MCEP News & Views

ADVANCING EMERGENCY CARE

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Submissions to the June Newsletter should be received by the Chapter office no later than June 3, 2016.

FROM THE PRESIDENT

James Ziadeh, MD, FACEP

Every time I visit Washington DC for the Leadership and Advocacy conference (LAC), I'm reminded of the great history of the United States and how we all have a role in shaping it. This is what the Leadership and Advocacy Conference is all about. How we choose to forge the future of healthcare will determine what we leave behind for future generations. The issues are complex but what's at stake is too high to simply let others define the future of Emergency Medicine. This year of the LAC marks two milestones for the conference. One, they had the highest attendance ever with well over 600 attendees, a more than twenty percent increase over last year, and two, Michigan has set an all-time new record for attendance with 49 physician registrants. The next closest state was Ohio at 34. I think this speaks to the strength of our State chapter and how we value engagement on the critical issues in Emergency Medicine. As is the tradition every year, our entire Leadership development class was on the front line seeing how policy is shaped and how the message is delivered to our representatives in Washington. This year, several pressing issues were discussed including new payment models, the opioid epidemic, the mental health crisis, and balanced billing. Each of these items is complex but very important to all of us.

One of the hot topics this year was the future of reimbursement. Over the last 12 year, organized medicine has been fighting to repeal the SGR (Sustainable Growth Rate) which set out to reduce physician payments for services provided. Over that time, 17 separate patches, at a cost of nearly $170 billion, have been put in place. After finally succeeding in repealing the SGR, we have been given a new law called the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The intent of the law is to improve care for Medicare beneficiaries and change the physician payment model from one of volume based care to value based care. As each year passes, a greater percentage of reimbursement will be based on quality measures as opposed to simply volume based care. Under MACRA there are two separate payment programs, one being the Merit Based Incentive Payment System (MIPS) and the other being the Alternative Payment Model (APM). By 2019, all physicians will have had to choose which program they would like to be part of. My intent here is not to get into the details of these programs but simply to point out that these changes are already underway and by arming yourself with the knowledge of these changes, you can better prepare for what lies ahead.

Another issue that has received tremendous coverage recently is the opioid abuse crisis in this country. ACEP President, Dr. Jay Kaplan, outlined a number of strategies ACEP is pursuing to help combat this epidemic. Examples include a White House Working Group along with engagement of the Patient Centered Outcomes Research institute (PCORI), work to expand Emergency Department Information Exchanges (EDIE) so physicians can have quick access to information on frequent ED utilizers, and the development of a new pain management section of ACEP. Dr. Steve Stack, president of the AMA, also gave an impassioned commentary on the devastating impact opioids are having across this country and he described an encounter he had in his own ED just a week earlier where he had the unfortunate task of pronouncing a 28 year old as the mother sobbed over his body. He implored each and every one of us to take this epidemic seriously and know that each time we prescribe these medications, we are potentially starting a patient on the road to abuse, addiction, and in some cases, death by overdose.

The highlight of the L&A for many is the trip to Capitol Hill where we all have the opportunity to meet with our house and senate representatives. This is our chance to connect with our legislators and educate them on the critical issues in emergency medicine. There are a number of topics we have an opportunity to touch on but the big ones were H.R. 4365, the opioid abuse epidemic, and mental health reform.

For a little background, H.R. 4365, entitled "Protecting Patient Access to Emergency Medications Act of 2016", is a bill that aims to correct an issue with the Controlled Substance Act from 1970. While we are all accustomed to our EMS providers administering pain medications and other controlled substances such as anti-seizure medications to patients in emergency situations under standing orders and protocols, the Act from 1970 hasn't kept pace with the changes in modern medicine. According to the recent Justice Department's interpretation of the 1970 law, standing orders for EMS providers are not compliant with the law. Therefore the DEA intends to enforce new rules which would prohibit potentially lifesaving medications in emergency situations. H.R. 4365 aims to correct this problem and we believe there will be wide support to pass this legislation.

