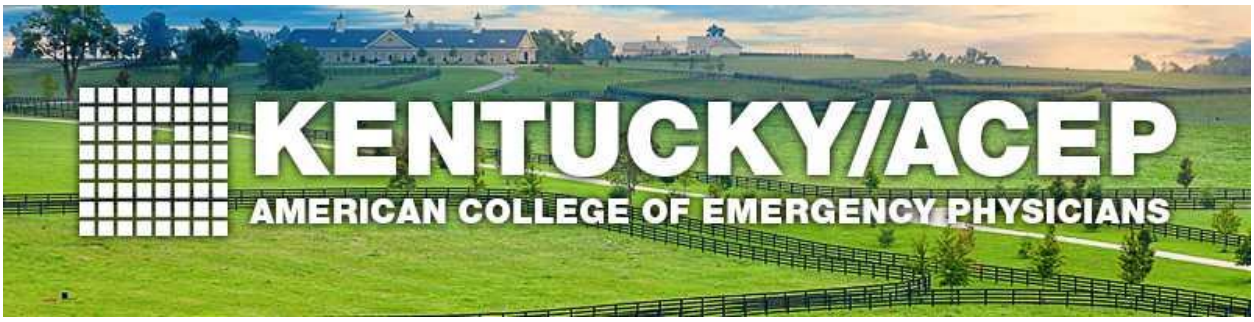
A Newsletter for the Members of the Kentucky Chapter - Summer 2022



In this edition:

News from ACEP:

Are You Seeing Down Codes for Your Emergency Medicine (EM) Bills?

Karan Shah, MD, MMHC
Committee Chair, Medical Reimbursement

Some of the insurance companies might be looking at your charts closely and the final diagnosis does matter. If you see a patient with chest pain and document chest pain, unspecified, which is very common, there is a chance you might see a down code for it. I would recommend putting the correct comorbid conditions in the final diagnosis list to help decrease the down codes. Some of these comorbid conditions that can help prevent down codes when appropriate for the patient are atrial fibrillation, pulmonary hypertension, heart failure, acute kidney injury, presence of aortocoronary bypass, BMI > 40.9, DNR, hyperkalemia, acidosis, and peripheral vascular disease. If at the time of EM admission, the condition is present, it is important to document these comorbid conditions as present on arrival. Lastly, documenting these comorbid conditions can potentially help you risk adjust when it comes to expected mortality. I would recommend checking with your coders and quality department for further details and information.

