

# EM pulse

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



## Inside this Issue

A View From the Top .....	1
INACEP 2024 Conference Wrap Up.....	2
Legislative Update.....	3
Fred Osborn Memorial Award Recipient.....	4
Case Study.....	5
A Message from Nick Sansone, DO, IEMPAC Committee Chair.....	6
INACEP 2024-2025 Officers.....	7
INACEP New Board Members.....	7
Employment Opportunity.....	8
New Members.....	9
Bulletin Board.....	10
Recognition of Conference Exhibitors.....	11

## 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,

Thank you for allowing me the opportunity to serve you as president of INACEP for the coming year. I am both humbled and excited for the opportunity. For those of you I have not been fortunate enough to meet over the years, I currently split time clinically between the Eskenazi ED and IU Health Tipton, where I also serve as the ED medical director.

I have been a part of INACEP for many years, and I look forward to taking on this next role.

I was recently having breakfast with two of our EM colleagues, and in between sharing stories about our families and our departments, we were lamenting how difficult it has become to practice EM on a daily basis. As the "safety net" of the hospital system, we are sifting through record numbers of patients. Simultaneously, we are holding more patients than ever before in our ED's because either there is no bed available in the inpatient setting or we cannot get EMS transfer for a patient for many hours. Throughout all this, we must fight to get appropriately reimbursed. Some days, it can leave us wondering whether this was all worth it.

Despite the challenges presented by our work in the emergency department, we continue to show up. We continue to provide the best care possible for each and every patient, even if we do not have the appropriate resources. We complete the depressing amount

of paperwork required for each patient encounter, even if our electronic medical record system has been hacked, and we do all this with professionalism and kindness (and often a morbid sense of humor).

It is this resilience in the face of often insurmountable obstacles that has always impressed me about our colleagues, and it is this resilience that I hope to mirror with our efforts at INACEP. I have been a part of INACEP for 10 years, and I am proud of the accomplishments we've achieved over that time. Looking toward the coming year, INACEP will continue to fight for fair reimbursement for services provided in the ED by our members. Advocating for this is quite a challenge and takes extensive time and effort on the part of our board. Under Dr. Zimmerman's leadership, we have met with numerous EM physicians and groups throughout the state to develop a better understanding of current reimbursement practices. We have also met with FSSA to express our concerns related to reimbursement of Medicaid

## 'That's A Wrap - Another Successful INACEP Emergency Medicine Conference'

Thanks to all who made our 52nd Annual Emergency Medicine Conference a success. The conference was well attended and included interactive audience participation demonstrations.



Top: Board members Tracy Rahall and Sara Brown practice technique.



Left: Tom Richardson supervises as Daniel Elliott evaluates Chris Ross.



Kyle English puts David Blank to the test even though he was only one-handed on this day.

Below: INACEP President Emily Fitz congratulates and thanks Rising Stars who were selected to present to attendees. Alexandra Weston, Bryce de Venecia, Austin Marett, Emily Fitz (L-R)



We ❤️ our residents! Thanks to IUSM for allowing time for them to attend our conference.

There is also time allotted for a "Residents Forum" which allows residents to meet with potential employers to discuss opportunities.

Do not miss out on next year's Residents Forum. If you wish to participate as an employer, contact Cindy @inacep.org.



### A View from the Top (cont.)

Cont. from p. 1

services in Indiana, and we have worked with state legislators to determine whether legislation could be a part of a solution to this problem.

I would also like to see the autopay list for Indiana FSSA converted from diagnosis codes to a list of diagnoses and better understand how diagnosis codes are selected and billed so that we can better educate our members on this process.

However, these endeavors take significant resources, and it is difficult to challenge organizations that are much larger and more well-funded than our own. While I will be persistent in my efforts, I would appreciate your support. Whether this support is financial in nature or is related to feedback or insight, it is greatly valued. Please feel free to reach out to me at any time with questions, concerns, or ideas. Thank you again for the opportunity to serve you, and thank you for your resilience in a society that often does not appreciate the work you do on a daily basis.

# Legislative Update

by Lou Belch, The Corydon Group

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

In late December, the State budget committee was informed of a Medicaid shortfall in fiscal year 2025 of \$1 Billion. The General Assembly did not take any action to address the shortfall and has left it to the Office of Medicaid Policy and Planning to implement necessary changes. In the 2023 Session a provision was passed that set the Medicaid physician fee schedule at 100% of Medicare. With the statutory provision in place, it would be against State law to cut the physician fee schedule. We will continue to monitor changes as they are implemented.

