



## FROM THE PRESIDENT

# Opportunity to Lead

*by Andrew French,  
MD, FACEP*

Returning from the ACEP council meeting, I am continually struck not only by the power of our national organization but our own state chapter in its ability to impact change and advocate for our fellow emergency medicine physicians. I will not belabor the details of the council as you will find a synopsis within this newsletter.

Our ability to band together, fight for each other, advocate for our patients, and defend our practice while advancing public policy is astounding. More and more, local and national government organizations and leaders are looking to emergency medicine for guidance. Whether the topic is quality, safety, reimbursement, public health, or any other number of healthcare related issues, there is none better positioned than the community of emergency medicine to provide expert commentary on these items.

Opportunity to lead is abundant and the need continues to grow. Even though we seek to expand our state level partnerships with organizations like the Society of Emergency Physician Assistants (SEMPA) and the Emergency Nurses Association (ENA), the need for more emergency physicians to lead our community, our state, and our specialty has never been greater. Without our input, decisions will be made for us, not with us. Decisions will be made without the expertise of those who understand the needs of our patients and our specialty. Choices will be made without the intricate knowledge of the healthcare system that is absolutely necessary to craft

the legislation and steer the decisions that will impact our everyday practice.

Early in my career the prospect of voicing my opinion in front of the COACEP board much less a congressman felt intimidating. This was until I realized that our board cares for and respects every emergency physician in this state equally regardless of background or opinion. It wasn't until I realized that what our legislators really need to hear are our stories, not an eloquently crafted discourse on the specifics of politics or bipartisan relations. They need to hear what you know, what you feel, and what you see.

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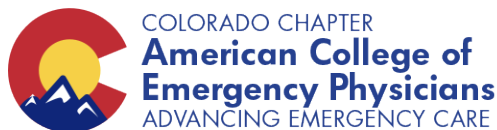
As the calendar year comes to a close, we are on the verge of another legislative session. I urge each emergency physician in our state to continue to unmask what often remains a mystery for the decision makers in our state; what is an emergency medicine physician, what do we do, and what hardships do we face? More importantly, what changes can be made to allow us to provide higher quality, more effective care for our patients.

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# EPIC



*"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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I challenge each of you to find one of the many stories you have that directly correlate to legislation on healthcare. Then take less than 5 minutes to share these stories. Write an email, make a phone call, leave a voicemail, or send a Tweet, and demonstrate to

**Write an email, make a phone call, leave a voicemail, or send a Tweet, and demonstrate to our senators and house representatives that we have the expert knowledge and experience on many of the issues facing our state and our patients.**

our senators and house representatives that we have the expert knowledge and experience on many of the issues facing our state and our patients. When the power of our voices is heard together, our specialty will shine. **E**

JOIN US

# ANNUAL MEETING



**January 17, 2018  
12:00 Noon  
Denver ChopHouse**

1735 19th Street • Suite 100  
Denver, CO 80202

**See You There!**





# Report on the 2017 ACEP Council Meeting Washington, DC, October 27 and 28, 2017

By Doug Hill, DO, FACEP

The Council is the assembly of 410 members from ACEP's 53 chapters, 37 sections, the Emergency Medicine Residents' Association (EMRA), the Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Residency Directors (CORD), and the Society for Academic Emergency Medicine (SAEM). The Council serves as representatives of their constituents throughout the year leading up to the Annual Council Meeting, held in conjunction with the Scientific Assembly each fall. The duties and powers of the Council include advising and instructing the Board of Directors on any matter of importance to the College and Emergency Medicine in general. The Council develops and acts on resolutions, directing College policy, which are then reviewed by the Board, and if approved become effective and give direction to the Board. In addition, the Council maintains the Bylaws, amending them when appropriate, and elects the Council Officers, the President-elect, and the members of the Board of Directors.

This year the Council reviewed and discussed 55 resolutions and **adopted** the following resolutions, some amended, to be forwarded to the Board for approval. These included: 911 number access and pre-arrival instructions; CPR training; Demonstrating the value of EM to policymakers and the public; Coverage for patient home meds while under observation status; Essential meds; Generic injectable drug shortages; ACEP Wellness Center services; Workforce violence; Retirement or interruption of clinical emergency practice; Expanding ACEP policy on workforce diversity in health care settings; Maternity and paternity leave; Guidelines for opioid prescribing; Participation in ED information exchange and prescription drug monitoring; Study and Development of supervised injection facilities; and Support for harm reduction and syringe services programs.

