



Wisconsin Chapter American College of Emergency Physicians

September 2016 Newsletter

PRESIDENT'S MESSAGE

Bobby Redwood, MD, MPH



Members of Wisconsin ACEP,

For the past two years, national ACEP has released five practice changing recommendations each October under their Choosing Wisely Campaign. These recommendations (see below) represent ways that the emergency physician can contribute to the triple aim of efficient, equitable, and patient-centered care. Inspired by ACEP's campaign, my group began to practice these ten recommendations routinely in our rural emergency department with a consensus that we feel more career fulfillment after agreeing to follow these evidence-based, patient-centered practices.

The current Choosing Wisely recommendations are written for a national audience. Given that regional practice patterns vary widely, my question for our membership this October is this: What would Wisconsin-specific choosing wisely recommendations look-like? Are there evidence-based, best EM practices being implemented in your ED that exemplify the triple aim? Are you willing to share? Send your recommendations to WACEP@badgerbay.co. With your help, we at Wisconsin ACEP can publish our own local edition of the Choosing Wisely Campaign for the Badger State!

For your reference, ACEP's Choosing Wisely to date:

1. Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules.
2. Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void, or for patient or staff convenience.
3. Don't delay engaging available palliative and hospice care services in the emergency department for patients likely to benefit.
4. Avoid antibiotics and wound cultures in emergency department patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up.*
5. Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration in children.
6. Avoid CT of the head in asymptomatic adult patients in the emergency department with syncope, insignificant trauma and a normal neurological evaluation.
7. Avoid CT pulmonary angiography in emergency department patients with a low-pretest probability of pulmonary embolism and either a negative Pulmonary Embolism Rule-Out Criteria (PERC) or a negative D-dimer.
8. Avoid lumbar spine imaging in the emergency department for adults with non-traumatic back pain unless the patient has severe or progressive neurologic deficits or is suspected of having a serious underlying condition (such as vertebral infection, cauda equina syndrome, or cancer with bony metastasis).
9. Avoid prescribing antibiotics in the emergency department for uncomplicated sinusitis.
10. Avoid ordering CT of the abdomen and pelvis in young otherwise healthy emergency department (ED) patients (age <50) with known histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic.

*a recent NEJM study by Talan et al has revived this as a topic of discussion

Bobby Redwood, M.D., M.P.H.

President, Wisconsin Chapter, American College of Emergency Physicians

WACEP MEET-UP IN VEGAS - OCTOBER 17!

Planning to attend ACEP's 2016 Scientific Assembly in Las Vegas? WACEP is coordinating a Wisconsin Chapter Dessert & Drink Reception! We hope you can join us for this complimentary mix and mingle!

Monday, October 17, 2016

8:30 to 10:30 pm

Vice Versa Patio & Lounge at Vdara Hotel & Spa

2600 W. Harmon Avenue

Las Vegas, NV 89158

Find us on the Patio! We look forward to seeing many of you in Vegas!

WACEP CONGRATULATES FIVE NEW FELLOWS

WACEP congratulates five well-deserving members for being among the newest group to meet the eligibility requirements and achieve Fellow Status of the American College of Emergency Physicians. The following individuals will be recognized next month during ACEP16 in Las Vegas:

- **Gemma C L Bornick, MD of Green Bay**
- **Suhas Channappa, MD of Marshfield**
- **Alex A Pasquariello, MD of Fitchburg**
- **Brian W Patterson, MD of Madison**
- **Louis J Scratish, MD of Madison**

ACEP Fellowship was first established in 1982 to honor members who made special contributions to the College and the specialty of emergency medicine. Requirements for Fellow Status include Active membership status for three continuous years; board certification by ABEM, AOBEM, or ABP certification for pediatric emergency physicians; and additional service to the specialty. In Wisconsin, 176 WACEP members are currently Fellows of the American College.

WACEP LEGISLATIVE ACTIVITY UPDATES

Lisa Maurer, MD



I recently had an opportunity to participate with other WACEP board members and our Chapter lobbyist at two important events affecting emergency physicians in Wisconsin.

On September 1, we met with a group of emergency physicians from the Milwaukee-based group ERMED to discuss both our top legislative priority, improving Medicaid reimbursement for EMTALA-related services, and how our membership can work with ERMED to help with the effort. Thanks to the physicians of that group for their time and enthusiasm! Many expressed an interest in helping with our Chapter efforts to improve reimbursement, and were willing to contribute to our Political Action Committee. Please consider making a PAC donation today! [Secure ER PAC donation](#) [make your secure online PAC donation](#).

Also on September 1, I was among several WACEP board members who attended a round-table discussion hosted by Senator Ron Johnson (R-Wis) regarding the opioid epidemic. A primary focus of the discussion was the important Promoting Responsible Opioid Prescribing (PROP) Act, which aims to exclude certain pain-related measures for purposes of calculating incentive payments under the value-based purchasing program. Senator Johnson highlighted the need to reeducate ourselves as physicians on alternatives to opioids, as well as the crucial need to educate our patients about safer and more effective modes of pain control.

A big thanks goes out to WACEP member Tim Westlake, MD, who serves as Vice Chair of the Medical Examining Board, for his participation on the panel. His presence shed light on the EM physician perspective relating to this important issue.

SURVEY RESEARCH STUDY OF EMERGENCY PHYSICIANS

Please consider participating

WACEP members have been asked to participate in a survey research study of emergency medicine physicians being conducted out of Northwestern University. The survey should take 10 minutes or less and can be completed entirely online.

The brief survey may be completed anonymously, or interested participants may provide their email address to be entered into a drawing for a **\$100 Amazon gift card**. Questions include information about training, experience, and current clinical practice setting.

All emergency physicians practicing clinically are encouraged to participate.

[TAKE SURVEY HERE](#)

PI: Dr. Zachary Pittsenbarger. Northwestern University Feinberg School of Medicine IRB study number: STU00202932.

STAY TUNED... WACEP SET TO LAUNCH NEW WEBSITE

WACEP has been working to develop a new website with an updated look and improved access to important information. Our goal with a new site is to provide members and visitors an easier way to learn about WACEP and our important initiatives.

The interactive site will provide simple navigation to news, events and other updates, and will include a member-only access to WACEP's membership directory. Among the new features include integrated social media links to foster ongoing communication. Stay tuned for the site to launch soon!

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