Once the Session ended, legislators and other candidates set their sights on the primary election. At the top of the ticket was the GOP race for Governor. US Sen. Mike Braun led in the polls essentially from the start of the campaign though the finish line on May 7th. The Democrats did not have a primary contest and former Superintendent of Public Instruction, Jennifer McCormick is their candidate. Both parties will select the Lt. Governor candidate at their conventions in June.

Rhonda Sharp, MD was defeated in a Republican primary bid to replace retiring State Rep. Dennis Zent, DDS. Dr. Sharp is a family physician practicing in LaGrange County.

In a bit of a surprise, State Rep. Rita Flemming, MD (D-Jeffersonville) announced after the primary that she was resigning effective immediately. Precinct Committeemen will meet to caucus to fill the remaining time in her existing term and replace her on the ballot.



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.

The Legislative Council met on May 14th to assign topics for study this interim. There was nothing new assigned regarding health issues. The Health Care Cost Task Force was appointed last summer to do a 2 year study to make recommendations for the 2025 Session. The Medicaid Oversight Committee was likewise created last summer. They were broadly task with monitoring the Medicaid program without specific items. Indiana ACEP leadership will continue to monitor issues as they develop.

## Members of Indiana's Chapter participate in Leadership and Advocacy Conference in April and take emergency medicine ideas and concerns to the Hill.



Representative/Dr. Larry Buschon with INACEP leadership. (Emily Fitz, Kyle English, Rep. Buschon, JT Finnell, Jamie Shoemaker I-r)



Representative Jim Baird met with Indiana emergency physicians to discuss their concerns in a difficult health care climate. (William Freudenthal, Emily Fitz, Rep. Baird, Daniel Elliott, JT Finnell I-r)



## Fred Osborn Memorial Award – Excellence in Emergency Medicine



### Positions of Leadership:

- **President, INACEP, 2017 – 2018**
- **Vice President/Education chair, INACEP, 2016 – 2017**
- **Secretary/treasurer, INACEP, 2015-2016**
- **ED Medical Director, Deaconess Hospital, Evansville,**
- **Medical executive council member, Deaconess Hospital, Evansville**
- **EMS medical director, Gibson EMS**

Dr. Gina Huhnke has been an emergency physician in the state of Indiana since she graduated from the IU School of Medicine in 1987. She trained at the Methodist Hospital EM residency in Indianapolis and has been practicing as a clinical emergency physician for over 30 years at Deaconess Hospital in Evansville, Indiana. Dr. Huhnke has held numerous leadership positions within her group, but her greatest contributions may be her professionalism, kindness, and excellence in clinical care.

Dr. Huhnke is described by colleagues as competent, efficient and compassionate. She is well-loved by colleagues and staff alike, and her partners have always been impressed by her ability to quickly develop a rapport with patients and to take the time to address their needs. One colleague stated that she always “seemed to strike the right balance at work” and that if you walked into the hospital and saw that you were going to work with Dr. Huhnke, “you knew it would be a good day.” Further, this colleague stated that in a field that was predominantly dominated by men, Dr. Huhnke provided an important, different perspective and served as an excellent role model for everyone -- but especially for young women interested in medicine.

Dr. Huhnke has also held numerous leadership positions at Deaconess Hospital, including serving on the medical executive committee and having served as the ED medical director. Deaconess is a large emergency department and level II trauma center. In addition to her daily activities in this role, she fostered the department through the COVID pandemic and helped maintain a functioning, competent emergency department during that difficult time.

Dr. Huhnke is not only committed to her clinical and administrative work at Deaconess Hospital, She has been heavily involved in her local community over the past 30 years. She has served on numerous EMS oversight committees, and she even served as EMS medical director for Gibson County EMS. Dr. Huhnke also used her experience in the emergency department to help advocate for and establish a sobering center in Evansville, IN, for patients in need.

