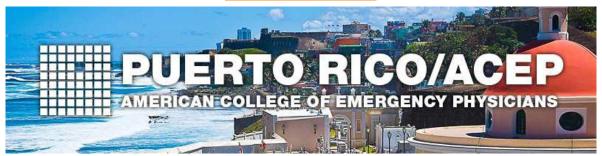
# A Newsletter for the Members of the Puerto Rico Chapter - Fall 2023

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## From the President Cesar I. Andino-Colon, MD, FACEP

Hi colleagues! Welcome to the latest edition of our Chapter's Newsletter!

Hope you are in good health and still at the frontlines giving excellent care to patients in your respective emergency department.

As 2023 winds down and 2024 is quickly approaching, I would like to revisit the many successes we have had as a Chapter and highlight recent decisions and plans for the upcoming year.

#### **Success Stories of 2023**

In May 2023 we had a legislative victory when Senate Bill 1134 was successfully halted on its track. Through a concerted effort with other associations, colleagues, and societies, as well as National ACEP support, ACEP Puerto Rico exerted its leadership and avoided the loosening of criteria for emergency medicine specialty certification. Our success was not only reason for local recognition, but our efforts were highlighted nationally in ACEP News.

Our 2023 Caribbean Congress on Emergency Medicine in September was a complete success. 20-speakers and 135-members in attendance gathered to discuss many topics essential to our practice. Emergency medicine guidelines, common emergency department complaints, emergency ultrasonography applications, pharmacology reviews, important medico-legal aspects and critical care patient management were among the topics presented. Residents from our two local ACGME accredited programs and medical students gathered and participated in a poster presentation forum highlighting the bright future of emergency medicine in Puerto Rico.

Last but not least, our Chapter was an active participant in the national ACEP's Council Meeting and Scientific Assembly. With 29-ACEP Puerto Rico members in attendance in Philadelphia, our Chapter was well represented and showed our commitment to our national college and above all, to the continued education for the benefit of our patients.

### Outlook for an Even Brighter 2024

Just a few weeks after our Caribbean Congress and National ACEP's Scientific Assembly, our newly elected Board reconvened to discuss future plans. As emergency physicians we are multi-tasking, highly efficient individuals that when we gather and work towards a common goal are a force to be reckoned with. Our agenda is ambitious, but our plans are already underway.

Here is what we have done so far:

- **Legislative Committee:** Our patients and specialty are frequently affected by legislative efforts. Monitoring legislation, proposing amendments to presented bills and voicing our expert opinion on emergency medicine related legislation is a goal we can achieve if more people are involved in the process. Dr. Nannette Lugo, Dr. Roberto Velez and Dr. Jose Orlando Rivera accepted the challenge and have been appointed to our newly formed Legislative Committee. We are confident that our engagement in legislative efforts will result in benefit for our patients.
- 2024 Caribbean Congress Planning Committee: Ensuring the continued success of our Caribbean Congress is a task best achieved as a team. Seeking exhibitors, speakers, and promoting the event are just a few tasks assigned to this Committee. We thank appointed committee members Dr. Eddie Rodriguez, Dr. Daniella Santiago, Dr. Tatiana Vargas and Dr. Zilmarie Diaz, Co-Chair Dr. Edwin Garcia and Chair Dr. Mara Uzcategui for volunteering. We look forward to all Chapter members attendance from *May 30 thru June 1* at Hotel La Concha Renaissance San Juan Resort.
- **EMS Symposium** @ **2024 Caribbean Congress:** EMS technicians, paramedics and the entire prehospital medicine infrastructure is essential to our practice. As part of our Caribbean Congress, a Symposium focused on topics for EMS personnel will be offered on Thursday, May 30th.
- **Social Outreach and Chapter Activity Committee:** Dr. Chary Ramos, Dr. Julio Velez and Dr. Jorge Arroyo have volunteered to this committee with the task of creating and promoting activities that will increase our specialties' visibility and promote the gathering of our membership outside of the annual Congress. We look forward to your active participation in such events and encourage you to follow our Social Media accounts for more information and updates. See our social media channels below.

