

Jeffrey Hopkins, MD, FACEP, President

[Tanya Pearson](#), Executive Director

Phone: 781.890.4407

From the President Jeffrey Hopkins, MD, FACEP

As a resident representative to MACEP back in 2000, I was first introduced to the incredible work that this organization does to advocate for our patients and our specialty. It was inspiring to see physician leaders from across the state coming together on their own time to find ways to advance the practice of emergency medicine in Massachusetts. The board meetings were much smaller back then, but the energy, commitment and passion for doing what is right for our patients and physician members has only grown along with our membership. With almost 1000 members in 2016, MACEP represents a huge number of providers working on the frontlines, providing the highest quality medical care for all patients. We wear the EMTALA badge of honor, taking care of anyone, with any condition, at any time, 24/7/365. The care that you all provide on a daily basis helps to support the health of our communities and should be applauded. So, I'd like to take this opportunity to thank you for the extraordinary work you do each day and let you know that MACEP will continue to be there to support our patients and the practice of emergency medicine.

There are several challenges facing our specialty, many of which were discussed at our latest MACEP strategic planning session. I will attempt to outline the top priorities for the upcoming year, along with the advocacy efforts that have already taken place. This is by no means an exhaustive list of all the activities that MACEP is supporting, but it will give you a glimpse of some of work that is being done by our members.

MENTAL HEALTH REFORM

Mental Health Reform continues to be an area of focus for MACEP, as there is a growing population of patients with behavioral health (BH) emergencies arriving at our doors every day. The lack of parity for BH patients is so obvious from an ED perspective. All it takes is looking down the corridors of our overcrowded departments and seeing patients who have been waiting days to weeks for appropriate placement. Thanks to the dedication of many of our members, including the current board and past presidents, we have been able to engage with members from the

State House and partner with other professional medical societies to find ways to improve care for this vulnerable population. Several MACEP members have brought legislators through their EDs to show first-hand the boarding of BH patients. We have collected data from across the state with various studies, as well as with point-in-time surveys which have been extremely helpful in shining the spotlight on the areas that are broken within the mental health system. Our members have not only participated in, but have led the discussions with the state organizations, testified at hearings in front of the Joint Committee on Mental Health and Substance Abuse, and worked with EOHHS on the ED Boarding Taskforce. We will continue to partner with groups and individuals to develop solutions and implement change so that we can improve the care of BH patients and eliminate boarding.

OPIOID EPIDEMIC

The Opioid Epidemic has been front-and-center not only in our state, but across the country. Patients suffering from opioid addiction are seen on a daily basis in our EDs, often with no other place to turn for help. Earlier this year, MACEP met with Governor Baker to discuss the opioid epidemic and provide a perspective from the frontlines. It was through those conversations that we were able to avoid a proposal that would have required an involuntary hold of opioid overdose patients for up to 72 hours in the ED. The Governor was extremely receptive to the input from our members who described the unintended consequences of boarding yet another group of patients. Instead, we were able to collaborate with the legislature to develop alternative solutions into Chapter 52 of the Acts of 2016 (An Act Relative to Substance Use, Treatment, Education, and Prevention). One of those elements, Section 32: SUDE (Substance Use Disorder Evaluation) is now required to be offered to any patient arriving to an ED with an opioid overdose. This evaluation provides an opportunity for early intervention and a chance to prevent a future overdose. MACEP was able to partner with MHA, among others, to issue guidance and clarify the fine-print, so as to avoid making the evaluation overly burdensome, while also providing much needed liability protection. Other elements of Chapter 52 have been embraced by MACEP, including providing naloxone to at-risk patients, using a functional, updated prescription monitoring database that crosses state lines (MassPAT), and continuing to focus on appropriate opioid stewardship prescribing practices. One of the key messages that we will continue to relay is that although emergency physicians write fewer than 4% of all opioid prescriptions and only 1% of all opioid pills, we can make a difference and want to be part of the solution. We will also continue to push for easier access for patients who want to get into addiction treatment, not only from opioids, but from other drugs and alcohol, too.