As noted earlier, ACEP has been working with multiple groups to help address the opioid epidemic as well. It seems every day in the news we are seeing stories related to the opioid epidemic. What was clear in our visit to Capitol Hill was that our representatives know this is a major problem which needs solutions quickly. Just days before the L&A, multiple bills passed the house and senate attempting to address the opioid epidemic. Among the bills was legislation providing $103 million in grants for a range of services related to opioid abuse. The bill passed with a vote of 413 to 5, speaking to the strong bipartisan support to solve this crisis.

Other topics of discussion included the state of mental health care and the impact this is having in Emergency Departments across the country. Due to closures of inpatient facilities and a continual decline in funding for outpatient programs, the resources to care for this vulnerable group simply don't exist. The mental health infrastructure has been systematically dismantled over the last several decades resulting in higher levels of incarceration in our prisons and boarding of mental health patients in our ED's. The issue seemed to be well understood on the hill but much work needs to be done to make any substantive change in the current system.

I would encourage anyone who has an interest in advocacy to strongly consider attending the LAC. The most powerful way to make change is to be engaged as a strong group and I believe the Michigan coalition's presence was proof of how dedicated our chapter is to changing the direction of healthcare in a positive way. I am truly grateful for the strength of our chapter. We have much to be proud of. §

FROM THE ASSISTANT EDITOR

Nicholas Dyc, MD

The 43rd Michigan Emergency Medicine Assembly July 31-August 3 on Mackinac Island is slated to be the best-ever. The star-studded lecture lineup includes Amal Mattu, AMA President Steven Stack, ACEP President-Elect Becky Parker, Michigan's FAMOUS Greg Henry and more! There will be socializing on the grand porch with live music and drinks. Great lecture topics, including Dr. Stack discussing the Opiate Pandemic will quench your nerdy needs. The Grand Hotel offers excellent children programming that include lunch and many fun activities for our little ones while we take advantage of the educational sessions and meeting and conversing with many ACEP National leaders, including candidates running for ACEP President and Board of Directors. The DeathBusters Golf Tournament overlooks the gorgeous western bluff with views of the Mackinac Bridge and includes transportation from the club house to the golf course via horse drawn carriage. The President's Banquet is a timeless and classy event. And the "Minute-to-Win It" Contest on the Grand Lawn is packed with entertaining challenges, more gorgeous views, and friendly competition.

There are many great opportunities for socializing and good times. Downtown Mackinac Island will be packed with people watching, horses clip-clopping, boutique shops, and fudge! The island is a great place to run the trails, bike the island, or rent a horse and ride. On Mackinac Island, looking both ways before you cross the road carries a whole new meaning (another tip; don't drink the Mackinac Island Tea). Fort Mackinac tours, wine tasting, museums, playgrounds, the Governor's Summer Mansion, and a lively night life provide a memorable family vacation.

Mark the last weekend in July on your calendars. The perfect venue, a star-studded lineup, regional and national leaders, tons of activities, shopping and dining, and stimulating lecture topics are ingredients that will make the 43rd Michigan Emergency Medicine Assembly the greatest yet. Support the College that supports you. Take a vacation that is enjoyable, productive, and educational. Remember that ACEP and MCEP are YOUR Voice; if you're not at the table, you're on the menu. §

CONGRATULATIONS TO DR. KATHLEEN COWLING

Kathleen Cowling, DO, MS, FACEP, will be presented with the **2016 John A. Rupke Legacy Award** by the American College of Emergency Physicians (ACEP) in October during their Scientific Assembly in Las Vegas, Nevada. In recognition of longevity and unwavering dedication to the College, the Legacy Award is given in honor of John A. Rupke, MD, one of the initial founding members of the College.

