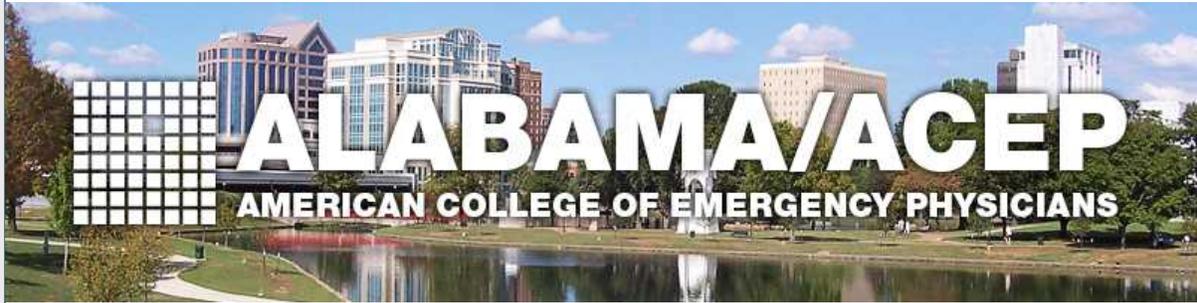


Newsletter for the Members of the Alabama Chapter
Spring 2017



Sarah Nafziger, MD, FACEP
Alabama Chapter President

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From the President **Sarah Nafziger, MD, FACEP**

I think it's safe to say that the Alabama ACEP Chapter has had an outstanding year!

Here are a few highlights:

Increased interest in open Board positions and increasing attendance at Board meetings

Re-innovation and update of our social media offerings

Update of our by-laws

Sponsored three EM residents to attend Leadership and Advocacy Conference in Washington DC

Participation in ACEP Council

Several members participate and contribute to ACEP Committees

Continued sponsorship of EMRA and the Emergency Medicine Foundation

Successful educational conference in 2016

Revitalized relationship with the Medical Association of the State of Alabama (MASA) and increased voice in Legislative Advocacy

I would like to take this opportunity to thank Dr. Annalise Sorrentino for organizing the Southeastern Chapters Conference for us! This is a very time-consuming project, and I think you will all agree that she has once again put together a great educational program for us this year. Also, thanks go to our Executive Director Denise Louthain who makes this chapter work by being awesome at everything and by always having a smile!

All of these accomplishments happened because of members just like you stepping up and taking ownership of things they are passionate about. We could not do any of these things without our amazing members. I am proud of our progress and I look forward to seeing what 2017 has in store! If you haven't been involved in our chapter before, or if you have been away for a while and are interested now, please attend one of our meetings! We will find a way to get you involved. Join us at the AL ACEP Board of Directors meeting in Destin, Sunday, June 4. Everyone is invited!

Thanks for all that you do every day and thank you for allowing me to serve you.

Time to get with the times: Technology Updates

Lisa M. Bundy, MD, FACEP
@lisabmd

When I was growing up, I was one of the few kids who had a computer at home. The only reason being was that my father was a computer programmer. He often had to get up in the middle of the night, log on, and fix some job that bombed so the university could process their payroll. This was back in the days where computer data input consisted of these punch cards he would carry around in his briefcase.

So, I had access to technology pretty early in my life. I got good at doing computer games on his computer that you would enter "1" or "2" for the answers to quiz questions. We had one of those dot matrix printers. I still watch Matthew Broderick in "War Games" with nostalgia.

As time went on, the world jumped on the technology bandwagon. I thought I was way cool because I could program a game on my high school's Apple IIc in Basic. I had a friend with one of those cell phones the size of a brick - we were amazed. You could talk to someone from almost anywhere! On the phone! Imagine!

In college, we began to see the beginnings of the Internet. OK, so I know it had been around a while, but, in the early '90s, we college students saw it becoming more mainstream. I still did my senior thesis using the card catalog and the Reader's Guide to Periodical Literature. A couple of girls down the hall in our dorm would fight, because one would be talking to someone from Australia at all hours and the other couldn't use the phone.