Resolutions that were **not adopted** (defeated) were:  
Developing an ACEP Policy of having no position related to



## ACEP COUNCIL MEETING

the medical use of cannabis; and The use of cannabis as an exit drug for opioid dependency.

Several resolutions were **referred** to the Board (for further study and background development, or perhaps the Board was already working on these issues). Included were: Promoting clinical effectiveness; Improving patient safety through transparency in malpractice settlements; Maintenance of competence for practicing emergency physicians; Group contract negotiation to end-of-term timeframes; Legislation requiring hyperbaric medical facility accreditation for federal payment; Reimbursement for hep C virus testing performed in the ED; Prescription drug pricing; Immigrant and non-citizen access to care; Freestanding emergency centers as a care model for maintaining access to emergency care in underserved, rural, and federally declared disaster areas; and finally the Impact of climate change on patient health and implications for EM.

At the awards luncheon on the second day, the Council commended Dr James Cusick by resolution acknowledging

his service to the College and the Council as its Vice-speaker and Speaker. **RESOLVED**, That the American College of Emergency Physicians commends James M. Cusick, MD, FACEP, as a practicing emergency physician rendering excellent care to the patients we serve, for his leadership in the College as Council Vice-Speaker and Council Speaker over the past four years, and for his lifetime of service and dedication to the specialty of Emergency Medicine.

We would like to express our sincere thanks to our Councillors and Alternates for their time and commitment to the Colorado Chapter and Emergency Medicine issues, and for their excellent testimony at the Reference Committees and on the Council floor. They are: Andrew French, MD, FACEP; Nathaniel Hibbs, DO, FACEP; Doug Hill, DO, FACEP; Christopher Johnston, MD; Carla Murphy, DO, FACEP; Mark Notash, MD; Eric Olsen, MD, FACEP; Don Stader, MD, FACEP; James Thompson, MD, FACEP; and Erik Verzemnieks, MD. **E**

*At the Hill with Senator Michael Bennet.*





# 2017 ACEP Council Supports Colorado ACEP Opioid Resolutions

By Erik Versemnickes, MD

As the tricks and treats of Halloween came to pass, so did the resolutions proposed by Donald Stader and myself at the 2017 ACEP Council Meeting in Washington, D.C. As part of their two-day deliberation, the ACEP Council voted in support of two homegrown measures designed to target the opioid epidemic on a national scale.

The first, titled *Support for Harm Reduction and Syringe Services Programs* aims to lend ACEP support and encourage availability of syringe access programs to those who inject drugs, along with educating members on the importance of effective harm reduction strategies. While it is noble to attempt to place everyone abusing injection drugs into treatment, the reality is that not every individual is able or willing. Meeting a patient where they are, and providing appropriate resources to effectively reduce the devastating effects of drug abuse, is a necessary strategy. Syringe service programs are much more than needle exchange, also providing clean cookware and education on safe injecting practices, as well as counseling and referral to drug treatment when ready. They represent a cost-effective way to limit transmission of HIV and hepatitis, as well as reduce the other common complications of injection drug use including cellulitis, abscesses, and endocarditis.

The second resolution, *Support of Pilot Supervised Injections Facilities*, invoked a more spirited deliberation. That it

passed by a comfortable margin is testimony to the impassioned debate of Dr. Stader and many others on the floor for out-of-the-box thinking on combating the opioid epidemic. While supervised injection facilities are a novel concept stateside, over 100 such facilities operate worldwide. These sites have demonstrated success in reducing opioid overdose rates, as well as successfully referring patients to drug treatment – all without a single overdose death. Many also provide similar resources as syringe services programs. It is now time for ACEP to lend its support to the formation of pilot programs to see if they can be a valuable harm reduction strategy for our patients suffering from drug abuse in the United States. Locally, the Denver Medical Society, Colorado Medical Society, and Colorado ACEP support similar trial programs, and this month a bipartisan Colorado legislative panel unanimously supported pursuing similar legislation.

The success of these two national resolutions were born out of our chapter's own efforts here in Colorado to help combat the opioid epidemic – an example of how emergency physicians are taking a lead in combating a crisis that we see on a daily basis in our emergency departments. For more detailed policy and practice recommendations please visit the Colorado ACEP Opioid Guidelines: [CLICK HERE](#). **E**

While it is noble to attempt to place everyone abusing injection drugs into treatment, the reality is that not every individual is able or willing. Meeting a patient where they are, and providing appropriate resources to effectively reduce the devastating effects of drug abuse, is a necessary strategy.



