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September/October 2016

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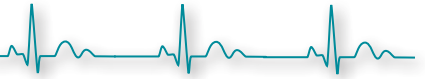
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Submissions to the November/December Newsletter should be received by the Chapter office no later than November 20, 2016.



FARWELL TO THE DOG DAYS OF SUMMER: A LOOK AT YOUR MCEP YEAR AHEAD

Fall is soon to be upon us; the dog days of summer have passed. Days, that in fact have nothing to do with dogs, lazy or otherwise. The Greeks referred to the “dog days” as those days that occurred around the date when Sirius (the “Dog” star) appeared to rise just before the sun, typically in late July and early August. The ancients considered this the hottest time of the year and believed it could bring on a multitude of catastrophes including illness (namely fever—not surprising). In fact Homer’s Iliad refers to the star Sirius as ‘Orion’s dog’ and associated the star’s rising with war and disaster.

Indeed, nothing could make us welcome fall as much as knowing we have safely evaded those risky catastrophe and illness-ridden dog days of summer. And, as we move forward and MCEP embarks on the 2016-2017 year I wanted to take a moment not only to say what an honor it is to serve as your president, but also to review the College’s mission statement and to outline the College’s committees and some of the work your College is already tackling. Sincerest thanks to Dr. James Ziadeh, MD, FACEP, our immediate past president, under whose superb leadership and commitment the College has prospered. I firmly believe that we can continue to build on our successes by keeping our diverse can-do membership doing what they can, in whatever capacity they are able. This includes not only new members but also past chapter executives, board members, committee chairs, and course directors. There are ways for everyone to contribute at every level of commitment.

The College’s Mission Statement, adopted in 2013 as a streamlined and more focused version of its fundamental previous Statement, reads:

The Michigan College of Emergency Physicians exists for the purpose of:

- Advancing quality emergency medical care
- Supporting the interests of Emergency Physicians
- Promoting the values of Emergency Medicine

Periodically reviewing a mission statement is vital to the growth and development of an organization as a whole. I believe the process of collectively rereading such a statement in and of itself solidifies among members a clearer understanding of the central purpose of the College.

In September, at the beginning of the Chapter year, each of MCEP’s many and varied committees is tasked with creating annual objectives and delineating both a time frame and a plan for completion of these objectives. At each subsequent meeting these objectives are reviewed and re-assessed for completion or revision. For members who may be unfamiliar with the various MCEP committees they are as follows: Academic Affairs, Executive (elected committee), Education, EMS, Health-Finance, Legislative, Membership, Newsletter, Observation, and Public Relations. Furthermore, our Medical Student Outreach Program will continue to expand in the 2016-2017 season and, during the 2015-2016 year the College also put together not only a new committee—the Quality Committee, but also a Patient Boarding Taskforce. All of these groups will continue their work going forward.

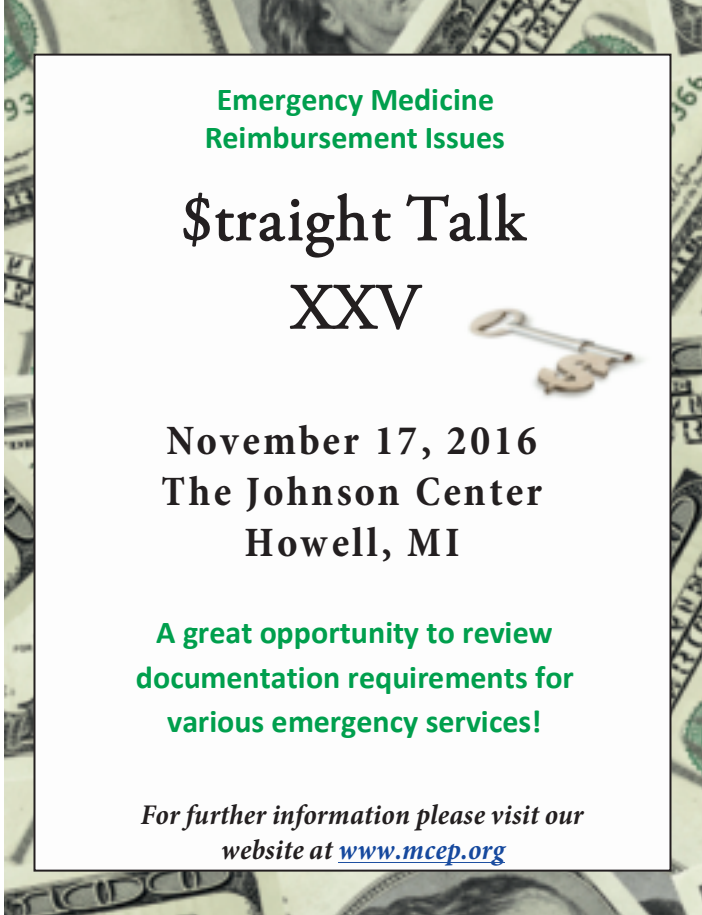
As it is impossible to outline each and every objective for such a number of work groups, members interested in further information, a complete

list of committee objectives, or in participation on a particular committee should not hesitate to contact the MCEP office or myself; again, involvement at any level is welcome. Member participation in any capacity is the surest way for the College to collectively increase its value.



Larisa Trill, MD, FACEP


And so, as the late summer days come to an end, let us turn our interests to making the 2016-2017 MCEP year one of extraordinary professional society accomplishment. And for those of you still dejected to see those dog days fleeting by, you might be reassured to know that depending on your latitude, astronomical dog days may vary. In fact in about 10 millennia Sirius will be rising with the sun in mid-winter. Let us then look forward to embracing those treacherous (yet cozy) dog days of winter. §



**Emergency Medicine
Reimbursement Issues**

\$traight Talk

XXV



**November 17, 2016
The Johnson Center
Howell, MI**

**A great opportunity to review
documentation requirements for
various emergency services!**

*For further information please visit our
website at www.mcep.org*



“Oh the times, they are a changing.” Autumn is in the air and the leaves are transforming to their beautiful colors. You will begin to notice a few changes with the newsletter as well over the next year. At the September 7th board meeting in Lansing, the board voted to decrease the number of newsletter issues from 10 each year to 6. As such, beginning with this issue, you will receive a newsletter every other month. There are a number of reasons for this change: Firstly, this is a fiscally responsible decision for MCEP as we typically spend more on printing newsletters and mailing than we recuperate from advertisements. Secondly, this is on par with other large chapters that provide a newsletter to their members. Thirdly, with the advent of electronic newsletter abilities, many physicians are no longer reading the paper newsletter, but turning to the internet to read the articles. Rest assured you will continue to receive the print newsletter, but have the option to read articles online as well. And finally, decreasing to 6 issues each year will allow us to further refine the content in the newsletter. Over the year, you will notice a number of topic-specific columns to give you updates on current state and/or national efforts, and knowledge to keep you informed in your clinical practice. We hope you enjoy the changes over the coming year. If you have any comments as the year progresses, we would love to hear them in order that we can to continue to improve the newsletter and give you the information you want to hear.

