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From the President Fernando L. Soto-Torres, MD, FACEP

Greetings all! In a few days this somewhat arbitrary timeline we have established will be gone and another year will begin. Western culture has used this time of year as a symbol of renewal since time immemorial. This new year starts in January, after Janus, Roman god of gateways, beginnings, transitions, and endings; one face towards the past, another towards the future.

He stands as a symbol of renewal, a restart, a reset. It is in this vein that I address myself to you. This is a time where we get to analyze where we stand: where we are, how we are doing, and how can we be better.

We get to take a chance and some changes to be made. It is almost a cliché that many of the new years' resolutions don't ever come to fruition but failing is an option, it is a requirement even, if we are ever to accomplish anything at all. For if we only take on those projects in which we are certain to succeed, nothing would be done at all.

Where are we then?

There are more ER physicians in PR than ever; two residency programs producing talented young specialists and encouraging more and more EM physicians to complete fellowships and return. And they are coming back, staying, working here with whatever we get to work with one goal in mind: care for the Puerto Rican people. We are quite busy, which is why people sometimes don't hear from us. We stay in the shadows, unsung heroes who improve the lives of others one chart at a time under the fluorescent lights of the emergency departments across the island. We need to get together, stay together, and aim for change.

Where are we going?

We know what we want. We've been clear since day one. Reimbursements? Better resources? Public recognition and awareness? All these answers come to mind. But I'd be remised not to tell you the simplest and most common answer we get

when we ask around: we want what's best for our patients. Emergency medicine is a specialty that, when faced with the question, "what do you need?" will always answer: "Better care for our patients!" "Who will see them after I discharge them home? Who will get them what they need after they are no longer in my care? How will they know when they need to see me again? How will they find their way here and have the best possible outcome?" And we do this every day, all day, all through the year.

How do we get there?

Together. Or not at all. It doesn't have to be at ACEP. It could be any other venue or group. But there is strength in numbers and the more people know about us, the more EM physicians work as a team, the better outcomes we shall reap for our patients; for us. We must get involved and stay involved.

Whats coming up?

We must remain vigilant and act to remain relevant to the bean counters and decision makers. We must remain in contact with lawmakers and policymakers; keep them up to date about the conditions of our departments, hospitals; what resources we need and how to get them.

In the meantime, we will continue to educate patients and physicians across the island: We will have our #PRACEP23 in May (actual date TBD); which, as always, I anticipate will be a success. Also, and after a long hiatus, we will have our Pediatric Emergency Medicine Symposium back. We have the resources with more PEM specialists than ever, and we will bring you the most up to date information later in 2023.

Remember to be engaged. Read that email. Answer that question. Make that phone call. Keep in touch. One face looking back, one face looking forward. As I recently told a colleague of mine: "If you don't tell me what's broken, I can't tell you how to fix it" Keep engaged and let us work together.

We at PRACEP / Colegio de Emergenciólogos de Puerto Rico wish Happy Holidays to all of you and your families. And a Happy, fruitful, bountiful, peaceful year.

Council Meeting Summary Edwin J. Garcia La Torre, MD, FACEP

This year's Council Meeting took place in San Francisco during national ACEP's Scientific Assembly, and it was the first time I was able to attend since COVID. This time, I was able to witness all the dynamics and processes involved in voting for all the resolutions.



Many of resolutions that were discussed included hot topics that affect us daily as emergency physicians. This article mentions a few of the resolutions that I believe will have higher impact on us in Puerto Rico and as members of ACEP.

Resolutions Adopted by the 2022 Council Requiring Board Action

Resolution 17 Criteria for the Location of Future National ACEP Events (as substituted)

RESOLVED, That in considering where to schedule future national level ACEP events, ACEP shall take into consideration whether that location restricts access to reproductive health care.

Resolution 24 Access to Reproductive Rights (as amended)

RESOLVED, That ACEP support equitable, nationwide access to reproductive health care procedures, medications, and other interventions.

Resolution 25 Advocacy for Safe Access to Full Spectrum Pregnancy Related Health Care (as amended)

Note: The Board of Directors deferred action on this resolution to their February 1-2, 2023, Board meeting pending review of the third resolved and concerns about mandatory reporting requirements in some states.