Leadership and Advocacy Conference

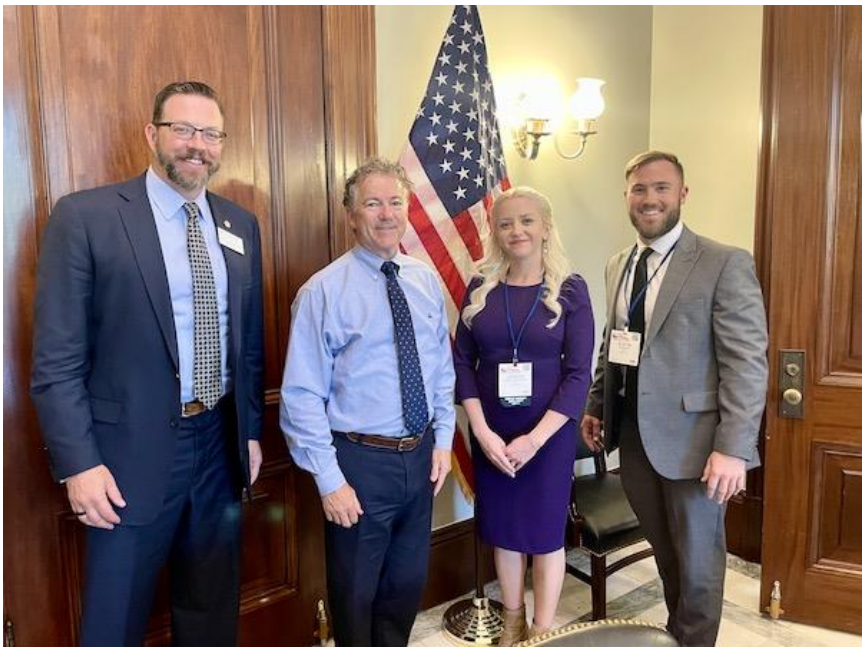
Austin Sowers, PGIII, UofL

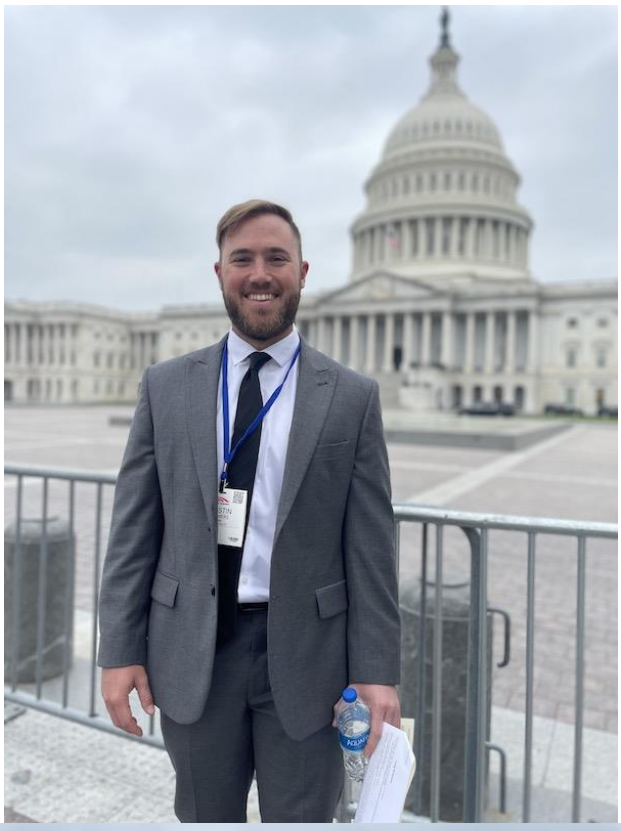
ACEP's Leadership and Advocacy Conference is an annual event where Emergency Physicians from around the country meet in Washington, D.C. to discuss political issues facing our specialty, face to face with our Senators and Representatives.

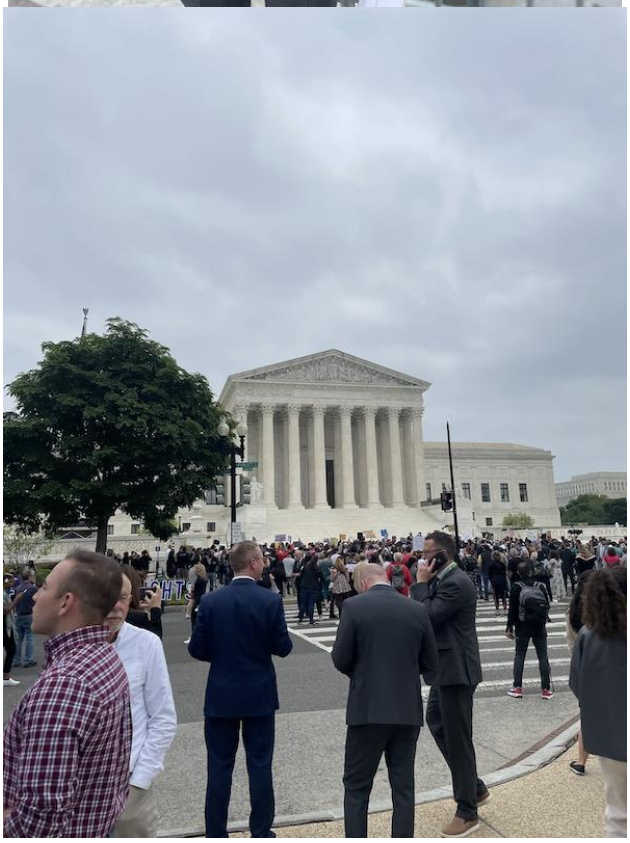
As one of the three representatives for the state of Kentucky, alongside Jess Murphy, M.D. and Ryan Stanton, M.D., it was a wonderful experience. We met with the staffs of the House Reps that represent each of us, as well as the staff of Senator McConnell and we got to meet with Senator Ryan himself. In our meetings, we discussed legislation that will affect Emergency Physicians across the country, including workplace safety and proposed Medicare cuts.