# 2018 LEGISLATIVE SNAPSHOT

*By Suzanne Hamilton*

The 2018 legislative session begins on January 10, 2018. This is shaping up to be a busy session for Colorado ACEP addressing the opioid crisis among many other issues. Here are some expected legislative subjects:

- Every year, current regulated programs/professions are up for what is called a “sunset review.” 2018 will have these issues reviewed.
  - Professional review committees under the Medical Practice Act
  - The Medical Board, including
    - Physician responsibilities relating to medical marijuana
  - Medical marijuana prescription and qualifying condition
  - Record keeping and licensing of controlled substances
  - The regulation of hemodialysis clinics and technicians
  - The regulation of the practice of podiatry
- After months of an opioid abuse legislative task force the following issues will be considered through legislation;
  - Limiting opioid prescriptions to opioid naive patients to 7-days.
  - Medicaid and other payers access to PDMP
  - Mandatory checking of the PDMP for second fills of opioid prescriptions
  - Prevention & Education
  - Harm Reduction & Law Enforcement including a pilot program for Supervised Injection Facilities (SIFs)
  - Workforce development and loan repayment programs
  - Recovery & Treatment
  - Increasing access to in-patient recovery programs
- There will be legislation looking at Worker’s Compensation selection and de-selection criteria.
- Several health care professionals will seek changes in their scope of practice including;
  - Naturopathic Doctor wanting to
    - Prescribe hormones
    - Administer vaccines
    - Administer vitamins (including B6 & B12) minerals and amino acids
    - Lift the title restriction of registered naturopathic doctor (RND)
  - Physical therapists want to diagnose
  - Physician assistants want reduced physician supervision
- Medicaid reimbursement will once again be revisited
- A bill increasing Medicaid fraud investigations, criteria and penalties will be debated. **E**







## 2018 Colorado ACEP Board of Directors Elections

**Gain new perspectives on emergency medicine! Nominations are now being accepted for Colorado ACEP Board of Director Positions.**

If you are interested in serving on the Colorado ACEP Board of Directors or would like to nominate someone please contact Barb Burgess at the Colorado Chapter office. Candidates must complete the Board Candidate Data Sheet (Download the Board Nomination Form [HERE](#)). Return Board Nomination Form and CV to Colorado ACEP by December 15. In your candidate statement you may comment on any ACEP issues, plans or ideas for the Chapter.

Four positions are available on the Colorado ACEP Board of Directors beginning January 17, 2018. As per the Colorado ACEP Bylaws: Section 3. Terms: Elected directors shall serve a term of two (2) years and may serve no more than 2 consecutive terms. Resident representative term will be for one (1) year. Terms shall begin at the end of the annual meeting. Terms of office shall be staggered in such a fashion so that Board vacancies occur annually. **E**

### Nominate Your Colleagues

# AWARD NOMINATIONS

**Are Now Being Accepted**

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**This is your opportunity to recognize those individuals who have made significant contributions to the profession and ACEP. Awards will be given at the Annual Meeting.**

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**CLICK HERE**



# Zach Jarou Takes the Lead at EMRA

Zach Jarou, MD, a fourth-year resident at Denver Health, became president of the Emergency Medicine Residents' Association during the EMRA Representative Council Meeting in Washington, D.C., on Oct. 30. Dr. Jarou joined EMRA as a medical student and has served for the past five years on the EMRA Board as (successively) Medical Student Council chair, Membership Development Coordinator, and President-Elect before taking the reins as president. He is the driving force behind EMRA Match, providing medical students with a central, searchable, customizable database to help them find not only EM residency programs, but also fellowships and clerkships. He has led a website redesign, built a new site for EM Resident magazine, championed diversity and inclusion within the specialty, and advocated tirelessly for emergency medicine students, residents, and fellows.

"Dr. Jarou's exemplary leadership and service will continue to provide extraordinary member value. His advocacy for a medical student voice in the AAMC's Standardized Video Interview project is a testimony of his fierce commitment to our members and our organization." **E**

*The 2017-2018 EMRA Board of Directors includes: (front) President Zach Jarou, MD (second row, from left) Director of Membership Shehni Nadeem, MD; Medical Student Council Chair Erin Karl, MS-IV; Immediate Past President Alicia Kurtz, MD; Director of Technology Nick Salerno, MD; Director of Education Sara Paradise, MD (back row, from left) Director of Health Policy Rachel Solnick, MD; Secretary/EM Resident Editor Tommy Eales, DO; Resident Representative to ACEP Nida Degesys, MD; ACGME RC-EM Liaison Eric McDonald, MD; Vice-Speaker of the Council Nathan Vafaie, MD; Speaker of the Council Scott Pasichow, MD, MPH; and President-elect Omar Maniya, MD, MBA.*