REIMBURSEMENT

The Fair Coverage campaign from ACEP provides the perfect backdrop for another one of MACEPs top priorities. In order to preserve the ED safety net and the ability of patients to receive the highest quality emergency care around the clock, insurers need to provide appropriate payment. It's not fair for patients to be stuck in the middle, reluctant to seek medical care due to financial concerns, as delays can have serious consequences. The last thing a patient should have to worry about is whether their emergency care will be covered or their admission will last more than 2 midnights in order to avoid the dreaded "observation" status. Members of MACEP are meeting with MassHealth to protect the Prudent Layperson Standard and to ensure that all patients who present to the ED seeking care are covered, without retrospective denials based on "non-emergent" diagnoses.

MACEP COUNCIL RESOLUTIONS

On a national level, MACEP has introduced 2 council resolutions which will be discussed at the ACEP annual meeting this October, both related to ED Boarding. Several members attended the Leadership and Advocacy Conference in Washington, DC in May to meet with members of the House and Senate. In addition to our conversations on opioids and mental health reform, we also advocated for liability protection for physicians who provide EMTALA services to patients and the protection of EMS standing orders. Imagine if our pre-hospital providers were stripped of medications such as diazepam to treat seizures or of pain medications as an overreaction to the opioid crisis.

As you can see, there is a lot of work that has been done and even more on the horizon. We need your input and voice to keep our specialty strong and to protect the interests of our patients. That includes our ED residents and fellows, who are the future leaders of Emergency Medicine. Each of the 5 ED residencies in our state are represented at MACEP and we continue to support our research grant opportunities and Leadership Fellowships. I urge each and every one of you to become more involved with our organization, whether it's through joining a committee, attending our monthly meeting, or using our website at www.macep.org. If you have an area that you feel strongly about, let us know.

MACEP is here to advocate for you and your patients - there are tons of opportunities to keep our specialty strong!

International Pediatric VAD Summit October 20-21, 2016

**Hilton Back Bay
40 Dalton Street, Boston, MA 02115**

This two day symposium is relevant to healthcare personnel with all levels of VAD expertise. You can join us for one day and gain hands on experience with current VAD technologies through simulations and didactic sessions or stay for 2 days and learn about innovations in the rapidly evolving field of VAD support for children from experts around the world.

Registration - Register for one or two days:

Physicians	One Day \$175	Two Day \$300
Trainee/Allied Health Professionals	One Day \$100	Two Day \$200

Click [here](#) for registration information.

MACEP Calendar of Events

October 25, 2016

MACEP Monthly Meeting – Open to all members
Holiday Inn, Marlborough, MA
4:30 pm-6:30 pm

November 12, 2016

Annual Emergency Medicine Ultrasound Course
MMS Conference Center, Waltham, MA
7:30 am-5:30 pm

November 29, 2016

MACEP Monthly Meeting – Open to all members
Holiday Inn, Marlborough, MA

4:30 pm-6:30 pm

November 30, 2016

Annual Reimbursement & Coding Course

MMS Conference Center, Waltham, MA

7:30 am-3:30 pm

January 24, 2017 – Open to all members

MACEP Monthly Meeting

Holiday Inn, Marlborough, MA

4:30 pm-6:30 pm

SAVE THE DATE!

May 3, 2017

MACEP Annual Meeting

MMS Conference Center, Waltham, MA

9:30 am-3:30 pm

2016 LLSA Articles Review

December 7, 2016

1:00 pm - 5:00 pm

Portland Regency Hotel

20 Milk Street, Portland, ME

This conference is designed for acute care providers to review articles identified by ABEM that are pertinent to the practice of emergency medicine.

The session includes a didactic review of all LLSA articles for 2016 and concludes with a group log-on to the ABEM site to take the 2016 LLSA examination.

Registration Fee is \$200

Fee includes: Snacks, beverages and valet parking

Make checks payable to:

MMC, Dept. of Emergency Medicine

22 Bramhall Street

Portland, ME 04102

Contact Information

[Marti Hawkins](#)

207-662-7046

hawkim@mmc.org

Business Development of Expert Witnessing

December 9, 2016

Tempe Mission Palms, Tempe, Arizona

Have you considered being an expert witness? If so, this course is for YOU!!

This program is designed for emergency physicians & advanced practice providers who wish to be engaged in the evaluation of legal cases involving the practice of emergency medicine. The function of this course is to help medical professionals better understand the legal system and how the expert witness serves in aiding the court in making decisions. Various approaches to medical/legal cases will be discussed to enable the course participant to effectively function within the legal system as well as manage the business aspects of expert witnessing.

Enrollment is limited as we want this to be a small, active discussion so register now!!!