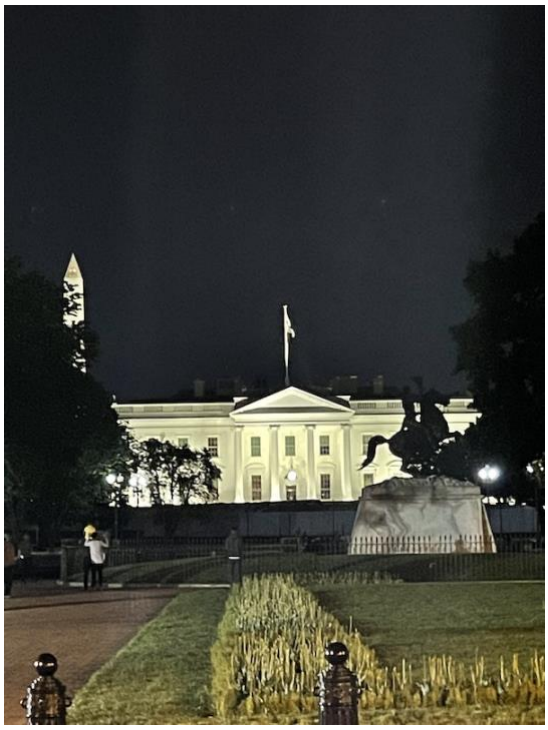
Putting a face and personal stories to the bills that are being proposed is an important part of our political process and one that we must continue to do to protect the future of our specialty. I personally had never been apart of anything like this in the past, but it gave me an entirely new view on our political process, and it was a great learning experience. I believe it is something that will continue to inspire me to help the future of our specialty in our political system.

It is something I hope future residents will continue to be apart of and more physicians from our state will hopefully attend in the future, the more faces, and stories we can provide in the future will only help us going forward. I am truly thankful for the ability to attend the event and is one I hope myself and my colleagues will continue to attend in the years to come.









Firearm Injury

Brit Anderson, MD
Associate Professor, UofL Peds- Emergency Medicine

“Yes, he’s eating well”, the baby’s mom answered. I sat on the stretcher next to a 5-day old infant who lay supine, swaddled in a soft blanket with pastel dinosaurs on it. He was full term, afebrile, and growing well. “He looks great on exam. Mind if I ask what prompted you to bring him in today?”, I asked, trying to make sure I wasn’t missing something. Mom noted that he was fussy earlier but seems fine now. This is common in the pediatric emergency department (ED). I was happy to provide reassurance, but something in mom’s tone stopped me. She clearly loved her son and was taking excellent care of him, but her affect seemed flat. “How are you feeling? Having a new baby can be so hard”, I tried to gently probe further. Tears started to flow as she told me that her partner, the baby’s father, had been shot and killed just two days ago. She stared blankly forward as she said that she couldn’t sleep and wasn’t sure what she and her son would do.

This has become a common refrain in the pediatric ED, the signs of the staggering number of children and families affected by gun violence. Of course, ER doctors take care of acute injuries, and we know that children, even young children are not immune to firearm injuries. But even the most experienced pediatric ED doctors I know were horrified to read that firearm injuries have now surpassed motor vehicle collisions as the leading killer of American children age 1-19 years(1). This means that more children are killed by firearms in our country than infections and cancer. Adolescents are killed in high numbers by suicide and homicide, while younger children are often shot unintentionally. No matter the mechanism, pronouncing a toddler with a bullet hole in his head dead is one of the most helpless feelings I know.

Firearm injuries in children are obvious examples of the impact of gun violence, but there are much more widespread and subtle effects. Though less overtly shocking than a child with a bullet hole, the trauma of violence lasts lifetime. If I carefully observe the families that I take care of on any given shift, someone has been impacted. Parents and friends killed. Kids with behavioral complaints who mention they hear gun shots at night and can't sleep. A teenager who has pain from an old wound to his arm. Lockdowns at schools. Mothers who are shot in the abdomen while pregnant. Entire neighborhoods and communities where families are grieving, and kids are scared.

