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From the President **Russell P. Tarr, MD, FACEP, PhD**

I am Back!

It is so wonderful to be back home in the great state of Arkansas. As most of you know, I was deployed with an infantry battalion from Arkansas to Camp Lemonnier, Djibouti in Eastern Africa since July. My role with the Task Force was as their battalion surgeon. To prevent confusion, the term surgeon in the military refers to an MD regardless of specialty. As the battalion surgeon, I oversaw all clinical operations and providing and coordinating care for 700+ soldiers. Some of which were not even in the same country. Adding to the complexity of the job is the sheer enormous size of the continent of Africa, which I never appreciated from Geography classes years ago. This certainly came into play when trying to transfer soldiers to a higher level of care outside of Africa.

My African journey started in 2015 and involved more than I could have ever imagined. From the end of 2016 up until deployment, there were constant classes and training I had to attend. Along the way, I met many young physicians and residents from other branches of service as well as nurses and physician extenders. Some of the courses I was familiar with, such as

ATLS, while others were basically a tactical (getting shot at) adaptation of ATLS. These courses involved not only classroom teaching but a lab practical for procedure training. I was also fortunate to be able to go to Walter Reed Medical Center in Washington D.C., to take a course in Tropical Medicine and Global Emerging Infectious Diseases. Of course, one of the diseases covered in the course was malaria, which we had on a few occasions in Africa to diagnose and treat.

The medical environment at Camp Lemonnier was amazing. The Camp is operated and ran by the Navy. Our Task Force performed sick call and urgent care services with two beds. Critically ill soldiers or soldiers needing surgery were cared for at the Navy Expeditionary Medical Facility (EMF) on Camp. My PA and I had a great rapport with our Navy colleagues and learned a lot from them and helped them update certain treatment protocols. Multi-national CME lectures were held roughly every 2 weeks on the camp. There were numerous medical personnel from NATO countries and Japan that attended these conferences and sometimes gave lectures. Interacting with fellow physicians from all corners of the world was very rewarding and one of the experiences I will treasure most from the deployment.

The Arkansas chapter in conjunction with the Arkansas Medical Society was very active in the legislative process earlier in the year. I will continue to encourage our members to be tracking legislation and to be in constant communication with your Arkansas and US Representatives and Senators regarding legislation that affects physicians as well as our patients.

I would like to thank all from the chapter that were forced to step up and fill my role while I was away. The internet in Africa is not always the best, but I was periodically able to check in on emails and correspondence between Adriana and the chapter officers. I know 2018 will be another great year for the chapter.

From the President-Elect Charles C. Scott, MD, PhD, FACEP

I doubt that anyone short of those who have attended know what the American College of Emergency Physicians Council does. It is the governing body of ACEP and a complex parliamentary body that has very energetic Board members. The Board members consist of emergency doctors who have been involved in the day to day advocacy for our physicians working in the emergency department. They have over the past year increased our value by increasing amount of RVUs that we code the most often. These RVU increases include all five codes that we use for an Emergency Department, level 1 through 5, increasing the RVU value of emergency intubation.

Another example of the positive effect of ACEP's Board and President, who was at the time. Dr. Rebecca Parker, occurred shortly after she was elected. An unfair article appeared in the New

England Journal of Medicine that was titled, "Out-of-Network Emergency-Physician Bills - An Unwelcome Surprise." Dr. Parker found this out right before an interview with a news outlet. ACEP immediately mobilized the network of emergency physicians, ACEP public relations, and advocacy. They could get the falsehoods in this article rebutted in the news, including the Washington Post, New York Times, NBC nightly news. They were also able to get all 29 state legislatures who had balanced billing on their agenda to be defeated down to a governor's veto.

Why is this important? If you have not been in on the discussion, the large insurance companies are spending millions of dollars demonizing emergency departments as abject failures of the medical community. That means they want to remove the prudent layperson definition, which basically allows them not to pay anything for emergency visits based on looking back at the visit. It would end reimbursement to the emergency department and the emergency physician. The health insurance companies are making huge profits, while pushing the costs onto the patient with absurdly high deductibles (now averaging \$1318, when the average American's reserve is \$700) and not paying fair amounts for treatment in emergency departments. Without ACEP, the insurance companies are also already trying to implement Monday quarterback to not pay for visits to the emergency department. At that point, people with chest pain are going to wait at home on the chance that it will not be thought emergent if it is not due to a heart attack or blood clot in the lung. For more information on this topic and to be able to advocate for patient access to emergency care, please click [here](#).