Another change to the newsletter, brought back by popular demand, is to give a brief update on the most recent board meeting, assuming one occurred since the previous newsletter. This way, our membership can see the work that is being done for emergency medicine in our state. I will start the board meeting recap right here in this editorial. Look for “Board Meeting Recap” articles in future newsletters as well.

The most recent board meeting convened in Lansing on September 7. Dr. Traill gave her president’s report. One of her goals this year is to have each committee chair provide written minutes from their meetings. There will also be a vice-chair for each committee with the intention of assisting with duties and creating a smooth transition when the current chair

moves on. As discussed above, a motion was also approved to decrease the number of printed newsletters to 6 times per year. Diane Bollman gave her executive director’s report. She received information on the Michigan Donated Dental Services program that provides dental treatment of the elderly, chronically ill, and those with permanent disability. This may be very beneficial for our EDs throughout the state. Please contact MCEP for more information on this program. Dr. Rami Houry and Bret Marr recapped the legislative committee. An update was provided regarding Violence Against Healthcare Workers legislation and MAPS legislation. For more information, please read the legislative column this month. Dr. Larisa Traill reported on the education committee. The Scientific Assembly on Mackinac Island was a success. Further educational courses are planned including the upcoming LLSA review course, Straight Talk reimbursement course, and the popular Midwest Winter Symposium at Boyne Mountain. Dr. David Overton shared information on the upcoming ACEP Council Meeting. Dr. Malinowski reviewed the Leadership Development Program’s visit to ABEM headquarters and thanked Dr. Earl Reisdorff for his hospitality. Dr. Nick Dyc encouraged members to check out the MCEP Twitter and Facebook accounts. And finally, Dr. Emily Mills recapped the Quality Committee meeting where Dr. Keith Kocher discussed MEDIC, a collaborative to measure quality data on an individual provider level, and use this to improve patient care. Members also discussed ideas for quality initiatives that MCEP could champion to show the value we bring in our emergency departments.



Gregory Gafni-Pappas, DO FACEP

Enjoy all of the changes and stay warm as winter approaches. §

SAVE THE DATE
Midwest Winter Symposium
January 26-29, 2017
Mountain Grand Lodge, Boyne Falls, MI

For further information, contact the MCEP office:
(517) 327-5700 or visit our website: www.mcep.org

MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS

acep
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Rather than reviewing some tips for documenting your patient encounters, I would like to use the column this time to discuss some reimbursement topics that are gaining attention. These are areas that will affect your revenue and need to be tracked.

CMS (Centers for Medicare and Medicaid Services) announced recently that they will be reviewing procedure (CPT) codes that are commonly billed in addition to E/M codes for patient encounters. These are known as modifier 25 procedure codes indicating that the encounter also has been assigned an E/M code. This modifier indicates a “significant, separately identifiable E/M service on the same day.” CMS also uses the terminology “zero-day global codes” meaning these are procedures that do not include follow up. CMS has developed a proposed list of potentially misvalued services in this category. When they state misvalued it means overvalued, therefore potentially not separately reimbursable. The procedures that are being reviewed include those common to the ED such as intubation, wound repair, joint aspirations, foreign body removal, splinting, and even cardiopulmonary resuscitation. This process needs to be monitored, as you can see a change will noticeably affect your revenue.

Another issue being recognized by coders is the capability of some EMR software to count the elements of your documentation and calculate a CPT code for the visit. However, this software often cannot assess your medical decision making and therefore assigns an E/M level that may differ from your billing service. The CPT code that the software calculates appears in the EMR and this makes the variance problematic both when under and over coding. The assignment of the code in the EMR function can be

turned off and that may be the best remedy. Just be aware of this issue.

CMS is currently finalizing rules for the implementation of MACRA or the *Medicare Access and CHIP Reauthorization Act*. MACRA replaced the SGR (Sustainable Growth Formula) and involves value based reimbursement. There are two tracks, MIPS (Merit-based Incentive Program) and APM (Alternative Payment Method). ACEP has a task force studying APMs. There are a lot of confusing details, but it is clear that it will be important to report quality measures to achieve maximum reimbursement. Traditional reporting of PQRS measures will end as of 2017, and bonus payments for successful reporting have already ceased. Experts expect private insurers to follow the CMS lead in linking reimbursement to quality reporting.

It continues to be a rapidly changing world. §

My thanks to Michelle Renis CPC, Michael Granovsky MD, and Ronald Stunz MD for their contributions to this article.