Talk to people about safe firearm storage whenever you can, wherever you work. Even if you're seeing an adult patient there's a good chance there's a child in their life. While the American Academy of Pediatrics notes that the safest home for children is one without a gun, risk can be mitigated through safe storage(2). Remind people that firearms in purses, cars and at friends' houses need to be carefully stored as well. Remember that many people that we care for in the ED have suffered significant emotional trauma and encourage your institutions to follow the principles of Trauma Informed Care(3). As emergency medicine physicians we bear witness to some of life's most difficult moments and these experiences must be used to inform injury prevention in our society. I owe that newborn baby more than just discharging mom with reassurance or even thoughts and prayers. I can use my experience and education to advocate for a safer world for him- we all can.

1. Goldstick JE, Cunningham RM, Carter PM. Current Causes of Death in Children and Adolescents in the United States. New England Journal of Medicine. 2022;386(20):1955-6.
2. COUNCIL ON INJURY V, COMMITTEE PPE, Dowd MD, Sege RD, Gardner HG, Quinlan KP, et al. Firearm-Related Injuries Affecting the Pediatric Population. Pediatrics. 2012;130(5):e1416-e23.
3. Forkey H, Szilagyi M, Kelly ET, Duffee J, Springer SH, Fortin K, et al. Trauma-Informed Care. Pediatrics. 2021;148(2).

The Practice of Wellness

Move. Rest. Nutrition. Wisdom. Community.
Build resilience.
Be present.

Martin Huecker, MD
KACEP Chair, Wellness Committee

Hey everyone! Hope you had a fulfilling month. Here are some ideas for wellness practice.

Jeff Buckley
Jeff Buckley released one album (Grace, 1994) before his accidental death by drowning at age 30. Listening to his music now sounds totally different than it did back in college. He had such a unique voice and instrument arrangement, but some of his songs still capture the 90s grunge vibe. If you listen to nothing else, check out the cover of Leonard Cohen's Hallelujah.

Calcium from food or pills?

- In a recent newsletter, Dr. Gabe Mirkin cites studies that seem to prove we should get out calcium from foods. Our bone density goes down as we age, so many doctors recommend calcium pills. In a study of 2700 people over 10 years, those that took calcium pills had a 22% increased risk of arteriosclerotic plaques forming in the arteries leading to their hearts, compared to those who did not (*J American Heart Association,* October 11, 2016). *But*, those who got significant calcium from food (>1400 milligrams per day) were 27 percent less likely to have plaques. Calcium pills also correlated with increased risk for kidney stones in susceptible people (*Am J Clin Nutr*, July 2011;94(1):270-277).
- As with most nutrients, calcium in pills works differently in the body than calcium in foods.

>> SEE MORE IDEAS ON THE FOLLOWING TOPICS HERE

- Low Carb or Low Fat
- Lean Mass Hyperresponder
- Seaweed
- Inventing Drugs
- Ruck Meetings
- 4000 Weeks

Welcome New KACEP Members

Dominic Anthony Aiello, MD
Davin Barnett, DO
Amy Elizabeth Beard, DO
Hanna Carr
Andrew Reid Chavez, MD
Luther Newton Daniel, DO
Jodi Dejohn, MD
Matt D Eisenstat, MD
Clifford Freeman, MD
Caroline Gosser
William Henry, MD
Joshua Manning Karsner, MD
Nicole Kushner, MD
Jonathan Robert Mattingly
Kayla Mattingly
Javed Zahed Osmani, DO
Morgan Price
Catherine Lyn Scocca
Joshua David Stewart
Scott Stuckey
Haely Anna Studebaker, MD
Garrett Stults, DO
Tennis J Sugg, Jr, DO, MPH
Jacob Joseph Wells, MD
Matthew James Wilson, MD

FROM NATIONAL ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Resources & Latest News

New Monkeypox Emergency Medicine Project Requests Case Images
ACEP has partnered with VisualDx to create the Monkeypox Emergency Medicine Project. Together we are asking you to contribute your confirmed monkeypox case images to the initiative. Images will be deidentified and made freely accessible to ACEP members to better assist recognition, clinical care, and education. It will also be available within the VisualDx system. Learn more.