Dr. Huhnke has devoted many years to her professional association. She served, and continues to serve, INACEP as a board member. She joined the INACEP executive committee and took on the additional leadership roles of secretary/treasurer, vice president/education chair and president (2017-2018). During her time leading INACEP, Dr. Huhnke advocated for both patients and EM physicians at Indiana's statehouse and at national ACEP council meetings, where she served as a councilor from Indiana numerous times. To this day, Dr. Huhnke will approach INACEP with ideas and recommendations related to EMS and emergency medicine, whether it be expressing her opinion about state legislation or proposing resolutions for the ACEP council meeting.

**WELL DESERVED, DR. HUHNKE!**

CONGRATULATIONS

## Case Study: Vaginal Bleeding in the Non-Pregnant Patient



**Authors:**  
Chiamara Anokwute, MD  
Nancy Globber, MD  
Indiana University Emergency  
Medicine Residency

### Overview:

A 35-year-old female with past medical history notable for type 2 diabetes and obesity and a strong family history of fibroids and uterine cancer presented with vaginal bleeding for 11 days. Typically, her menstrual periods were limited to 5 days. She had no history of bleeding disorder and no bleeding from other sites. She reported using 5-7 pads a day and endorsed cramping abdominal pain similar to prior menstrual cramps. She also reported new onset light headedness.

### Initial Findings and Workup:

**Vital Signs:** BP: 151/82 | HR: 80 | RR: 16 | SpO2: 99% on RA | T: 36.8 °C

**Physical Exam:** Nontoxic appearing. Alert and oriented. Normal heart rate and regular rhythm. Abdomen soft, nontender, nondistended. Genitourinary exam remarkable for frank blood in vaginal vault, closed cervix, no active bleeding visualized.

**Initial Laboratory Studies:** Hgb 12.2 | Plt 485 | No electrolyte abnormality | Hyperglycemic to 209 | ALT/AST 25/16 | Urine pregnancy test: Negative

**Imaging:** Transvaginal ultrasound without structural abnormality of uterus, fallopian tubes or ovaries

**Management:** Discussion with the patient about the risks and benefits of treatment included three options: oral contraceptives, tranexamic acid, and expectant management. The patient was not comfortable with oral contraceptives due to her family history of uterine cancer. Furthermore, she wanted to have an intervention due to the light headedness she had developed. We made the shared decision to treat with tranexamic acid.

### Discussion:

Abnormal uterine bleeding, sometimes referred to as dysfunctional uterine bleeding, comprises approximately 5% of ED visits; some of those patients have acute life-threatening bleeding.

The symptoms can cause the patient significant distress. Management should begin with assessing the patient's hemodynamic stability and determining the patient's pregnancy status. This report focuses on management of patients with stable uterine bleeding in the absence of pregnancy.

The initialism PALM-COIEN is a helpful tool to remember common etiologies of abnormal uterine bleeding. The acronym includes structural (Polyps, Adenomyosis, Leiomyomas, Malignancy) and non-structural (Coagulopathy, Ovulation, Iatrogenic, Endometrial, Not classified) etiologies of uterine bleeding. Imaging of the uterus can identify each of the noted structural etiologies. History and laboratory investigation can identify non-structural causes. Both inherited and acquirable coagulopathies should be considered.

**Treatment options** to reduce the volume and duration of bleeding are outlined below (*contraindications are in italics*)

-Combined oral contraceptive pills (30-35 ug of ethinyl estradiol : 1 mg of progestin. Estrogen promotes the formation of the uterine lining, halting the sloughing process. While progestin maintains the lining.

*Thrombosis history, Pregnancy or attempting to become pregnant, >34yo and smoking, history of/ongoing estrogen-responsive malignancy (or suspicion for malignancy), Liver disease, migraine with aura*

-Progestins mimic the luteal phase leading to maintenance of uterine lining until progestin is withdrawn

*Thrombosis history, liver disease, malignancy*

-Tranexamic acid, antifibrinolytic

*Thrombosis history, subarachnoid hemorrhage*

-NSAIDs, decrease prostaglandins leading to uterine vasoconstriction with the added benefit of analgesia

*Renal failure, history of GI bleeding or ulcers*

### Conclusion:

The stable non-pregnant abnormal uterine bleeding patient can be assessed for structural etiologies of bleeding with transvaginal ultrasound. An endometrial biopsy may ultimately be indicated but is often hard to obtain in the emergency department. The necessity of obtaining this imaging in the emergency department rather than as an outpatient with a gynecologist depends on the provider, facility, and presentation of patient. An emergency medicine physician should evaluate the patient for non-structural causes of abnormal uterine bleeding through a thorough patient history and laboratory studies. Emergency department management includes various pharmacologic options that require balancing risk to the patient and patient