For further information including the complete program brochure, schedule and registration information visit our [website](#).

Michigan College of Emergency Physicians

6647 West St. Joseph Hwy.

Lansing, MI 48917

(517) 327-5700

FAX (517) 327-7530

Complying with Massachusetts Opioid Law

Scott Weiner, MD, FACEP

There is no doubt that Massachusetts, like much of the rest of the country, is in the midst of an opioid abuse- and overdose-related epidemic. Last year, over 1500 people died just in our state, and despite all efforts, we are on pace to lose even more lives this year. For this reason, our government has taken some drastic steps, most recently “Chapter 52 - Acts of 2016, An Act Relative to Substance Use Treatment, Education and Prevention”, signed by Governor Baker on March 14, 2016. Multiple parts of this comprehensive opioid bill directly affect emergency physicians, and we hope that this guide will help you become compliant. However, please note that this is not all-encompassing.

Prescription Drug Monitoring Program: The new Massachusetts PDMP, called MassPAT (Prescription Awareness Tool) is new and improved, now with data-sharing between multiple states, quicker uploads of prescription data, and better patient identification capabilities. However, use is now required. As of this month, you must access the PDMP every time a schedule II and III medication (essentially, all opioids except cough preparations) is prescribed. You can utilize delegates, such as residents or administrative staff for this task. The exemption for emergency physicians writing a prescription for <5 days is now gone.

Limitations on First Opioid Prescriptions: All first-time prescriptions for opioids must be for a maximum of 7 days. This is not typically a problem for emergency physicians, who generally write shorter prescriptions, but there are outliers amongst us that it will affect. We believe the law intends to mean the first prescription for each individual prescriber, not your entire group. You can bypass this requirement by documenting an exception, such as an “acute

medical condition”, chronic pain, and cancer/palliative care pain management. These are broad exceptions, but they must be documented in the record to be compliant. Note that ALL prescriptions for children must be for a maximum of 7 days – not just the first prescription – unless you document one of the exceptions.

Partially Filled Prescriptions: The law allows patients to ask the pharmacist to partially fill their opioid prescriptions. We’re not sure why this would happen. That is, why would you write a prescription for a patient without having a discussion with them about the number of pills you were giving? But it apparently has been a problem. As a result, we are now required to write “patient may partial fill this prescription” on every opioid prescription. Many of our health systems have added this line for us on our electronic prescriptions, but if yours hasn’t, it needs to be written.

Extended-Release/Long-Acting Opioids: Prescriptions for extended-release/long-acting opioids require the prescriber and patient to enter into a written pain management treatment agreement. In other words, don’t prescribe them. We know that EPs rarely do write these medications, but this is even more impetus simply just to avoid using them. There shouldn’t be an indication in the ED.

Substance Use Evaluation: Patients who suffered an opioid overdose are now required to have a substance use evaluation by a licensed mental health professional or through an emergency service program within 24 hours of ED arrival. We are now required to offer this service, even though it is an unfunded mandate. Patients may refuse and have the right to leave prior to this evaluation, but it must be offered. You should be working with your health system and/or ESP to determine how this will get done. Note that this evaluation is required only once every 3 months, presumably to avoid patients from abusing the mandate. Finally, note that it is also now required to inform an opioid overdose patient’s primary care physician of the overdose, if the PCP is known.

It obviously will be tough for the state to check on all prescriptions, but there is indication that they are auditing some providers, especially when a person overdoses. We therefore strongly suggest compliance with these new requirements.

2016 MACEP Emergency Medicine Ultrasound Course

Limited Space...Register Today

Saturday, November 12, 2016

7:30 am – 5:30 pm

Massachusetts Medical Society

Waltham, MA

This one day course tailored for Emergency Medicine Physicians, is based on synthesis of the SAEM Ultrasound Core Curriculum, the ACEP Emergency Ultrasound Guidelines, and discussions from multiple EM Ultrasound Fellowship Directors, and will provide didactics and hands-on training for the novice sonographer as well as enhancing and reinforcing techniques for more experienced participants. This course will cover all the core applications of emergency ultrasounds, including discussion of new and exciting advanced applications and will meet ACEP Level 1 provider requirements. The hands-on segments will use live models to deliver as much practical experience as possible to attendees, establishing a solid basis for clinical ultrasound practice. Upon Completion of this course, participants will be able to describe the indications for and limitations of using emergency ultrasound; demonstrate knowledge

and ability

to perform emergency ultrasound and improve their technical ultrasound skills.

