

PACEP NEWS

WINTER 2023



Chadd K. Kraus, DO, DrPH, FACEP
PACEP President 2022-2023

EXECUTIVE PRIVILEGE:

Off to the races – PACEP in 2023

By Chadd K. Kraus, DO, DrPH, FACEP

It is my privilege to greet you in this first-ever, all electronic edition of *PACEP News*. The evolution to an electronic *PACEP News* has been decades in the making. From the typewriter-produced first edition of the *Emergency Physician Interim Communique (EPIC)*, PaACEP's original newsletter in the 1970s, to the content rich, graphically advanced *PACEP News* of the 2020s, *PACEP News* has grown and changed its look but not its positive impact on members. The Board of Directors' decision to move to an electronic newsletter is the culmination of several years of deliberative discussions about how to best create an interactive, cotemporary publication with expanded reach, while building on the traditional member benefit that *PACEP News* provides. Your suggestions and feedback on this new format are welcome.

Building on the momentum of 2022, PACEP has an exciting year ahead in 2023. PACEP Scientific Assembly 2023 (SA23), Pennsylvania's premiere emergency medicine educational event for emergency physicians will be held May 4–6, 2023 at Kalahari Resorts and Conventions in the Poconos. As always, this event provides unparalleled opportunities for catching up with old

friends and meeting new ones while attending state-of-the-art, practice changing educational sessions. With fresh, new educational programming, including sessions that will help you to satisfy your state licensing requirements, PACEP SA23 is a "can't miss" event for every emergency physician in Pennsylvania. I look forward to seeing you there.

The new year is an exciting time on the advocacy front as well. PACEP has contracted with a new lobbying partner, Bigley and Blikle, whom you will meet in this newsletter. PEP-PAC is stronger than ever, and your continued contributions to the PAC ensure that your and our specialty's voices are heard and amplified in Harrisburg. Dr. Arvind Venkat, past PACEP President, was elected to the PA General Assembly in November 2022, the first physician member of the state legislature in several decades. PACEP looks forward to working with Dr. Venkat and his colleagues in the Assembly to advance legislation that improves the practice and delivery of emergency care in Pennsylvania. As the new General Assembly convenes, PACEP will have a range of legislative priorities including behavioral health and psychiatric boarding, the opioid epidemic, scope



As the new General Assembly convenes, PACEP will have a range of legislative priorities including behavioral health and psychiatric boarding, the opioid epidemic, scope of practice, and venue change for malpractice.

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Off to the races – PACEP in 2023

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of practice, and venue change for malpractice.

There are headwinds trying to slow our collective PACEP progress in 2023 – some perennial and some new. The complexities of workforce supply and demand as well as a health care financing environment that strains reimbursement, particularly for rural hospitals and our EMS partners, will be challenges and will remain in laser focus for PACEP. Additionally, as I recently communicated to you, the AHRQ released a report, "[Diagnostic Errors in the Emergency Department: A Systematic Review](#)" in December 2022 that seriously mischaracterized emergency medicine's role in diagnostic errors. This report makes misleading, incomplete, and erroneous conclusions that could falsely alarm the public and potentially lead to delays or avoidance in seeking necessary care in an emergency. The AHRQ report represents a fundamental misunderstanding of the nature and practice of emergency medicine,

which prioritizes the identification and stabilization of life-threatening conditions and is less about arriving at the final underlying diagnosis for symptoms that require further detailed investigation in an inpatient or outpatient setting. The report relies on findings from non-applicable studies, in settings that are very different from the United States, including data from countries without EM residency-trained physicians. It also misuses malpractice claim data as a proxy measure to imply emergency department diagnostic errors. Finally, the report relies on a questionable methodology to calculate overall diagnostic error rates, using studies that do not support the reported diagnostic error rates. On December 14, 2022, multiple national emergency medicine organizations released [a letter](#) outlining the flaws of the report. PACEP welcomes your questions and input about this report, and encourages you to share this letter with your colleagues and hospital leadership.

Now is the perfect time to get involved with PACEP. From the newly formed Pediatrics Interest Group, the inaugural Research Committee, or one of PACEP's existing committees, task forces, or workgroups, there are more opportunities than ever to be involved and engaged with PACEP. Let us know how you'd like to be involved, or if there are additional possibilities for engagement that PACEP might provide to members. The Board of Directors and PACEP leadership will be incorporating this feedback as well as information collected from the recent all-member survey as we continue to mold PACEP's priorities to meet member needs.

PACEP is the voice for Pennsylvania's emergency physicians. Your time, your talent, and your treasure are critical to every success we have in advancing emergency care in the Commonwealth. Thank you for being a PACEP member and for being the best of the best! ■



ANNUAL MEMBERSHIP MEETING ANNOUNCEMENT

Friday, May 5 | 1:00 pm

Kalahari Resorts & Conventions,
Pocono Manor, PA

2022 – 2023 PACEP Board of Directors

Executive Committee

President	Chadd K. Kraus, DO, DrPH, FACEP
President-Elect	Richard J. Hamilton, MD, MBA, FACEP
Vice President	Theresa A. Walls, MD, MPH
Treasurer	Jennifer L. Savino, DO, FACEP
Secretary	Elizabeth Barrall Werley, MD, FACEP
Immediate Past President	Ronald V. Hall, MD, FACEP

Board Members

Scott Goldstein, DO, FACEP, EMT-PHP
Annahieta Kalantari, DO, FACEP
Erik I. Kochert, MD, FACEP
Michael Lynch, MD
Hannah Mishkin, MD, FACEP
Meaghan Reid, DO, FACEP

Resident Representatives

Karen Custodio, DO (Einstein)
Clairisse Hafey, DO (Geisinger)
Taylor Klein, DO (Conemaugh)
Danielle Nesbit, DO (Lehigh Valley Health Network)

Executive Director

Jan Reisinger, MBA, CAE

Leadership Fellowship Participants

Christopher L. Berry, MD, FACEP
Eric Melnychuk, MD, FACEP
Kristyn Smith, MD

PACEP Committee Chairs/Co-Chairs

Education

Chair	Blake Bailey, DO, MBA, FACEP
Co-Chair	Holly Stankewicz, DO, FACEP
Board Liaison	Annahieta Kalantari, DO, FACEP

EMS Disaster and Terrorism Preparedness (DTP)

Co-Chair	Christopher L. Berry, MD, FACEP
Co-Chair	Gregory Hellier, DO, FACEP
Board Liaison	Scott Goldstein, DO, FACEP

Government Affairs/Medical Economics

Co-Chair	Amanda Deshisky, DO, FACEP
Co-Chair	Marcus Eubanks, MD, FACEP
PEP-PAC Chair	Kirk S. Hinkley, MD, FACEP
PEP-PAC Treasurer	Michael Boyd, MD
Board Liaison	Erik Kochert, MD, FACEP

Research

Co-Chair	Eric Melnychuk, DO, FACEP
Co-Chair	Joseph Herres, DO, FACEP

Wellness/Young Physicians

Chair	Dhimitri Nikolla, DO, FACEP
Co-Chair	Eleanor F. Dunham, MD, MBA, FACEP
Board Liaison	Hannah Mishkin, MD, FACEP

► If you are interested in joining a committee, visit
<https://pacep.net/Pages/Content.aspx?id=4>

PACEP HAS A STORE!

Get the latest in PACEP gear – Jackets and Vests embroidered with the PACEP Logo. Personalization is also available.

► Visit doc-mom.com/collections/pacep-apparel



WELCOME NEW PACEP MEMBERS

Faiz J Ahmed
Adriana Facchiano
Kayla Gordon
Chloe Nichole Ham
Brachman Joseph Herzig

Robert Hodes
Brian Armiger Holliday
Katherine Jenson
Suhail Hamza Kaleem
Tori Beth Leader-Snoad

Jessica Marie Queen
Carol Ann Stojinski
Daniel Strebis

PACEP Education Committee Update

By Blake C. Bailey, DO, MBA, FACEP




Blake C. Bailey, DO, MBA, FACEP
PACEP Education Committee Chair

As we enter 2023, it is hard to believe that the academic year is half way over! The interns that were still learning their ways around the hospital only a few months ago are now becoming adept in the art of Emergency Medicine. Many senior residents are matching into fellowships or about to sign onto jobs for the next exciting step in their careers.

The Education Committee has been busy this year continuing to plan innovative and interesting educational programs. We are in the final stages of planning Scientific Assembly, which will be held May 4-6, 2023 at Kalahari Resorts. Under the leadership of SA Planning Chair, Meaghan Reid, DO, FACEP, the conference promises to be exciting and creative, including new programs to meet Pennsylvania state licensing requirements. It will have engaging material for all audiences, from the seasoned attending to the early medical student. In addition, Holly Stankewicz, DO, FACEP has been

working with simulation experts across the state to develop the first annual PACEP Olympics being held at Scientific Assembly! Stay tuned for the full details and schedule to be released on the PACEP website.