Warren Lanphear, MD, FACEP



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LLSA REVIEW COURSE

NOVEMBER 14, 2016

**2015 Articles
and/or
2016 Articles**

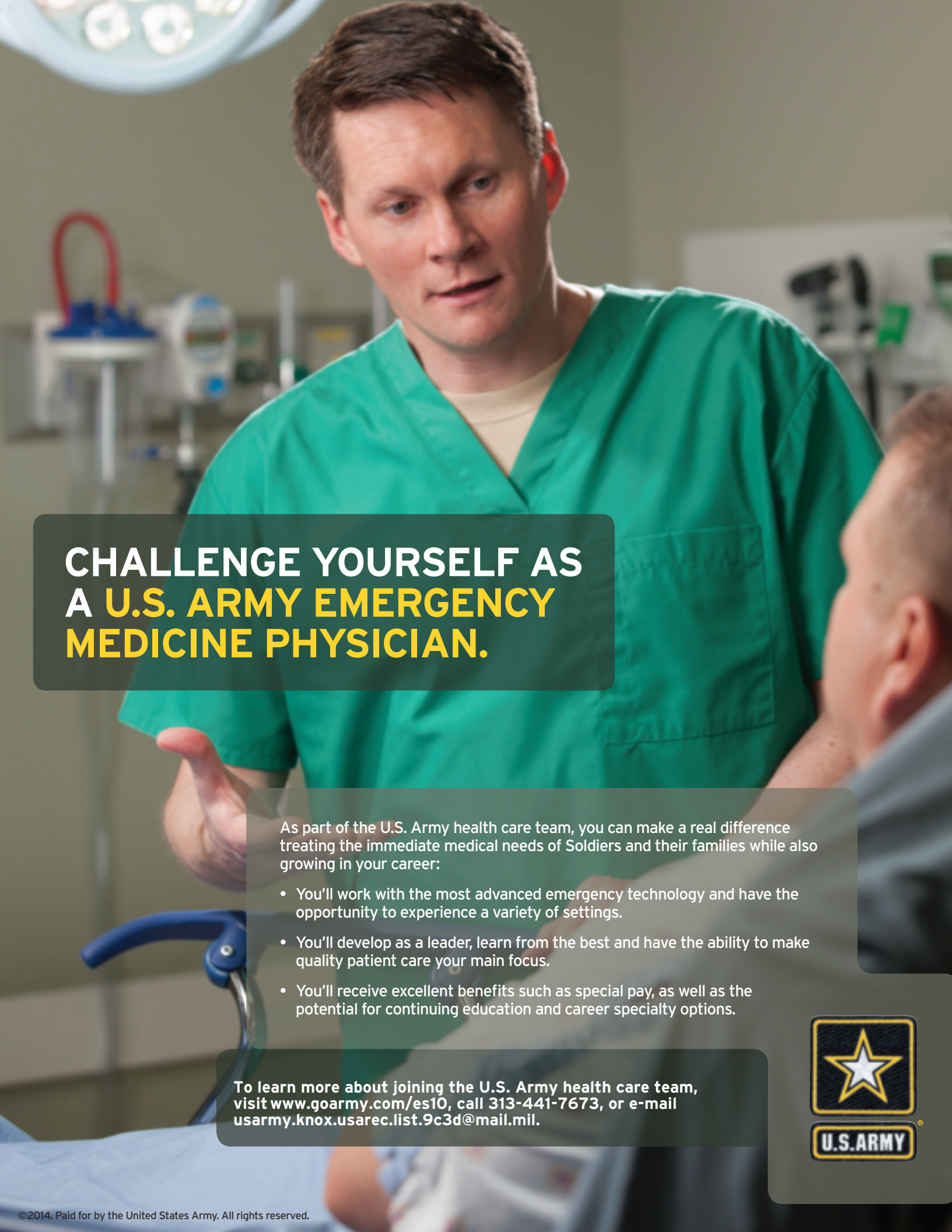


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Lansing, Michigan

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HAVE YOU HEARD THERE'S AN ELECTION THIS FALL?

You may have seen a few television ads, watched a debate or heard some “locker room talk” about the Presidential Race this fall. I suspect, like most Americans, you’re already sick and tired of it. That’s completely understandable, but making informed decisions with imperfect information is something that emergency physicians do every day and that process applies to the election as well. MCEP is participating and monitoring the Michigan House of Representatives elections closely as the results of those election further down the ballot still have a tremendous impact on your daily activities.

Assaults in Emergency Departments

MCEP has been pushing legislation this year to increase penalties and fines on individuals committing assault on a health care professional during the course of that professional performing their duties. House Bills 5592 & 5593, sponsored by Rep. Mike Callton (R-Nashville) and Rep (Doctor) Ned Canfield (R-Sebewaing), were introduced at MCEP’s request after the state representatives met with physicians from the college on the subject earlier this year. MCEP members also met with Sen Ken Horn (R-Frankenmuth) on the issue and he in turn sponsored SB 1082. While the bills are slightly different, MCEP supports both approaches and thanks the members for starting the process of protecting health care workers in an already stressful setting. With limited session days left this session, it is entirely possible that the bills will have to wait for 2017 before action is taken.

Opioid and Prescription Drug Abuse

Last fall, MCEP member and legislative chair Dr. Rami Khoury hosted Lt. Governor Brian Calley on a tour of Henry Ford Allegiance Health in

Jackson to discuss the growing opioid and prescription drug abuse epidemic in our state and nation. Dr. Khoury assisted in the final drafting of the Michigan Prescription Drug and Opioid Abuse Task Force report. Legislators in the Michigan House and Senate have proposed dozens of bills since the report came out. MCEP has been involved in the drafting of several of them and has monitored them all.

One of the more troubling proposals was to mandate that all physicians, including in the emergency department, consult the Michigan Automated Prescription System prior to prescribing medicine for an individual. While MCEP has publicly supported the state’s proposed \$5 million upgrade to MAPS, it is premature to mandate its use until it is fully functional and upgrades to a “push” notification system, like the state of Washington. In an effort to educate policymakers about MCEP’s position on this proposal, Dr. Khoury hosted Senate Health Policy Chairman Mike Shirkey (R-Jackson) on another tour of Henry Ford Allegiance to discuss the opioid issue and some of the ramifications of the various proposals. Sen Shirkey greatly appreciated Dr. Khoury’s insights and committed to working with MCEP to only advance proposals that help address the abuse epidemic and not further hinder those practicing in an emergency setting.

MCEP continues to monitor several scope of practice issues and discussions on telemedicine at the state level. §



*Bret Marr, Lobbyist
Muchmore, Harrington,
Smalley & Associates*

MCEP Calendar of Events

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

November 17, 2016
\$traight Talk
The Johnson Center
Howell, Michigan

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

December 9, 2016
Expert Witness
Tempe Mission Palms
Tempe, Arizona

January 7-8, 2017
EMRAM In-Service
The Johnson Center
Howell, Michigan

January 26-29, 2017
Winter Symposium
Mountain Grand Lodge
Boyne Falls, Michigan

January 27, 2017
Board of Directors
Mountain Grand Lodge
Boyne Falls, Michigan

March 1, 2017
Board of Directors
Chapter Office
Lansing, Michigan

March 9, 2017
Critical Care Practice in the ED
Somerset Inn
Troy, Michigan

March 12-15, 2017
ACEP Leadership Conference
Washington, DC

April 18, 2017
SIMWARS/Annual Meeting/
Research Forum
CMU Education Building
Saginaw, MI

April 27-28, 2017
APLS
Spectrum Health
Grand Rapids, Michigan

May 3, 2017
Board of Directors
Chapter Office
Lansing, Michigan

July 30 - August 2, 2017
Michigan EM Assembly
Grand Hotel
Mackinac Island, Michigan