2016 Course instruction will include:

- Lectures and Hands on instruction by expert emergency ultrasound faculty and fellows from over 6 hospitals in New England;
- In depth hands on instruction with diagnostic and procedural ultrasound;
- Core content and review of the basics – Scanning Method, FAST, Chest Wall, Renal, Gallbladder, Aorta;
- Vascular Access – central and line and peripheral line access;
- Nerve Blocks;
- Lectures on Shock Ultrasound/Emergency Echocardiography/Soft Tissue and Musculoskeletal Ultrasound.

Accreditation:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American College of Emergency Physicians and Massachusetts College of Emergency Physicians. The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of 9 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for a maximum of 9 hours of ACEP Category I credit.

Registration Fee:

\$375 MACEP Members

\$425 Non Members

\$250 Advanced Practitioners

\$200 Residents

Registration fee includes continental breakfast, lunch and refreshments

To register click [here](#) to visit the website or contact the MACEP office by [e-mail](#) or call 781-890-4407.

2016 Emergency Medicine Reimbursement & Coding Course

Wednesday, November 30, 2016

8:30 am -3:00 pm

MMS Conference Center

Waltham, MA

Don't miss this one day program for physicians and professional coders. This course will offer practical information and updates on reimbursement and coding through lectures and a panel discussion. The lectures are intended to

build on existing knowledge while at the same time offering practical guidance in the handling of coding, reimbursement and compliance.

Separate concurrent breakout lectures will be provided during the afternoon session geared to the specific educational needs of professional coders and emergency physicians.

Learning Objectives:

- discuss basic documentation fundamentals of ED coding;
- identify differences in regulatory changes affecting Emergency Medicine Coding & Reimbursement legislative compliance between 2016 & 2017;
- develop better internal procedures;
- develop a better knowledge of the appropriate use of CPT and ICD-10 codes for professional services provided in the EDs, including diagnosis coding, fracture care, and physician extenders; avoid billing and processing errors;

Registration Information

MACEP Members \$215

Non Member Physicians \$250

Coding Staff and Non Physicians \$150

EM Residents & Medical Students No cost, limited spaces available

For more information on the course, please visit the [website](#) or [e-mail](#).



MACEP's Annual Leadership and Advocacy Fellowship Program

The Massachusetts College of Emergency Physicians (MACEP) is looking for individuals who would like to get involved in emergency medicine advocacy and shaping health policy to become part of the first class of the MACEP Leadership and Advocacy Fellowship Program. The purpose of the Fellowship is to provide both an orientation to organized medicine and leadership development for future leaders. The fellowship is a great learning and networking opportunity.

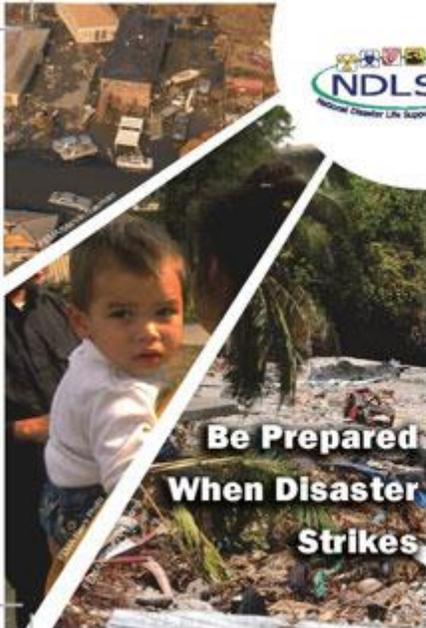
Program Goals

- Identify Individuals with the potential to become leaders in emergency medicine;
- Provide orientation and skills to allow potential leaders to promote emergency medicine locally and nationally;
- Facilitate the promotion of fellowship graduates into leadership positions both locally and nationally.

Guidelines for Participation in the Program

- Nominee must be a current member in good standing of MACEP;
- Nominee must have a minimum of three years membership in ACEP or EMRA;
- Nominee must agree to participate in all elements of the Leadership and Advocacy Fellowship Program (as noted in program outline);
- Travel cost for participation at required conferences will be incurred by participant. MACEP will offer a \$500 stipend per conference towards travel cost;
- Travel costs for participation in local meetings and hearings will be incurred by the participant.
- Estimated Leadership Fellowship class 2 participants annually.
- Estimated time in Fellowship program is 12 months.

