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EM pulse

Official Publication of the Indiana Chapter of American College of Emergency Physicians

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A View from the Top

Emily Fitz MD, FACEP

Dr. Emily Fitz is a graduate of the University of Missouri School of Medicine. She completed a residency at IU School of Medicine where she serves as Assistant Professor of Clinical Emergency Medicine. She splits most of her time between Eskenazi and IU Health Tipton.

Dear members of INACEP,

I spend a lot of time thinking about family. For those of you who know me, you will probably find out in less than 5 minutes that I have five kids because they are on my mind a lot! My husband and I laugh that on those rare occasions when we are out alone on a date, we often spend the entire night talking about our kids. I also come from a large extended family; I am one of six girls. I have 27 nieces and nephews, and I have so many first cousins that I would have to sit down and write out a tally if I wanted to tell you an accurate head count!

While much of my time discussing family is related to individual members, I also often find myself thinking a great deal about the meaning and purpose of a family. Family doesn't simply refer to a group of people forced to hang out with and love one another because they happen to be related. A family is also a group of people with shared interests, shared respect, and similar goals and aspirations. When I reflect on that definition, I have many families. Of course I have my immediate family, but I also have a neighborhood family made up of friends and their kids as well as a work family that includes all the EM physicians I have the privilege to work with on a daily basis.

If I think of my EM colleagues as a family, I would say that we are all working together to treat our patients to the best of our ability. We all understand the difficulty of treating a patient when we have too few resources and too many in the waiting room. At the same time, we all also understand how rewarding our jobs can be when we perform a life-saving procedure or even snag the foreign body out of that 3-year-old's nose. Those are the moments that keep us coming back to work each and every shift. I think all of us share the goals of balancing our work life and our home life, working in an environment that respects what we do for our patients and for the healthcare system, and reimburses us fairly for the work that we do.

I believe that the role of INACEP is to represent the interests of our EM family across the state of Indiana and to our colleagues around the country. To that end, we have been hard at work over the past several years. We have led the way in protecting EM patients across the US by helping Indiana to pass legislation that requires a physician in the hospital at all times whose primary responsibility is the emergency department.

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Sound Off

Eric Yazel MD, FACEP

Dr. Eric Yazel is a graduate of Indiana University with a B.S. in Biology. He has a M.A. in Clinical Physiology from Ball State University. He received his Medical Degree from the University of Louisville and also completed his residency in Emergency Medicine at UofL. He serves as Indiana's Chief EMS Medical Director.

So much of the recent discussion in EMS has been about workforce, reimbursement, and logistic aspects of pre-hospital care. While those are of significant importance, we can't lose focus on why we are in this field in the first place - to give our patients the best care we can possibly provide. We need to consistently look for new ways to leverage technology to improve patient outcomes. One area that is rapidly emerging is pre-hospital ultrasound.

Ultrasound has long been a foundational skill in our emergency departments, but it has only relatively recently started to be utilized by our pre-hospital personnel. As a quick, mobile means of 'ruling in' pathology, ultrasound can be used to guide destination decisions, think AAA, positive fast scans, etc. The percentage of difficult IV access patients seems to grow every year. Ultrasound guided IV access can decrease time to treatment and improve patient comfort. Imagine trying to listen for decreased breath sounds in the back of an ambulance with everything rattling around in the compartment, sirens blaring, and a screaming patient. Verifying the presence/absence of lung slide in evaluating the need for needle decompression would be extremely useful. Most importantly, as we recognize the importance of high-performance CPR, using cardiac echo to guide resuscitation and minimize CPR interruptions can make the difference between ROSC or termination of resuscitation.

As this becomes more of a commonplace, we need your help. There are several training barriers for EMS providers. Those that do exist can be too expensive for the limited budgets of many services. Others are more general in nature, too broad based for the more narrow scope our providers are looking for. As a PGY-21, ultrasound machines were the size of 80's computers and had the resolution of a rabbit ear TV screen when I trained. But I do know there are ultrasound 'guru's' all over Indiana. Reach out to your EMS services, help train them. Let them come to your ED and see some 'normal' scans. QA some of their results from scans in the fields. I think you will find most EMS providers to be eager and willing learns. Plus, it only helps advance the care of patients that are coming to your ED's!

A View from the Top (cont.)

Cont. from p. 1

All of this has historically been done out of the operating budget of INACEP. However, it has become clear over the past several years that if we want to keep fighting for our EM family, we will need additional funds to support these efforts and other issues that will come to the forefront in the future. For this reason, I would like to announce the creation of the INACEP Advocacy Fund. The purpose of this fund is to support INACEP's efforts in fighting for those goals we all share as EM physicians. While the goal for this year is currently centered around securing fair reimbursement, in the future this fund could also be used for other issues that arise, whether they are related to medical malpractice, boarding in the ED, the working relationship between EM physicians and other providers, or patient-care issues, just to name a few examples.