The Education Committee continues to look for new ways to deliver educational opportunities to the College. We are currently looking at ways to offer more information for the ABEM and ABOEM ongoing educational requirements to keep you up to date and prepared for your certification requirements. If you have any suggestions or requests, please let me know! ■



In this newsletter we have also included a CPC case from one of last year's finalists at Scientific Assembly – **take a look and see if you can solve the case!**

Lobbyist Update

By Bigley and Blikle, LLC



Jonathan Bigley
Partner, Bigley & Blikle



The Bigley and Blikle (B & B) Team thanks PACEP's Board of Directors for selecting us to represent this vital organization during the 2023 – 2024 legislative session. For more than a quarter century, our team members have successfully represented medical professional organizations. We welcome the opportunity to create an enduring relationship with PACEP.

In a business dominated by large, multi-discipline firms, the B & B Team takes a different approach. We believe smaller is better. Our bipartisan firm is small by choice so each client can receive the considerable knowledge and expertise of the firm's principal and experienced staff. Personal service is our hallmark.

Jonathan Bigley and Nick Wachinski will be PACEP's B & B Team. Jonathan came up through the House Democratic Caucus and served in the Governor Bob Casey Administration. In the private sector, Jonathan has represented physician societies and healthcare facilities since the mid-1990's. He brings a wealth of knowledge and extensive experience to PACEP.

Nick Wachinski has been a practicing attorney, a multi-state lobbyist, and a specialty line insurance executive. Our firm is proud to state that Nick led the patient advocacy/healthcare provider coalition negotiation team that successfully achieved the Prior Authorization Reform statute in 2022. His willingness to deeply dive into issues will serve PACEP well.

The B & B Team sincerely thanks you again for the opportunity to amplify Pennsylvania's Voice of Emergency Medicine.

GOVERNOR-ELECT SHAPIRO TRANSITION

Bipartisan Cabinet Emerging

In giving his election night address, Governor-elect Josh Shapiro vowed to lead Pennsylvania in a new direction and to bridge the partisan divide that has gripped the Commonwealth for the past eight years. If his transition team selections and cabinet nominations are any indication, Governor-elect Shapiro intends to keep that promise.

The transition team is certainly replete with GOP representation. It includes a former Republican State Committee chair; an attorney from the Governor Tom Corbett and President Donald Trump Administrations; former federal and state legislators; and high-profile figures from business, industry, and the law. Governor-elect Josh Shapiro followed that up by appointing several Republicans to cabinet, including two former GOP legislators.

The new governor tapped former Lehigh Valley state Senator Pat Browne to lead the Revenue Department. An attorney and Certified Public Accountant, Browne is well regarded in the General Assembly for his state budget acumen. He has been a guiding hand in every spending plan for the past dozen years. Browne's Senate confirmation is all but certain.

In addition, former Montgomery County State Representative Mike Vereb will serve as the Secretary of Legislative Affairs. Vereb currently serves as Shapiro's Director of government Affairs in the Office of attorney General. As legislative secretary, Vereb will oversee the Administration's legislative and political agenda. This position does not require Senate confirmation.

Also notably, former Republican Philadelphia City Commissioner Al Schmidt has been nominated to be the Secretary of the Commonwealth (State). As City Commissioner, Schmidt was one of three officials to oversee city elections. He distinguished himself during the 2020 presidential election by resisting former President Trump's calls to disavow Philadelphia's election results. This cabinet post requires Senate confirmation.

Cabinet nominations important to PACEP include Montgomery County Commissioner Val Arkoosh, MD as Secretary of the Department of Human Services; Allegheny County Health Department Director Debra L. Bogen, MD as Secretary of Health; Highmark Wholecare Senior Director of Behavioral Health Latika Davis-Jones, PhD as Secretary of Drug and Alcohol Programs; Lackawanna County Director of Agency on Aging Jason Kavulich as Secretary of Aging; and current Acting Insurance Commissioner Mike Humphreys as Insurance Commissioner.

In Shapiro's words:



The health and safety of our communities is of the utmost importance, and I'm proud to nominate tested leaders like Dr. Val Arkoosh, Dr. Debra Bogen, Dr. Latika Davis-Jones, Jason Kavulich, and Mike Humphreys to key cabinet posts in my Administration – they are well qualified public servants who are passionate about public health and ready to get to work on day one.

The B & B Team anticipates Senate confirmation hearings for cabinet officer appointments will begin in February.

PENNSYLVANIA GENERAL ASSEMBLY

The General Assembly's Opening Day is generally a festive occasion with family members on each Chamber's floor to witness the swearing in ceremony. Tuesday, January 3, however, was anything but celebratory, particularly in the House of Representatives.

SENATE

Congratulations, Madam President, Madam President

Opening Day marked Senator Kim Ward's (R, Westmoreland) historic ascension to the leadership post of President Pro Tempore. She is Pennsylvania's first woman to do so, and as her colleagues joked, "she is the shortest person ever to hold the Senate's highest office." In an interesting twist, Senator Ward will also serve as the President of the Senate due to former Lt. Governor John Fetterman's resignation to become US Senator. The Madam President will hold both titles until Lt. Governor-elect Austin Davis (D, Allegheny) is sworn in on Tuesday, January 17.

The Senate's political divide is 27 – 22 in favor of the GOP. It will likely increase to 28 – 22 following the January 31

special election to fill former Senator John Gordner's (R, Columbia, Montour) seat. State Representative Lynda Culver (R, Montour, Northumberland) is expected to prevail in that contest and take her Senate seat in February.

HOUSE OF REPRESENTATIVES

Is he an independent Speaker or Independent Speaker

The House of Representatives provided far more intrigue on Opening Day. Although the Democratic Party won a 102 – 101 majority at the November election, the October death of Representative Tony DeLuca (D, Allegheny) meant a 101 – 101 stalemate would occur on opening day. The subsequent resignations of Allegheny County Democrats Summer Lee and Austin Davis (to be a member of Congress and Lt. Governor respectively), gave the GOP a 101 – 99 advantage for the January 3 Speaker's election.

After hours of delay that saw a failed adjournment motion and intense wrangling among Democratic and Republican leaders, Representative Mark Rozzi (D, Berks) was elected Speaker of the House on a 115 – 85 vote. For the most part, only those legislators negotiating the deal foresaw the surprise end to what is usually a ceremonial day.

Speaker Rozzi is best known as a tireless advocate for child sexual abuse survivors. After several failed legislative attempts, he doggedly pursued a state

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Lobbyist Update (continued)

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constitutional amendment to open a two-year window for child sexual abuse victims to file suit against their alleged abusers. That amendment failed to appear on the May 2021 primary ballot when it was determined that the Pennsylvania Department of State had failed to properly advertise the amendment.

Speaker Rozzi was nominated for the post by fellow priest sexual abuse survivor Representative Jim Gregory (R, Blair). House Republican Whip Tim O'Neal (R, Washington) seconded the nomination. House Democratic Leader Joanna McClinton (D, Philadelphia) also seconded Speaker Rozzi's nomination.

With the current 101 – 99 advantage, former Speaker Bryan Cutler (R, Lancaster) became the House Majority Leader. Democratic Leader Joanna McClinton had hoped to make history by becoming the first Black woman to hold the Speaker's Office.

What remains unresolved is whether Speaker Rozzi's commitment to be "an independent Speaker" as stated in his acceptance remarks means he will be "independent" of both parties in the common usage of the word, or will he be "Independent" by actually changing his voter registration to nonaffiliated. The House Democratic leadership believes the former while Majority Leader Cutler has publicly stated the latter.

In his acceptance speech, Speaker Rozzi stated he would caucus with neither party, but made no mention of leaving

the Democratic Party. He has made no public comments on the issue since his acceptance speech.

The Speaker's political affiliation is not merely an academic question. Speaker Rozzi will likely determine which party holds the majority following special elections to fill vacancies. As noted, the House Democrats have three Allegheny County vacancies that will likely remain Democratic when filled by special election. As of this writing, the state

... the B & B Team wishes to congratulate PACEP's own Arvind Venkat, MD, now known as State Representative Venkat. We are grateful that a PACEP member is now a legislator.

Commonwealth Court has ruled that all three contests will be held on February 7.

For their part, the House Republicans will likely have a vacancy following Representative Culver's projected win in the January 31 Senate special election. Representative Culver's successor is unlikely to be sworn in until well into the spring following what is assumed to be a May 16 special election to fill that vacancy.

Assuming Speaker Rozzi remains a Democrat, his party wins the three Allegheny County special elections, and the GOP retains the Rep. Culver seat, the Democratic Party will hold a 102 –

101 majority when the House is at full complement. Speaker Rozzi holds the power to create a Democratic majority or to lead a 101 – 101 – 1 power sharing scenario. He has not stated how he intends the House's majority to play out.