July 31, 2017
Board of Directors
Grand Hotel
Mackinac Island, Michigan

September 6, 2017
Board of Directors
Chapter Office
Lansing, Michigan



CHANGES IN UNDERGRADUATE MEDICAL EDUCATION WILL HELP MEDICAL STUDENTS APPLYING FOR RESIDENCY IN EMERGENCY MEDICINE

By: *Jacob Manteuffel, MD, FACEP*

The new academic year brings another emergency medicine residency application cycle. The Electronic Residency Application System (ERAS) officially opened for students to start working on their applications on June 6th and the applications become available to residency programs on September 15th, 2016. Medical Student Performance Evaluations (MSPE) formerly known as Dean's Letters are released on October 1st, and the ensuing residency interview offers are sent out shortly thereafter with the earliest interviews starting sometime later that month. This timeline can be a burden to medical students who are interested in emergency medicine for residency, who may not have the opportunity to do an emergency medicine rotation until July 1st, the first month of their 4th year curriculum, as this rotation is typically restricted to students who have completed their 3rd year core rotations. To add to this burden, the prevailing advice for medical students interested in applying to emergency for residency is that the student should complete at least 2 months of emergency medicine rotations and have 2 standardized letters of evaluation (SLOEs), one from each site, in their ERAS application. To add even more excitement, most medical schools advise their students to have their ERAS applications complete by September 15th, to ensure students have the highest chance to match. Lastly, many students opt to take the United States Medical Licensing Examination (USMLE) Step 2 in the first 3 months of their 4th year. Some opt to take the exam to better their application, while others want to get it out of the way before the busy interview season. This combination creates an unfortunate scenario leading to higher stress levels amongst emergency medicine residency applicants. Emergency Medicine's emergence as an ever more competitive specialty has created a major time and space crunch for students, clerkship and program directors across the country, with a far greater number of rotation applications than limited rotation spots.

Many schools now have some form of 3rd year clinical elective in Emergency Medicine to allow students to be exposed to the specialty

they may choose to pursue for residency earlier in their medical school career. These experiences along with experiences students gain through their Emergency Medicine Interest Groups (EMIG) give many students early insight into whether emergency medicine is for them, or not. The drawback to 3rd year emergency medicine rotations is that emergency medicine truly is a capstone course which is more fully appreciated and understood after all medical school core rotations have been completed.

The good news is that relief is on its way. Locally in Southeast Michigan, both the University of Michigan Medical School (UMMS) and the Wayne State University School of Medicine (WSUSOM) are in the midst of curriculum overhauls which change the timeline for the traditional "4th year curriculum". In the 2016-17 academic year, UMMS 4th year medical students will start their curriculum in March of 2017, giving prospective emergency medicine applicants several months to rotate in emergency medicine and secure SLOEs prior to the ERAS application process. The 4th year start date will move to January in the 2017-18 academic year, and then to October in the 2018-19 academic year. This curriculum conversion is part of the American Medical Associations (AMA) grant to the UMMS and 31 other medical schools nationwide to overhaul the traditional curriculum dogma of 2 years of basic sciences followed by 2 years of clinical education, to a more modern educational process in an effort to create "the medical school of the future". While the WSUSOM is not part of the AMA grant, they are also adjusting their curriculum to shorten the traditional first 2 years of curriculum, culminating in an extended 4th year schedule that will begin in March. This is in contrast to the July start to the current schedule. This transition will not take place until the 2019-2020 academic year, however. Nevertheless, this will be a welcome change for WSUSOM students interested in pursuing an emergency medicine residency. While I am not certain every medical school in the country will adopt these curricular changes, the local trend seems to indicate relief is on the horizon for the current time and space crunch. §

NEW FELLOWS RECOGNIZED

The following members from Michigan were bestowed with ACEP fellowship during the ACEP Fellow Convocation and Awards Ceremony which took place in Las Vegas this October:

Adam Anderson, MD, FACEP

Roya Zolnoor Caloia, DO, FACEP

Sara Chakel, MD, FACEP

Michael Feld, MD, FACEP

David Hall, MD, FACEP

Joneigh Khaldun, MD

Jackson Lanphear, MD, FACEP

Farah Ubaid, MD, FACEP

Sanford Vieder, DO, FACEP

PHYSICIANS/POSITIONS AVAILABLE

BEAUMONT HEALTH: Beaumont Health Department of Emergency Medicine is seeking candidates for full time employment for the Beaumont Troy Campus. The successful applicant will be board certified/eligible in emergency medicine. Applicants must have M.D. or equivalent. Accredited by the Joint Commission as a Stroke Center of Excellence as well as being an accredited Chest Pain Center and has level 2 trauma designation with a volume approaching 100,000 visits a year. Physician is expected to work 14 shifts/month. Salary and benefits package are competitive. If interested in this opportunity, please forward CV to: Roberta Simone, MSA, BSMT, at Roberta.Simone@Beaumont.org [3-2]

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** [6-3]

MEDICAL DIRECTOR, SOUTHWESTERN, MI: Kalamazoo Emergency Associates, PLC, an established democratic group providing Emergency Care in Kalamazoo, MI, Plainwell, MI, Marshall, MI and Portage, MI is seeking Board Certified or Board Prepared Emergency Physicians. Experience in Emergency Medicine Leadership/Directorship a plus. Partnership opportunities available. For qualified applicants please forward CV to kea@borgess.com attention Sara Buchanan. [3-1]

MID/SOUTHEAST MICHIGAN: Opportunities for experienced, BC/BE Emergency Medicine Physicians. We are looking for candidates to join our expanding, well-staffed team environment that offers a complete benefit package. Emergency Physician coverage, including leadership positions, located in Bad Axe, Clarkston, Garden City, Lansing, Lapeer, Pontiac, Saginaw, Standish, and Tawas. For all inquiries, please contact Denise DeLisle at 248-338-5836 or email CV to denise.delisle@degarapllic.com [6-2]

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. [3-2]

PHYSICIAN HEALTHCARE NETWORK/MCLAREN PORT HURON: Physician HealthCare Network's Emergency Medicine Department is offering a career opportunity that provides the option to work in a diverse practice environment, seeing a higher level of acuity and treating a more rural patient population at McLaren Port Huron Emergency Center. Physician HealthCare Network, PC, is a Multi-Specialty Group based in Port Huron, MI that is physician owned, offering a wide variety of services to the community. McLaren Port Huron Hospital is a 186 bed not-for-profit facility treating nearly 42,000 emergency room patient visits a year. You will have the opportunity of a partnership track position with excellent compensation and bonus potential, a robust profit sharing/401k participation, comprehensive benefits, pleasing work environment with outstanding staff and physician assistant support, a variety of shift options and strong collaboration with your partners. With its location on Lake Huron and the St. Clair River, Port Huron offers sandy beaches, friendly parks, convenient marinas along with beautiful scenery. Port Huron provides easy access to major airports and the metro Detroit area: including the arts, fine dining and many major sports teams. Interested candidates please contact: Todd Dillon 314-236-4496 tdillon@cejkasearch.com [5-2]