To show our dedication to our advocacy efforts, INACEP has donated $50,000 to our newly created advocacy fund. We are asking that each of you consider supporting these efforts with your own donation. For individuals, we are asking for any amount that you feel able to give. For EM practice groups, we are asking that you consider making a donation of $0.05 / per patient for the number of patients your groups sees on average each year. For those individuals that are able to donate $400 you will be invited to attend our annual INACEP Legislative Dinner. Similarly, those groups that make the suggested donation of $0.05 / per patient will be invited to send 2 representatives to our Legislative Dinner. Finally, to simplify the donation process, I am including the QR code below that will take you to the donation site. Thank you in advance for your consideration in supporting the efforts of INACEP, and thank you for being a part of our EM family. I hope you have a great fall, and a great holiday season!

Legislative Update

by Lou Belch, The Corydon Group

Election Update

As of the writing of this article, there are 29 days remaining before the 2024 General Election. The top of the ticket race in Indiana is clearly for Governor. US Sen. Mike Braun (R) has released his healthcare plan. Of most concern to emergency physicians is a provision requiring a Medicaid patient to contact their primary care provider prior to going to the Emergency Department for non-emergency care. This is clearly inconsistent with prudent layperson and EMTALA. IN-ACEP lobbyists and leaders will be meeting with representatives of the campaign as well as legislators to discuss this provision.

The Democrat candidate, Jennifer McCormick has not released a health care proposal at this time.

Medicaid

Medicaid billing continues to be an issue, and there is no interest on the part of the Office of Medicaid Policy and Planning to assist in resolution. IN-ACEP lobbyists are working on legislative solutions to be introduced in the 2025 legislative session.

Medicaid continues to project a structural deficit of $450 Million this fiscal year. There will be a great deal of scrutiny on any modification to the Medicaid program.

There is very little activity expected between now and the election. Once it is clear who the next Governor is, there will be a significant uptick in legislative and agency work.
INACEP members are encouraged to meet with candidates and legislators between now and the end of the year and report any information that may be helpful to the office.

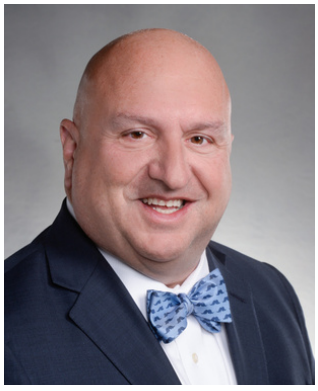
The 2024 Session of the Indiana General Assembly adjourned the first week of March without passing significant legislation impacting healthcare.

INACEP's
53rd Annual
Emergency Medicine
Conference

April 24, 2025

NCAA Hall of Champions
Conference and Events Center

downtown Indianapolis



Louis M. Belch is President at The Corydon Group where he oversees the strategy and day-to-day operations for all health care clients of the firm. Lou has been a well-known fixture at the Indiana Statehouse since he was named legislative liaison for the Indiana Health Professions Bureau (now the Professional Licensing Agency) in 1989 under Governor Evan Bayh. In 1991 Lou left state government and began lobbying for the Indiana State Medical Association, one of Indiana's most prominent health associations. Since 1997, Lou has been a contract lobbyist specializing in representing health-related clients and has one of the best track records of success of any governmental-affairs professional – having developed and maintained key relationships on both sides of the political aisle for the past three decades.

ACEP Council 2024

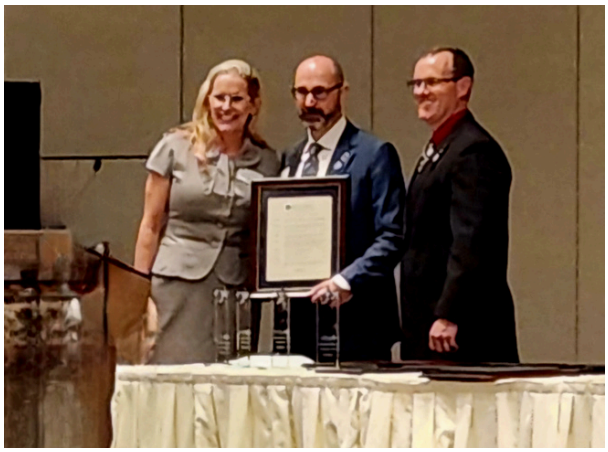
The INACEP delegation recently returned from a successful 2024 Council meeting.

70 resolutions considered
55 resolutions adopted
6 resolutions not adopted
1 resolution withdrawn
9 resolutions referred to ACEP Board of Directors

Four Bylaws resolutions (adopted by the Council) were adopted by ACEP Board and 50 non-Bylaws resolutions (adopted by the Council) were accepted by the Board without any changes on October 2.