RESOLVED, That ACEP affirm that: 1) abortion is a medical procedure and should be performed only by a duly licensed physician, surgeon, or other medical professional in conformance with standards of good medical practice and the Medical Practice Act of that individual's state; and 2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment and this protection shall not be construed to remove the ethical obligation for referral for any medically indicated procedure; and be it further

RESOLVED, That ACEP support the position that the early termination of pregnancy (publicly referred to as "abortion") is a medical procedure, and as such, involves shared decision making between patients and their physician regarding: 1) discussion of reproductive health care; 2) performance of indicated clinical assessments; 3) evaluation of the viability of pregnancy and safety of the pregnant person; 4) availability of appropriate resources to perform indicated procedure(s); and 5) is to be made only by health care professionals with their patients; and be it further

RESOLVED, That ACEP oppose the criminalization or mandatory reporting of reproductive health-related patient concerns in the emergency department; and be it further

RESOLVED, That ACEP support an individual's ability to access the full spectrum of evidence-based pre-pregnancy, prenatal, peripartum, and postpartum physical and mental health care, and supports the adequate payment from all payers for said care; and be it further

RESOLVED, That ACEP oppose the criminalization, imposition of penalties, or other retaliatory efforts against patients, patient advocates, physicians, health care workers, and health systems for receiving, assisting, or referring patients within a state or across state lines to receive reproductive health services or medications for contraception and abortion, and will further advocate for legal protection of said individuals.

Resolution 26 Promoting Safe Reproductive Health Care for Patients (as amended)

RESOLVED, That ACEP encourage hospitals and emergency medicine residency training programs to provide education, training, and resources outlining evidence-based clinical practices on acute presentations of pregnancy-related complications, including miscarriage, post-abortion care, and self-managed abortions; and be it further

RESOLVED, That ACEP continue to develop clinical practices and policies that protect the integrity of the physician-patient relationship, the legality of clinical decision-making, and possible referral to additional medical care services – even across state lines – for pregnancy-related concerns (including abortions).

RESOLVED, That ACEP support clear legal protections for emergency physicians providing federally-mandated emergency care, particularly in cases of conflict between federal law and state reproductive health laws.

Resolution 27 Equitable Access to Emergency Contraception in the ED

RESOLVED, That ACEP develop a policy statement endorsing the accessibility of emergency contraception in emergency departments nationwide; and be it further

RESOLVED, ACEP advocate for universal access to emergency contraception in the emergency department.

Resolution 29 Buprenorphine is an Essential Medicine and Should be Stocked in Every ED

RESOLVED, That ACEP advocate on behalf of its patients and members that the FDA add buprenorphine to its list of essential medications; and be it further

RESOLVED, That ACEP recommend and advocate that every emergency department stock buprenorphine and medications for opioid use disorder so that patients with opioid use disorder or in opioid withdrawal may receive the best evidence-based care; and be it further

RESOLVED, That ACEP work with the American Hospital Association, American Medical Association, state agencies, and federal agencies to promote availability of medications for opioid use disorder in emergency departments and hospital settings; and be it further

RESOLVED, That ACEP support hospitals and emergency physicians in initiating treatment protocols for opioid use disorder and opioid withdrawal using buprenorphine and medications for opioid use disorder to enhance best evidence-based practices in emergency medicine throughout the United States.

Resolution 34 Emergency Department Safety

RESOLVED, That ACEP work with the American Hospital Association, other relevant stakeholders, and law enforcement officials to ensure best practices are established and promoted to protect patients and staff from weapons in the ED.

Resolution 38 Focus on Emergency Department Patient Boarding as a Health Equity Issue (as amended)

RESOLVED, That ACEP, through legislative venues and lobbying efforts, focus regulatory bodies, i.e., Centers for Medicare & Medicaid Services, The Joint Commission, etc., to establish a reasonable matrix of standards including acceptable boarding times and handoff of clinical responsibility for boarding patients; and be it further

RESOLVED, That ACEP publish best-practice action plans for hospitals to improve emergency department capacity; and be it further

RESOLVED, That ACEP work to define criteria to determine when an emergency department is considered over capacity and hospital action plans are triggered to activate.

Resolution 39 Signage at Emergency Departments With Onsite Emergency Physicians (as amended)

RESOLVED, That ACEP encourage all emergency departments to advertise that they are staffed by a board-certified or -eligible emergency physician where care is delivered.

Resolution 51 Implementation of Social Determinants of Health Evaluation in the ED (as amended)

RESOLVED, That ACEP support evaluation of social determinants of health in the emergency department; and be it further

RESOLVED, That ACEP advocate for national, state, and local resources and responses to be paired with the evaluation for social determinants of health.

The hottest topic of discussion was access to reproductive health, due to the recent overturning of Roe vs Wade by the Supreme Court. New laws are currently being reviewed by each state. We should be aware of how any decisions done by our government concerning this topic are going to affect us in the way we treat patients who are seeking out help in the emergency department.

We have a role to be leaders in the field of Emergency Medicine in Puerto Rico. ACEP Council Meetings are addressing many important topics that affect us daily

and with the help of the college, we can have the tools and information needed to guide us.

Congratulations: New FACEP!



Congrats to the new FACEP!

Angelisse M. Almodovar-Bernier, MD, FACEP

Welcome Members!

Una bienvenida especial a los nuevos miembros del Capítulo de Puerto Rico ACEP.