As a consequence of the above, the House will be off to a very slow start. As of this writing, the House has not adopted operating rules, scheduled session days, appointed

committee chairs or members, or announced a timetable to do so. Speaker Rozzi appointed a bipartisan groupwork to craft operating rules. This body is scheduled to meet on January 18. Until their work is done, the House is seemingly not in order to conduct business.

Further complicating the House's structural and organizational woes, on January 6, Governor Tom Wolf

called a special session to propose a constitutional amendment to retroactively extend the timeline for child sexual abuse survivors to file civil actions. For the amendment to appear on the May primary ballot, the amendment would need final legislative approval by Friday, January 27. The Senate and House were compelled to open the special session on Monday, January 9 to open the Special Session, but it is unclear whether they can actually begin the legislative process necessary to pass a constitutional amendment in Governor Wolf's timeframe. The House is truly in uncharted waters at this juncture.

Finally, the B & B Team wishes to congratulate PACEP's own Arvind Venkat, MD, now known as State Representative Venkat. We are grateful that a PACEP member is now a legislator.

OUTLOOK FOR LEGISLATIVE ACTION

The B & B Team believes that the General Assembly will be off to a slow start in 2023. In addition to the operational issues facing the House, the Senate must deal with gubernatorial nominations. Fortunately, the impeachment trial of Philadelphia

District Attorney Larry Krasner is on the shelf for now. In November, the House sent articles of impeachment to the Senate, and constitutionally, the Senate is compelled to hold the trial. DA Krasner, however, won a victory in the Pennsylvania Commonwealth Court that blocked the trial and nullified the articles of impeachment. Whether appeals are taken to the state Supreme Court are undetermined at this writing.

Those factors, combined with Governor Wolf's special session proclamation, will likely delay substantive legislative work. The only certainty at this writing is that Governor Shapiro will deliver his

budget address on Tuesday, March 7.

Following meetings with PACEP's leadership and Government Affairs Committee, the B & B Team will track and monitor relevant legislation, begin the process of rising PACEP's profile with the new legislative leadership and appropriate oversight committee chairs, and generally advance PACEP's interests in the General Assembly and the Shapiro Administration. We look forward to the challenges and opportunities that lie ahead. ■

PACEP Pediatrics Interest Group

The first meeting of the newly formed PACEP Pediatrics Interest Group was held on November 9th. The group had lively discussions and provided the following RSV Resources for PACEP members to help you and your colleagues care for these patients.

RSV RESOURCES:

- [CHOP bronchiolitis clinical pathway](#)
- [Video of discharge instructions \(English & Spanish\) for families](#)
A special thanks to PACEP member, Dr. Teresa Romano, and Lehigh Valley Reilly Children's Hospital for sharing this video.
- [Critical Care Transport Resource Document](#) – a collaboration of PACEP EMS Committee and PEHSC, to include pediatric transport agency

Please join us for the next meeting of our new PACEP Pediatrics Interest Group on Wednesday, February 8th at 1:00 pm.



<https://us02web.zoom.us/j/83905477762?pwd=aGZ6MFMwLzVCcJlYnZQeVVqTE5CZz09>

Learn about the state of pediatric emergency care in PA, how we can advocate for our youngest patients, what resources are available to help you provide optimal care, and more! Email wallst1@chop.edu with questions. Hope to see you on February 8th! ■

EMS DTP Committee Update: The Times, They are A'Changin'

By Gregory Hellier, MD, FACEP



Gregory Hellier, MD, FACEP
EMS/Disaster Preparedness
Committee Co-Chair

This article will begin where it should: As a “thank-you!” to Dr. Doug Kupas as he completes his service as State Medical Director for the PA Bureau of EMS and is stepping onto the national stage as President-Elect of the National Association of EMS Physicians. Dr. Kupas served Pennsylvania EMS as medical director for over 20 years, and has been intimately involved in its evolution, ever concerned and always reachable. We look forward to welcoming Dr. Kupas as a member of PACEP’s EMS Committee. Welcome Aboard!

Speaking of change, as a kid, I just loved science fiction. Though Robert Heinlein was elderly, and Isaac Asimov late in his career, I just loved reading their work. I was born in 1962, making me on the cusp of being old, for better or worse (forgive me,

my peers). I have seen quite a few concepts from then-science fiction come to fruition - computers, space stations, transactions without money, and the ability to communicate from wherever you might be. Who knows what will come next?

Things change quick, and things change slow. The changes at the Bureau of EMS will include a new medical director, and Director Rhone is leading a search with the leadership of PA DOH. Once a new medical director is appointed, we will reach out and establish contact, hoping for the same level of communication, expertise, and response that we have enjoyed with Dr. Kupas.

Legislative change has been a surprisingly constant feature of serving as Co-Chair of this committee. As Dr. Chris Berry will attest, we have fielded quite a number of legislative, operational, and practice issues, whether it be a simple opinion asked by our leadership, joining and participating in a work group, or actual virtual meetings with legislative staffers in conjunction with our leadership and lobbyist.

In no particular order, and as old-man memory serves, we have participated in:

1. Joining and advising a working committee of the PA Medical Society regarding proposed POLST legislation.
2. Pushed back, successfully, on proposed legislation regarding codifying EMS destination of stroke patients rather than allowing more flexible and appropriately medically vetted state EMS protocols.

3: Successfully extracted emergency physicians, ED personnel, and EMS from becoming mandated reporters of controlled substance overdose patients (in favor of voluntary cooperation).

4: Collected existing EMS Diversion Policies from each region that has one, reached out to executive directors for informal information, reviewed the previous PACEP-PEHSC document regarding diversion, hammered out a position document with the advice and editing of the members of EMS DTP to the point where there was consensus of the entire committee, and sent the final PACEP approved document back to all the EMS Regional Directors as well as PA BEMS. Special thanks to Dr. Keith Conover as content expert.

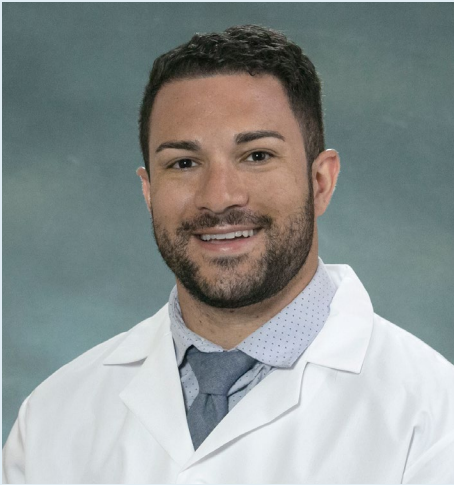
5: Reached out to PA DOH who were revising the PA Crisis Standards of Care Document to seek involvement (PACEP was heavily involved in its previous iteration) and our committee was provided with a draft copy and request for suggestions. Special thanks here to our content expert Dr. Bryan Wexler, he, Dr. Chris Berry and I reviewed this large document and put together a list of suggestions we all felt would improve the usability and function of the document. The revised draft is expected in early February.

6: We have increased our involvement in the Healthcare Coalition of PA, attended PEHSC BOD meetings, and Dr. Berry and I have been invited to a

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Resident Training Kicks In – In an Unexpected Way

By Vincent Basile, MD



Dr. Vincent Basile, a third-year resident in emergency medicine at Einstein Hospital, spent New Year's Day in the Mummer's parade as a member of the Cara Liom Wench Brigade. Afterwards, he went to the Eagles game – still in costume. Little did he know that he would need to use his skills as an emergency physician that day.



Photo courtesy of Fox29



This is his brief description of the experience...

// My girlfriend and I were watching the game when we became aware of a commotion a few rows up. I went up to find a man was laying face down, heels over his head. A nurse by the name of Natalie, had gotten there right before me. We sat him parallel to the floor and he was blue with blood coming out of his mouth. At this point, I kicked into work mode and my training from Einstein came into play. Natalie and I were able to revive the man which caused an eruption of applause

from surrounding fans. Like a true Eagles fan, the man asked what the score was when he awoke.

The experience was very unexpected. I am accustomed to seeing situations like this in an emergency department where I have a full staff, equipment, and lots of support. Being in a full mummies suit in front of two sections of Eagles' fans is much different. I'm thankful to be at an institution like Einstein that has been able to prepare me for any situation! ■

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recurring meeting with the Hospital Association of PA, regarding EMS issues.

Chris and I have been blessed with a vibrant, interactive committee of members with great expertise in EMS and related issues, so a big Thank You! is in order to our members, guests and leadership.

So last night, while perusing the Facebook (I love to call it THE Facebook just to see my kid's eyes roll), big as life, I saw an ad from none other than Bones McCoy, MD for a tricorder for a mere 69.99! Free shipping! I ordered two. I am sure I will find it helpful. I'll report back on how well it works.