Dr. John Rupke led by example and challenged our Michigan members to aspire to leadership roles within ACEP. Dr. Cowling embraced this challenge and has proven herself to be an outstanding leader and pillar of the College. Kathleen acted as a Councillor for nine years and was an active member of the Council Steering Committee prior to her election to the ACEP Board of Directors from 2005 - 2011. She was elected twice to the Executive Committee of ACEP, first as Secretary-Treasurer in 2008 and Vice-President in 2009. Dr. Cowling has worked tirelessly on numerous committees and task forces, including the Nominating, Awards, State Legislative and Regulatory, Public Relations, and Bylaws, and the list continues. This broad exposure has provided her with the expertise necessary to articulate the concerns and issues facing Emergency Physicians to the media, legislators and the general public. More importantly, in the tradition of Dr. Rupke, she is able to build consensus from disparate groups using her sincere and approachable demeanor.

Kathleen redesigned the ACEP Residency Visit Program, creating a vibrant program to encourage residents to stay involved in ACEP and advocate for their specialty. She remains involved in the ACEP Residency Visit Program travelling to well over 16 programs across the country sharing the benefits of membership to the future of our specialty!

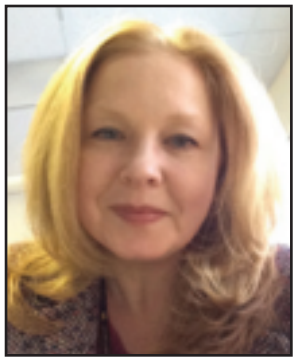
Kathleen served with distinction as a member of the MCEP Board of Directors for eight years. She was President of our Chapter from 2003-2004, at which time she instituted our long-term strategic planning process, implemented media training for the entire Board, created a successful campaign to increase membership, and shepherded improved reimbursement for the College.

In addition to her advocacy on the state and national level, Dr. Cowling is a passionate teacher of our specialty, and has been the recipient of numerous teaching awards. Dr. Cowling has helped train more than one hundred emergency medicine residents, and has served as core faculty for the Emergency Medicine residency program in Saginaw, Michigan, since its inception in 1998. Kathleen recently was appointed as the new Program Director of the Emergency Medicine Residency Program at Central Michigan University – College of Medicine in Saginaw, Michigan where she will continue her passion for teaching!

Finally, Kathleen knows the issues facing the working Emergency Physician on any given shift. Kathleen is an active full time clinician. She works clinically more than 1400 hours annually in the ED, caring for patients.

The Michigan College of Emergency Physicians has been honored to have Dr. Cowling as a member for her entire career. We appreciate her outstanding leadership which has contributed to the success of our Chapter. Congratulations to Dr. Cowling for being selected as recipient of this distinguished award. §

MEDICARE ADVANCE CARE PLANNING CODING/BILLING



Lynn Nutting, MPA, CPC

James Blakeman, Senior Vice President, EGO

Two Advance Care Planning (ACP) codes were approved for billing in January. The following are the CPT descriptions:

- **99497 -** Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- **99498 -** Each additional 30 minutes (List separately in addition to code for primary procedure)

ACP entails a voluntary discussion and documentation regarding end of life preferences in advance of adverse events. Per CPT Assistant, February 2016; Volume 26: Issue 2 "such discussions may include, but are not limited to, the patient's current disease state; disease progression; available treatments; cardiopulmonary resuscitation / life sustaining measures; do not resuscitate orders; life expectancy based on the patient's age and co-morbidities; and clinical recommendations of the treating physician, including reviews of patient's past medical history and medical documentation / reports, as well as response(s) to previous treatments."

Minimum documentation requirements (per various Medicare Advantage Plans) include all of the following points with the first three as required:

1. A person designated to make decisions for the patient if the patient cannot speak for him or herself
2. The types of medical care preferred
3. The comfort level that is preferred
4. How the patient prefers to be treated by others
5. What the patient wished others to know
6. Documentation of whether or not an advance directive or MOLST document has been completed

Review of Health Care Proxy, Durable Power of Attorney for Healthcare, Living Will, or Medical Orders for Life-Sustaining Treatment (MOLST) should be documented if assessed, although not a prerequisite.