# Colorado Opioid Safety Summit

## Jan. 25, 2018

# Call for Abstracts for Poster Session

### Poster Session Theme:

Innovations in Clinical Practice  
Addressing the Opioid Crisis

### Please provide the following:

- Title
- Authors
- Hospital or organization
- Commercial conflicts of interest
- Category
  - Opioid restriction
  - Alternatives to opioids
  - Harm reduction
  - Screening and treatment referral
  - Other

### Abstracts should adhere to the following headings and are limited to 500 words:

- Background and Purpose
- Description of the Innovation
- Outcomes and/or Conclusions

*\*If you are sharing a novel tool such as patient/family educational handout, please include it with your submission.*

We invite you to submit abstracts for a poster session highlighting “Innovations in Clinical Practice” to be presented at the CHA 2018 Opioid Safety Summit.

Submissions should address the opioid epidemic in health care settings; we especially encourage presentation of work focused in Colorado’s hospitals and emergency departments.

Topics of interest include strategies for opioid restriction; the uptake of FDA-approved alternatives to opioids (ALTOs); harm reduction; and referral to treatment.

Descriptions of clinical innovations and novel materials may include (but are not limited to) clinical guidelines or EHR order set development and dissemination, medical education modules, provider/staff development strategies, mobile applications, communication tools, other quality improvement or patient safety interventions. We recognize that projects will be diverse – some may have no data or preliminary data, and others a full program evaluation. *Please note that all submissions must report on an activity or project that has already been piloted or implemented in the health care setting.*

Abstracts are due by **Dec. 1, 2017**. Please email your submission to [Barbara.Cellio@cha.com](mailto:Barbara.Cellio@cha.com). Abstracts will be reviewed by the Colorado Opioid Safety Summit Planning Committee to ensure eligibility and relevance. Notice of acceptance and poster criteria will be provided by **Jan. 2, 2018**.

**Please note:** The promotion of products or services for commercial gain is not appropriate for this poster session, and such submissions will not be reviewed.

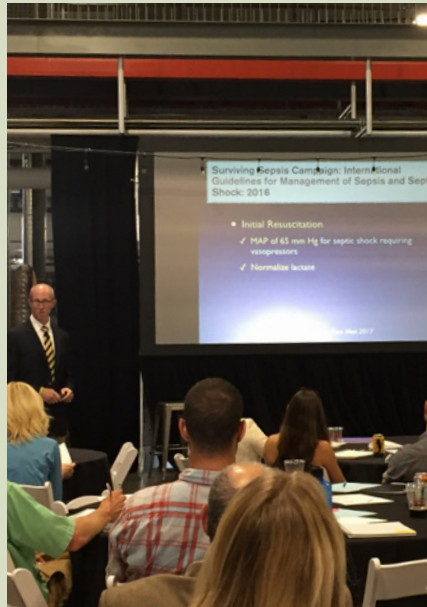


# 2017 Symposium on Emergency Medicine

The 8TH ANNUAL COLORADO ACEP SYMPOSIUM ON EMERGENCY MEDICINE was held on September 13, 2017 at the Great Divide Brewery. This was the first conference we have held at one of Colorado's great Breweries. Changing our venue received great reviews from the participants and we were fortunate to have outstanding national speakers, Dr. Michael Winters and Dr. Michael Weinstock who gave excellent critical care lectures. Dr. Stephen Anderson provided insight on why Advocacy Matters to Colorado and how to tell the story to get what you need for your Patients.

Dr. Kennon Heard presented "Critical Care of Cardiovascular Poisoning" and the evening ended with a great presentation by Lisa Raville and Dr. Don Stader on Critical interventions and how to change care and culture around IV drug use. The planning committee is already starting work on the "9th Annual Colorado ACEP Symposium on Emergency Medicine" to be held this Fall.

Special thanks to Conference Planning Committee, Drs. Lee Shockley, Fred Severyn, and Don Stader. [E](#)



JOIN US

## UPCOMING COLORADO ACEP 2018 MEETINGS

- **Annual Meeting:**  
January 17 at the  
Denver Chop House
- March 21
- May 16
- July 18
- September 19
- November 14

*CO ACEP Meetings  
will be held at  
**COPIC/CMS Headquarters**  
7351 Lowry Blvd.  
Meetings begin at 12:00 Noon  
Lunch provided  
All meeting at COPIC/CMS  
unless otherwise noted*