

A Newsletter for the Members of the Puerto Rico ACEP Chapter



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## From a Councillor Miguel F. Agraite-Gonzalez, MD, FACEP

### Council Meeting: Update

It was my privilege to represent the Puerto Rico Chapter at the Council Meeting held in San Diego this year. Many interesting topics were presented. To briefly summarize a few:

Dr. John J. Rogers who was chosen as President-Elect in 2017 resigned over much controversy regarding his lack of EM board certification. During the Council Meeting, he received a unanimous commendation for his services to ACEP over the past 30 years.

Vidor E. Friedman, MD, FACEP was nominated as President by the Board of Directors.

### 2018 Election Results

**President-Elect:** William P. Jacquis, MD, FACEP

**Chair of the Board:** Stephen H. Anderson, MD, FACEP

**Vice President:** Jon Mark Hirshon, MD, PhD, MPH, FACEP

**Secretary/Treasurer:** Mark S. Rosenberg, Do, MBA, FACEP

**Immediate Past-President:** Paul D. Kivela, MD, MBA, FACEP

### Board Members

James J. Augustine, MD, FACEP

L. Anthony Cirillo, MD, FACEP

John T. Finnell, MD, FACEP, FACMI

Alison J. Haddock, MD, FACEP

Christopher S. Kang, MD, FACEP

Kevin M. Klauer, DO, EJD, FACEP

Aisha T. Liferidge, MD, FACEP

Debra G. Perina, MD, FACEP

Gillian Schmitz, MD, FACEP

On a different topic, changes are coming for the Recertification Examination. A few changes are the following:

- **Shorter, more frequent tests:** each test will assess one or more specific content areas relevant to the clinical practice of Emergency Medicine, such as cardiovascular disorders or trauma. The tests will be about an hour long
- **The ability to take a test again if it's not passed the first time:** additional chances will be available to retake and pass a test, which will give physicians a clearer idea of what topics need to be reviewed

- Physicians will take the test remotely and have access to references

A full list of the Resolutions that passed can be found by clicking [here](#). However, a selection of important discussions and resolutions are below:

- Composition of ACEP council itself: an increased emphasis in younger members and a push to provide spots in the council to residents
- Mental health and suicide among emergency physicians. ACEP will try to implement multiple safeguards and mechanisms for recognizing, preventing, and treating depression among its members
- Medication Assisted Treatment programs for opioid abuse: ACEP will advocate for funding and training programs to aid in starting MAT from in the ED. The pain management section will be coming out with some basic guidelines and recommendations about how to start a MAT program
- ACEP formally opposed the separation of migrating children from caregivers
- ACEP formally supports facilitating research into medical cannabis. This has been a longstanding discussion in ACEP, the wording of this amendment stresses the council and ACEP only advocates for research into possible efficacy or harm rather than supporting any specific cannabis use
- ACEP is advocating for insurance approval without preauthorization for numerous opiate sparing medications (i.e. lidocaine patches, diclofenac gel, etc.)

Feel free to email [me](#) with any questions about the other numerous discussions held during the Council Meeting this year. I am happy to help summarize them for you in detail.

## NEWS FROM ACEP



### New ACEP Information Papers and Resources

The following information papers and resources were recently reviewed by the Board of Directors:

#### Information Papers:

- [Advocating for a Minimum Benefit Standard Linked to the 80th Percentile of a FAIR Health-Type Usual & Customary Charge Database](#)
- [Emergency Ultrasound Standard Reporting Guidelines](#)
- [Medicaid ED Copayments: Effects on Access to Emergency Care and the Practice of Medicine](#)

#### Other Resources:

- [Resources for Emergency Physicians – Reducing Firearm Violence and Improving Firearm Injury Prevention](#)

#### Smart Phrases for Discharge Summaries:

- [CT Scans for Minor Head Injuries](#)
- [MRI for Low Back Pain](#)
- [Sexually Transmitted Infection](#)
- [Why Narcotics Were Not Prescribed](#)

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### Articles of Interest in *Annals of Emergency Medicine* - Fall 2018

#### Sam Shahid, MBBS, MPH Practice Management Manager, ACEP

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.

