



A Newsletter for the Members of Texas ACEP

Summer 2010 Issue

Message From the Chair of the Government Affairs Committee

Diana Fite, MD, FACEP

Our abilities as emergency physicians to be flexible and handle stress better than most people are what can give us a great advantage when it comes to handling the legislative process. We will need to use these abilities to full effect for this next legislative session beginning in January. I cannot stress strongly enough how important our influence on legislators will be.

Ordinarily we deal with state issues only, but this next session will very much involve the federal healthcare reform legislation. The bottom line is that our emergency departments will be getting more and more crowded and many of those patients will be of Medicare age, so they will be complicated with multiple medical problems. The primary care physicians will not be able to afford to care for many of these patients in their offices, so guess where the patients will be directed! More patients will also become eligible for Medicaid, and there are not enough primary care physicians to handle that extra load. The legislators are very worried about how Texas will be able to fund the state's portion for the estimated 2-3 million more eligible Medicaid patients in Texas, so it is extremely doubtful that the payments to physicians will improve.

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But the worsening crowding and poor reimbursement are not what we will be able to make any difference in when I stress the need to visit legislators. We absolutely cannot afford to lose any of our tort reform protection as we see more and more patients who are sicker than ever in the emergency department. We also need to be able to balance bill when appropriate for those patients who have private insurance. Only we, the emergency physicians, can describe from first hand knowledge to the legislators what we will be facing if we lose our tort reform protection and can no longer recruit more emergency physicians and other specialists to Texas. The safety of our patients depends on our ability to care for the increased load without the added burden of fear of frivolous lawsuits or other types of liability suits from which we are now protected.

Please all emergency physicians reading this report plan to not work the night of January 31 and February 1. We need to meet in Austin to attend the First Tuesday event, sponsored by the Texas Medical Association, and have a huge showing of emergency physicians. Those who arrive soon enough in the evening of January 31 can contact me or the TCEP staff about getting together for a dutch treat dinner. Bring your white coats to wear to the Capitol, and feel free to bring spouses or others to increase our numbers if they wish to come.

We will also be meeting on the other First Tuesdays of March, April, and May. But the February First Tuesday will be the one that we will emphasize the strongest because we will have the best chance of meeting the legislators earlier in the session than later when they get so bogged down with committee meetings and voting as the session gets closer to the end. If you truly cannot make a First Tuesday, then another option is visiting your legislators at their home offices. This is a good idea anyway, and if it is a legislator to whom EMPACT is making a donation, you can bring that donation yourself if no one else in the district has already done so. Contact me or Jim Coles about that. Remember that donations cannot be made once the session begins in January, plus you will be unlikely to catch the legislator at the home office during the session.

Our EMPACT donations go to legislators, particularly those who sponsor our bills and those in key positions on committees that affect us directly, and other highly influential members, such as the governor, lieutenant governor, and house speaker. We have to compete for attention with those who directly oppose us (i.e, plaintiff attorneys, and now even some defense

attorneys). Our message is so important, but we must have the access to be heard! We need you to supplement the EMPACT donation that you give on your annual dues statement. And we would appreciate you working one shift per year to give to EMPACT. Please send your check to TCEP or call 1-800-TEX-ACEP with your credit card information. And please call me (713-301-3564) or e-mail [me](#) or call our executive director, Jim Coles (1-800-TEX-ACEP) or e-mail [him](#), if you wish to discuss any of the information in this report.

Go ahead and mark your schedule now to not work on January 31 night and February 1. The time to make those schedules will be here before you know it!



Scientific Assembly - September 28-October 1, 2010

Excitement is growing with the approach of this year's [Scientific Assembly](#), September 28 - October 1, in spectacular Las Vegas. Beat the rush and reserve the classes that you want, today!

Our program will include over 300 hours of world-class education, more than 300 industry-leading companies in our exhibit program, and many social events to enjoy with your colleagues. Join us and see for yourself why *Scientific Assembly* is the best in emergency medicine education!



ACEP Artistic Expressions

2010 Application Instructions

ACEP Artistic Expressions provides a unique opportunity for ACEP members to share their creative side with their colleagues. The purpose of the gallery is to encourage creative expression among members and to provide an area for reflection. The ACEP Artistic Expressions gallery will be located in the exhibit hall, in the ACEP Resource Center, during the conference and will remain on display from September 28-30, 2010.