At the 2017 ACEP Council Meeting, there were 55 different resolutions, many of them discussed in minute detail. The parliamentary procedure can be meticulous (very, very meticulous). Some of the measures that were defeated including resolutions 15-17, which were attempting to require ABEM to be financially transparent and removing them from our Bylaws. The ever-present Dr. Bedard resolutions on marijuana failed. Dr. Bedard is an Immediate Past-President and a colorful, patient, and smart character. Some of the resolutions that passed were in support of parental leave for emergency medicine doctors. It is my opinion as the only industrialized country in the first world who has not done this universally that there are ways to do it without causing everyone else strife. The most controversial resolution was to support studying safe places for people with heroin addiction to inject heroin. Keep in mind this is not tacit support, but keeping our minds open to see if they would work in the U.S. They have proven to decrease Hepatitis C, HIV, cellulitis, endocarditis, and encourage access to treatment programs in several other countries without increasing the rate of use. Our country is no doubt unique, so it may not work, but this resolution supported research and study.

One of the best parts of the council is something that has been lost in our public discourse, civil debate and disagreement without hate. We spent hours talking things through and using actual evidence to discuss a wide range of issues. Yet, no one used any school ground name calling, pointlessly attacked someone's character, or just made things up. In fact, people who wildly disagreed later could break bread together. I would encourage our membership to be a part of this council or just advocate for our patients. What we do is extremely difficult, rife with disrespect from many sides, and causes severe burnout. Sometimes, if you get any time, think

about how you want things to be different. If you have an idea that will improve our departments or our lives, no matter the scope, write it down. If you feel you can, share it with [me](#). I'll work with you to achieve better.

From a Chapter Member Rawle "Tony" Seupaul, MD, FACEP Chair of EM at [UAMS](#)

UAMS EM is making its mark!

This upcoming year, we are adding four-(4) new faculty to the fold:

Dr. Amanda Young will be joining UAMS this January after completing a Simulation Medicine Fellowship in Jacksonville, FL.

Dr. Zachary Lewis will join us after completing the Ultrasound Fellowship at UAMS. He will add depth to the Division of EM US.

Dr. Heather McLemore will join us at the Conway site after graduating this July.

Dr. Jason Arthur will be joining us from Jacksonville, FL as our new Ultrasound fellow.

The agenda for **ICARE18** is coming together nicely. This conference will be held in Little Rock on June 1 and 2 in the I. Dodd Wilson Building on the UAMS campus. **ICARE18** will deliver high quality EM and Critical Care content with some new wrinkles. We will maintain an interactive format including time sensitive diagnoses, trauma, pre-hospital medicine, **and** add an EM-Pediatrics track, bedside US education, Psychiatric, hand, ocular emergencies, and more. You can find out more by clicking [here](#).

The **History of UAMS EM** will be part of a published textbook documenting the history of all academic departments at UAMS. Our chapter will chronicle the many leaders and milestones achieved in our 30+ year history (established 1983). I am looking for any and all information to add to the body of this document so please share it via [email](#).

You are always invited to join us for our weekly CME accredited didactic series on Wednesdays. Please visit our NEW [website](#) for these and many other details about our program.

Adriana's Corner

This year is just about over. The days, weeks and months just fly by. And usual chapter business must continue. I am certain 2018 will be a great year for you as emergency physicians and for the Arkansas chapter. I look forward to continuing to work with all of you the upcoming year. In the meantime, please contact [me](#) if I can help you in any way.

Expedition Medicine National Conference

This conference will be held March 9-10, 2018 in Little Rock. For more information, please click [here](#).

State Legislative Issues for 2018 by Harry J. Monroe, Jr. ACEP Director, Chapter and State Relations

Two years after the nearly miraculous successful retreat by the British army from Dunkirk, Prime Minister Winston Churchill remarked on the first actual British victory of the war by declaring, "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

We may be at a similar point in our legislative battles over balance billing and out of network reimbursement. In many states, policymakers that have been considering the issue for multiple sessions will look to address the issue once and for all. Thus, it will be important that we stand ready to engage an issue that continues to pose a threat to our specialty and most importantly, access to care for our patients. Certainly, we want to be paid fairly, but we also want to focus on making sure that insurer practices are not causing patients to delay receiving emergency care out of uncertainty as to what the insurer will pay.

ACEP has developed, and is continuing to refine, resources to help states engaging this issue. On [our website](#) you will find numerous documents that will be of help in working on this issue, including talking points, copies of written testimony produced in a number of states, information on why Medicare is not a sound benchmark for determining reimbursement, and many other materials. I would encourage you to take a look.

Additionally, we have worked hard over the last two years to build relationships with other specialty societies and the AMA, based on shared consensus principles and solutions documents that are included on the website, that have helped us collaborate on these issues.