Advance Care Planning Facts:

- Initial ACP (CPT 99497) Medicare payment is $80.53, has 1.5 Work RVUs & 2.43 Total RVUs
- Each additional 30 minutes (CPT 99498) is paid at $75.52, has 1.4 Work RVUs & 2.08 Total RVUs
- Medicare patients are subject to a 20% ACP copay when billed with ED or Observation visit codes
- ACP may not be billed with Critical Care, Neonatal Critical Care or Pediatric Intensive Critical Care
- ACP may be billed in addition to ED, Observation or Inpatient/ Outpatient E&M codes
- 16-31 minutes must be documented to bill Initial ACP code
- 30 minute increments are billed thereafter with the starting point being 16 minutes
- Completion of advanced directives is not required
- Diagnosis should reflect ACP condition
- ACP should be reported on multiple dates only if there is a documented change in the patient's health status or end of life care
- Physician or NPP may tether their attestation to a note provided by a provider such as a Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Clinical Social Worker, Clinical Psychologist, or Advanced Practice Registered Nurse. Medicare Advantage plans may allow additional providers to document

Attending Attestation Sample:

- (XX) minutes of face to face discussion regarding end of life planning was had by me with the patient. I agree with the documentation and plan provided by the (PA/NP/CNS/CSW/ etc.), which I have reviewed and edited where appropriate. §

OBSERVATION MEDICINE

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By: Rebecca Hess; MD; Paul Leonard, MD and John Kahler, MD, FAAEM of the University of Michigan, Department of Emergency Medicine, Ann Arbor, MI.

WHAT'S THAT RASH?

Introduction: One of the most common complaints emergency physicians see in the emergency room is "rash." For most dermatological complaints, providers can walk into the room and instantly have a good idea of what it is. Understanding the underlying etiology of a rash is crucial, as it will drive the ultimate decision for what treatment to provide. The following case is a presentation of a dermatological process seen in the elderly population, which can lead to significant morbidity if not identified early in its progression.

Narrative: A 72-year-old male with a history of crippling lower extremity arthritis, which has left him bedbound for five years, presents to the Emergency Department for evaluation of generalized weakness, malaise, intermittent fevers, and an expanding rash. His symptoms have been evolving over the last seven months. The rash presented first on his upper extremities, spread to his axilla and chest, and then finally to the remainder of his torso and lower extremities. It is pruritic, painful, and has been desquamating. He had been seen at an urgent care about 3 months prior and was recommended hospital admission but declined. Today, the patient initially presented to an outside hospital, where they were concerned for a skin infection. He was given IV antibiotics and fluids prior to transfer to our hospital. The patient denies any new medications, travel, or sick contacts. He has not been on any antibiotics over this time period.

On physical examination, the patient was afebrile and hemodynamically stable. Physical examination revealed a non-toxic, cachectic, dehydrated appearing elderly man. As shown in Figures 1 and 2, his skin had scattered bullae with large areas of coalescence, especially over the upper chest and shoulders, and large areas of desquamation. There were extensive weeping lesions throughout his body in various stages of healing. Scattered bullae and superficial ulcerations were present over the trunk and extremities with areas of purulence and odor from some lesions concerning for secondary infection.

The patient's skin findings first appeared consistent with a thermal burn or Stevens-Johnson syndrome/ TEN. However, on closer inspection, the bullae were visualized and suggested this was actually an underlying blistering disease that was now secondarily infected.

The patient was admitted to the burn unit, where he was treated with IV antibiotics, fluids, and received daily wound care. Dermatology was consulted and performed a skin biopsy, which was positive for bullous pemphigoid with superimposed skin infection. The patient was treated with methylprednisolone (10-15 mg/kg) daily x3 days, then a prednisone taper (starting at 60 mg), with plans to then switch him to a steroid-sparing agent, such as mycophenolate mofetil.

Discussion: Although this patient presented somewhat atypically, it highlights the importance of recognition and differentiation of blistering diseases. The spectrum of immunobullous diseases includes Bullous pemphigoid, Pemphigus vulgaris, and Pemphigus foliaceus. Other conditions to include in the differential diagnosis are Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN), Staphylococcal scalded skin syndrome, thermal burns, toxic shock syndrome, erythema multiforme, and fixed drug eruption.