Best Wishes for Health and Happiness in the New Year from EMS DTP! ■

All EM DEI Vision Statement

Emergency Medicine (EM) is committed to creating an atmosphere of cultural awareness, diversity, inclusion, and belonging within our specialty, our workplaces, and the communities we serve. EM will promote and cultivate a diverse, equitable, and inclusive environment for patients, physicians, practitioners, healthcare teams, and learners. EM commits to include varied perspectives, experiences, and interests in our community and to embrace the full spectrum of gender, race, ethnicity, national origin, religion, spirituality, sexual orientation, gender identity, age, ability, socioeconomic background, marital and familial status, and other

characteristics. Through education, collaboration, advocacy, and research, EM strives to train and develop emergency physicians who embody cultural awareness, professionalism, respect, and sensitivity towards all people. EM values all individuals who are different from ourselves, to understand their unique histories, and to be an advocate and ally for our patients, learners, and colleagues.

Emergency Medicine is the safety net for society's health needs. Therefore, we have a unique duty to advance health equity and dismantle systemic barriers to equality. All EM pledges, with a renewed sense of

purpose, to champion equitable and compassionate emergency care and to fight for a society that condemns social inequity, racism, discrimination, systemic oppression of all kinds, and cherishes our rich diversity.

[See the names of all the EM organizations who support this statement.](#)

Did you know that PACEP has a DEI Interest Group? If you are interested in learning more or joining this group, please contact Kristyn Smith at kristynsmith@gmail.com or Jan Reisinger at exec@pacep.net.

Voting for 2023 Board of Directors Opens February 6, 2023

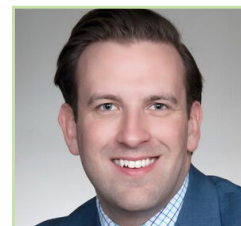
Thank you for your continued involvement with PACEP and your daily impact on the health of the citizens of the Commonwealth. As per our bylaws, the membership of the College elects the Board of Directors, your day-to-day representatives for the issues facing Emergency Medicine. As a member, you will receive an email around February 6, 2023, with voting rules and instructions.

We have five candidates this year for four open positions (listed in alphabetical order):

To Meet Your Candidates, visit www.pacep.net/meetthecandidates. You will find the CV from each candidate along with the answer to these two key questions:

- 1 How will your skills/assets make the PACEP Board of Directors more effective?
- 2 What are the top changes to the practice of Emergency Medicine that you believe will happen in the next 3-5 years? How do you think PACEP should react to these?

Voting will close on March 6, 2023.



Blake Bailey, DO, MBA,
FACEP



Eleanor F. Dunham, MD,
MBA, FACEP



Erik Kochert, MD, CPE,
FACEP (Incumbent)



Holly Stankewicz, DO,
FACEP



Elizabeth Barrall Werley,
MD, FACEP (Incumbent)

PACEP Government Affairs/Medical Economics Committee Update

By Amanda L. Deshisky, DO, FACEP



Amanda Deshisky, DO, FACEP
GA/Med Economics Committee Co-Chair

Hopefully this newsletter finds everyone happy and healthy! The new year gives us a good time to both reflect on the prior year and look forward to the upcoming year.

I'm sure many of you have heard that this fall one of our own was elected to the Pennsylvania House of Representatives. Congratulations to Dr. Arvind Venkat for his victory in the House District 30 race!

FALL LEGISLATIVE WINS

Things seem to have a way of changing quickly in Harrisburg. In the early fall we thought that SB 317 (Browne) regarding Expedited Partner Therapy (EPT) wouldn't advance. To our delight, it passed both houses and went to the Governor's desk. It was signed into law as Act No. 147 by Governor Wolf on November 3rd. PACEP had previously written a letter of support for this bill. Act No. 147 allows clinicians to provide prescriptions to the patient to give their partner, without the clinician needing to first evaluate the partner. This is in accordance with the Centers for Disease Control (CDC) recommendations.

HB 220 (Rader), now Act No. 101, ensures that patients cannot be denied addiction treatment due to a negative drug test.

SB 225 (Phillips-Hill) was introduced to streamline the prior authorization process. PACEP became involved to ensure that the prudent layperson standard for emergency medical treatment is still applied. This bill was signed into law as Act No. 146.

LOOKING FORWARD TO 2023

The Governmental Affairs Committee is very excited to start our new relationship with Bigley and Blikle, LLC. We will be working closely with Jonathan Bigley and Nick Wachinski on behalf of PACEP's members.

This year our legislative priorities will include: opioids, venue shopping, staffing & workforce issues, ED boarding, psychiatric emergency health, and surprise medical billing. ■

Whether or not you have engaged in advocacy in the past, as an Emergency Physician, you are the best person in your community to educate our representatives about the issues we confront daily. If you would like assistance contacting your local legislator, or if you are interested in joining the Governmental Affairs / Medical Economics Committee please feel free to contact me at amanda.deshisky@gmail.com.

Did You Know PACEP Has a Job Bank?



To learn more about [open positions](#) or to learn more about advertising a position, visit the [PACEP Website](#).

CURRENT POSTINGS INCLUDE:

- [Emergency Medicine Physician – Lewistown, PA](#)
- [US Acute Care Solutions – Pennsylvania](#)

Annual PA Delegation to ACEP Council



2022 PA Delegation to ACEP Council



October 7–8, 2023

ACEP Council
Philadelphia, PA

October 9–12, 2023

ACEP Scientific Assembly
Philadelphia, PA

Each year, the PACEP Board of Directors appoints PACEP members who will represent the chapter at the ACEP Council.

A councillor/alternate councillor is a key participant in the leadership and development of ACEP policy and has the responsibility to voice the concerns of their (Pennsylvania) constituents on the floor of the Council meeting and in reference committees. Councillors can also express the will of their constituents by voting for or against resolutions and electing the ACEP Board of Directors and Council Officers.

Councillors and alternates will be a part of PACEP's resolution planning and writing efforts, discussion of and response to all other resolutions selected for review at the Council meeting, and onsite PA Delegation events.

[Click here to view the Councillor/Alternate Councillor Position Description](#)

Interested in serving on the 2023 PACEP Delegation?

Contact Jan Reisinger, Executive Director, at exec@pacep.net by April 30 for more information or to express interest.

Are you ready to become a Fellow?



You'll need:

- Three continuous years of ACEP membership
- Board Certification in EM the ABEM or AOBEM or Pediatric EM by ABP
- Three years of active involvement in EM (exclusive of residency training)
- Proven, active involvement in three or more areas of leadership

To learn more visit:

<https://www.acep.org/membership/membership/join-acep/fellow-status/>



PENNSYLVANIA COLLEGE
of EMERGENCY PHYSICIANS
ADVANCING EMERGENCY CARE

PACEP23

SCIENTIFIC ASSEMBLY

**Celebrating Emergency Medicine
Throughout a Career**

May 4–6, 2023

Kalahari Resorts & Conventions,
Pocono Manor

**REGISTRATION
IS OPEN**
for this in-person event



photo from prepaandshine.com

Join nearly 200 of your emergency medicine colleagues at PACEP's premiere educational event! Through perennial Scientific Assembly favorites to innovative new opportunities, PACEP23 promises to equip Pennsylvania's Emergency Medicine practitioners with a wealth of tools to balance the clinical and business aspects of the specialty.

This activity has been approved for *AMA PRA Category 1 Credit™*.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Emergency Physicians and the Pennsylvania Chapter ACEP. The American College of Emergency Physicians is accredited by the ACCME to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of 17.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Acquire the knowledge to get ahead in best practices and cutting-edge technologies.



Enjoy direct interaction from physicians at all career stages.



PACEP is exploring the possibility of onsite childcare options. Stay tuned for additional information.

Registration and complete schedule details are available at

<https://registration.pacep.net/pacep23>

The Fourth Year Looking Glass

By April B. White, Class of 2023, Geisinger Commonwealth School of Medicine



April B. White, Class of 2023, Geisinger Commonwealth School of Medicine

We're nearly there! It's 2023 and graduation isn't far away anymore. The decade plus of hustle and grind is finally all coming together. The fourth year of medical school is a magical time. Compared to the years preceding, we now have a moment to catch our breath and reflect upon what all we learned. I feel like somewhere along this journey I fell asleep with a dream at age fourteen then suddenly awoke at 28 to find it all coming true. In that fourteen-year slumber I became someone new; a "grown-up in a white coat" as my friends call me. In all this time being buried in books, I hadn't slowed down to catch a glimpse of myself in the mirror in a very long time. At least until now.

Considering the totality of my education, from high school until today, there were many difficult lessons that I learned perhaps the hardest

way possible. The nature of medical education has certainly come leaps and bounds in terms of student treatment and the changing culture of medicine in general, but at our very roots, the art and science of medicine are hard. The care of sick and dying people is hard. Understaffing and overcrowding are hard. We build up an armor to be able to face the hard and sometimes that leaves us with little left of ourselves underneath. If we're lucky enough, one day we catch our reflection and fail to recognize the eyes gazing back at us. We're lucky because that's our epiphany; Our moment to realize our need for change. Many people go their entire lives and careers without ever catching that passing glance.