The success of our Chapter is predicated on our militancy and joint effort. I am confident that with our Chapter serving as a vehicle for gatherings, discussion and brainstorming we will be better positioned to achieve benefits of our specialty, Chapter, and patients.



## Council Meeting Summary Julio Velez Rivera, MD & Jorge Arroyo Roldan, MD

This year's ACEP Council Meeting was held on October 7th and 8th. We were delighted to attend this imperative assembly packed full with meaningful discussions relating to our specialty. The event took place in the Philadelphia Convention Center in PA, USA. Several topics of substantial relevance to our times were discussed and many were related to how our future, as emergency physicians, is evolving.



Topics included artificial intelligence, the role of nurse practitioners/physician assistants, gun-related policies, boarding times, capacity/capability, and among others. Certainly, it was an eye-opening experience to learn about all the different perspectives from providers throughout the nation and how their circumstances can be of inspiration for our practice in Puerto Rico.

Also, it served as motivation to continue looking for opportunities in which we can improve our specialty in Puerto Rico. Furthermore we would like to include some of the resolutions that were adopted and referred to the ACEP Board of Directors that are highly relevant to the practice of the specialty on the Island.

#### Resolutions Adopted by the 2023 Council Requiring Board Action

Resolution 20 Emergency Medicine Research Mentorship Network (as substituted) RESOLVED, That ACEP foster collaborations with Society for Academic Emergency Medicine, Council of Residency Directors in Emergency Medicine, and Emergency Medicine Foundation, and other stakeholders to support robust research mentorship opportunities.

#### **Resolution 28 Facilitating EMTALA Interhospital Transfers**

RESOLVED, That ACEP work with the American Hospital Association and appropriate agencies to compel hospitals to make available to other hospitals transfer coordinator information, including contact numbers for accepting transfers, for each Medicare participating hospital bound by EMTALA; and be it further.

RESOLVED, That ACEP support state efforts to encourage state agencies to create and maintain a central list of transfer coordinator numbers for hospitals, including contact numbers for accepting transfers, for each Medicare participating hospital bound by EMTALA.

# Resolution 29 Addressing Pediatric Mental Health Boarding in Emergency Departments (as amended)

RESOLVED, That ACEP advocate for federal support to decrease ED boarding of pediatric mental health patients; and be it further

RESOLVED, That ACEP advocate for increased, adequate reimbursement for

pediatric mental health admissions and a standard payment for boarding of children for whom there is no other medical necessity for hospital care.

## Resolution 31 Combating Mental Health Stigma in Insurance Policies (as amended)

RESOLVED, That ACEP advocate and commit resources for the elimination of discrimination against emergency physicians with treated mental health conditions in life, health, disability, and/or professional liability (malpractice) insurance policies; and be it further

RESOLVED, That ACEP work with other organizations to promote equitable access to life, health, disability, and/or professional liability (malpractice) insurance for all emergency physicians.

**Resolution 35 Declaring Firearm Violence a Public Health Crisis**RESOLVED, That ACEP declare firearm violence to be a public health crisis in the United States.

## Resolution 38 Advocating for Sufficient Reimbursement for Emergency Physicians in Critical Access Hospitals and Rural Emergency Hospitals (as amended)

RESOLVED, That ACEP advocate for sufficient reimbursement for emergency physician services in Critical Access Hospitals and Rural Emergency Hospitals, and other rural hospitals to ensure the availability of board certified emergency physicians who possess the necessary skills and expertise to provide high-quality care in these underserved areas, thereby recognizing the critical role of board certified emergency physicians in delivering high-quality emergency care, promoting patient safety, and supporting the sustainability of health care services in rural communities.

## Resolution 42 On-site Physician Staffing in Emergency Departments (as amended)

RESOLVED, That ACEP work with state chapters to encourage and support legislation promoting the minimum requirement of on-site and on-duty physicians in all emergency departments; and be it further

RESOLVED, That ACEP continue to promote that the gold standard for those physicians working in an emergency department is a board-certified/board-eligible emergency physician certified by the American Board of Emergency Medicine, American Osteopathic Board of Emergency Medicine, or certified by the American Board of Pediatrics in pediatric emergency medicine.