My first email address was around 1999, and it was a Hotmail account. Since I was working at the newspaper by then, we still got stuff over the wires, but that was changing, too. Fast. Now we were downloading pictures from emails and other servers via the Internet, instead of having them transmitted over wire. The entire paper had to come and work for Y2K, because everyone was paranoid that the world was going to end, or at least, every computer in the world would crash.

Today, I'm sitting here in a Starbucks on my iPad Pro, with the keyboard, writing this little piece. I use this thing like a laptop; I haven't used my actual laptop in more than a year. My kids use the laptop for school now. My iPad Pro fits in my purse. I back up everything to "The Cloud." I can see stuff on my iPad, computer and phone all at once. I mean, amazing right? How can this be? Seriously, I have no clue. I can navigate all this stuff pretty well, but the only thing I know about computers harkens back to my experience programming the Apple IIc.

So one of my continual questions is, if we can do all of this so easily and relatively user friendly, why do I want to take that cheap computer the hospital buys with its extremely user-antagonistic EMR and throw it across the room on a daily basis? Why are EMRs one of the scourges of the physician - and our nursing colleagues - today?

I mean, these things make no sense. I worked with one once that, in order to document an ECG, it would ask you to enter the rate TWICE. I mean, seriously. Who thought that was a good idea? Obviously no one who had either been a physician, nurse or even a patient in the ED. This particular system, took me no less than 10-15 minutes to complete the chart. Once the system was on downtime and we went back to T-sheets and we all jumped for joy. It's pretty sad when you are HAPPY about downtime. During this time, I saw a little girl who had stuffed something up her nose, extracted it and completed the T-sheet in the time it would have taken me to just do the chart. Door to discharge: 20 minutes. With the EMR, add another 10-15 minutes to that.

On a high note, one place I work has this thing called, ZipIt. It is THE bees knees. You get an account, and all the docs and nurse practitioners are on this app on your phone. You just text them, and its HIPAA compliant. You can send images, ECGs, and patient info. Your unit secretary is freed up from calling consults constantly. There is a record that you talked to the

admitting physician. If they want more detail, they just call us, but mostly they just see the patient. Right now we are using it to message the hospitalist and the resident services of admits, but I'm told it will be rolled out to all consultants soon. It's freaking genius.

So, here at Alabama ACEP, we have started to jump onto this technology bandwagon, too! We have had a website for quite some time, but, thanks to Dr. Sean VanLandingham, we are venturing out to social media. Truth be told, I can't keep up with my own Twitter account. So Dr. VanLandingham has so far done an awesome job spearheading our foray into social media, and using it to promote our message. As we go along, we will be sharing new medical information and articles, information about ACEP and AL ACEP events, recognizing our colleagues and more. Also, join some great Facebook groups, like EMDOCS and EM Physician Moms (you have to verify your emergency physician status to join).

So, follow us on Twitter at @AlabamaACEP, and like our Facebook page. Keep up with all the EM happenings around the state. Want a quick Amal Mattu ECG lesson? We've got that. Want to know about the upcoming SEC conference in Destin? Well, we've got that, too. We will be tweeting and updating our Facebook page continually that week. Over the next year, we will be adding more content, so let us know what you think. I promise it will be so much easier than fighting with the EMR, and programming an Apple IIc.