#### Anderson TS, Thombly R, Dudley RA, Lin GA. **Trends in Hospitalization, Readmission and Diagnostic Testing of Patients Presenting to the Emergency Department with Syncope**

The objective of this retrospective population epidemiology study was to determine whether recent guidelines emphasizing limiting hospitalization and advanced diagnostic testing to high-risk patients have changed patterns of syncope care. They used the National Emergency Department Sample from 2006-2014 and the State Inpatient Databases and Emergency

Department Databases from 2009 and 2013. The primary outcomes studied were annual incidence rates of syncope ED visits and subsequent hospitalizations, and rates of hospitalization, observation, 30-day revisits, and diagnostic testing comparing 2009 to 2013. Their results showed that although the incidence of ED visits for syncope has increased, hospitalization rates have declined without an adverse effect on ED revisits and that the use of advanced cardiac testing and neuroimaging has increased, driven by growth in testing of patients receiving observation and inpatient care.

Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. **EMS Utilization among Patients on Involuntary Psychiatric Holds and the Safety of a Pre-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the field, 2011-2016**

The purpose of this retrospective review was to describe overall EMS utilization for patients on involuntary holds, compare patients placed on involuntary holds to all EMS patients, and evaluate the safety of field medical clearance of an established field-screening protocol in Alameda County, California, using the data for all EMS encounters between November 1st, 2011-2016 using County’s standardized dataset. Results showed that 10% of all EMS encounters were for patients on involuntary psychiatric holds and overall, only 0.3% of these encounters required re-transport to a medical ED within 12 hours of arrival to Psychiatric Emergency Services, reinforcing the importance of the effects of mental illness on EMS utilization. [Full text available here.](#)

Yoshida H, Rutman LE, Chen J, Shaffer ML, Migita RT, Enriquez BK, Woodward GA, Mazor SS. **Waterfalls and Handoffs – A Novel Physician Staffing Model to Decrease Handoffs in a Pediatric Emergency Department**

The objective of this retrospective quality improvement study was to evaluate a novel attending staffing model in an academic pediatric ED that was designed to decrease patient handoffs. The study evaluated the percentage of intradepartmental handoffs before and after implementation of a new novel attending staffing model and included conducting surveys about the perceived impacts of the change. The study analyzed 43,835 patients encounters and found that immediately following implementation of the new model, there was a 25% reduction in the proportion of encounters with patient handoffs. The authors concluded that this new ED physician staffing model with overlapping shifts decreased the proportion of patient handoffs and resulted in improved perceptions of patient safety, ED flow, and job satisfaction in the doctors and charge nurses. [Full text available here.](#)

Jones AR, Patel RP, Marques MB, Donnelly JP, Griffin RL, Pittet JF, Kerby JD, Stephens SW, DeSantis SM, Hess JR, Wang HE, On behalf of the PROPPR study group. **Older blood is associated with increased mortality and adverse events in massively transfused trauma patients: secondary analysis of the PROPPR trial.**

This study sought to determine the association between PRBC age and mortality among trauma patients requiring massive PRBC transfusion using the data from the Pragmatic, Randomized Optimal Platelet and Plasma Ratios (PROPPR) trial. The authors analyzed data from 678 patients and the primary outcome was 24-hour mortality. The results showed that increasing quantities of older PRBCs are associated with increased likelihood of 24-hour

mortality in trauma patients receiving massive PRBC transfusion ( $\geq 10$  units), but not in those who receive  $< 10$  units.

Roberts RM, Hersh AL, Shapiro DJ, Fleming-Dutra K, Hicks LA. **Antibiotic Prescriptions Associated with Dental-Related Emergency Department Visits.**

The objective of this study was to quantify how often, and which dental diagnoses seen in the ED resulted in an antibiotic prescription using the National Hospital Ambulatory Medical Care Survey (NHAMCS) data of visits to the ED for dental conditions during 2011-2015. Based on an unweighted 2,125 observations from the NHAMCS in which a dental-related diagnosis was made, there were an estimated 2.2 million ED visits per year for dental-related conditions, which accounted for 1.6% of ED visits. An antibiotic, most often a narrow spectrum penicillin or clindamycin, was prescribed in 65% of ED visits with any dental diagnosis, and the most common dental diagnoses for all ages were unspecified disorder of the teeth and supporting structures (44%), periapical abscess without sinus (21%), and dental caries (18%). Given that the recommended treatments for these conditions are usually dental procedures rather than antibiotics, the results may indicate the need for greater access to both preventative and urgent care from dentists and other related specialists as well as the need for clearer clinical guidance and provider education related to oral infections.