Elections for the national President-Elect and the Board of Directors were also held:

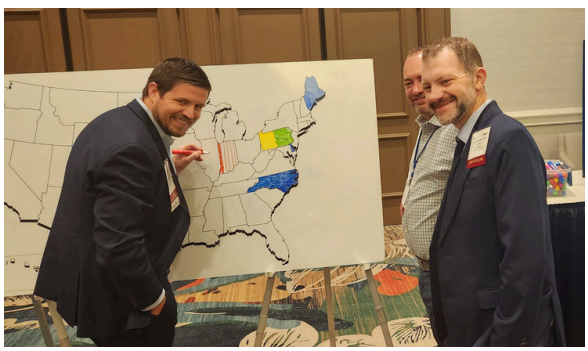
- President-Elect
  - L. Anthony Cirillo, MD, FACEP
- Board of Directors
  - Jennifer Casaletto, MD, FACEP
  - C. Ryan Keay, MD, FACEP
  - Heidi C. Knowles, MS, MD, FACEP (incumbent)
  - Diana B. Nordlund, DO, JD, FACEP

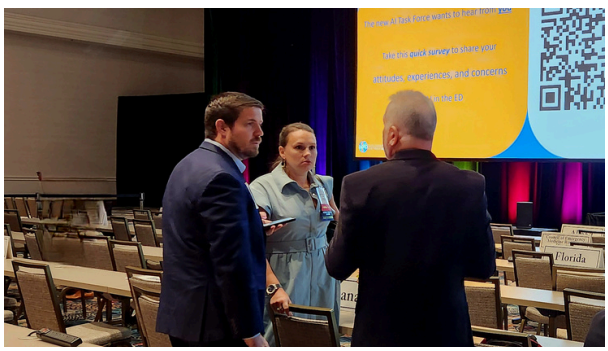


NEXT YEAR'S COUNSEL MEETING:

September 5-6, 2025
Salt Lake City, Utah

Make a difference in 2025 by participating in Council or an INACEP committee





Case Study: Stroke in the Setting of Myocarditis

Authors:
Reena Park, MD,
Jonah Persinger, MD,
Lauren Stewart, MD.
Indiana University
Emergency Medicine
Residency

Overview:
The patient is a 33-year-old male with past medical history of autism spectrum disorder who presented to the emergency department (ED) at 2100 with left sided extremity weakness, aphasia, and dysarthria. The patient's sister had arrived at his house at around 1700 and noticed he dropped a glass out of his left hand, had difficulty with speech, and seemed disoriented. His last known normal was 2200 the night before. The patient and family also reported a recent upper respiratory infection over the past week. On ED arrival, the patient was denying symptoms of weakness, numbness, headache, chest pain, dyspnea, abdominal pain, nausea or vomiting.

Initial Findings and Workup:

Vital Signs: Heart rate: 130s, Respiratory rate: 30s, Blood pressure: 160/120, Oxygen saturation: 100% on room air.

Focused Physical Exam: Tachycardic and tachypneic, but comfortable and non-toxic appearing. Pronator drift of left upper extremity and mild dysarthria present.

Acute Intervention: Stroke 1 alert was activated at 2102, neurology team arrived at bedside at 2107, and patient was emergently taken to the CT scanner.

Imaging:

CT Head, CTA Head and Neck w/wo Contrast: Right middle cerebral artery (MCA) territory infarct involving the right parietal lobe

CTA Chest: Negative for pulmonary embolism (PE), notable for marked cardiomegaly and medial right lower lobe pneumonia

Pertinent Labs: Troponin of 3953, BNP of 2058

Management:
A Stroke 1 Alert was activated on arrival with an NIHSS of 4. The patient was not a TNK candidate, as he was past the window based off his last known well of approximately 23 hours prior to arrival. The patient was not a thrombectomy candidate given the occlusion was at the M3 segment of the MCA. The patient's workup was also concerning for elevated troponin and BNP indicating superimposed cardiac pathology. They were admitted for further workup and management of stroke and elevated cardiac markers. A transthoracic echo was completed upon admission, showing severe left ventricular dysfunction with an ejection fraction of 16%, as well as a large left ventricular apical thrombus. The patient was later confirmed to have Coxsackie B viral antibodies and was diagnosed with post viral myocarditis with the development of a left ventricular thrombus that ultimately led to the patient's acute stroke.