Near-End-of-Session Update

Niko Corley,

Director, Legislative Affairs

Medical Association of the State of Alabama

The 2017 Legislative Session is coming to a close, with 4 legislative days remaining. For a session that started with a fizzle, this one is likely to go out with a bang. Problematic bills of particular interest to physicians include the Medicaid fraud "whistleblower" lawsuits bill (with triple damages), the lay midwifery bill, and a bill allowing diagnosis of mental health conditions by marriage and family therapists. Bills the Association supports that still have a chance of passing include the direct primary care bill and the extension of rural physician tax credits. But other significant non-health related business remains unfinished and the clock is ticking. The House and Senate have sent the General Fund budget to the Governor but the Education Budget is still lacking final votes of approval. The redrawing of Alabama House and Senate district lines is mandated per a federal court order, and the House and Senate plans – like the Education Budget – still need final approval. Other controversial bills regarding concealed carry

of firearms, a prison bond construction bill, a requirement for autism treatments to be covered by insurers and state health plans as well as state inspection of church sponsored daycares are also awaiting further action. With only 4 of the 30 legislative meeting days left, the Legislature is in the home stretch with a number of significant issues still in play.

PERSONAL INJURY LAWYERS (WERE) GIDDY

Medicaid fraud legislation that could incentivize personal injury lawyers to seek out "whistleblowers" in medical clinics, hospitals and the like to pursue civil actions against physicians and others for alleged Medicaid fraud was approved by a Senate committee last week but for all intents and purposes is dead for the 2017 session. Personal injury lawyers were no doubt giddy about the opportunity for the bill to pass this session and allow more chances to sue doctors and hospitals since damages in the legislation would be tripled the actual loss to Medicaid and these cases on the federal level often result in damages in the multi-millions or even tens-of-millions of dollars. The threshold in the legislation for what constitutes fraud is so low it could allow even honest billing mistakes to qualify as "Medicaid fraud." The proposal is extremely dangerous for physicians and medical practices and all entities billing Medicaid, especially since there is already a federal Medicaid fraud law in place and the passage of a state-level bill could place physicians in the position of defending a state AND federal suit. While the Medical Association offered a substitute bill that would have allowed the state to pursue actual fraud but ensured honest mistakes could not be penalized and thereby prevent personal injury lawyers from preying on medical practices, the substitute was not adopted. While the bill realistically can go nowhere this session with only four days remaining, it will be back next year.

DPC BILL STILL HAS A CHANCE

The Senate version of legislation to ensure "Direct Primary Care" agreements between physicians and patients - also known as private contracting - are exempted from regulation as "insurance" by the Insurance Commissioner lacks one vote in the House of Representatives before being sent to the governor. The bill has been on the House daily agenda four times this session but has fallen victim to collateral damage on unrelated bills further up the agenda. SB 94 is sponsored by Sen. Arthur Orr and Rep. Nathaniel Ledbetter. The DPC bill is supported by the Medical Association and is on the House agenda for the fifth time on Tuesday.

PUSH TO INCREASE INFANT MORTALITY CONTINUES

An amended version of a bill to "decriminalize" lay midwifery in Alabama was approved by the Senate Judiciary Committee last week (HB 315) on a 9-2 vote. Before the bill was passed out of committee, it was amended to require these non-nurse midwives to carry liability insurance and to require the execution of an emergency care plan between the mother and midwife. But liability protection language for physicians and hospitals for any mistakes of the lay midwife was

stricken from the proposed amendment offered in committee before it was adopted. With that, the bill voted out of committee does not have necessary liability protections for physicians attending to a bad-home-birth-gone-wrong, including OBGYNs, anesthesiologists, emergency physicians, pediatricians, family physicians and internal medicine physicians. The earliest the bill could be brought to the Senate floor is Tuesday, with either 4 legislative days left in the session (counting Tuesday) during which time the bill could come up for a vote. Contact your Senator here with the following request:

“Please support adding critical liability language to HB 315 so physicians aren't held responsible for someone else's mistakes.”

PODIATRY BILL DEAD

The dangerous bill allowing Alabama podiatrists to treat above the dome of the talus (current law) and up through the ankle joint and distal third of the tibia and fibula – to include the Achilles tendon as well as performing lower leg amputations and administering anesthesia – is for all intents and purposes dead for this session. There are significant safety concerns with expanding podiatrists' scope as this bill would allow. The bill is expected to return in 2018.