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FREE DENTAL CARE FOR LOW INCOME ELDERLY AND DISABLED PATIENTS

The Michigan Donated Dental Services (DDS) program is accepting applications from Michigan residents who are elderly, permanently disabled, or medically compromised. Applicants must be in need of extensive dental treatment, have no dental insurance, and have income below 200% of the federal poverty level. The program does provide dentures and partials but does not do orthodontics or emergency treatment. Some areas of the state may experience a wait time but applications are being sought in the following areas: Ingham County, Washtenaw County, Northern Oakland County, Hillsdale/Lenawee Counties, and Emmet County. All care is donated and provided by volunteer dentists and dental labs. Applicants must be able to arrange reliable transportation. Applications can be found online at <http://www.smilemichigan.com/DDS> or by calling 517-346-9455 (Southeast Michigan) or 517-346-9454 (rest of the state).

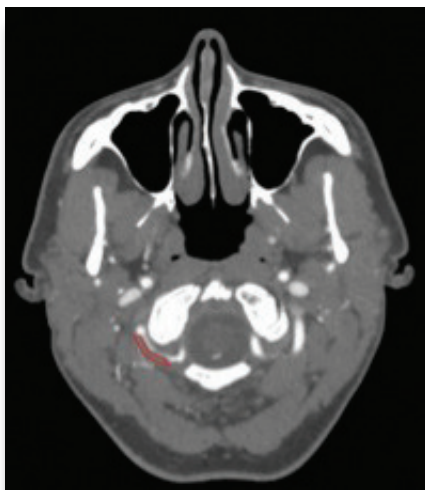


By: David Nguyen, MD and Dilnaz Panjwani, MD, FACEP of the St. John Hospital and Medical Center, Emergency Medicine Residency Program, Detroit, MI.

Introduction: A 42-year-old female presented to the ED with a 1-day history of right-sided neck pain in the cervical and occipital region. The patient described the pain as sudden in onset, sharp in nature and persistent since onset. The patient stated it was the “worst headache of her life”. The patient denied history of headaches. The patient did not have any neurologic deficits.

The patient went for chiropractic manipulation 2 weeks prior for neck and back pain. Since going to the chiropractor, the patient has had intermittent neck pain and headaches but episodes have been self-limiting. The patient has been experiencing painless, blurry vision in the right eye.

ED/Hospital Course: Vitals signs were as follows: BP 140/83, HR 95 bpm, RR 18, T36.7 C. Physical exam was unremarkable except for minimal



tenderness in the occipital and cervical region. The patient’s visual acuity and extraocular movements were intact. The patient’s headache resolved after receiving a headache cocktail. The patient’s CBC and BMP were unremarkable. Due to the history of chiropractic manipulation, severe head and neck pain, and visual symptoms, cervicocephalic dissection was considered and CT angiogram of head and neck was ordered.

The patient was noted to have a dissection in the V3 segment of the Right Vertebral artery.

The patient was offered a lumbar puncture to evaluate for subarachnoid hemorrhage, however the patient refused. The patient refused heparin; however received aspirin and Plavix. The patient left AMA because she believed the CT scan was wrong. The patient did not believe that the pain could be caused by a dissection because the pain resolved.

Hospital course:

Introduction:

Vertebral Artery Dissection is a rare cause of occipital headache and neck pain with an incidence of 1-1.5 in 100,000.¹ Fibromuscular dysplasia accounts for 15-20% of all cervicocephalic dissections.

Vertebral Artery dissections occur when arterial wall layers separate and coagulation occurs within the intima of the vessel. The clots that form in these vessels can impede blood flow. The clots can also form a false lumen and stop blood flow. Neurologic sequelae arise from hypoperfusion due to occlusion of the vertebral artery. Neurologic symptoms will vary depending on where the occlusion occurs. The vertebral artery supplies the posterior circulation. Symptoms suspicious for involvement of the posterior circulation are ipsilateral CN deficits with contralateral muscular

weakness and vertebral signs including dizziness, vertigo, ataxia, diplopia, and dysphagia. Other important sequelae arise from damage through the vessel wall resulting in subarachnoid hemorrhage.

The most frequent presenting symptom of dissection is head and neck pain and occurs in 65% of patients. Minor cervical trauma is a major risk factor occurring in 37% of cases.³ In our case, the patient had received chiropractic manipulation when her symptoms began. The natural history of the disease is waxing and waning, with a majority of patients recanalizing without intervention. The risk of recurrence is around 2 percent.

Diagnosis is established with neuroimaging. CT Angiogram is the imaging of choice. Systematic Review has shown that the sensitivity and specificity is equivalent to that of MR angiography.⁴

Patients should receive IV thrombolysis if they have neurologic deficits and are within the 4.5 hour stroke window.

If thrombolysis is not being considered, treatment depends on whether there is intracranial extension of the dissection. If there is no intracranial extension of the dissection, than anticoagulation with heparin is preferable. If there is intracranial involvement, antiplatelets are preferable due to the increased risk of subarachnoid hemorrhage. In a meta-analysis done in 2015, including 1398 patients across 38 studies, anticoagulation and antiplatelet have been shown to have equivalent outcomes in terms of stroke and risk of bleeding. Both options remain reasonable.⁵

If there is a subarachnoid hemorrhage, then treat as you would normally treat a subarachnoid hemorrhage.

Conclusion: Vertebrobasilar dissection is a relatively rare, but often overlooked cause of head and neck pain that should be on the differential diagnosis of a thunderclap headache. Diagnosis is important because patients can be placed on primary prophylaxis to prevent future strokes. §

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2015-2016 MCEP COMMITTEE REPORTS

ACADEMIC AFFAIRS COMMITTEE

By: Ryan Fringer, MD, FACEP, Academic Affairs Committee Chair

The Academic Affairs Committee of the Michigan College of Emergency Physicians was formed to explore and serve the needs of the Academic Emergency Medicine community within the state. To date, the committee has held several quarterly conference calls to develop objectives. The committee has initiated a speaker's bureau with the assistance of MCEP staff. Once fully developed, this will be a great resource for educational programs throughout the state. It will also benefit faculty members of academic programs by facilitating scholarly presentations at other residency programs.

