



FROM THE PRESIDENT

## Accountability

**“There’s always a moment that separates the past from the future, and that moment is now.” - Aniekee Tochukwu Ezekiel**

*by Andrew French, MD, FACEP*

This month marks the release of arguably the most comprehensive opioid guidelines ever produced by an ACEP state chapter. After months of work with countless hours of editing and design, members of our chapter, with the help from representatives from the field of pharmacy, nursing, and addiction specialists, have created a document that will lead practice change throughout our state and will likely influence the national discussion on the approach to the opioid epidemic.

**As daunting as this may seem, I hope challenge itself feels exciting. As author Steve Maraboli says “The right thing to do and the hard thing to do are usually the same.”**

The dedication to the opioid issue by emergency providers in Colorado has caused me to reflect on the issue of accountability.

While no one should imply that emergency medicine is the root cause of the national opioid crisis that has not stopped us from holding ourselves accountable for the part we play as healthcare providers and leaders in public safety.

The newly published guidelines are a first and monumental step in a move toward accountability for our part in this health epidemic. In order for us to lead and make a continued impact, we must move from the state level down to the department and even individual provider when it comes to addressing this problem and demonstrating true accountability. Emergency Departments across the state will need to find ways to incorporate these recommendations into everyday practice. Individual providers may have to change prescribing behaviors, script their discussions around pain management with patients, and embrace data related to their use of opioids in comparison to peers. Each of us may need to learn new skills to manage pain or even become trained in practices such as buprenorphine induction.

This must all be accomplished while appropriately treating the pain of our patients, remaining empathetic and minimizing suffering. As daunting as this may seem, I hope challenge itself feels exciting. As author Steve Maraboli says “The right thing to do and the hard thing to do are usually the same.”

As we look toward the future and the issues facing emergency medicine in our state and nation, we should strive to move forward in the same manner of

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# EPIC

Colorado Chapter



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

*"The mission of the Colorado Chapter, American College of Emergency Physicians is to serve as the primary organization in the State of Colorado representing the specialty of Emergency Medicine, promoting the interests and values of emergency physicians and patients by giving physicians the tools to support the highest quality of emergency medical care."*

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accountability with which we have approached the issue of opioids. Emergency medicine is sometimes inappropriately identified as the source of many healthcare woes like opioid addiction or healthcare costs. Our accountability comes not through idly denying fault, but through a mature understanding that we may play a role, however large or small, in contributing to the problems at hand. It is this view of accountability combined with our creativity, ability to adapt, and willingness to contribute to solutions that will continue to demonstrate our leadership in the house of medicine.

As we enter the summer, I encourage each of you to take time and reflect on the accountability we have to positively impact the state of healthcare and take pride in how each of you improves the lives of patients every day. **E**

## JOIN US

# UPCOMING COLORADO ACEP MEETINGS

- July 19
- Sept. 20
- Nov. 15

CO ACEP Meetings will be held at  
COPIC/CMS Headquarters • 7351 Lowry Blvd.  
Meetings begin at 12:00 Noon • Lunch provided



# 2017 Emergency Medicine Boot Camp

## Rocky Vista University College of Osteopathic Medicine

By David Ross, DO FACEP

On Saturday, April 15 2017, the second Emergency Medicine (EM) Boot Camp was held at Rocky Vista University College of Osteopathic Medicine (RVUCOM). Like its predecessor in 2016, the EM Boot Camp is aimed at providing third year medical students with interest in EM an opportunity to network with EM residents and community EM attendings and to learn EM audition rotation strategies. The Boot Camp also provides a variety of skill stations commonly encountered by students rotating in emergency departments with the goal of best preparing students to excel during the auditions.

Approximately 25 third year RVUCOM students attended, along with 5 second year students. First year students served as ultrasound models for the upperclassmen. Students from the University of Colorado School of Medicine were also invited.

Four RVUCOM students led the planning and implementation of the 2017 EM Boot Camp. Second year students, Amanda Ammentorp and Daniel Morrad, along with third year students Danika Evans and Adam Olson were instrumental in the success of this year's Boot Camp.

Boot Camp attendees heard presentations from three 4th year students on successfully matching into an EM residency. This was followed by a brief presentation by David Ross, DO discussing "Chest Pain Diagnoses You Gotta Know." Utilizing guest faculty, students then participated in the following sessions:

- **Sample Case Presentations to an EM attending or resident**
- **Airway management**
- **Suturing and knot tying**
- **Ultrasound**
- **Trauma case management using a high fidelity patient simulator**

Participants also heard a presentation from Zach Jarou, MD, Denver Health EM resident and President-Elect of the Emergency Medicine Residents Association (EMRA), on the benefits of EMRA and ACEP membership. The final event of the day was an excellent lecture by Graham Ingalsbe, MD, Denver Health EM Chief Resident entitled, "How to Succeed on Your EM Sub-Internship."