Bullous pemphigoid often presents in elderly patients with tense, deep bullae located on the trunk, flexures of the extremities, and axillary and inguinal folds[1,2]. Mucous membrane involvement in seen in 10-30% of cases[1,3,4] and the lesions are often intensely pruritic[5]. The tense quality of the bullae differentiates the lesions of bullous pemphigoid from the flaccid, superficial bullae of pemphigus vulgaris and pemphigus foliaceus[4].

Definitive diagnosis requires a punch biopsy with light microscopy and direct immunofluorescence, although this is not practical in the emergency department setting. It is thus imperative that emergency medicine clinicians maintain a high index of suspicion for immunobullous disease as the initial diagnosis will need to be made clinically. Once obtained, punch biopsy will show antibodies to hemi-desmosomes[6].

The typical clinical course of bullous pemphigoid is eventual rupture of the bullae, progressing to erosions then crusting, with ultimate resolution without scarring. In some patients, the disease is self-limited, with disease remissions within a few years, but more commonly this is a chronic disease with exacerbations and remissions over months to years[7,8]. Although long-term remission can occur, bullous pemphigoid is potentially fatal. Estimates of 1 year mortality have ranged from 11-48%[3,8].

The mainstay of treatment for immunobullous diseases is corticosteroids[9] (Frew 2012). Joly et al. (2002) showed that patients with extensive bullous pemphigoid who were treated with topical corticosteroids had better clinical outcomes than patients who were treated with systemic steroids[10]. A commonly used topical steroid is clobetasol 0.05% cream. Systemic steroids tend to be used in patients with clinical conditions that make topical therapy impractical. Given the chronic nature of this disease, alternative therapies are often used to mitigate the effects of long-term steroid use. These include mycophenolate mofetil, azathioprine, and methotrexate. Refractory disease is sometimes treated with rituximab or IVIG. §

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MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS 2016 BOARD OF DIRECTORS CANDIDATES

BRENT FELTON, DO, FACEP

- Graduate, Michigan State University College of Osteopathic Medicine, East Lansing, MI, 2005
- Osteopathic Internship Program, Michigan State University Sparrow Hospital, 2005-2006
- Emergency Medicine Residency Program, Michigan State University-Sparrow Hospital, Lansing, MI, 2006-2009
- Associate Program Director, MSU-Sparrow Emergency Medicine Residency & Director of Research, Lansing, MI, 2009 – present
- Emergency Department Attending Physician, Sparrow Hospital, Lansing, MI, 2013-present
- Emergency Department Attending Physician, Eaton Rapids Medical Center, Eaton Rapids, MI, 2011-present
- Graduate MCEP Leadership Development Program, 2013
- MCEP Alternate Councilor, 2013
- Member, MCEP Education Committee, 2012-present
- Co-Program Director, MCEP Michigan Emergency Medicine Assembly, 2013-present
- Fellow, American College of Emergency Physicians

Dr. Felton has been a member of ACEP and MCEP since beginning residency in 2005, later serving as the EMRAM Representative from 2007-2008 for his residency program. Following residency completion in 2009, he accepted the position of Associate Program Director for the MSU-EM Residency Program in Lansing. Through his interest emergency medicine resident education, he has lectured annually at the MCEP EMRAM In-service Review for the past seven years as well as lecturing at the MCEP Summer Assembly from 2012-2014. He was selected to co-chair as the Program Director for the MCEP Summer Assembly in 2012, and has continued in the role as Program Director for the last three years. In addition, he has been actively involved with the MCEP Education committee since 2012. Dr. Felton was selected for the MCEP Leadership Development Program in 2013, serving as an Alternate Councilor at the 2013 ACEP National Council Meeting in Seattle. Currently, Dr. Felton serves on the Editorial Board for Case Reports International and regularly contributes as a Reviewer for the *Annals of Emergency Medicine* as well as the *Western Journal of Emergency Medicine*. Dr. Felton has published both original research articles as well as numerous case reports in emergency medicine literature. He regularly practices at both a level I academic trauma center as well as a single coverage rural emergency department locally in Michigan.