The Academic Affairs Committee has hosted two "meet and greet" events at the Council of Residency Directors (CORD) Annual Meeting in 2015 and 2016. Both events have been well attended, and we intend to continue hosting such events at future national meetings.

In the near future, we will distribute a survey to all residency directors in the state to solicit feedback on current programming offered by MCEP and to assess the news of the Academic EM community. We will report these findings at the next MCEP Board Meeting.

EDUCATION COMMITTEE

By: Larisa Traill, MD, FACEP, Education Committee Chair

It was another great year for the Education Committee. A full report on the committee's many accomplishments was given at the annual membership meeting. The following is a brief summary for those unable to attend.

Some of the goals we accomplished this past year were:

- An expanded and innovative medical student forum at our Winter Symposium
- "Wellness" incorporated into our Winter Symposium in support of ACEP's inaugural "Wellness Week."
- Expanded our out-of-state national program offering
- Continuing to incorporate eOral technology at the Mock Oral Boards (in conjunction with the Academic Affairs Committee)
- Successful simulation lab at APLS Course

Last year, the college was involved in more educational programming than ever before. The 2015-2016 MCEP Member Course Offerings were:

- Scientific Assembly
- Emergency Medicine Ultrasound
- Medical Control Seminar
- ED Leadership and Management
- Residents' Assembly
- Observation Medicine
- Straight Talk Reimbursement
- Business Development of Expert Witnessing (now out-of-state!)
- EMCC Review
- Midwest Winter Symposium

- EMRAM In-Service Review
- Critical Care
- Bedside Ultrasound in the Acute Care Setting
- Advanced Pediatric Life Support
- EMRAM Research Forum & Simwars
- Mock Oral Boards
- Save MI Heart

New Course Offerings & Developments this year:

- The Business Development of Expert Witnessing (December 9th)
- This course will move out-of-state this year to Tempe, AZ
- Observation Medicine (Sept 15th - 16th)
- For the second time nationally
- This year in Charleston, SC
- Incorporating a wider variety of physician wellness topics and events to programming

All educational events held this year were successful. Attendance for individual courses varies from year to year and the committee reviews all registrant feedback to continually evaluate programs for improvements. Many, many thanks to committee members and especially to our dedicated course directors for all the time and effort they graciously and enthusiastically give to the college; we could not offer such successful CME programming without you. Anyone interested in more information about our current courses or in being involved on the committee should contact the college.

EMS COMMITTEE

By: Robert Dunne, MD, FACEP, EMS Committee Chair

EMSCC Update:

We have 3 positions that need nominations as the state has been behind. Current Representatives are Don Edwards, Robert Dunne, Robert Smith and there is one position vacant with an alternate. The state usually likes 2 per slot, one from a county of less than 100,000 (per the law). The board will need to nominate a member this year.

Legislative updates:

- SB 647 and HB 5160 - CPR training - unanimously supported by EMSCC
- HB 5111 - Tax advantage - would allow for tax breaks for EMS providers living in the community in which they work. The bill not thought to have much "legs" and EMSCC offered no opinion.
- Federal, HR 4365 - Federal DEA - EMSCC supports this so that everyone is operating under the law from a pharmacy standpoint. If this bill is passed, it is estimated that it would take at least one year for the DEA to perform administrative duties and under this bill, every EMS agency may be required to obtain their own DEA number.



Medical Director Update:

This is the first year with a state medical director, something MCEP has fought for years to obtain. Dr. Fales will take on this role.

- Geographic service areas and medical control privileges
 - * There is controversy in the state over outside agencies crossing over medical control boundaries without permission or oversight from MCA for non-emergency transports
 - * concern was raised that selection of EMS agencies by ECF's may not be in the best interest of the patient/patient care
- There was discussion about "homes for the aged" and AFC homes
 - * These are not regulated by MDCH if they have less than 20 residents
 - * They must be regulated by MDCH if they provide adult services, room and food to residents (some will provide 2 out of 3 to get around regulation by the state)

Position Statements:

The committee this year will complete 2 position statements; these are in process. One includes Lights and Sirens and one on Supraglottic airway for MFR.

MCEP Activities:

- EMSCC
- Planning/Hosting - MDCH Med Control Meeting, Trauma meeting, EMSCC, numerous subcommittees, cardiac arrest conference
- Legislative advocacy

Coming Year:

- Sharing MCA Network experience
- Conferences (Trauma, MCA)
- Evaluating Narcan Law implementation
- Advocating for statewide cardiac arrest, IOM report improvements.
- Supporting protocol review
- Expanding opportunities for EMS fellows and EMS physicians

HEALTH-FINANCE COMMITTEE

By: Antonio X. Bonfiglio, MD, FACEP, Health-Finance Committee Chair

MEDICAID REIMBURSEMENT VICTORY!

- Increased level of payment in 2 Tier System:
 - * Treat & Admit to \$97.06 (Increase of \$.63)
 - * Treat & Release to \$50.44 (Increase of \$8.50)
 - * End result = \$10,000 per EM Physician!!

Medicaid Expansion in the State of Michigan

- Well over 600,000 patients
- Exceeded expectations
- Patient's without any type of insurance coverage decreased
- Dramatically increased ED volumes across the state

MEDICARE

- SGR has been repealed and now rates are frozen at least for the next couple years

Blue Cross Blue Shield of Michigan

- No significant changes to report

Affordable Care Act

- Flooded market with narrow network insurance plans
- High Deductibles
- Co-Pays
- Forcing "Self-Insurance" with collections being a huge challenge
- Large insurance providers have increased premiums significantly or have refused to participate in the affordable care act going forward as the patient's enrolled have significant pre-existing conditions and the pool of young healthy patients without significant medical problems has been small. This will create significant problems in the near future.

LEADERSHIP DEVELOPMENT PROGRAM

By: Robert T. Malinowski, MD, FACEP, LDP Chair

The purpose of the Leadership Development Program is to provide both orientation and skill development to future leaders of the College. The following eleven members were chosen for the 2016 program:

James Berry, DO	Robert Klever, Jr., MD
Sara Chakel, MD	Joel Krauss, MD
Pamela Coffey, MD	Daniel LaLonde, MD
Michael Gratson, MD	Joseph Michalsen, DO
Dominique Hill, MD	Marcus Moore, DO
Jennifer Jaquint, MD	Kathryn Redinger, MD

The program is divided into seven sessions which include: participation in MCEP Board of Directors and Committee Meetings, a Legislative Day at the State Capitol as well as attendance at the ACEP Leadership & Advocacy Conference, MCEP Scientific Assembly, ACEP Council Meeting & Scientific Assembly, and the MCEP Straight Talk Reimbursement Conference.