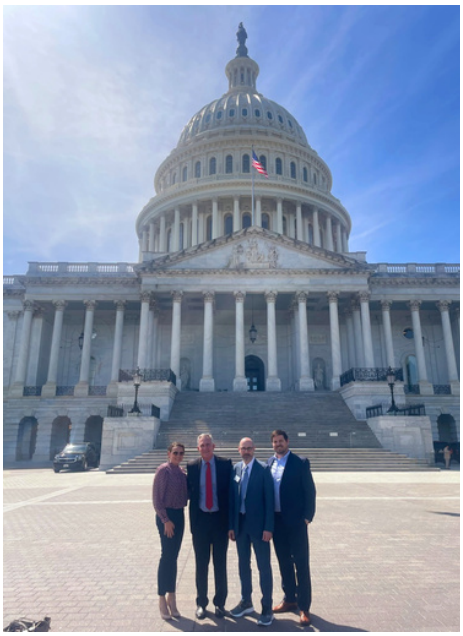
Discussion:
Myocarditis is an inflammatory cardiomyopathy that can be caused by infection, drugs, and other systemic diseases. Common infectious agents include Enterovirus (coxsackie B virus), adenovirus, influenza, etc.Clinical presentations can vastly vary ranging from asymptomatic to development of heart failure, arrhythmias, and cardiogenic shock. Furthermore, intracardiac thrombi can develop as a consequence of valvular or myocardial dysfunction, which can then embolize to cause further complications including cerebrovascular accidents and pulmonary emboli. The acute management of myocarditis remains uncertain and primarily focuses on management of any sequelae including initiation of anticoagulants for intracardiac thrombi and treatment of heart failure.

Conclusion:
The differential diagnosis and work up should remain broad for cerebrovascular accidents in younger patient populations. Given these patients are less likely to have developed a cerebral infarction from a thrombus, causes of emboli from other sources should be widely considered.

References:
Atas H, Samadov F, Sunbul M, Cincin A, Delil K, Mutlu B. Two cases of acute myocarditis with multiple intracardiac thrombi: the role of hypercoagulable States. Heart Views. 2014 Jan;15(1):22-5. doi: 10.4103/1995-705X.132143. PMID: 24949185; PMCID: PMC4062986.
Jiang XJ, Zhang WY. Myocarditis complicated by massive right ventricular thrombus and extensive pulmonary embolism: A case report. Front Surg. 2022 Aug 16;9:924366. doi: 10.3389/fsurg.2022.924366. PMID: 36051705; PMCID: PMC9424664.

IN THE NEWS

Do you have a passion for advocacy? Join the INACEP team on "The Hill" next spring. Contact a board member or Cindy@inacep.org for more information.



Members of INACEP attending April 2024 LAC visits at the Capitol

New Member
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New Residents
Anna Chee, MD
Corbin Cox, MD
Katelyn Lawson, MD
Madison McDole, DO
Michael McGee, MD
Alexandra C Sherry, MD
Brian Davis Tarnai, MD
Kyle Vawter, DO
Dean Walters, MD

New Medical Students
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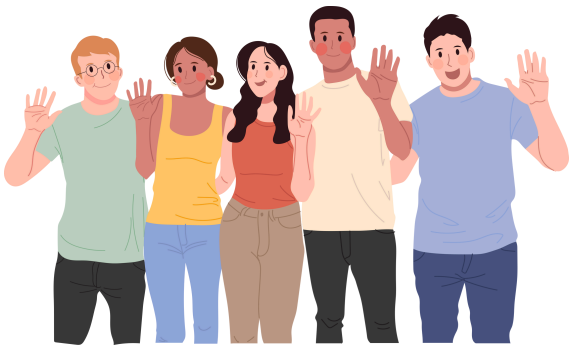
John Jaeger
Justin Charles Pope
Lauryn Padgett



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IEMPAC

Your voice and your contribution are important

Scan to pay

INACEP
Advocacy Fund

The purpose of this fund is to support INACEP's efforts in fighting for those goals we all share as EM physicians.

The goal for this year is centered around securing fair reimbursement,

Here's an easy way to contribute now

or
mail your check to:
INACEP Advocacy Fund
PO Box 17136
Indianapolis, IN 46217

ADVERTISE WITH US

Organizations or individuals that want their message to reach emergency physicians in Indiana will find the EMpulse their number one avenue.

The EMpulse, published four times per year, is mailed to members of the Indiana Chapter of the American College of Emergency Physicians.

This highly focused group includes emergency physicians, residents and students.

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Email: cindy@inacep.org

CONGRATULATIONS!

Alok Harwani MD

IU Health Arnett
IU Health White Memorial

and

Katherine A. Pollard MD

IU Health

on your successful completion of ACEP's Fellow program and your distinction as a
FACEP
credentialed member

INACEP'S 53rd Annual Emergency Medicine Conference
April 24, 2025

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Indiana Chapter
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PO Box 17136
Indianapolis, IN 46217

Phone: 317-455-3335
Email: inacep@inacep.org

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cindy@inacep.org 317-455-3335