If you were to ask me what the hardest thing I learned in medical school was, it would be learning how to ask for help. We're a culture of Type-A, heavily armored people, particularly in emergency medicine. We've been ingrained through endless exams, rotations, and on-the-spot pimping that we're never supposed to admit what we don't know. We're handed down crafty phrases such as "that's an excellent question that I hadn't considered, let me get back to you on that" in attempts to save our faces and egos, but in as much we're murdering our humility and confidence in our ability to reach for help when we need it.

Help is defined by the Oxford dictionary as "to make it easier for someone to do something by offering one's services or resources." We are physicians. We are the helpers. People come to us with their ails and to them we offer

our services and resources. We are the embodiment of help. Then why are we so terrible at recognizing when we're in need of help ourselves? By this definition, help requires two people. We get so entangled in prioritizing everyone else, that we often forget the face in the mirror until the day comes when we don't recognize that reflection as our own anymore.

Were we just "too busy being fabulous" to notice our subtle decline or were we broken and doomed right from the start? Neither. What this comes down to is just being human. Despite most of our objections in emergency med, we are still indeed human. Contrary to the "superheroes work here" signs out in the front lawn, we aren't the invincible, single-handed saviors of planet earth. We have our faults, we work on ourselves, and above all else, we depend on other humans like us.

In my career as a paramedic, I would say "I love the people I work with, not necessarily the people I work for" a statement that likely rings true regardless of agency or profession. It is our work families that have our backs on our most difficult days. We pick each other up, we commiserate, and we laugh. When we need an extra set of hands, eyes, an opinion, or advice, we pull from the shared love and community of our work families to get us through another day. We take care of one another because that's what we do. It's our collective identity. We are the helpers.

Finding "our people" makes seeking out whatever sort of help we need an

easier experience. Whether it's that of a mentor's experience, a suggested technique, preferred management, or someone we trust to confide in; gathering the right people in our corner is our greatest resource.

I had the tremendous opportunity to present at the EMRA Case-Con this year at ACEP in San Francisco. I was one of only ten medical students from across the country afforded this remarkable experience. Preparing this project was the hardest I have probably ever worked, rivaling even those long-ago Step 1 studying efforts. My mentors had been right there for me along the way, proofreading abstracts and poster drafts until we finally got it just right. I had a deep personal connection to my research topic and set out like a trailblazer thinking that I had something to prove to the world.

On the day of the competition, I choked. I forgot all the wonderfully scripted lines I had drafted and drilled to memorize. Under the pressure that I had set upon myself, I crumbled. I made it through the event, rolled up my poster, and made the walk back to my hotel in silence. I laid on the bed so frustrated and disappointed with myself that I cried. I was crestfallen and empty, far from home with very few people out there that I knew. It was a wholly lonely feeling. I was taken by surprise when my phone buzzed, and I wiped my eyes to see a message from one of my mentors who was at the conference as well. He asked how my event went and

if I'd like to join him and a few others for dinner. As much as I really didn't think I could show my face of failure in public ever again, something told me that I should take him up on the offer.

I got to spend that night with familiar faces from back home, all out at the conference with different aims and objectives but gathered as an EM family, supporting each other's efforts with encouragement, advice, and a few good laughs. That invitation completely turned my night, and my outlook,



... I remind myself that the most important element in finding where I belong is being sure that I find my people. The people who can hold me up when I don't have the strength to do it on my own, and the ones who trust that I can do the same in return.

around. What I ended up taking away from my trip to ACEP wasn't my performance in some competition. It wasn't the days of lectures, or workshops, or the endless freebies from the vendor floor. It was that night of camaraderie, being with, and becoming a part of, my people.

Medical school teaches us a lot of important lessons in life (the Krebs Cycle by far the most useful), but the one implicit lesson I hope we all get a chance to learn is how to stick a hand

out to request or accept help when we need it. It doesn't take a lot, but it does take courage and the right people to support us. This time of year, as Match Day looms ahead, I remind myself that the most important element in finding where I belong is being sure that I find my people. The people who can hold me up when I don't have the strength to do it on my own, and the ones who trust that I can do the same in return. The people who wipe away your tears and lift up your chin, reminding you how insignificant whatever-it-was really looks in the big picture. The ones you can celebrate, laugh, and dance with, because we all need that levity to survive.

It's taken some time, but I've learned to recognize in my reflection not just the eyes that gaze back at me, but the dozens of people who stand behind me, cheering me on, holding out a hand, and there to catch me should I fall. I'm thankful for all the people that I have learned from thus far and will continue to learn from along the way. Life as a human is no easy road, but The Beatles were right after all: we get by with a little help from our friends. ■

We know that our PACEP members are doing great things, but we don't always know about promotions, accomplishments, etc. If you know of someone that deserves a shout-out, please email Jan Reisinger at exec@pacep.net.

CONGRATULATIONS ARE IN ORDER...

Congratulations to these PACEP members who were recently honored by PAMED "Top 40 Physicians Under 40 Awards"



Shruti Chandra, MD
(Jefferson)



Sean McGann, MD
(Jefferson)



Carlos Rodriquez, MD
(Jefferson)

Congratulations to PACEP member, Patricia Henwood, MD (Jefferson) for being honored and receiving the PAMED Physician Award for Voluntary Community Service.



Patricia Henwood, MD
(Jefferson)

Congratulations to Douglas F. Kupas, MD, EMT-P, FACEP who was recently named as President-Elect for The National Association of EMS Physicians (NAEMSP).



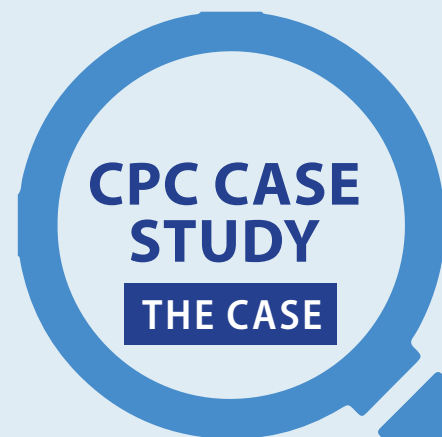
Douglas F. Kupas, MD,
EMT-P, FACEP

SCIENTIFIC ASSEMBLY PACEP 2022 CPC HIGHLIGHT

What is the Diagnosis?

The Case – Recurrent Abdominal Pain in a 2-year-old Female

2-year-old previously healthy female presented to ED with lower abdominal pain, multiple episodes of vomiting, decreased appetite and PO intake over last 2 days



A special thank you to Alexandra Amaducci, DO, FACEP for organizing the CPC Competition during Scientific Assembly and to Danielle Nesbit, DO for submitting this case.

ED VISIT #1

- Testing: COVID, influenza, RSV, strep – all negative
- Patient given ondansetron
- Patient felt better, tolerated PO, no further vomiting
- Discharged home with diagnosis of acute gastroenteritis

ED VISIT #2 (NEXT DAY)

- Patient returned for increasing abdominal pain – crying, holding her abdomen
- Patient was still fussy, decreased PO intake and having N/V/D
- On exam, hesitant for abdomen to be palpated
- Testing: CBC, CMP, lipase, UA, urine culture, CRP
- Due to UA results – patient given IVF, ceftriaxone
- Labs otherwise within normal range
- On re-evaluation – afebrile, nontoxic, subjective improvement in symptoms, tolerated PO, discharged home with ondansetron and cephalexin
- Diagnosis: Acute Cystitis without hematuria, dehydration

ED VISIT #3 (2 DAYS LATER)

- Patient returns with continued abdominal pain, N/V and subjective fevers
- Physical exam unchanged
- Testing: repeat UA, abdominal xray
- Patient given Tylenol, reports improvement, tolerated PO, discharged, and arranged for follow up with PCP in AM
- Final diagnosis: constipation, ketonuria, fluid deficit

PCP VISIT

- Same symptoms, PCP recommends return to ER

ED VISIT #4

- CBC – WBC 20.8K
- CXR negative
- Abdominal U/S and stool culture ordered

Urinalysis - Abnormal	
Specific Gravity, Urine	1.024
pH, Urine	7
Protein, Urine	Negative
Glucose, Urine	Negative
Ketone, Urine	80 (*)
Blood, Urine	Negative
Leukocytes Esterase	Negative
Nitrite, Urine	Negative
Amorphous Material	Present
Bacteria	2+
Mucous Threads	1+
RBC/HPF	0-2
Squamous Epithelial Cells	3-5
Transitional Epithelial Cells	>10
WBC/HPF	6-10

What test will make the diagnosis?

