial Hospital, told Illinois Times. "It was just an amazing experience, and I really believe in the work that NASA is doing there and the data that we were able to provide them."

Jones, 41, the married father of three children, ages 10, 12 and 14, was selected by NASA from thousands of applicants to be on the first four-member crew in a series of land-based missions known as the Crew Health and Performance Exploration Analog, or CHAPEA. He is a graduate of Springfield's Southern Illinois University School of Medicine and an adjunct professor of emergency medicine at SIU.

Jones, a private pilot who flew on helicopters for car-crash victims during his emergency-medicine training in Peoria, previously applied to be part of NASA's astronaut corps but was unsuccessful.

The CHAPEA missions, the second and third of which are scheduled to begin in 2025 and beyond, will help the federal agency "study how highly motivated individuals respond under the rigor of a long-enduring, ground-based simulation," according to NASA's website.

Full article continued here.

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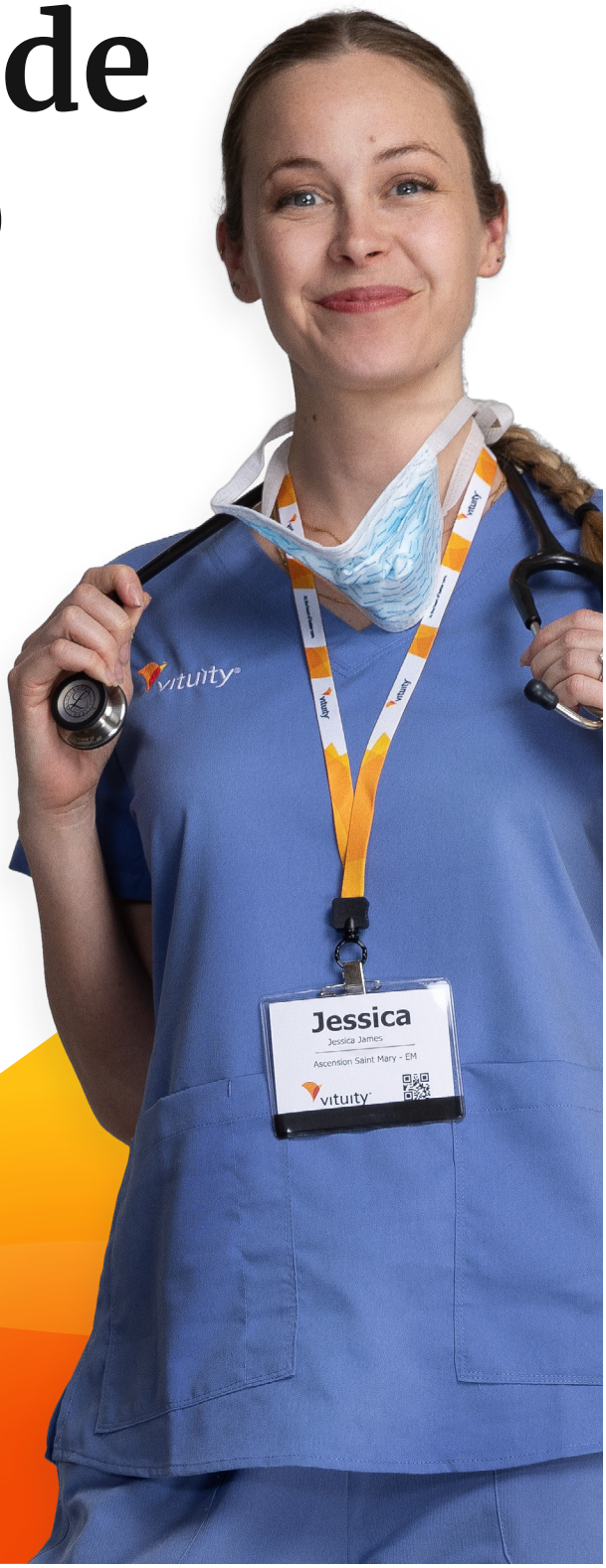

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ICEP Calendar *of* Events 2024

(Subject to change)

November 7, 2024
Emergency Medicine LLSA 2024 Article Review CME Program and Courses
Downers Grove, IL

November 18-19, 2024
Virtual Oral Board
Zoom

December 3-4, 2024
Ultrasound-Guided Workshops
Downers Grove, IL

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- Membership Committee
- Practice Management Committee
- Research Committee
- Social Emergency Medicine Committee

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