The organizing students as well as RVUCOM faculty advisor, David Ross, and our attendees, are very grateful for all guest

*Danika Evans and  
EMRA President  
Zach Jarou, MD*

faculty who volunteered their time to make the Boot Camp a very worthwhile experience. We could not have this conference without these contributors.

In addition to Drs. Jarou and Ingalsbe, guest faculty included:

- **Gene Eby, MD**
- **Doug Hill, DO**
- **Devon Isaacson, DO**
- **David McArdle, MD**
- **Chris Post, MD**
- **Molly Thiessen, MD**
- **Sharon Atencio, OMS IV**
- **Ethan Saffer, OMS IV**
- **Lauren Warner, OMS IV**

In preparation for the 2017 EM Boot Camp, the organizing students submitted a \$1,000 grant request to EMRA to assist with funding. The students were honored to learn in April, 2017 that the Boot Camp project had been awarded the grant. As a result, student Danika Evans traveled to the SAEM Conference in Orlando FL in May to formally receive the grant at the EMRA luncheon. The award will help ensure that we can offer the Boot Camp to future third year students. We thank EMRA for its support. **E**





# Colorado's General Assembly Concludes Business for 2017

By Suzanne Hamilton

Even with a few frustrating days it was a very successful session for Colorado ACEP. Below are the highlights of this 2017 Legislative Session. It needs to be noted that we have some work to do this interim. We have been given the opportunity to come forward with recommendations as to how to regulate FSEDs. Likewise, we have been awarded a seat at the table to make recommendations regarding opioid abuse and what the state and physicians can do to decrease the abuse. We must use these months wisely or in the next session we will be bystanders as these issues are tackled without our input.

- **Blocked an aggressive push by the trial lawyers to strip the damage caps from minors' wrongful death lawsuits (HB17-1254)**
- **Blocked an FSED bill that would have required physicians to violate EMTALA or be in violation of State law (SB17-064)**
- **Secured an interim work group on FSEDs**
- **Enacted a formal interim committee to make recommendations regarding curbing opioid abuse and prescribing practices**
- **Enacted a mandate that health plans reimburse telemedicine claims submitted via any secure program. (HB17-1094)**
- **Blocked a requirement to have all physicians pay for and be fingerprint background checked (HB17-1115?)**
- **Blocked a clinical overreach by naturopaths to obtain, administer, dispense, prescribe and treat with intravenous**

**minerals, amino acids and hormones (SB17-106)**

- **Blocked an attempt by the state's largest payer to access confidential medical information and physician prescribing practices through the PDMP (HB17-1351)**
- **Secured a Medicaid payment increase of 1.4 percent for most providers (SB17-254)**
- **Enacted laws that grant physicians standing, and legal protection from retaliation, to bring patterns of abuse by insurance companies directly to the Division of Insurance (HB17-1173)**
- **Enacted a law requiring the upfront disclosure of how plans organize and narrow their physician networks (SB17-088)**

New legislation we must learn to live with include:

- HB17-1322 – It allows for discretion when deciding whether to report injuries resulting from domestic violence. We were able to secure immunity for either reporting or not reporting.
- HB17-1139 – While we were able to amend this bill in accordance with legal advice, the bill remains imperfect. When a physician bills a patient, not knowing if that they are a Medicaid recipient, the physicians will have 30 days after being made aware of Medicaid coverage to halt collection activities against the patient.

A full report can be found on the Colorado ACEP website. **E**

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# Medical Specialties Applaud Passage of AMA Resolution to **END THE SURPRISE INSURANCE GAP**

By Mike Baldyga  
ACEP Public Relations Manager

WASHINGTON – The American College of Emergency Physicians (ACEP), the American Society of Anesthesia (ASA) and Physicians for Fair Coverage (PFC) today commended the American Medical Association’s (AMA) House of Delegates for approving Resolution #115 to end the surprise insurance gap by addressing out-of-network surprise

billing in a way that holds patients financially harmless and uses a non-profit, conflict-free database to benchmark out-of-network payments.

The House of Delegates resolution also directs AMA to develop model state legislation addressing the coverage of and payment for unanticipated out-of-network care.