RAMI KHOURY, MD, FACEP

- Graduate, Wayne State University, School of Medicine, 2001
- Emergency Medicine Residency, St. John Hospital and Medical Center, Detroit, MI 2001-2004
- Chief Resident, St. John Hospital and Medical Center, Detroit, MI 2003-2004
- Attending Physician, Providence Hospital and Medical Center, Southfield, MI 2004-present
- Attending Physician, Garden City Hospital, Garden City, MI 2005-2009
- Assistant Medical Director, Emergency Care, Allegiance Health, Jackson, MI Oct 2008-Dec 2015
- Medical Director, Emergency Care, Allegiance Health, Jackson, MI Jan 2016- Present

  Oakland County Medical Control Authority 2005-2009
  - Representative Providence Hospital 2005-2009
  - Protocol Committee 2005-2007
  - PSRO 2007-2009
  - Medical Control Committee Chair 2007-2009
- Jackson County Medical Control Authority 2009- present
  - Asst Medical Director 2009-2012
- Stockbridge Ambulance Medical Director 2009-2012
- Diplomate, American Board of Emergency Physicians
- Fellow, American College of Emergency Physicians
- Graduate, MCEP Leadership Develop Program, 2012-2013
- MCEP Alternate Councilor, 2012
- MCEP Councilor 2014-present
- MCEP Board of Directors 2013-present
- MHA Pain Advisory Committee- 2014-present
- ACEP CO*RE Faculty
- MCEP Legislative Committee Chair Jan 2105-present
- MCEP Health Finance Committee
- Associate Clinical Professor MSU College of Osteopathic Medicine
- Core Faculty, Allegiance Health Emergency Medicine Residency

Dr. Khoury has been a member of ACEP and MCEP since 2001. He is a recent graduate of the Leadership Development Program and has become involved at MCEP over the last few years. Dr. Khoury has interests in EMS, Policy and Finance as it pertains to emergency medicine. He has a special interest in pain management and department throughput. He currently is the chair of Legislative and member of Health-Finance Committees at MCEP. He has been a councilor since 2104. He just finished his first term as a board member and would love the opportunity to continue to serve you in that capacity.

MICHAEL NAUSS, MD, FACEP

- Graduated University of Michigan School of Medicine, Ann Arbor, MI 2004

- Residency in Emergency Medicine, University of Cincinnati, 2004-2008
- Flight Physician, University Air Care, Cincinnati, OH 2005-2008
- Assistant Professor, University of Cincinnati Dept. of Emergency Medicine 2008-2009
- Attending Physician, Emergency Department, Mercy Fairfield Hospital Fairfield, OH 2009-2011
- Senior Staff Physician, Henry Ford Hospital Department of Emergency Medicine, 2011-present
- Associate Medical Director (Operations), HFH DEM 2015-present
- Revenue Officer HFMG ED Service Line, 2013-present
- Course Director: MCEP ED Leadership and Management Course 2015-present
- MCEP Board Member 2013-present
- Ohio ACEP Board Member 2010-2011
- ACEP National Medical/Legal Committee, Member, 2012-2015
- Fellow, American College of Emergency Physicians
- Graduate, Ohio ACEP Leadership and Development Program 2010-2011
- ACEP Member 2004-present
- HFH Dept. of Emergency Medicine, Operations Council 2011-present
- HFH Dept. of Emergency Medicine, Clinical QA Team 2012-present
- Henry Ford Health System Revenue Officer Council ED Representative 2013-present
- Diplomate, American Board of Emergency Medicine

Dr Nauss has been involved in many ACEP roles since 2004. Before finishing residency he served as his program's EMRA representative and began to attend Ohio ACEP meetings. Since finishing residency in 2008 he has served on Ohio ACEP's board as well as been an alternate councilor for Ohio at ACEP's annual Scientific Assembly. He also completed Ohio ACEP's leadership and development program before returning to his home state of Michigan. Since his arrival at Henry Ford, he has been elected to the MCEP board and worked to create MCEP's ED Leadership and Management Course which is now in its second year. Dr. Nauss has a strong interest in tort reform, medical/legal education for resident and staff physicians, and clinical operations/research.