More Monkeypox Resources: We are regularly updating our Monkeypox Field Guide and providing weekly rundowns in the Emerging Threats Communication Hub, an open discussion forum for all ACEP members.

Current Insurer Calculation of Qualified Payment Amount for Out-of-Network (OON) Care May Violate No Surprises Act
A new study indicates health insurers are trying to game the system again. Learn more.

Apply for ACEP's Reimbursement Leadership Development Program by Sept. 8. ACEP is sponsoring three members to attend several key events in order to train the future leaders in EM reimbursement. Commitment is estimated at 25 days of travel during the 18-month program. Learn more.

Advocacy at Home: August Recess Toolkit
Elected officials are heading back to their districts for the month and our Advocacy At Home: August Recess Toolkit can help you set and prepare for local meetings with federal legislators or staff. This is a great time to share your stories that personalize our calls for policy changes. Find this toolkit and more helpful resources for speaking with media and legislators in ACEP's Media Hub.

Get Your Bike Helmet Ready! Dr. and Lady Glaucomflecken are Speaking at ACEP22
Don't miss these social media sensations as they share their perspectives about the physician, patient and family experience. Join us Oct. 1-4 in San Francisco for

the world's largest EM educational conference! Use promo code CALI to save $100 before Aug. 26.

ACEP22 Travel Discounts You Need to Know About

- Hotels: Seven ACEP22 hotels have recently discounted rates for you! If you already booked through OnPeak, your rates will be automatically lowered. If not, you can still book with these discounted rates.
- Airfare: ACEP + TripEasy = savings up to 20% off flights
- Registration: Save $100 on registration with promo code CALI.

Myth BustED: Patients' Rights in the Emergency Department

ACEP recently launched a "Myth BustED" video series to debunk common misconceptions and educate the public about emergency care. In our first video—*Patients' Rights in the Emergency Room*—Dr. Avir Mitra educates patients about laws like EMTALA and the Prudent Layperson Standard that protect access to emergency care. Watch now to see how ACEP is encouraging patients to always seek care when they need it.

New Bedside Tool for Patients Experiencing Cancer Immunotherapy-related Issues

ACEP has a new point-of-care tool, ImmunoTox, focused on caring for patients who are experiencing adverse events related to cancer immunotherapy. The pathway includes history/physical, testing, management, disposition and immunotherapy pearls. The tool also includes six PDFs for optional download. Learn more.

Introducing the EM Opioid Advisory Network

Receive clinical guidance, discover tools and resources, and get your questions answered through ACEP's EM Opioid Advisory Network. ACEP's new initiative connects emergency physicians combating the opioid crisis with expert advice on managing Opioid Use Disorder patients presenting in the ED, creating a protocol to initiate buprenorphine, and more. The expert panel is here to help ALL emergency health care professionals, free of charge. Learn more.

Virtual Grand Rounds: Trauma is coming up Aug. 31. Register today.

ACEP is seeking comments on a **draft clinical policy for patients with suspected appendicitis**. Weigh in.

Podcast: Have you checked out the newest Frontline podcast episode featuring EM physician and astronaut Dr. Thomas Marshburn?

Now Accepting ACEP23 Course Proposals

As we start our countdown to ACEP22 in San Francisco, we're already thinking about ACEP23 in Philadelphia! ACEP's Educational Meetings Subcommittee is now accepting course proposals for the 2023 Scientific Assembly. Learn more.

In Memoriam: ACEP remembers emergency medicine pioneer Jim Roberts, MD, FACEP. One of the first five board-certified emergency medicine physicians, Dr. Roberts became a household name in our specialty through his authorship of *Clinical Procedures in Emergency Medicine and Acute Care*, a prominent book that printed seven editions.

Upcoming ACEP Events and Deadlines

August 23-25: Independent EM Group Master Class
August 31: Virtual Grand Rounds – Trauma
October 1-4: ACEP Scientific Assembly in San Francisco (Save $100 with promo code CALI.)
October 17-22: EM Basic Research Skills (EMBRS)
November 11: Last day to submit ACEP23 course proposals

Contact Kentucky ACEP

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