“Health insurance companies have a long history of

denying care for emergency patients. They are misleading them by selling so-called ‘affordable’ health policies that cover very little, then blaming medical providers for the charges,” said Rebecca Parker, MD, FACEP, president of the American College of Emergency Physicians (ACEP). “Emergency

physicians have proposed solutions such as a recently passed law in Connecticut which requires the use of an independent and transparent charge-based database for unexpected care. We are urging policymakers at the state level to implement these type of solutions, which will take patients out of the middle.”

The underlying cause of surprise medical bills is that insurance companies are creating extremely narrow physician networks – especially in emergency care. Insurers are using the Emergency Medical Treatment and Labor Act (EMTALA), which was originally established to ensure that patients are not turned away at the emergency department, to force physicians to accept take-it-or-leave-it reimbursement deals that can put them out of business or leave them practicing out-of-network. Unfortunately, this surprise insurance gap leaves patients and their physicians to deal with this issue while insurers wriggle out of coverage they should be providing and reap record profits year after year.

“The entire House of Medicine is now united in how to end the surprise insurance gap and protect the patients for whom our physicians provide care,” said Michele Kimball, president and CEO of Physicians for Fair Coverage. “We’ve put forth solutions in state legislatures that bans surprise billing and hold insurance companies accountable in a way that also protects patients’ access to emergency services. This resolution means that every physician organization is proactively addressing this issue in way that puts patients first. PFC is immensely grateful to ACEP and the American Society of Anesthesiologists for their leadership in bringing this before the AMA and working to secure its passage.” PFC, ACEP, ASA and other specialty organizations have led the fight in state legislatures to end surprise billing and close the insurance gap by advocating for legislation that takes patients out of the middle of billing disputes and uses a database of charges run by a non-profit national, independent, nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information.

“My family fell victim to this problem too. I can share that while balance bills are the symptoms of the issue, the cause is gaps in insurance coverage,” said ASA President Jeffrey S. Plagenhoef, M.D. “Maintaining accessible networks with

**“HEALTH  
INSURANCE  
COMPANIES** have a long history of denying care for emergency patients. They are misleading them by selling so-called ‘affordable’ health policies that cover very little, then blaming medical providers for the charges.”  
– **Becky Parker, MD, FACEP**

adequate numbers of physicians and all services, as well as a mechanism for fair out-of-network payment are the keys to solving this problem, I'm thrilled the House of Medicine sees it that way too."

The AMA House of Delegates Resolution is as follows:

- Patients must not be financially penalized for receiving unanticipated care from an out-of-network provider.
- Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to hospital-based physician specialties. State regulators should enforce such standards through active regulation of health insurance company plans.
- Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur.
- Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians.
- Patients who are seeking emergency care should be protected under the "prudent layperson" legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered.
- Out-of-network payments must not be based on a contrived percentage of the Medicare rate or rates determined by the insurance company.
- A minimum coverage standard for unanticipated out-of-network services should be identified. The minimum coverage standard should pay out-of-network providers at the usual and customary out-of-network charges for services, with the definition of usual and customary being based upon a percentile of all out-of-network charges for the particular health care service performed by a provider in the same or similar specialty and provided in the same geographical area as reported by a benchmarking database. Such a benchmarking database must be independently recognized and verifiable, completely transparent, independent of the control of either payers or providers and maintained by a non-profit organization. The non-profit organization shall not be affiliated with an insurer, a municipal cooperative health benefit plan or health management organization.
- Mediation should be permitted in those instances where the physician's unique background or skills (e.g. the Gould Criteria) are not accounted for within a minimum coverage standard. (New HOD Policy); and be it further RESOLVED, that our AMA develop model state legislation addressing the coverage of and payment for unanticipated out-of-network care. (Directive to Take Action). **E**

**SAVE THE DATE!**

## 8th Annual COLORADO ACEP SYMPOSIUM ON EMERGENCY MEDICINE



Sept. 13, 2017  
3:00pm - 7:00pm  
Denver, Colo.





# Colorado ACEP Opioid Prescribing & Treatment Guidelines Released

By Erik Verzemnieks, MD

No one within the healthcare community is immune to the opioid epidemic gripping the country. Nationwide, opioids are the greatest contributor to overdose deaths. Opioids now kill more Americans than motor vehicle collisions and overdose has become the number one cause of death for Americans under the age of 50. Colorado is particularly affected by misuse of prescription opioids, where we rank 12th. Use of illicit opioids such as heroin also continues to rise. Those suffering from opioid misuse, both prescription and illicit, are seen in our emergency departments daily for overdose, complications, and doctor-shopping – with no clear end in site. We in medicine must accept our role in causing this epidemic, as 55% of those who misuse prescription opioids receive them from a friend's or family's extra pills. Think heroin use isn't related? Think again - four out of five heroin users turn to it after *first* abusing prescription painkillers.