DIANA NORDLUND, DO, JD, FACEP

- Bachelor of Music, Western Michigan University, 1998
- Master of Music, University of Illinois at Urbana-Champaign, 2000
- Doctor of Osteopathic Medicine, Kirksville College of Osteopathic Medicine, 2006
- Emergency Medicine Residency, Metro Health Hospital, 2010; Osteopathic Internship, 2007
- Juris Doctor, Thomas M. Cooley Law School, 2012
- Emergency Department Attending Physician
  - EPMG at Lakeland Health, 2010-2013
  - Emergency Medical Associates at Sparrow Health System, since 2013
- Associate Attorney, Henn Lesperance, PLC, since January 2014
- Corporate Compliance Officer, Emergency Medical Associates, since January 2014
- Core Faculty, Michigan State University, Emergency Medicine Residency, since 2015
- Medical Legal Committee, ACEP, Sub-Chair and Member, member since 2011
- State Legislative Committee, MCEP, member since 2015
- Quality Committee, MCEP, member since 2016

A diplomate of the American Board of Osteopathic Emergency Medicine, Fellow of the American College of Emergency Physicians, and member of the State Bar of Michigan, Dr. Nordlund strives to create more hours in the day to facilitate practicing both emergency medicine and the law. Her legal practice centers on medical malpractice defense and health law; outside of the law firm, she focuses on risk management, quality improvement, and legislative advocacy. She also enjoys presenting these topics to a variety of audiences, including the American College of Emergency Physicians, Michigan College of Emergency Physicians, Michigan Society of Healthcare Risk Management, Western Michigan University, Michigan State University, Central Michigan University, Campbell University, South Haven Health System, Spectrum Health System, Munson Medical Center, Michigan Academy of Physician Assistants, Delta Township Fire Department, and Cooley Law School.

Leadership is a strong suit for Dr. Nordlund. She completed the MCEP Leadership Development program in 2015, Phase I of ACEP's Emergency Department Director's Academy in 2016, and is currently participating in Sparrow Health System's Physician Leadership Academy. She thoroughly enjoyed her role as an ACEP Alternate Councillor in 2015 and plans to repeat it in 2016. Furthermore, she serves on the MCEP State Legislative and Quality Committees, Sparrow Health System's Payer & Finance and Ethics Committees, and has been active with ACEP's Medical-Legal Committee since 2011. Dr. Nordlund deeply appreciates MCEP's many years of dedication to the profession and would be delighted to serve MCEP as a Board member.

PHYSICIANS/POSITIONS AVAILABLE

BAY CITY, MICHIGAN: MCLAREN BAY REGION, EMERGENCY MEDICINE OPPORTUNITY. Explore an excellent opportunity for a BC/BE Emergency Physician or board certified FP, IM, GS with at least 5 years contiguous Emergency Department experience, to join our group in either a full or part-time capacity at a growing, profitable hospital in Bay City. Since opening a new ED in 2007, patient volume growth has been steady with an expected 45,000+ patient visits this year. McLaren Bay Region has a supportive administration team and progressive medical staff that provides coverage for all of the major specialties. Our group offers a stable contract and sign on bonus with productivity compensation package opportunity in excess of $200/hour. Current staffing reflects 40 hours physician coverage with mid-level assistance in main ED and Fast Track. Bay City and surrounding communities offer affordable housing and a short commute to major cities and Northern Michigan. If you are interested in this opportunity, please send CV to Kenneth Parsons, M.D., M.P.H., FACEP, at kpmdmph@comcast.net or call 989-894-3145 for more information. [ufn]

CASS CITY, MI: Seeking a BC/BE Emergency Medicine Physician for a full-time position in our 5,500 visits/year, low volume Emergency Department. This is an opportunity to practice Emergency Medicine in a spacious new Emergency Department with supportive administration and outstanding ancillary staff. We work 24 hour shifts and have an on-call suite for resting at night. The hospital offers competitive compensation which includes comprehensive benefits, CME and PTO. If interested please send CV to Scott Greib, MD, FACEP at sgreib@hillsanddales.org or call 989-912-6296 for more information. [ufn]