Please submit no more than two (2) pieces of art or literature for display in the gallery. A separate application must be submitted for each piece. Articles must not have been accepted for past galleries. If accepted, you must ship your artwork to ACEP headquarters no later than August 23, 2010, to be included in the shipment to the meeting. If artwork is not received by this date, you will be responsible for all mailing/shipping costs, including insurance, and delivery to the exhibit. Work must be delivered to the Convention Center on Monday, September 27, 2010.

Security will be provided for the gallery area but ACEP cannot guarantee safety of all art and creative displays. You MUST commit to the availability of your work during the entire Scientific Assembly. You are responsible for pick up of your artwork, unless you agree to donate it to EMF (see application). If you do not arrange for pick up of your artwork by the end of the exhibit, it will be discarded or donated to EMF for auction.

If you wish to display your works, please complete the [application](#) and submit this application and all required supporting materials no later than August 2, 2010 to:

American College of Emergency Physicians

Attn: Tracy Napper

P.O. Box 619911

Dallas, TX 75261-9911

Or via e-mail to tnapper@acep.org

Supporting materials for rejected submissions will not be returned so please submit copies or digital images rather than original pieces.

Clinical News

CME Article on Reversal of Anticoagulation Now Available

Originally printed in ACEP News, the "Focus On" series of articles brings the latest literature and best practices to help the busy emergency physician provide the best care possible.

This issue's topic, Reversal of Anticoagulation, will help the physician understand the indications for reversal of warfarin, identify the side effects of protamine in heparin reversal, and

recognize the advantages and disadvantages of fresh frozen plasma (FFP) vs. prothrombin complex concentrates (PCC) in the treatment of warfarin reversal.

[Read the article online and then take the CME quiz.](#)

Perspective EHR Report: What's Missing From the Meaningful Use Criteria

Since the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act in February of 2009, there has been a tremendous amount of discussion about the idea of “meaningful use.” And now that the full set of rules for meaningful use is available, it might surprise some to know what has actually been excluded from the criteria.

The first and most fascinating exclusion is any requirement for encounter note generation. The criteria specifically state that it will not be necessary for providers to document their encounter notes using the EHR. In other words, while most EHR products emphasize electronic note generation, the authors feel this does not provide a significant benefit over handwritten charting in meeting the goals of HITECH.

[Read the full article](#)

Diffuse Nature of MRSA Abscesses Contribute to High Treatment Failures

Methicillin-resistant Staphylococcus aureus abscesses, when compared by ultrasound with those caused by other pathogens, are smaller and more likely to lack a defined edge. They are also more likely to have edema in surrounding tissue planes as well as pus divided into multiple pockets within the abscess, according to an abscess ultrasound study presented at the Society for Academic Emergency Medicine’s annual meeting. The characteristics could make it more likely that an abscess is caused by methicillin-resistant Staphylococcus aureus (MRSA), helping guide antibiotic selection pending culture and sensitivity reports, according to the study’s author.

[Read the full article](#)



Texas EM Residents,

For those who do not know me, my name is Jared Schreiner. I am currently finishing my 2nd year at the UTSW EM Residency in Dallas, and I am the recently elected Candidate Board

Member of the TCEP Board of Directors.

During the next 9 months, I will be giving you periodic updates on what's happening with TCEP - trying to focus on what is most relevant to you all as residents. My goal is to keep you informed and get you interested, because as I am learning: these things really do matter to us.

Recently, the TCEP BOD met in San Antonio to discuss, among other things, the recent conversation over the proposed Texas Medical Board (TMB) rule change regarding proper advertising as a "board certified EM physician".

In a nutshell:

The current debate before the TMB is regarding Rule 164.4: Board Certification. At issue is whether a physician may advertise him or herself as "board certified in EM" given that he or she has been given that title by an organization whose "requirements are substantially equivalent to those of the American Board of Medical Specialties (ABMS) or the American Osteopathic Organization Board of Specialties (BOS)." The changes that are proposed would potentially allow for physicians who are not residency trained in EM to obtain alternative certifications (via another body separate from the ABMS or BOS) and thus advertise themselves to the public as "board certified in EM". The analogy drawn multiple times during these debates has been of an FP resident graduating this year to obtain alternative certification in EM and advertise him or herself as "board certified in EM".

This is obviously a hot topic currently within the TMB and other Texas medical groups, and it is quickly becoming a national issue with Texas at the forefront. ACEP has and will continue to have input, and other states' medical organizations are beginning to speak up as well.