ACEP • ojai, CA • Feb 19-22, 2019

ReCharge • ReEnergize • ReFocus

## Introducing Balanced

A new, [physicians-only wellness conference](#) where you can focus on your well-being in your practice and your daily life. Join us February 19-22, 2019 at the beautiful Ojai Valley Inn in Ojai, CA to learn ways to help reduce stresses in your practice. Then, in the afternoon it's time to get out of the course room and spend time participating in the numerous wellness activities available at the resort.

## ACEP Doc Blog!

Looking for a way to increase your visibility and reach patients? Consider contributing to the ACEP Doc Blog! The blog lives on the ACEP patient-facing website [www.emergencycareforyou.org](http://www.emergencycareforyou.org). The Doc Blog offers plainly worded insight and expertise to patients from emergency physicians. Topics include health and safety tips, “day-in-the-life” experiences, passion projects and more. Our goal is to create short (500 word) posts that help put a human face on emergency medicine. Recent posts:

- [Cats, Dogs and Dander... Oh, My!](#)
- [Dear Patient: A Letter from Your Emergency Physician](#)
- [Your Summer Guide to Bug Bites & Skin Rashes](#)
- [Heat Stroke and Hot Cars](#)
- [Not the Right Time for a Selfie: A Conversation about Hawaii and Volcano Safety](#)

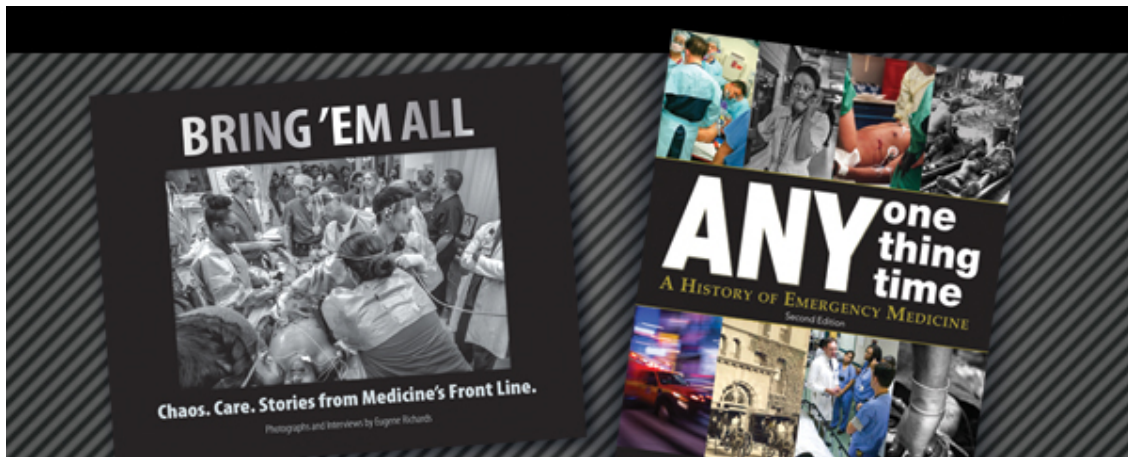
Contact [Steve Arnoff](#) to learn more about contributing to the ACEP Doc Blog.

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## Want to improve your skills managing behavioral or medical emergencies?

Come join the Coalition on Psychiatric Emergencies (CPE) for a pre-conference workshop on Dec. 12th in Las Vegas Nevada. The Coalition is presenting two pre-conferences: **Critical Topics in Behavioral Emergencies for Emergency Physicians and Critical Topics in Emergency Medicine for Psychiatrists**. Come improve your skills and earn CME! The early-bird rate for members is \$149. To view the full schedule and to register, visit the [pre-conference website](#).

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## ACEP's 50th Anniversary Books

Buy one for yourself or give as a gift! [Bring 'em All](#) and [Anyone, Anything, Anytime](#) available at [bookstore.acep.org](http://bookstore.acep.org).

**Improve the Care  
Provided to Older Patients**

**Become an Accredited Geriatric Emergency Department**

Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

**ACEP.org/GEDA**

**ACEP Geriatric**  
Emergency Department Accreditation

## Seniors make up 43% of all hospitalizations originating in the ED

In recognition of challenges with older adult presentations, [guidelines to improve ED care for older adults](#) have been established by leaders in emergency medicine. To further improve the care and provide resources needed for these complex older adult presentations, ACEP launched the [Geriatric ED Accreditation Program \(GEDA\)](#) to recognize those emergency departments that provide excellent care to older adults. The program outlines the approach to the care of the elderly ED patient according to expertise and available evidence, with implications for physician practice and ED processes of care. GEDA provides specific criteria and goals for emergency clinicians and administrators to target, designed to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED



encounter.