KALAMAZOO, MI: Growing yet established democratic, group offering competitive benefit and preeminent shareholder package and sign-on bonus. Self-regulated schedule, midlevel coverage, scribe assistance, specialty back-up coverage, teaching opportunities. Looking for Board Certified/Board Eligible Emergency Medicine Physicians/Residents. Full-time, permanent for various level hospitals (from rural to level 1 trauma). Cultural community with easy 2 hour access to either Chicago or Detroit. **Email CV to** corporate@swmes.com **Attention President, Jim De Moss, DO, FACEP or** asmith@swmes.com *Group info:* www.swmes.com [6-1]

MCLAREN FLINT: Elevate your career and join the remarkable and stable group of EPs at McLaren Flint. Enjoy custom scheduling, full benefit package and get paid for your productivity with lucrative RVU program. Patient volume of 65,000/year, Level III trauma center, seven, 10-hour physician shifts with experienced and capable APCs covering the Fast Track for an additional 18 hrs/day. Communicative and supportive leadership team and lots of specialty support await a talented board-certified Emergency Physician who is ready for a change. To confidentially discuss, please contact Sandy George, recruiter, at TeamHealth: 248.224.5842 or send your CV to sandy_george@teamhealth.com. [2-2]

PETOSKEY, MI: Northern Michigan Emergency Physicians, PC, a well-established democratic group providing the Emergency Services in Petoskey for 17+ years, is seeking a Full-Time BC/BE Emergency Physician. Stable contract with competitive compensation and benefit package. Excellent reputation and relationship with Administration and Medical Staff. Regional Referral Hospital with comprehensive subspecialty coverage and annual ED volume of 25,000 visits. 4 Physician shifts and 1 APC shift/day. For details contact Kal A. Attie, MD, FACEP at 231-838-2655 / kalattie@mac.com. [3-3]

ST. JOHN MACOMB-OAKLAND HOSPITAL – RESEARCH DIRECTOR/CORE FACULTY POSITION: Rare opportunity to manage the clinical/statistical research within the Emergency Medicine residency program at St. John Macomb Oakland Hospital. Enjoy the variety of working clinically at both EDs located in Warren (75K patients/year) and Madison Heights (34k patients/year); one hospital/two locations. Protected time and stipend offered to an EM boarded physician who is passionate about working with residents in research. Enjoy custom scheduling, full benefit package and get paid for your productivity with lucrative RVU program. Rewarding opportunity awaits talented EP to join the dedicated team of clinicians at St. John Macomb Oakland Hospital. To confidentially discuss, please contact Sandy George, recruiter, at TeamHealth: 248.224.5842 or send your CV to sandy_george@teamhealth.com. [2-2]

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MCEP Calendar of Events

July 31 – August 3, 2016
Michigan EM Assembly
Grand Hotel
Mackinac Island, Michigan

August 1, 2016
Board of Directors
Grand Hotel
Mackinac Island, Michigan

August 16, 2016
Residents' Assembly
The Johnson Center
Howell, Michigan

August 18, 2016
ED Leadership & Management Course
The Johnson Center
Howell, Michigan

September 7, 2016
Board of Directors
Chapter Office
Lansing, Michigan

September 12-13, 2016
EM Ultrasound Course
Chapter Office
Lansing, Michigan

September 15-16, 2016
Observation Medicine Course
DoubleTree Hilton Hotel
Charleston, South Carolina

September 27, 2016
MCEP Councillor & Board of Directors Meetings
Chapter Office
Lansing, Michigan

October 3, 2016
MCA Conference
Grand Traverse Resort
Traverse City, Michigan

October 4, 2016
Michigan Trauma Conference
Grand Traverse Resort
Traverse City, Michigan

October 14-15, 2016
ACEP Council Meeting
Las Vegas, Nevada

October 16-19, 2016
ACEP Scientific Assembly
Las Vegas, Nevada

November 14, 2016
LLSA Review Course
Chapter Office
Lansing, Michigan

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