It is time to start fighting back against this epidemic and provide better care for our patients. After over one year of work, Colorado ACEP is proud to present the most

comprehensive guidelines in the nation, focused on how we can address the opioid epidemic through the Emergency Department. Through the hard work and determination of more than 20 medical professionals, addiction specialist and harm reduction experts on the task force, the guidelines are intended to be an essential reference as we battle this raging epidemic. We believe these guidelines will provide emergency physicians within our state an essential resource and foundation to help reduce opioid prescribing, more appropriately treat acute pain through alternative pathways, and funnel those with opioid abuse and addiction into recovery and treatment. They also provide both practice and policy recommendations within four pillars to address the epidemic locally within your own emergency department and policy makers across the state:

1. Limiting Opioids in the Emergency Department
2. Alternative Treatments to Opioids for Pain
3. Harm Reduction
4. Addiction Treatment and Referral for Opioid Addicted Patients

*Continued on page 8*

## WE BELIEVE THESE GUIDELINES

will provide emergency physicians within our state an essential resource and foundation to help reduce opioid prescribing, more appropriately treat acute pain through alternative pathways, and funnel those with opioid abuse and addiction into recovery and treatment.



## OPIOID CRISIS

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Coinciding with the release of these guidelines is a pilot study implementing the guidelines and studying the effects on patient care. Through a groundbreaking collaboration with the Colorado Hospital Association, a total of eight hospital and three freestanding emergency departments are participating:

- Swedish Medical Center
- Boulder Community Center
- Gunnison Valley Health
- Medical Center of the Rockies
- UCHHealth-Greeley Emergency & Surgery Center
- Poudre Valley Hospital & UCHHealth Emergency Room

- Sedgwick County Health Center
- Sky Ridge Medical Center
- Yampa Valley Medical Center

Already, the rollout has been featured in the *Denver Post*, KDVR Fox 31, and *Steamboat Today*, gaining significant local exposure to our medical community's efforts.

Currently, you can access the Colorado ACEP Opioid Prescribing & Treatment Guidelines [HERE](#). We encourage you to review these guidelines, adopt them into your practice & join your fellow emergency medicine physicians within Colorado fighting this epidemic. [E](#)

## TAKE THE SURVEY!

**We need your input to guide Colorado's PDMP enhancement projects.**

Prescription Drug Monitoring Programs (PDMP) have been identified as a promising practice to reduce risky opioid prescribing. To improve provider utilization of the PDMP in Colorado, the Colorado Department of Public Health and Environment (CD-PHE) is directing multiple projects to improve access to the PDMP and the overall user experience. In order to guide Colorado's PDMP enhancement projects, we are requesting your participation in the PDMP User Survey. Findings from the PDMP User Survey will inform system enhancement to help improve PDMP use as a clinical tool. Gathering information from those who use the system is the most effective way to make meaningful changes to the PDMP and reduce prescription drug misuse. Your assistance in completing and distributing this survey is greatly appreciated.

[CLICK HERE TO GIVE YOUR INPUT](#)





# The History of Emergency Medicine in Denver

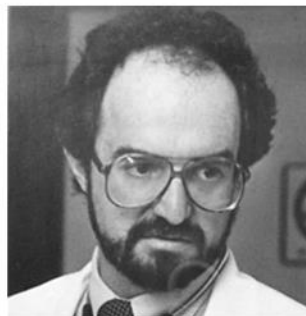
DENVER GENERAL HOSPITAL

## Speakers:



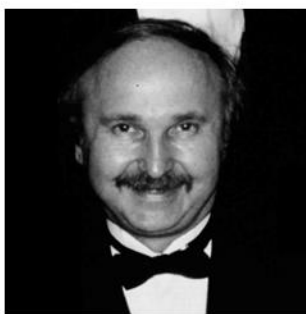
Dr. Stephen  
Cantrill

Dr. Peter  
Pons



Dr. Ben  
Honigman

Dr. Peter  
Rosen



Dr. Vince  
Markovchick

**Wednesday, July 5, 2017**  
**Rita Bass, 190 W 6th Ave**  
**Denver, 80204**  
**9:00-11:00am**  
**Refreshments will be served**