Fellows will be selected for the 2017 Leadership and Advocacy Fellowship by the MACEP Board of Directors from applications received by November 15, 2016. A program overview & application can be found on the [website](#) or contact the MACEP office at 781-890-4407 or by [e-mail](#).



National Disaster Life Support™ Foundation

&

The American College of Emergency Physicians

Collaborating to offer programs that provide essential training for strengthening healthcare preparedness and response.

- Core Disaster Life Support® (CDLS®) 
- Basic Disaster Life Support™ (BDLS®) 
- Advanced Disaster Life Support™ (ADLS®) 

For more information - www.ndlsf.org
email us: info@ndlsf.org

Endovascular Therapy May be Effective for Strokes from More Distal Occlusions

Endovascular therapy (EVT) may be effective for acute ischemic stroke caused by occlusion of the middle cerebral artery M2 segment, suggests a multicenter retrospective study.

[Read More](#)

Pain Scales Often Fail to Capture What ED Patients Feel

Asking patients in the emergency department to rate their pain on a visual scale or to rank it from zero to 10 doesn't really convey what the patient is feeling, suggests a study from Sweden.

[Read more](#)

Researchers Find First U.S. Bacteria With Worrisome Superbug Genes

New Jersey researchers say they have identified perhaps the first strain of E. Coli bacteria in the United States with mobile genes that make it resistant to two types of antibiotics now considered last-line defenses against superbugs.

[Read more](#)

News from National ACEP

New Epinephrine Labeling

There has been a change to the labeling of epinephrine. Epi 1:1000 used for anaphylaxis and asthma is now labeled 1.0mg/ml. Epi 1:10,000 used for cardiac arrests is now labeled 0.1 mg/ml. There has been concern that the current labeling caused confusion and inappropriate dosing.

New Crowding Solutions Resource

A new information paper on the causes, impacts and solutions to the crowding and boarding problem has been approved by the Board of Directors. Members are encouraged to distribute this reader-friendly paper to their hospital administrators or local policymakers who may benefit from a better understanding of why they must, and how they can, address this vexing and dangerous problem. A link to the new paper entitled "[Emergency Department Crowding: High Impact Solutions](#)" is available.

Blood Clot Information for Patients Developed

ACEP (through an educational grant from Bristol Myers Squibb) is providing UNBRANDED resources to patients with newly diagnosed VTE/PE. The program provides text messages to connect patients to video based education which discusses the importance of taking medication and getting follow up. No product name is mentioned or implied. The program is called [Know Blood Clots](#), and is explained on the website. Patients can also text CLOTWEB to 412-652-3744 to sign up for the Know Blood Clots program. If you have questions, feel free to email [Sandy Schneider](#) and I will try to supply further details.

For your convenience, we have created a smart phrase (dot phrase) that you can copy and paste into your electronic medical record then add to the discharge paperwork, which will provide your patients with this information:

"You have been diagnosed with a blood clot. You and your family/caretakers will likely have a lot of questions over the next few weeks. There is a program that that might help. It provides text messages to connect you to videos and other education. In addition the messages will remind you to make a doctor's appointment and get your medicine. Please go to www.knowbloodclots.com or text CLOTWEB to 412-652-3744. If you don't have a smart phone,

perhaps a family member can enroll you. Normal text message charges may apply.”

New Sections at ACEP

A sufficient number of members have come together to officially form three new Sections in the College. The Pain Management Section was formed earlier this year and is now being followed by the creation of the Medical Directors Section and the Event Medicine Section. The new Sections will meet at **ACEP16** for the first time. Members interested in any of these topics are invited to attend the Section meetings and/or join the new Sections.

Welcome New Members

Ahmed Abdelrahman

Leila Amini, MD

Robert F. Carey, IV

Michael Char

Erica Duh

Rachel Gershaw

Julieta Ibarra

Tuyen Kiet, MD

Clara Kim

Xiyao W. Lin

Nicholas Mauricio

Brian L. McQuaide

Kunal Patel

Munirih Yeshwant, MD

Samuel R. York

Massachusetts College of Emergency Physicians, 860 Winter Street, Waltham, MA 02451-1414

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