Cont. p. 9

## A Message From Nick Sansone, DO, FACEP, IEMPAC Committee Chair



**"A group donation could be very meaningful and will allow INACEP/IEMPAC to continue to stand up for Indiana emergency physicians and our patients."**

This July 4th will be my fourteenth year practicing community emergency medicine in Indiana. I'm proud it's been with democratic independent physician groups. Originally from New Jersey, I went to medical school in New York and trained in Chicago. My family members and friends from the east coast always ask me, "Why Indiana?" The answer was very simple. "Indiana is a great place to practice emergency medicine." Unfortunately, there has been a great deal of change in the last fourteen years.

Why was Indiana so great? To start, there was a very limited amount of large contract management groups in the state. The landscape was dominated by democratic independent physician-led groups. There was more robust primary care, and specifically, coverage in the smaller and medium size communities. Insurance companies (for the most part) paid claims and paid them on time. There was a more collaborative team approach with advanced practice providers and physicians.

I miss those days!

Today, of course, is very different. In my opinion, the current state of emergency medicine in Indiana is in trouble and in many cases, we are struggling to meet the needs of our patients. Not to mention, what we are doing to our work force. The landscape is dominated by large CMGs and private equity enterprises. Staffing is critically low, leading to more independent practice by advance practice providers, and compensation is at an all-time low, largely due to unfair billing practices and frustrations with Anthem Medicaid.

Despite all these challenges, I still love to practice emergency medicine in Indiana. We need to have a louder voice so we can continue to have positive change. I'm proud to be a board member with INACEP while we try to be that voice. INACEP's advocacy against ED violence, advance practice provider independent practice, and recent action addressing our position that Anthem Medicaid

uses unfair practices in applying its prudent layperson standard are all critical actions that protect our patients and support Indiana emergency physicians.

IEMPAC is the political advocacy arm of INACEP. Many members every year contribute funds and I thank you. Unfortunately, large corporations dominating emergency care, APP lobby groups, and insurance companies have large PACs with deep pockets. Now more than ever we need more than individual member funding.

ED groups have the ability to contribute directly to IEMPAC. As a partner in Indiana Emergency Care Staffing Solutions (IECSS), a small democratic physician group, I am pleased to announce IECSS is the first physician group to directly contribute to IEMPAC in many years. It's donation of \$5000 will go directly to important issues facing all groups, especially struggling independent practices. It is donations like this that can result in meaningful change for our patients and emergency physicians.

I implore INACEP members and nonmembers to consider a donation to IEMPAC\*. Better yet, talk to your fellow physicians and partners. A group donation could be very meaningful and will allow INACEP/IEMPAC to continue to stand up for Indiana Emergency Physicians and our patients.

Let's continue to ensure Indiana is a great place to practice emergency medicine!

Nick Sansone DO FACEP  
IEMPAC Committee Chairman

\*Indiana campaign finance laws establish parameters on business contributions. Contact [Cindy@inacep.org](mailto:Cindy@inacep.org) and learn how your group can support IEMPAC!

### 2024 IEMPAC Group Practice Donors

**Indiana Emergency Care Staffing Solutions  
\$5000**

### 2024 IEMPAC Individual Donors

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### Congratulations to INACEP's 2024-2025 Officers



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President



Kyle English MD FACEP  
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Eric Yazel MD FACEP  
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### Welcome to INACEP's Newest Board Members

*thank you*



Benjamin Chastain, MD  
Columbus, IN



Jack "Doug" Scott  
Fort Wayne, Indiana



Thank you for your service!,  
Lindsay Zimmerman MD FACEP  
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## IN THE NEWS

### Case Study (cont.)

Cont. from p. 5

preference. Pharmaceutical management should be paired with urgent gynecologist follow-up for reassessment and further evaluation.

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Herbert M, Swadron S, Morrison M, Mason J. Non-Pregnant Vaginal Bleeding. EM:Rap. Oct 1, 2016. <https://www.emrap.org/hd/playlist/uc-courses/episode/key-topics-in-urgent-care/abnormaluterine>.

**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**



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