This is an on-going program committed to identifying and developing the future leaders of the College. The selection process for the class of 2017 will begin soon. Stay tuned to upcoming newsletters and the MCEP website for further information.

LEGISLATIVE COMMITTEE

By: Rami Khoury, MD, FACEP, Legislative Committee Chair

MEDICAID

Two Tier Medicaid Rate Increased 1/1/16:

- **9 Million Dollars** earmarked for EP's
- \$10,000 per practicing Emergency Physician

(Continued on Page 12)



2015-2016 MCEP COMMITTEE REPORTS *(Continued from Page 11)*

VIOLENCE IN THE ED

- Emergency physician/nurse abuse in the ED
- HB 5592 (Calton) & HB 5593 (Canfield)
- Expand and enhance penalties
- ED Visits with Legislators

OPIOID ABUSE

- Lt. Governor Calley toured Allegiance/Jackson working on his Opioid and Prescription Abuse Task Force.
- Dr. Khoury is being nominated by both MHA & MCEP for a seat on the Michigan Prescription Drug & Opioid Abuse Commission.

MEDICAL LIABILITY REFORM

- Interest by Legislature is minimal
- Focus on Violence Against Healthcare Workers

NATIONAL FOCUS

- Highest turnout at ACEP's L & A Conference
- Membership in ACEP 911 Network strong

MEDICAL STUDENT LEADERSHIP INITIATIVE (MSLI) COMMITTEE

By: Jacob Manteuffel, MD, FACEP, MSLI Committee Chair

The report from the MSLI Committee at the MCEP Summer Assembly re-iterated the leadership structure of the MCEP Medical Student Council (MSC). Diane Bollman serves as the Executive Director with Jacob Manteuffel MD FACEP as the council's Faculty Advisor. Two Co-Chairs and a Secretary consisting of medical students complete the Executive Board. Each of the 7 medical schools in the state of Michigan has an Emergency Medicine Interest Group (EMIG) Liaison and two Representatives, which participate in MSC meetings. Visits were made to the EMIGs at the medical schools of the University of Michigan and Central Michigan University last year with visits planned to the medical schools at Wayne State University, Michigan State University (MD and DO) and Oakland University this year. There was an increase in membership in the Student/Resident category by 108 members last year. The 2016 Medical Student Forum at the MCEP Winter Symposium at Boyne Mountain last year was another success, with 50 students in attendance taking part in activities over the weekend. Further plans for this year include expanding the size and content of the Medical Student Forum and also to increase the presence of the MCEP MSC online and through social media.

MEMBERSHIP COMMITTEE

By: Ronald Thies, MD, FACEP, Membership Committee Chair

- Membership is strong.
- We have a letter we are sending to physicians on the cancelled member list to let them know what they are getting for their MCEP dollars.
- Dr. Manteuffel continues to work with medical student outreach
 - * Visiting medical schools across the state.
 - * Successful medical student program at Winter Symposium that is even larger this year.

* We are continuing to work with the PR committee to find new ways to engage current members and to expand the membership.

- As always, we continue to look for ways to engage physicians that are not current members to become members. If you have any ideas, please feel free to let us know.

NEWSLETTER

By: Gregory Gafni-Pappas, DO, FACEP, Newsletter Editor

- The newsletter continues to be enjoyed by MCEP members in our state.
- Feedback on shorter resident case reports has been positive.
- The electronic newsletter continues to attract about 1/3 of the membership.

* We will look into e-newsletter advertising.

- Topic specific columns decreased this year and we hope to bring this back in the upcoming year. We will need physician help to make this possible. Ideas for columns will include:

1. Legislative
2. EMS
3. Ultrasound
4. Operations
5. Medicolegal
6. Education/Teaching articles
7. Hot Off The Press Journal Articles

OBSERVATION COMMITTEE

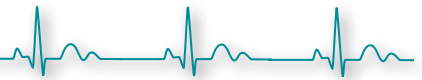
By: Margarita Pena, MD, FACEP, Observation Committee Chair

- Observation Medicine - Science and Solutions conference took place September 15 and 16 in Charleston, SC at the Double Tree Hilton
 - * It was well advertised in multiple sites including mailed brochures, regularly in MCEP News & Views and in Annals of Emergency Medicine
 - * Had strong attendance and good sponsors
- Observation Section articles on PQRS 2015 Update for Observation Services and COPD Protocol published in News & Views and article on PQRS published in ACEP Observation section newsletter
- Plan to continue to develop and publish more collaborative Section Protocols and other Observation Medicine-related topics this year

PUBLIC RELATIONS COMMITTEE

By: Nicholas Dyc, MD, FACEP, Public Relations Committee Chair

The Public Relations Committee collaboratively worked throughout the past year with the directors of MCEP's educational conference to develop advertisements, use social media to market, and ultimately increase attendance of our great conferences.



Our presence on social media continues to grow. Twitter followers are up to 310, a 30% increase over the year. MCEPs facebook page has 864 likes, a 238% increase from 12 months ago.

MCEPs Public Relations committee remains focused on promoting our educational conferences, promoting public health, and promoting health policy.

If you have interest in joining our enthusiastic group, please do. Our college must continue to evolve in order to remain a strong voice. We evolve by fostering and maintaining relationships, as well as utilize technology to improve patient care and physician-wellness.