NO PCS NEWS IS GOOD PCS NEWS

The bill pushed but defeated in 2016 that would wreck Alabama's stable medical liability climate – the Patients Compensation System – has not been reintroduced and cannot pass now this session even if introduced. Though it was introduced again in Tennessee this year, it did not pass. The PCS would levy a more than \$80 million tax on Alabama physicians, deprive them of their right to trial by jury, undo existing medical tort reforms and ruin their reputations by causing more reports to be made to the national databank tracking malpractice awards. The group behind the PCS – Patients for Fair Compensation – has teamed up with the Business Council of Alabama to push the legislation, planning town hall meetings after the conclusion of the 2017 Legislative Session. The BCA maintains (incorrectly) that adoption of the PCS would “decrease defensive medicine and lower health care costs.” It is expected that the PCS bill will be reintroduced in 2018.

BREAKING: WORKERS COMP RULING

The Jefferson County circuit court judge's recent ruling on Alabama's workers' compensation law that the entire system was unconstitutional has captured the attention of many in the business, insurance, legal and medical communities. The lawsuit in question was brought against CVS Caremark Corporation in 2013 by an employee who suffered an on-the-job injury. Specifically, the judge in the case found two elements of the law unconstitutional:

- . capping recovery for workers who are permanently but not totally disabled at \$220 per week, and
- . the 15 percent cap on fees for attorneys representing injured workers.

But due to the lack of a severability clause in Alabama's workers' compensation law, the judge's ruling against these two elements renders the entire law unconstitutional. The ruling is expected to be appealed and it's important to understand that at this point no final determination has been made by the courts on this specific ruling.

If the ruling is overturned on appeal, nothing in Alabama's workers' compensation system may change. If the judge's ruling is affirmed, the Legislature may have to act to either amend or replace Alabama's workers' compensation law. If the Legislature opts to amend or replace the state's workers' compensation law, a comprehensive bill like the highly problematic one proposed in previous years could come forward on which medicine would have to engage. For now, the Medical Association is monitoring this ruling and its likely appeal as well as the implications and will update you as more information becomes available.

WHAT'S IN THE 2018 BUDGETS?

The General Fund (GF) budget sent to the Governor – buoyed by one-time BP settlement funds – contains Medicaid funding language for 2018 with no scheduled cuts to physicians. As well, the 2018 GF budget sets aside \$95 million in reserve for any changes made by Congress to the Children's Health Insurance Program (CHIPs) match rate. The Education Trust Fund (ETF) budget – which is still in negotiations – increases spending to hire more than 150 additional teachers in grades 4-6 and also increases funding for Pre-K in its current form.

ABCs of VIP to improve medicine's effectiveness in the advocacy arena, we've put together information on communicating and interacting with your legislator to ensure medicine's concerns are heard. Topics covered include communication with legislators (in person, written and over the phone), testifying before legislative hearings, holding tours of your practice facility, addressing the media and much more. **READ THE ABCs of VIP.**

“LOUNGING WITH YOUR LOBBYIST”

Physicians are the busiest of people, and you have just as much if not more on the line than other professions. Instead of asking you to come to a meeting for a briefing, let me bring the briefing to you. If you'll extend an invitation to visit with you and your colleagues in your hospital's doctor's lounge, in your practice, etc., I'm happy to oblige. Call (334-462-7304) or e-mail me to set something up. Besides the radical PCS legislation, there are scores of other issues affecting physicians we need to discuss.