**Resolution 43 Adopt Terminology "Unsupervised Practice of Medicine"** RESOLVED, That ACEP adopt terminology to refer to the independent practice of medicine by non-physicians as "Unsupervised Practice of Medicine" and continue promotion of the gold standard ideals to have on-site supervision of non-physician practitioners.

# Resolution 45 Emergency Physicians' Role in the Medication and Procedural Management of Early Pregnancy Loss (as amended)

RESOLVED, That ACEP work with other relevant stakeholders to determine the best approaches for preparing emergency medicine trainees in the management of early pregnancy loss; and be it further

RESOLVED, That ACEP recognize the importance of the emergency physician's role

in stabilizing and treating patients experiencing early pregnancy loss, inclusive of the potential for medication and procedural management, especially in lowresource settings, hospitals without Labor and Delivery, or where there are no obstetrical services available; and be it further

RESOLVED, That ACEP develop a policy statement acknowledging the emergency physician's role in the management of emergency medicine patients presenting with early pregnancy loss and encourage and support physicians working in low-resource settings, hospitals without Labor and Delivery, or where there are insufficient obstetrical services available to further their education on first-trimester miscarriage management.

#### Resolution 48 Medical Malpractice Certificate of Merit (as amended)

RESOLVED, That ACEP recommends an affidavit of merit must be from an emergency physician who is board certified per ACEP policy in the same specialty of emergency medicine, as well as licensed and currently practicing in the same state. Resolution 53 Treating Physician Determines Patient Stability (as amended) RESOLVED, That ACEP enact policy that the treating emergency physician at the patient's bedside is best qualified to determine a patient's stability for transfer and their decision should not be overruled by a physician or a non-physician practitioner who has not personally evaluated the patient; and be it further RESOLVED, That ACEP develop an additional policy statement that speaks to the implications of coercion or threats of financial penalties to the emergency physician who has not personally evaluated the patient to coerce or threaten financial penalties to force the treating emergency physician to transfer a patient when the treating physician believes that the patient is unstable and such a transfer may compromise patient safety.

## Resolutions Referred to the Board of Directors Resolution 27 Addressing Interhospital Transfer Challenges for Rural EDs (as amended)

RESOLVED, That ACEP work with state and federal agencies to advocate for state and regional transfer coordination centers to facilitate transfer of patients when normal transfer mechanisms are impaired by hospital and ED capacity problems and to report their activities publicly; and be it further

RESOLVED, That ACEP advocate for state and federal requirements that tertiary centers have a regional process for rapidly accepting patients from rural hospitals when the patient needs an emergency intervention not available at the referring hospital; and be it further

RESOLVED, That ACEP advocate for regional dashboards with updated information on hospital specialty service availability including procedural interventions and other treatment modalities (e.g., ERCP, ECMO, dialysis, STEMI, interventional stroke, interventional PE, neurosurgery, acute oncologic disease) and in this region is defined as patient catchment areas rather than jurisdictional boundaries; and be it further

RESOLVED, That ACEP support research to strengthen the evidence base regarding rural hospital transfer processes including delays, administrative burden on sending hospitals, and clinical association with patient outcomes and experience and include investigation of common challenges experienced by all small, non-networked hospitals.

## Resolution 49 Patients Leaving the ED Prior to Completion of Care Against Medical Advice (as amended)

RESOLVED, That ACEP create a document acknowledging that patients leaving the

emergency department prior to completion of care may not have received a complete evaluation, results of all ancillary testing including incidental findings, all indicated therapies, and all indicated consults; and be it further

RESOLVED, That ACEP work with relevant stakeholders such as the American Hospital Association to create a document or tool outlining responsibilities and systems of communication for the conveyance of information about testing and follow up of patients who leave the emergency department prior to the completion of care; and be it further

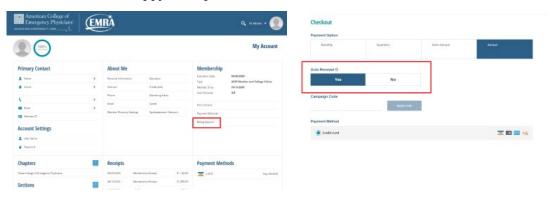
RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of evaluation and treatment bear responsibility for ongoing care and may not have all medication recommendations and prescriptions, nor a complete list of discharge diagnoses, incidental findings requiring follow up, instructions, and referrals upon departure.