QUALITY COMMITTEE

By: Emily Mills, MD, Quality Committee Co-Chair

This year MCEP announced the formation of the Quality Committee beginning in January 2016. After recruiting college members for this

exciting new endeavor, the committee held its inaugural meeting at the Lansing chapter office in March 2016. The goals of this committee include improving the delivery of pediatric and adult emergency care in the state of Michigan and enhancing the value of this care for our membership and our patients. Current objectives include monitoring quality initiatives and policies from the Michigan Department of Health and Human Services, developing strategies regarding alternative payment models, and partnering with quality improvement efforts across the state focused on emergency care. The committee is actively working on creating a database resource of quality projects that are on-going in emergency departments statewide. We are working to highlight state activities including efforts to decrease admissions and unnecessary testing and provide education to the general public about important medical topics. If you would like to become involved with our committee, please contact us at mcep@mcep.org. §

2016 ACEP COUNCIL RECAP

By: David T. Overton, MD, MBA, FACEP

The Michigan Chapter was once again extremely well-represented at the recent 2016 ACEP Council meeting in Las Vegas. This large and hard-working delegation consisted of Michael Baker, Keenan Bora, Kathleen Cowling, Nicholas Dyc, Greg Gafni-Pappas, Greg Henry, Brian Hancock, Rami Khoury, Robert Malinowski, Jacob Manteuffel, Kevin Monfette, Jim Mitchiner, Paul Pomeroy, Larisa Traill, Brad Uren, Mary Jo Wagner, Brad Walters, Millie Willy, Dennis Whitehead, James Ziadeh, James Berry, Sara Chakel, Pam Coffey, Michael Gratson, Dominique Hill, Jennifer Jaquint, Robert Klever, Jr., Joel Krauss, Daniel LaLonde, Joe Michalsen, Marcus Moore, Kate Redinger, Luke Saski, myself, and several Michigan residents including Hrag (Joe) Churukian and Hannah Coram.

The Michigan chapter was also very well-represented by Paul Pomeroy, who served on Reference Committee A, Brad Walters and Michael Baker, who served on the Tellers and Credentials Committee and Brad Uren, who served on the Council Steering Committee.

The ACEP Council again faced a wide variety of issues facing our specialty and the College:

The Council rejected a recommendation to reserve one board of director's seat for a young physician. However, they supported a resolution to increase diversity within College leadership overall.

A particularly contentious resolution asked ACEP to oppose mandatory, high stakes, secured examinations as a component of Maintenance of Certification. This issue has been particularly controversial in some other specialties, notably internal medicine. However, after considerable debate, the Council rejected the proposal.

The Council went on record opposing the practice of courts legally compelling emergency physicians to collect forensic evidence from patients against their will.

The Council passed several resolutions that addressing the issue of ED boarding, particularly psychiatric boarding.

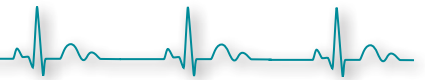
The Council went on record recommending that the FDA not approve newly developed formulations of synthetic fentanyl, due to their abuse potential.

Separately, we were delighted that our very own Kathleen Cowling received the John A. Rupke Legacy Award, for outstanding lifetime contributions to the College. This is a fitting tribute to the many years of outstanding service that Kathleen has provided to both MCEP and ACEP. Congratulations!

Elections to the Board of Directors included incumbents James Augustine (Ohio) and Debra Perina (Virginia). Newly elected Directors included Kevin Klauer (Ohio) and Gillian Schmitz (Government Services).

New ACEP officers include Rebecca Parker (Illinois) as President, Paul Kivela (California) as President-Elect, John Rogers (Georgia), Chairman of the Board, and Jay Kaplan (California) as Immediate Past President.

Once again, many thanks are due to our Michigan delegation for their hard work! We are indeed fortunate to have such a breadth and depth of talent at the national level. §



NATIONAL COMMITTEE INVOLVEMENT ANNOUNCED

The following MCEP members have been appointed to ACEP positions for the 2016 year:

CLINICAL DATA REGISTRY COMMITTEE

Keith Kocher, MD, FACEP
Mary Jo Wagner, MD, FACEP
Robert Wahl, MD, FACEP

ACADEMIC AFFAIRS COMMITTEE

Bram Dolcourt, MD, FACEP
Mary Jo Wagner, MD, FACEP

AWARDS COMMITTEE

James C. Mitchiner, MD, MPH, FACEP

EDUCATION COMMITTEE

Elizabeth Dubey, MD
Gloria J. Kuhn, DO, FACEP
Marc S. Rosenthal, DO, FACEP
Matthew J. Stull, MD
Mary Jo Wagner, MD, FACEP

EMS COMMITTEE

Christopher Engdahl, DO

FINANCE COMMITTEE

Millie Willy, MD, FACEP

FEDERAL GOVERNMENT AFFAIRS COMMITTEE

Mahshid Abir, MD, MSc
Terry Kowalenko, MD, FACEP
Brad Uren, MD, FACEP

QUALITY & PATIENT SAFETY COMMITTEE

Gregory Gafni-Pappas, DO, FACEP
Keith Kocher, MD, FACEP
Terry Kowalenko, MD, FACEP

MEMBERSHIP COMMITTEE

Diane Kay Bollman, Executive Director

EMERGENCY MEDICINE PRACTICE

Claire Pearson, MD, MPH, FACEP

RESEARCH COMMITTEE

Anthony Lagina, MD, FACEP
Phillip Levy, MD, MPH, FACEP
Brian O'Neil, MD, FACEP
Claire Pearson, MD, MPH, FACEP
J. Scott VanEpps, MD

NATIONAL/CHAPTER RELATIONS COMMITTEE

Michael Baker, MD, FACEP

BYLAWS COMMITTEE

Jessica Jewart Kirby, DO, FACEP
Paul Pomeroy, Jr., MD, FACEP
Larisa Traill, MD, FACEP
Bradford Walters, MD, FACEP

PUBLIC HEALTH/INJURY PREVENTION COMMITTEE

Antony Hsu, MD, FACEP

CLINICAL POLICY COMMITTEE

Michael Brown, MD, MSc, FACEP

PEDIATRIC EMERGENCY MEDICINE COMMITTEE

Lee Benjamin, MD, FACEP

PUBLIC RELATIONS COMMITTEE

Thaer Ahmad, MD
Lauren Kershner, MD

WELL-BEING COMMITTEE

Sarah Albers, MD, MPH, FACEP
Constance Doyle, MD, FACEP
Christina Weaver, DO

REIMBURSEMENT COMMITTEE

Michael Nauss, MD, FACEP

MEDICAL LEGAL COMMITTEE

Geetika Gupta, MD, FACEP
Diana Nordlund, DO, JD, FACEP
David Reis, DO, FACEP

STATE LEGISLATIVE/REGULATORY COMMITTEE

Rami Khoury, MD, FACEP
Joel Krauss, MD
James Mitchiner, MD, MPH, FACEP
Larisa Traill, MD, FACEP
Brad Uren, MD, FACEP
Bradford Walters, MD, FACEP

DISASTER PREPAREDNESS & RESPONSE COMMITTEE

Ameen Jamali, MD

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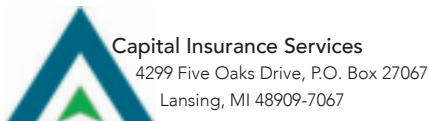


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