What is the final diagnosis?

see conclusion on page 23

FALL
2022

PACEP ACCOMPLISHMENTS

ADVOCACY

a. PACEP supported multiple pieces of legislation passed in the Legislature and sent to Governor Tom Wolf's desk

- i. [Senate Bill 317](#): Senate Bill 317, authored by Senators Pat Browne (R-Lehigh), Lisa Baker (R-Luzerne), Judy Schwank (D-Berks) and Tony Williams (D-Philadelphia), provides essential and necessary liability protections for emergency physicians and other health care practitioners to provide appropriate, evidence-based treatments to patients and their partners—EPT is one of those vital options. **PACEP advocated in support of this important public health policy.**
- ii. [Senate Bill 225](#): Senate Bill 225 is an Act 68 rewrite. Creates standards and timely feedback for commercial health insurance plans, as well as Medicaid plans, when health care providers seek prior authorization approval from insurers. The bill also reforms step therapy protocols. The legislature, through Senate Bill 225, standardized the process and shortened timeframes to provide for much more rapid approval between health care providers and insurers. Throughout summer and fall 2022, stakeholders, including PACEP, met to reach consensus. Initial versions of the legislation would have substantially altered the decades long federal EMTALA mandate and well-established prudent layperson standards in the Commonwealth that protect patients' access to care and ensure payment for "all reasonably necessary costs" for emergency services. It would have also introduced the concepts of "medically necessary," "covered" emergency service, and would have permitted the application of insurer clinical review criteria to determine the necessity and appropriateness of the emergency

care rendered. **Through advocacy efforts, the legislation was successfully amended to address PACEP's concerns to ensure Pennsylvanians can continue to have access to the timely and quality emergency care they deserve.**

- iii. [Senate Bill 1152](#): This bill, sponsored by Senator Doug Mastriano (R-Adams) establishes the Overdose Mapping Act (Act), which requires the Pennsylvania State Police (PSP) to launch an overdose information network to electronically track known or suspected overdoses in this Commonwealth. "Overdose Mapping" is a public health / law enforcement effort to determine the where and what of drug abuse. Although well-intentioned, the prior version of the bill would have mandated the treating EMS provider to report any "overdose" of any controlled substance, on a state police website with multiple entries to complete per encounter, within 72 hrs of the encounter. It also mandated medical personnel to report no later than 72 hours after the overdose victim's arrival or admission to the medical facility. The prior version of the bill provided state police the authority to report noncompliance with this mandate to "their appropriate supervisor." There was also no reimbursement for this activity. **Through advocacy efforts, PACEP (through EMS Committee leadership) was successful with amendments to the bill to remove EMS and medical personnel from the legislation and remove penalties.**
- iv. [House Bill 220](#): Language introduced by Rep. Mike Schlossberg (D-Lehigh) that would allow counties to create local overdose or suicide fatality review teams to help prevent future overdose deaths and suicides was amended in House Bill

220, sponsored by Rep. Jack Rader (R-Monroe). Under the bill, counties across Pennsylvania could establish overdose or suicide fatality review teams like Pennsylvania's Methadone Death and Incident Review Team, which would bring together representatives from various public safety, public health, and social services agencies to identify system gaps and opportunities to prevent future overdose or suicide deaths. The legislation also would prohibit drug and alcohol treatment facilities from denying treatment solely based on a negative drug test. **PACEP supported this proposal and continues to advocate on behalf of its profession, and more importantly, patients with mental health and/or substance use disorders.** These multidisciplinary teams aim to prevent future overdose deaths by identifying patterns, improving data accuracy, enhancing local service coordination, and providing recommendations to inform policies and programs.

- b. PEP-PAC Transition/Transformation completed
- c. Process underway for evaluating lobbying/government affairs services

ENGAGEMENT

- a. **ACEP YP Leadership Society Class of 2022** – Congratulations to Drs. Alex Amaducci and Chris Berry who were inducted into the 2022 ACEP Leadership Society Class of 2022!
- b. **Congratulations to Arvind Venkat, MD, FACEP** for being elected to the Pennsylvania General Assembly representing District 30!
- c. **Congratulations to Doug Kupas, MD, FACEP** for being elected as President-Elect for NAEMSP!
- d. **Residents Days a Success!** – Thank you to Geisinger Danville, The University of Pittsburgh, and University of Pennsylvania/Children's Hospital of Philadelphia (CHOP) for hosting these events. There were more than 450 total participants at these three events.
- e. **Peds EM interest group** – First meeting held on 11/9/22

- f. **Research Committee** – Organizational meeting held 11/9/22

- g. **Wellness/YP Events** – Two successful events were held by the Wellness/YP Committee on November 8th – a virtual cooking event and a virtual medical student EM Workforce discussion.

EDUCATION

- a. Distributed RSV resources to members during RSV surge (CHOP RSV pathway; Information video for parents/caregivers explaining RSV and its management; PACEP/PEHSC interfacility transport document)
- b. SA2023 Schedule finalized

GOVERNANCE

- a. Updated nominations process and leadership grid
- b. **Successful ACEP Council in San Francisco** – 22 Total for PACEP Delegation (19 Councilors and 3 Alternate Councilors). Chadd Kraus, DO, DrPH, FACEP served as Chair of the Tellers & Credentials Committee. PACEP submitted the following 7 resolutions (2 of these were memorial resolutions):
 - Onsite Supervision of Nurse Practitioners and Physician Assistants (Adopted)
 - Telehealth Bridge Model for Treat of Opioid Use Disorder (Adopted)
 - Signage at Emergency Departments with Onsite Emergency Physicians (Adopted as Amended)
 - Law Enforcement and Intoxicated Patients in the ED (Referred to the Board)
 - ED Staff at Critical Access Hospitals, Rural Emergency Hospitals, Outpatient EDs (Not adopted)
 - In Memory of James R. Roberts, MD, FACEP (Adopted)
 - In Memory of Douglas D. Rockacy, MD, FACEP (Adopted) ■

UPCOMING EVENTS

3/29/23

Board of Directors Meeting –
Harrisburg, PA

4/30/23 – 5/2/23

**ACEP Leadership & Advocacy
Conference (LAC) –**
Washington, DC

5/3/23

Board of Directors Meeting –
Kalahari Resorts, Pocono Manor

5/4/23 – 5/6/23

PACEP Scientific Assembly 2023 –
Kalahari Resorts, Pocono Manor

10/7/23 – 10/8/23

ACEP Council – Philadelphia, PA

10/9/23 – 10/12/23

ACEP Scientific Assembly –
Philadelphia, PA

**SAVE
THE
DATES**

**Future PACEP Scientific
Assemblies at Kalahari
Resorts & Conventions,
Pocono Manor, PA**

2023 May 4-6

2024 May 1-4

2025 April 23-26

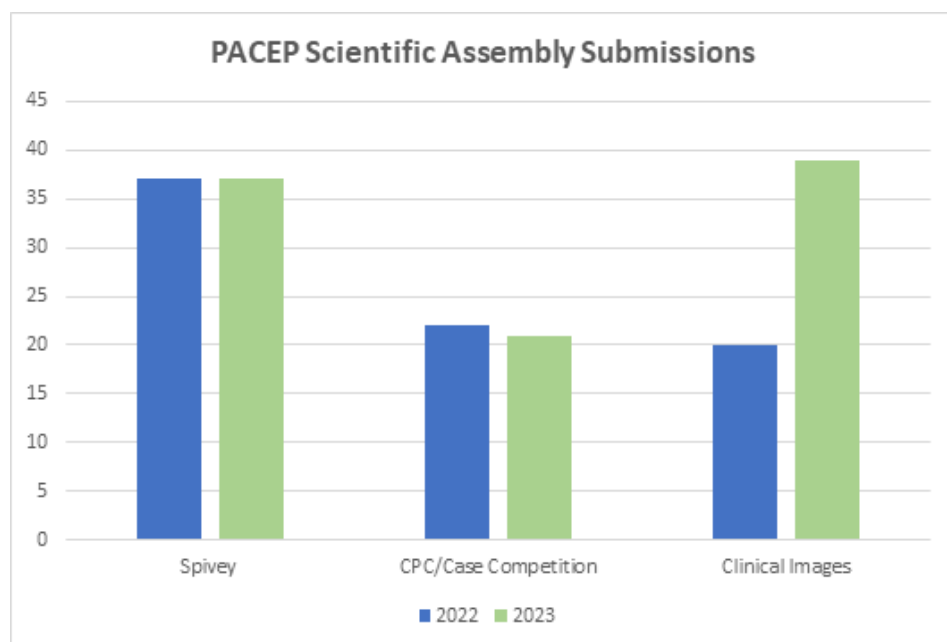
PACEP Research Committee Update



*Eric Melnychuk, DO, FACEP – Research
Committee Co-Chair, Leadership Fellow*

The PACEP Research Committee held their first call of 2023 on January 23.