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## Membership Renewal Wilfredo Gutierrez-Cotto, MD President-Elect

As the Board continues preparations to bring you a bigger, more comprehensive Caribbean Congress in 2024, your continued support is essential. As the New Year approaches, so does the moment to renew your ACEP membership. Doing so will help us to continue working for you, protecting your interests, and delivering high-quality content.

Renewing your membership ensures that we can continue with our social media posts targeted at the communities we serve and love. We have already planned at least three exciting, member-exclusive activities for 2024. We will also have our first Prehospital Symposium during our Caribbean Congress in 2024. By renewing online and assigning to Puerto Rico Chapter, you can take the task of renewal off your plate by opting into auto-renewal for subsequent renewals and never miss access to your membership benefits. Login to your ACEP member account now and assure you are set for auto-renewal. See images below. If assistance is needed, reach out to us we are happy to help!



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#### **Resident Corner**

## Zilmarie Díaz Pacheco Emergency Medicine PGY-2 Resident University of Puerto Rico

"Yo soy yo y mis circunstancias" - José Ortega y Gasset

The inherently social nature of our specialty is undeniable.



The Emergency Department doors at our hospitals are open 24/7 365 days a year for everyone regardless of race, gender, or socio-economic status. This was one of the reasons why I chose this specialty. I am currently in my second year of training at Hospital UPR Carolina and have learned through my patients that the only efficient therapeutic interventions are those that are accessible. I have also learned that we have the power to be the strongest advocates for our patients. Aside from this, the past year, we had the task to defend our specialty from Puerto Rico's Senate Project 1134. As a specialty, we firmly voiced that we will not lower the quality of care for our patients. We will continue striving to provide efficient, accessible, and outstanding care. The efforts toward overturning this project were admirable. I yearn to learn more about social and political advocacy to fight for my patients on a larger platform. For this reason, I decided to be part of Puerto Rico ACEP as Resident Director this year. I feel very fortunate to have my training shaped by the social and political nature of our specialty and hope to further contribute in this aspect.



## Tatiana Vargas Santiago Emergency Medicine Residency, PGY2 Centro Medico Episcopal San Lucas

Emergency medicine specialty is a medicine specialty where in many occasions weintervene with patients in one of their most vulnerable times, including life or death situations. Due to this, our patients need physicians, advocates that are willing to fight for their lives as well as for their rights.

This is why I fell in love with this specialty, being now a second year resident at Centro Médico Episcopal San Lucas, It has taught me that we as health professionals must fight for patients' wellbeing not only in acute scenario but also so they can have access to high quality services provided by highest qualified physicians, when they need them. Every year we as health professional face new challenges regarding patients' accessibility to proper standards of care, having sometime negative impact on their life or future. Due to this, we need to be the best advocates of our patients and not settle for anything less than what is best for them. Why did I choose to be a member of Puerto Rico ACEP? That is why... so our voice can be heard in the best interest of our patients. Puerto Rico ACEP is an organization that promotes adequate education, leadership and legislation for the commonwealth of Puerto Rico putting first patients wellbeing and what they deserve as human beings. The so called social emergency medicine promotes integration of social factors into the emergency care in a fair way. This kind of emergency is what requires fearless physicians that are willing to fight endlessly for safety and fair treatment of patients. This in instance, is one of the factors and beauty of the emergency medicine specialty that most caught my attention and made me fall in love with this specialty. We as emergency physicians must feel privileged of what we do and must answer and honor our call. "You've got to get up every morning with determination if you're going to go to bed with satisfaction."

- George Lorimer

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## Social Media Corner Haydee M. Rincon-Peona Social Media Ambassador

Dear Puerto Rico ACEP Members,

We hope this message finds you well. We are thrilled to invite you to connect with us on social media to stay informed on emergency medicine topics, collaborate and stay up to date on our future chapter activities.



Join us on social media to strengthen the medical emergency medicine community in Puerto Rico and make a meaningful social impact. You can also invite your colleagues, friends, and students to be part of this enriching experience as well as tag us in any chapter content.