What's Up with Ultrasound

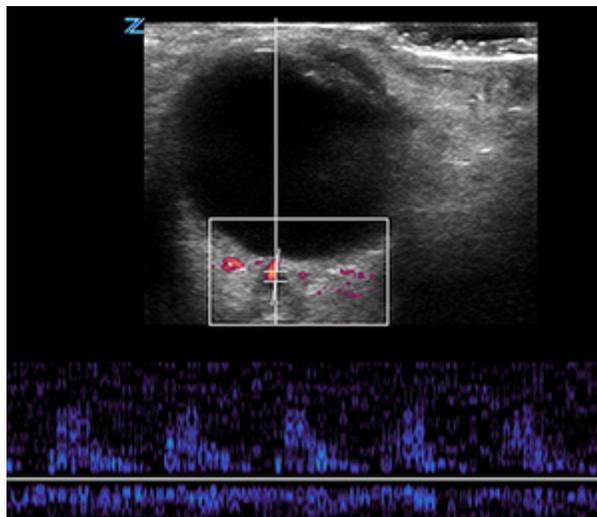
David Pigott, MD, FACEP

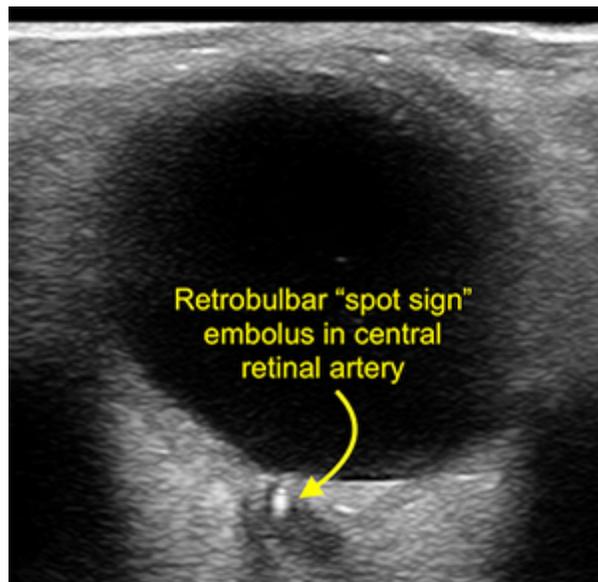
The Eyes Have It

This 92-year-old female patient was sent from the Eye Foundation for suspected central retinal artery occlusion (CRAO). The plan was for her to undergo CT or MR angiography to further evaluate her ocular issues. Non-contrast head CT was negative, however, her elevated creatinine precluded angiography.

Bedside ultrasound to the rescue!

Ocular ultrasound showed a hyperechoic linear density within the retinal artery (which runs together with the optic nerve) at the level of the retina, the so-called retrobulbar “spot sign,” indicating an embolus within the retinal artery. No blood flow was detected in the retinal artery using power Doppler and pulsed wave Doppler scanning, while a clear arterial waveform was detected in the unaffected eye (see image below).





Bits and Pieces

Don't forget to join us in Destin for the SEC ACEP Conference 2017, "Extremes in Emergency Medicine." Get all the information on our [website](#) . It's NOT too late!

Dr. Elizabeth Phillips has resigned her place on the Board of Directors. She has moved to Colorado, and our loss is their gain! We thank Dr. Phillips for her dedicated work to the Alabama Chapter of ACEP. We are excited to announce that Linda Thompson, MD, FACEP, has been elected to fill her spot! Dr. Thompson has practiced in diverse community settings throughout Alabama, and now is on faculty at UAB. The Board is looking forward to working with Dr. Thompson over the next two years. Welcome

Clinical News

Antibiotic Therapy for Abscesses Medical Dogma Challenged by Evidence-Based Research, Outcomes

Have you wondered when you'd start to routinely confront superbugs resistant to multiple antibiotics in your emergency...

[Read more...](#)

Should Emergency Departments Do Fewer Red Cell Transfusions, More IV Iron?

You might be surprised to learn that many of the patients who receive red cell transfusions in...

[Read more...](#)

Treatment for Acute Gastroenteritis, Acute Epididymitis in Pediatric Patients

The best questions often stem from the inquisitive learner. As educators, we love, and are always humbled...

[Read more...](#)

New! "ACEP Trauma, Stroke, and Cardiovascular CME Collection"

The "ACEP Trauma, Stroke, and Cardiovascular CME Collection" includes 48 lectures with downloadable syllabi that will help you meet your requirements.

Group pricing available.

[Learn More...](#)

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