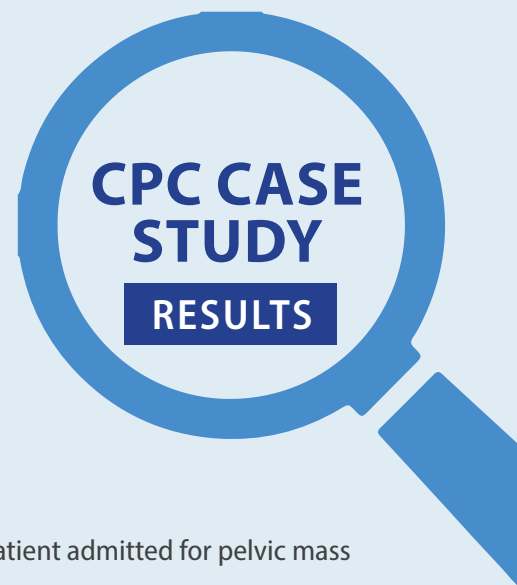
The research committee's purpose is to promote, develop and maintain research activities of PACEP, consistent with its vision to advocate, educate and lead. Establishment of the committee is also meant to represent the importance of and dedication to research in the Commonwealth. The focus of this call was to review, assess, and oversee the research activities of the PACEP Scientific Assembly, including review and judging of the submitted clinical images, CPC/Case Competition, and Spivey abstracts. Below are the number of submissions received, in comparison to last year.



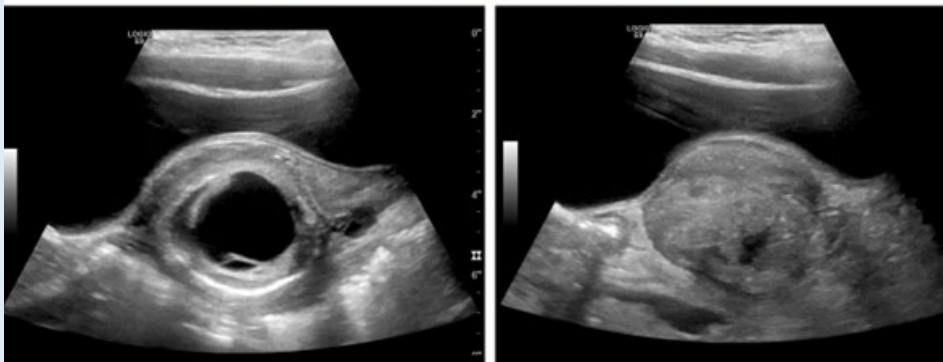
PACEP is excited about this new committee and there are many ideas for the committee to explore within the Commonwealth of Pennsylvania! The committee plans to meet bimonthly. If you are interested in being a part of the research committee, please contact research@pacep.net to express interest or learn more. ■

SCIENTIFIC ASSEMBLY PACEP 2022 CPC HIGHLIGHT

The Resolution:

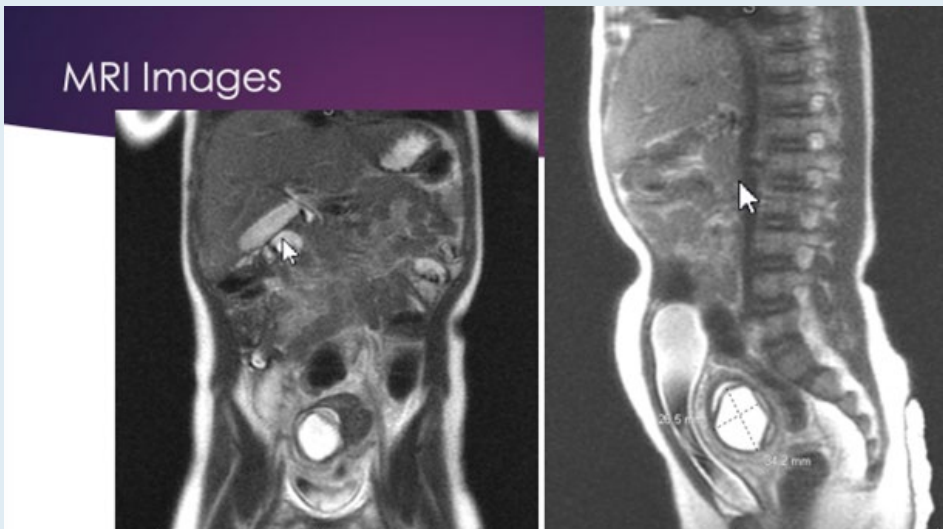


Abdominal US findings



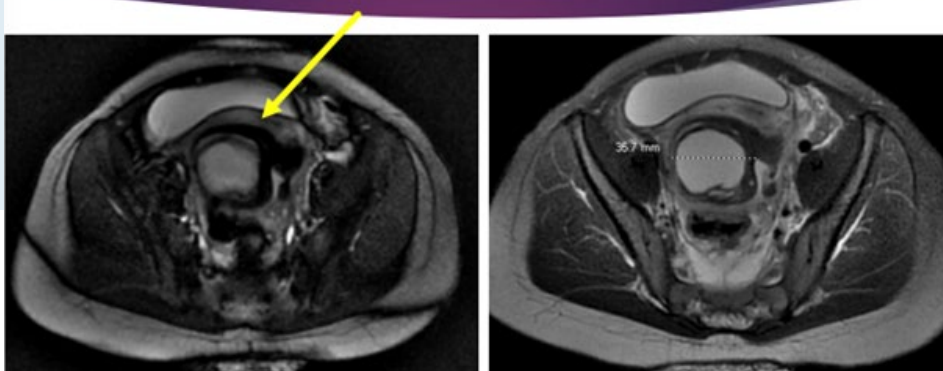
- Patient admitted for pelvic mass
- MRI Abdomen W/WO contrast obtained
- MRI showed L ovarian torsion secondary to ovarian cyst

MRI Images



- Patient was taken to the OR for detorsion and ovarian cyst drainage
- Patient discharged home
- Ovarian Torsion
 - Rare in pediatric population
 - Can present in different ways
 - Sudden onset of severe, unilateral pelvic/lower abdominal pain; constant or colicky
 - More common on R than L by 3:2 ratio
 - +/- nausea, vomiting, urinary complaints
 - Symptoms can be present >24-48 hours
- Relevance to EM
 - Importance of initiating imaging earlier for patients with repeat visits
 - Maintain a high level of suspicion

MRI Findings



PEP-PAC Update

By Kirk Hinkley, MD, FACEP



Kirk Hinkley, MD, FACEP
PEP-PAC Chair

In 1994, PACEP created the Pennsylvania Emergency Physicians-Political Action Committee (PEP-PAC) and for 29 years, our PAC has supported candidates for Pennsylvania State House and Senate who support you as an emergency physician and all of us as an industry.

It seems so long ago, but we've accomplished so much!

Thanks to your commitment to PEP-PAC, we've been able to build stronger relationships with the decision makers in Harrisburg. While those at the

national level yell and scream at each other, often never achieving anything, we've succeeded at moving the needle, bridging the partisan divide, and helping our physicians and patients thrive.

But in the words of Thomas Jefferson... *Determine never to be idle. No person will have occasion to complain of the want of time, who never loses any. It is wonderful how much may be done if we are always doing.*

Imagine what we could do if ~2,000 members gave just \$25 to PEP-PAC? That would give us more than 5 times our average yearly contribution total! Think how many more legislators we would support and educate on our issues important to us. Imagine what those relationships could mean in the future. In fact, in the November election, our dollars helped get an emergency physician (one of our own!) elected to the State House. Let's stop imagining...and start doing!

2023 brings new challenges and new opportunities. Over 50 new members were sworn into the General Assembly, we have a new governor, and with that comes numerous new staff and department officials to educate on our

concerns as emergency physicians. We certainly have our work cut out for us.

Just earlier this month, the fruits of legislative action and a unified physician voice were able to get the X-waiver requirement successfully removed for prescribing of buprenorphine for Opiate Use Disorder. Issues like these aren't fought solely on a national level. Pressure from the states that get pressure from groups like ours makes for real change. If we are going to survive current challenges in workforce, tort, reimbursement, workplace violence, and lack of mental health resources, we need the ear of those making policy. ■

► **How can you help? Get involved and donate to PEP-PAC! Even a few dollars matter.**

PACs aren't a dirty word; PACs are necessary if you want to succeed as a physician in Pennsylvania. PEP-PAC gives us an opportunity to tell our story rather than have that story told for us. We ask for your continued support of PEP-PAC so we may prosper now and in the future. Thank you!

A Heartfelt thank you to all our PEP-PAC 2022 Contributors!