Facebook: ACEP Puerto Rico

Instagram: pr.acep

X: pr\_acep

Any idea or suggestions are welcomed! Send us an <u>email</u>. We look forward to seeing you on our social media platforms.







## FROM NATIONAL ACEP



## **ACEP Resources & Latest News**

**ACEP Blunts Medicare Cuts in 2024 Physician Fee Schedule** 

CMS recently released the Physician Fee Schedule PFS for calendar year 2024, which includes some wins for you and your patients, thanks to ACEP's involvement. Other provisions are concerning and ACEP continues to fight for favorable solutions. Our goal is to ensure your work is valued appropriately. Read ACEP's detailed analysis.

ACEP Council Tackles Key Issues During Philadelphia Meeting

More than 60 resolutions were considered during the ACEP23 Council Meeting in Philadelphia in October, with many of them drawing considerable debate before 44 were ultimately adopted. <u>Learn more</u>

#### **New Career Resources:**

- You asked for it. ACEP delivered. ACEP's **Open Book** addresses your need for employer transparency. Gain access to information about employer group structure, leadership and more | openbook.acep.org
- Practice Essentials of Emergency Medicine augments your knowledge of several critical business topics: Reimbursement, Contracts and Practice Models, Negotiations, Operations Management, Risk Management and More. It's FREE for ACEP members | acep.org/practiceessentials
- **Find More Fulfillment in Your Career**. ACEP has published a new wellness guide, <u>From Self to System Being Well in Emergency Medicine</u>, which offers practical solutions to many of the systemic issues that plague emergency physicians today. Thank you to the countless authors and contributors who brought together these valuable resources.

**ACEP in Action:** We are committed to listening to, and learning from, the challenges that physicians face on each shift and to being your network of support in this difficult environment. Actions speak louder than words. We are tackling the issues that matter most to you. Our efforts are stronger when we stand united. <a href="Read More">Read More</a>.

## **Fighting for You on Shift**

- ACEP convened heath care stakeholders in September to discuss barriers and solutions at our ED Boarding Summit
- We have released poll results about the public's concern about boarding in the ED | acep.org/boarding
- This <u>ACEP Now boarding series</u> keeps you updated on the latest boarding news and opinions
- Contact Congress about the ED Boarding Crisis

### Getting it Done in D.C.

- ACEP has been involved in NINE recent lawsuits to protect your autonomy and ensure fair reimbursement
- We have invested more than \$1 million of member dues dollars to <u>push back</u> on scope creep at the federal and state levels

**Member Benefit Spotlight:** Map out your spending and investment accounts, retirement projections, and goal projections in one secure online platform with My Financial Coach. Read more.

**Learn More about OUD Management With E-QUAL**, a free online, low-burden quality improvement program. E-QUAL is now accepting enrollment in its 2024 substance use disorder initiative where you can discover best practices for ED opioid prescribing, earn credit for CMS' MIPS program and get real-time benchmarking data. <u>Learn more and sign up today</u>.

## **ACEP Grassroots Advocacy**

#### **Urge Congress to Prevent Workplace Violence in the ED**

ACEP is continuing its mission to bring both Congressional and public attention to the growing problem of violence against health care workers. A recent video article in the *New York Times* highlights the crisis of violence in emergency departments and includes compelling testimonials from emergency physicians and other health care workers about its impact on their ability to provide care to patients.

We urge you to <u>share the video with your legislators</u> to reinforce the urgency of the problem and the need for Congressional action. Your legislators need to hear from physicians who are experiencing and witnessing this crisis on the frontlines of our health care system so they will prioritize swift action in this Congress.

#### Be an Advocate for Emergency Medicine and Patients

Join with your ACEP colleagues to advocate to Congress. As a physician, health care issue expert, and constituent - you have a unique story to share. <u>Visit the ACEP Advocacy Action Center</u>.

## **Upcoming ACEP Events and Deadlines**

**Dec 7:** <u>Hot Off the Presses: Key Reimbursement from the 2024 Medicare Physician Fee Schedule</u>

Jan 9-10: <u>ACEP Advanced EM Ultrasonography (AEMUS)</u> Jan 29-30: <u>ACEP Advanced EM Ultrasonography (AEMUS)</u>

Feb 6-8: Independent EM Group Master Class

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