Quizás se pregunte si debería involucrarse con Puerto Rico ACEP o EMRA o a nivel nacional. ¡Te animamos a hacerlo!

Adriana M. Mercado-Rodriguez, MD	Angel Manuel Vazquez, MD
Anibal Pagan Romero, MD	Dixie Caban-Acosta, MD
Laura Noemí Dávila Parrilla	Leopoldo Diaz
Natalie Vera Rivera, MD	Paola S. Berrocal-Bravo, MD

FROM NATIONAL ACEP



ACEP Resources & Latest News

ED Boarding: Advocacy on the Front Lines: ACEP launched an [advocacy and public awareness campaign](#) to sound the alarm on the ED boarding crisis.

- The campaign centers around more than [100 boarding stories](#) sent in by ACEP members that paint a picture of the grim situation in many EDs across the country.
- Your stories formed the heart of the [letter ACEP sent to the White House](#) on Nov. 7, cosigned by 34 health care and patient advocate organizations.
- In [the latest regulatory blog](#), ACEP Senior Vice President for Advocacy & Practice Affairs Laura Wooster provides a progress report on these efforts and previews next steps.
- ACEP continues to collect stories. [Submit yours via this anonymous form](#).
- Visit our new [ED Boarding resource page](#) to view the stories, read the advocacy letter and get talking points on the issue.

Prepare for the potential pediatric tripledemic: ACEP's Pediatric EM Committee has pulled together some resources to help.

- [The Pediatric Tripledemic: How to Survive](#) presented by Annalise Sorrentino, MD, FACEP
- [Managing RSV and Bronchiolitis](#) presented by Christopher Amato, MD, FACEP, and Jessica Wall, MD, FACEP
- [Managing Difficult Pediatric Airways](#): In this episode of ACEP Frontline, Dr. Al Sacchetti reviews the approach and management of difficult pediatric airways.

CMS Finalizes Requirements for Rural Emergency Hospitals: Will any Hospitals Convert to this New Facility-type Next Year? In Regs & Eggs this week, [get ACEP's analysis of the final REH policies](#) and whether they will improve access to care.

The 2023 Physician Fee Schedule Final Reg-- Highlights and Analysis: Two major Medicare final rules were recently released, including the 2023 Physician Fee Schedule that has a big impact on reimbursement. ACEP's regulatory team analyzed 3,000+ pages of content and wrote [a special edition of Regs & Eggs](#).

New Data Underscores Cost and Health Outcome Concerns with Independent Practice: We know that everyone on an emergency care team is integral and valued. But our experience shows that nobody else has the training or expertise of an emergency physician. As lawmakers and administrators evaluate whether to empower nurse practitioners and physician assistants beyond the scope of their training, new data from Stanford University reinforces our reservations about exposing non-physician practitioners to responsibility they are not prepared to assume. [Read more in the November ACEP Board Blog](#).

Childcare challenges + solutions: ACEP's Young Physicians Section convened a panel of YPs who utilize au pairs, nannies, at-home daycares and more. [View the episode and related resources](#).

Dangerous toys? ACEP's smart phrase library has a new addition related to consumer product safety to help with reporting injuries from commercial products. [View all smart phrases](#).

ACEP4U: Making it Easier to Find Your Crew with [ACEP's New Member Interest Groups!](#)

Honor Outstanding Medical Students with ACEP/EMRA Awards: Make sure standout students get recognized for going above and beyond! The deadline is Jan. 8 to nominate a 4th year EM-bound medical student for the ACEP/EMRA National Outstanding Medical Student Award. [Learn more](#).

EMF Grant Cycle is Open, Set to Award \$1.5 Million in Funding: Get those grant applications ready! The Emergency Medicine Foundation is set to award \$1.5

million in grants, with opportunities covering a wide range of critical EM research topics. This cycle includes seven new grant categories. [Apply by Jan. 20, 2023.](#)

From the CDC: CDC Releases 2022 Clinical Practice Guideline for Prescribing Opioids for Pain: The new CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022 (2022 Clinical Practice Guideline) provides 12 evidence-based recommendations for primary care and other clinicians who provide pain care, including those prescribing opioids, for outpatients aged 18 years and older with acute, subacute and chronic pain. [Read more on the CDC's website.](#)

Upcoming ACEP Events and Deadlines

Jan. 8: Deadline to nominate a 4th year EM-bound medical student for the [ACEP/EMRA National Outstanding Medical Student Award](#)

Jan. 17: [The Nuts and Bolts of Physician Reimbursement 2023](#)

Jan. 20: [Deadline to Apply for an EMF Grant](#)

March 31-April 3: [ACEP's Advanced Pediatric EM Assembly](#)

April 13-15: [EM Basic Research Skills, Session II](#)

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