Hope Allen, DO
Blake Bailey, DO
Donna Balewick, MD
Charles Barbera, MD
David Barton, MD
Christopher Berry, MD
Monisha Bindra, DO
Michael Bohrn, MD
Michael Boyd, MD
Merle Carter, MD
Joseph Clark, DO
Karen Custodio, DO
Amanda Deshisky, DO
Ankur Doshi, MD

Eleanor Dunham, MD
Marcus Eubanks, MD
Charles Feronti, DO
Todd Fijewski, MD
Laurence Gavin, MD
Scott Goldstein, DO
Stuart Greene, MD
Roderick Groomes, MD
Maria Guyette, MD
Steven Guyton, MD
Clairisse Hafey, DO
Ronald Hall, MD
Richard Hamilton, MD
Steven Hardy, MD

Arthur Hayes, MD
F. Richard Heath, MD
Joseph Hensley, DO
Kirk Hinkley, MD
Annahietta Kalantari, DO
Bryan Kane, MD
Kathleen Kane, MD
Thompson Kehrl, MD
Jacob Kleinman, MD
Erik Kochert, MD
Chadd Kraus, DO
Michael Lynch, MD
Eric Melnychuk, DO
Hannah Mishkin, MD

Rupen Modi, DO
Danielle Nesbit, DO
Dhimitri Nikolla, DO
Joshua M. Norris, MD
Gary Penner, MD
Joyce Petrini, MD
Gary Pollock, MD
Zaffer Qasim, MD
Shawn Quinn, DO
Meaghan Reid, DO
Jon Rittenberger, MD
Alexander Rosenau, DO
Ronald Roth, MD
Geoffrey Ruben, MD

Jennifer Savino, DO
David Shellenberger, MD
John Skiendzielewski, MD
Kristyn Smith, DO
Amy Snover, MD
Richard Sullivan, MD
Michael Turturro, MD
Arvind Venkat, MD
Elizabeth Werley, MD
Bryan Wilson, MD

TOTAL:
\$23,156.54

2023 Billing and Coding Levels of Service Summary (Compliments of ACEP)

Level of MDM (Based on 2 of 3 Elements of MDM)		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99281	N/A	N/A	N/A	N/A
99282	Straight-forward	Minimal 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99283	Low	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems • 1 stable chronic illness • 1 acute, uncomplicated illness or injury • 1 stable, acute illness • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care 	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source* • review of the result(s) of each unique test* • ordering of each unique test* Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99284	Moderate	Moderate <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment • 2 or more stable chronic illnesses • 1 undiagnosed new problem with uncertain prognosis • 1 acute illness with systemic symptoms • 1 acute complicated injury 	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test* • Ordering of each unique test* • Assessment requiring an independent historian(s) Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); Category 3: Discussion of management or test interpretation Discussion of management or test interpretation with external physician/other qualified health care professional\ appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99285	High	High <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test* • Ordering of each unique test* • Assessment requiring an independent historian(s) Category 2: Independent interpretation of tests Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) Category 3: Discussion of management or test interpretation Discussion of management or test interpretation with external physician/other qualified health care professional/ appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

Wellness/Young Physicians' Committee Update

By Eleanor Dunham, MD, MBA, FACEP



Eleanor Dunham, MD, MBA, FACEP
Wellness/YP Committee Co-Chair

Happy New Year 2023 and welcome back after what was hopefully a relaxing and restful holiday season. Almost three years after the COVID-19 outbreak, wellness seems to be at the forefront of everyone's minds, including the EM workforce. Now more than ever, we all need to be mindful to take care of ourselves and do at least one thing every day that makes us happy. Everyone has different needs when it comes to feeding your soul, so the emphasis is to make the time to do what brings you joy and happiness.

Reflecting on last year, here is a quick recap of the PACEP wellness events this past year. In April, Scientific Assembly (SA) had the wellness booth where people could stop and chat as well as color the heart picture which was drawn by Dr. Kathryn DeMarre from the York residency. This coloring picture was also taken to each of the residency days so that all the residents in attendance could participate in adding their coloring to this drawing. In August, PACEP organized a productive virtual residency fair with 16 residency programs participating. Election Day 2022 was a busy day, not only did we have a major election in Pennsylvania, but we hosted the Medical Student EM Workforce Discussion following our live

cooking demonstration and tasting, Taco Soupsday. The Taco Soup is satisfying and delicious on cold winter days; so if you missed the live demo, the recipe is listed below with a bonus recipe of easy, fresh guacamole.

This coming year has many possibilities and upcoming events. We hope to do another cooking demo this winter—perhaps red velvet cupcakes with frosting around Valentine's Day or another online wine tasting event. Let us know what you would like to do or if you have any great ideas. This is your wellness committee so please give us your ideas for future wellness events. You can e-mail us at edunham@pennstatehealth.psu.edu and dhimitri.nikolla@med.lecom.edu. Also, mark your calendars for PACEP Scientific Assembly (SA) which is May 4-6. This is a great time for networking and for family. For those of you who haven't been there, Kalahari resort is an indoor water park with many other activities as well as restaurants and shopping all within the resort. It really is a lot of fun and a good way to meet other EM physicians in the Commonwealth as well as spending time with your family. Win-win! Opportunities to sign up for SA will be coming shortly so stay tuned! In the meantime, enjoy the skiing, ice-skating, cooking, working out/exercising, movies and all things winter as Spring is just around the corner! Have a great start to your 2023! ■



CELEBRATE WELLNESS!



If you have a healthy recipe that you would like to share, please email it to Jan Reisinger at exec@pacep.net. The PACEP Wellness/Young Physicians Committee will select recipes for the PACEP website, as well as a favorite for publication in the PACEP News each quarter.

Taco Soup

// I developed this recipe after a business trip to Monterey, Mexico. This is a recreation of soup we ate the first night in the hotel. Maybe it was because we were tired from traveling, or excited to be in Mexico, or maybe it truly was a good recipe, but it tasted really good!

ELEANOR DUNHAM, MD, MBA, FACEP



INGREDIENTS:

- ☐ 1 onion, chopped
- ☐ 1T olive oil
- ☐ 1lb ground beef or turkey
- ☐ 1 packet taco seasoning
- ☐ 1 large jar salsa or 2 regular size jars
- ☐ 1 can black beans with the liquid
- ☐ 1 can pinto beans with the liquid
- ☐ 2c chicken broth
- ☐ 2 cans cannellini beans with the liquid
- ☐ 1 can green chilies (optional)
- ☐ 1 can or bag of frozen corn
- ☐ 1 can evaporated milk (not sweetened condensed)
- ☐ Chili powder

INSTRUCTIONS:

1. In a large stockpot, brown the onion in the oil. Add meat and cook till browned. Season with taco mix.
2. Add the salsa, broth, corn, chilies, and the black and pinto beans to the pot. Cook 5–10 minutes.
3. Blend the milk and cannellini beans in a blender or food processor till smooth. Add blended mixture to the pot. Simmer for 15 minutes or so.
4. Season with chili powder, salt, and pepper to taste.
5. Serve with sour cream, shredded cheese, and crushed tortilla chips.

MIX AND TASTE FOR THE GUACAMOLE:

- ☐ 2 ripe avocados (or as many as you want)
- ☐ finely diced onion
- ☐ finely chopped tomato
- ☐ fresh lime juice
- ☐ salt



Penn State Health Emergency Medicine

About Us:

Penn State Health is a multi-hospital health system serving patients and communities across central Pennsylvania. We are the only medical facility in Pennsylvania to be accredited as a Level I pediatric trauma center and Level I adult trauma center. The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Health Children's Hospital, and Penn State Cancer Institute based in Hershey, Pa.; Penn State Health Hampden Medical Center in Enola, Pa.; Penn State Health Holy Spirit Medical Center in Camp Hill, Pa.; Penn State Health St. Joseph Medical Center in Reading, Pa.; Penn State Health Lancaster Pediatric Center in Lancaster, Pa.; Penn State Health Lancaster Medical Center (opening fall 2022); and more than 3,000 physicians and direct care providers at more than 126 outpatient practices in 94 locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center, Horizon Home Healthcare and the Pennsylvania Psychiatric Institute.



We foster a collaborative environment rich with diversity, share a passion for patient care, and have a space for those who share our spark of innovative research interests. Our health system is expanding and we have opportunities in both academic hospital as well community hospital settings.

Benefit highlights include:

- Competitive salary with sign-on bonus
- Comprehensive benefits and retirement package
- Relocation assistance & CME allowance
- Attractive neighborhoods in scenic Central Pennsylvania

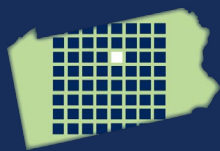


PennState Health

FOR MORE INFORMATION PLEASE CONTACT:

Heather Peffley, PHR CPRP - Penn State Health Lead Physician Recruiter
hpeffley@pennstatehealth.psu.edu

Penn State Health is fundamentally committed to the diversity of our faculty and staff. We believe diversity is unapologetically expressing itself through every person's perspectives and lived experiences. We are an equal opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.



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