In most states that we have engaged, the national collaboration has helped with building alliances at the state level, with the result that the house of medicine has been largely united in our response to legislation. In addition to fighting off bad legislation, we have looked for opportunities to promote positive legislation on the issue, and model legislation has been developed to that end. In addition, to our collaboration with other specialties, another outside organization, Physicians for Fair Coverage, has been formed and has helped to provide and coordinate resources in this fight.

At the time of this writing, we are also working on developing regional teams of experts that can help provide assistance in terms of legislative interpretation, understanding financial impacts, and advocacy. These should be in place by the time 2018 sessions begin.

We believe that as many as 25 states will see significant efforts by legislatures to address balance billing and out of network legislation this year. If you are facing it in your state, reach out to me [via email](#) or at 972-550-0911, ext. 3204.

In addition to balance billing and out of network issues, there will be many other important issues to address in the coming year. The prudent layperson standard remains under attack in many places by both Medicaid and commercial payers. The opioid epidemic continues to be a critical public policy concern. Of course, what the federal government does about health care, and how that filters down to the state level, promises to require our attention. This will be a busy year at the state house!



ACEP - You make 50 look good!

As we wind down 2017, we kick off a year-long celebration of ACEP's 50th anniversary starting January 2018. Plan to participate in social media campaigns that highlight the highs, lows and life-changing moments in EM. Get hyped for a historical timeline following the history of our specialty as well as anniversary-themed podcasts. Watch for anniversary editions of ACEP Now and Medicine's Frontline in addition to proclamations from members of Congress and sister medical societies. Don't forget to order copy of our commemorative coffee table book featuring the breath-taking photographs that capture a day in the life of emergency physicians

collected by famed photographer Eugene Richards. [Book tickets now to ACEP18](#) and our blow-out anniversary celebration in San Diego featuring an interactive history museum showcasing the journey of emergency medicine from battlefield to inner city to rural America to every spot in between.

As we enter 2018, we begin the celebration of 50 years of life saving and boundary pushing. Are you on call for 50 more?

Show Your Commitment to High Standards for Clinical Ultrasound

You have the highest standards when it comes to your clinical ultrasound program. Show that commitment to your patients, your hospital, and your payers with ACEP's Clinical Ultrasound Accreditation Program (CUAP). ACEP's [CUAP](#) is the only accreditation program specifically for the bedside, clinician-performed and interpreted ultrasound. Now also available - accreditation for non-ED clinical settings, including freestanding EDs, urgent care centers and clinics. [Apply Today!](#)

- Ensure safety and efficacy of patient care
- Meet ACEP's high standards for point-of-care delivery
- Use your own policies or draw from expert-reviewed sample documents

Geriatric Emergency Department Accreditation Program

ACEP is gearing up to accredit geriatric emergency departments. The [Geriatric Emergency Department Accreditation Program](#) will be accepting applications after the first of the year. There will be 3 levels of accreditation ranging from a minimal commitment to better elder care to a comprehensive well-rounded robust program. Accreditation shows your patients, your institution and your payers that your ED is ready to provide care to seniors and is a quality program that meets the high standards of the American College of Emergency Physicians. [Find out more.](#)

**Articles of Interest in *Annals of Emergency Medicine*
by Sandy Schneider, MD, FACEP**

ACEP Associate Executive Director, Practice, Policy and Academic Affairs

ACEP would like to provide you with very brief synopses of the latest articles in *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. [Read More](#)

Policy Statements and PREPs Approved by the ACEP Board

The following policy statements and PREPs were approved by the ACEP Board of Directors at their October 2017 meeting.

Policy Statements

[Medical Transport Advertising, Marketing, and Brokering](#) - revised

[Clinical Emergency Data Registry Quality Measures](#) - new

[Mechanical Ventilation](#) - new

[Hospital Disaster Physician Privileging](#) - revised

[Unsolicited Medical Personnel Volunteering at Disaster Scenes](#) - revised

[Sub-dissociative Dose Ketamine for Analgesia](#) - new

Writing Admission and Transition Orders - revised

[The Clinical Practice of Emergency Medical Services Medicine](#) - new

[The Role of the Physician Medical Director in EMS Leadership](#) - new

[State Medical Board Peer Review](#) - new

Pediatric Medication Safety in the Emergency Department - new

[Distracted and Impaired Driving](#) - revised

PREPs

Sub-dissociative Dose Ketamine - new

Writing Admission and Transition Orders - new

Welcome New Members!

William L. Berry, MD - Danville

Mr. Sean O'Conner - Fort Smith

Mr. Brendan Moore - Little Rock

Ms. Caroline Arnold - Little Rock

Mr. Seth Bartholomew - Little Rock

Mr. Joe W. Brown - Little Rock
Mr. Conner S. Gessert - Little Rock
Mr. Blaine M. Winterton - Fort Smith

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