The TCEP BOD has submitted a letter to the TMB in full support of the ACEP policy that only EM residency trained physicians (and current ACEP members - which would account for those physicians without residency training but grandfathered in prior to membership being only for residency trained docs, so called "legacy physicians") can be called "board certified". The

stance being taken is, in effect, stating that you need a formal training in EM to call yourself an EM specialist.

More will come of this, as testimonies are delivered and debates continue. But I wanted you all to have an update and to hear that TCEP is feverishly standing up to represent the professional interests of Texas residency trained EM docs. I for one think that's a valuable thing.

I will close with these thoughts and encouragements:

1) for those of you soon to graduate, congratulations!! I can't wait to be where you are. I would encourage you to consider the importance of maintaining your TCEP membership and patronage after graduation. I realize as well as any of you that money is tight, and extra fees can be burdensome. But I also can attest to the work that TCEP is doing for you as residents and newly graduated attendings. TCEP has made strides in protecting your economic, professional and personal endeavors, and will continue to do so. But they depend on membership to keep their efforts in full force. Please consider setting aside the small sum to maintain your membership - it really is important!

2) If any of you have interest in becoming more involved, please speak up. Feel free to email me or speak with one of your faculty connected to the TCEP BOD (there are representatives from nearly every residency). Letters, opinions and the like are all welcome and encouraged.

3) Lastly, I have charged myself with representing the resident body of Texas to the best of my ability while serving on the TCEP BOD. If there is anything I can do, or anything you want me to NOT do, please do not hesitate to contact me. I look forward to the discussion and would love to hear from any of you.

Until next time, enjoy the last of June PGY3s, and congratulations to the soon to be upper level residents!

Sincerely,

Jared Schreiner, MD
Emergency Medicine Resident
University of Texas Southwestern Medical Center
Candidate Member, Board of Directors
Texas College of Emergency Physicians



Emergency Medicine Foundation Announces Emphasis Area in 2011-12 Grant Funding

The Emergency Medicine Foundation (EMF) is pleased to announce an area of special emphasis for its fully funded grant categories in the 2011-2012 grant cycle. To better improve emergency patient care, illustrate value in emergency medicine research, and assist the practice of emergency physicians in a changing health care environment, the EMF Board of Trustees is emphasizing innovative health services and health policy research.

EMF has been committed to supporting emergency medicine research by helping young investigators. Grants currently fully funded by EMF are the EMF Health Policy Grant (\$50,000), the EMF Fellowship (\$150,000 over two years), and the EMF Career Development Grant (\$50,000). For this grant cycle, EMF encourages applications with a focus on health services research, including but not limited to, health policy, practice, medical liability, regionalization, patient safety, and hospital utilization. However, it is important to note that EMF welcomes all applications, including research that is not health services-based.

“The Emergency Medicine Foundation has committed to supporting actionable research that directly impacts the care of our patients,” said EMF Board Chair Alexander Rosenau, DO, FACEP. “EMF will continue to underwrite a wide variety of research. The EMF Board of Trustees believes that this new era in health care reform is not only momentous, but pivotal. It

demands serious investigation by the best that emergency medicine researchers have to offer in health services and health policy research.”

The Emergency Medicine Foundation also offers several co-sponsored grants, including:

EMF/SAEM Medical Student (\$2,400 each, two available).

EMF/EMRA Resident Research (\$5,000 each, three available).

EMF/ENAF Team Grant (\$50,000, one available).

The EMF is pleased to announce two new co-sponsored partnerships:

EMF/Medical Toxicology Foundation Resident Research (\$5,000, one available).

EMF/Emergency Medicine Patient Safety Foundation (\$10,000, one available).

Also new this year will be one directed research grant underwritten by Baxter in sub-cutaneous infusion (\$50,000, one available).

Grant applications will be available [online](#) in August 2010. Grant deadline is January 5, 2011.



Welcome New Members

Cynthia L. Beamer, MD

Matt Burge

Rick Burgon, MD

Aristeo Duenes, Jr

Marcus Emebo

Sarah Fortner Birdsall

Antonia R. Helbling

LaQuisa C. Hill

Michael Jordan

Tariq R. Khan

Stewart Master

Myles C. McClelland, MD

Jennifer Nelson

Jennifer Robertson

Matt Sanders

Courtney Sloan

Winston D. Tavee, MD

James Wright

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