Become accredited and show the public that your institution is focused on the highest standards of care for your community's older citizens.



Providers  
Clinical Support  
System

With PCSS training, you  
can help save lives from  
opioid use disorder

**By getting MAT trained, you can help  
people take their lives back from OUD.**

Visit [pcssNOW.org](http://pcssNOW.org)

Funding for this initiative was made possible (in part) by grant nos. 5H79TI025595-03, 5U79TI026556-02 and 3U79TI026556-02S1 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

## Free Medication-Assisted Treatment Training

Eight hours of training on medication-assisted treatment (MAT) is required to obtain a waiver from the Drug Enforcement Agency to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Providers Clinical Support System (PCSS) offers free waiver training for physicians to prescribe medication for the treatment of opioid use disorder. PCSS uses three formats in training on MAT:

- Live eight-hour training
- “Half and Half” format, which involves 3.75 hours of online training and 4.25 hours of face-to-face training.
- Live training (provided in a webinar format) and an online portion that must be completed after participating in the full live training webinar

Trainings are open to all practicing physicians. Residents may take the course and apply for their waiver when they receive their DEA license. For upcoming trainings consult the [MAT Waiver Training Calendar](#). For more information on PCSS, [click here](#). For more information on MAT training, email [Sam Shahid](mailto:Sam.Shahid@pcss.org).



**Call to Action!**  
Navigating together for change



*Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

## **Call for Consultants - SAMHSA State Targeted Response Technical Assistance (STR-TA) Initiative**

Join over the 500 Treatment Technical Assistance (TA) Consultants already participating in the initiative to target the opioid epidemic. TA Consultant responsibilities would include:

- Supporting local multidisciplinary TA teams to provide expert consultation to providers in the delivery of OUD services (up to 10 hours a week). When asked to provide TA expertise consultants will be compensated \$100/hour for up to 10 hours a week.
- Participate in web-based training
- Participate in train-the-trainer activities (as needed)

ACEP is one of the partners in the SAMHSA STR-TA Initiative. Please email [Sam Shahid](#) for more information.



## **NEMPAC On Track to Reach Record Fundraising Goal**

While celebrating ACEP's 50th Anniversary's in San Diego, hundreds of ACEP members also confirmed and celebrated their commitment to advocacy on behalf of emergency medicine and

patients. As in years past, ACEP Council members stepped up to the plate during the NEMPAC Council Challenge to ensure that emergency medicine stays at the top of the leaderboard among medical PACs.

NEMPAC collected a record total of more than \$350,000 from Council members. Of note is the strong support by all Council members representing the Emergency Medicine Resident Association (EMRA), who strive each year to be the first group within the Council to reach 100-percent participation at the premier "Give-a-Shift" donor level. Thirty-nine state chapters and the Government Services chapter reached 100-percent participation this year. In addition, 38 Past-Presidents and Past-Council Speakers met the challenge of NEMPAC Chairman Peter Jacoby, MD, FACEP and added their support. Combined with thousands of donations from ACEP members across the country, NEMPAC is well on its way to setting an all-time fundraising record to reach a goal of \$2.3 million for the 2018 cycle.

This outpouring of support in a pivotal election year will ensure that NEMPAC can continue to educate new and veteran lawmakers and help emergency medicine identify friends and champions in Congress so that ACEP's ambitious legislative agenda stays on course. NEMPAC is tracking to contribute more than \$2 million to 27 Senate candidates and 160 House races. Candidates worthy of NEMPAC support are vetted and approved by the NEMPAC Board of Trustees who value those who will support emergency medicine issues and are committed to bipartisan advocacy.

Read the [full-length article](#) published in ACEP Now on October 3.

For more information about NEMPAC, visit [our website](#) or contact [Jeanne Slade](#).

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## Welcome New Members

Juan Munoz, MD

Marco A. Escobedo

Marisa Lois, MD

Wilmer E. Morales-Hernandez, MD

Gabriella Soler, MD

Jhonatan Daniel Rivera-Mora - Medical Student

Osvaldo Emmanuel Duran Melendez - Medical Student

Santos Rene Ortiz Comas - Medical Student

Jaritza Marie Perez - Medical Student

Elia Marie Rios - Medical Student

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