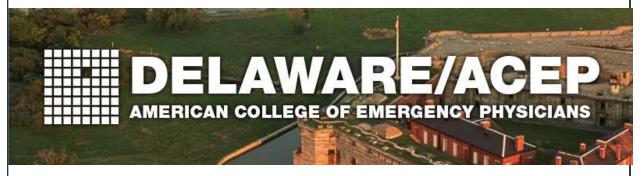
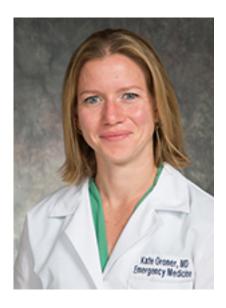
A Newsletter for the Members of the Delaware Chapter
Winter 2017





Kathryn Groner, MD President

Sherrill Mullenix, Executive Director
Phone: 302.733.1919
Fax: 302.733.1633

From the President Kathryn Groner, MD

Delaware ACEP Spring 2017 Newsletter

Hello everyone, and Happy New Year! Hopefully by the time you are reading this email, we have all started to finally remember to write "2017" when we sign our charts. As your new Chapter President, it is my pleasure to write the first newsletter of the year.

State Issues

New State Administration: As I'm sure you are all aware, this January welcomed in a new administration. Amongst those new to their positions are Governor John Carney and Insurance Commissioner Trinidad Navarro. Delaware ACEP will continue to engage with the legislative body of the state on issues affecting Emergency Medicine, and look forward to working with familiar faces and with new ones.

State Budget: With the new year also comes a new state budget. This year's proposed budget includes a number of large cuts compared to last year. Included in these is a proposal to end State funding to help pay for paramedic operations, a total of a \$10.8 million cut. This poses a significant risk to the continued operation of ALS within our state as only the transport companies bill insurance companies in Delaware. Delaware ACEP has joined a number of other organizations in strongly encouraging the reinstatement of paramedic funding into the budget. We urge you to contact your representatives to encourage them to continue to fund our vital paramedic services.

Funding for the Delaware Institute for Medical Education and Research (DIMER) and the Delaware Institute for Dental Education and Research (DIDER) funding were also initially on the chopping block for funding this year, but have been re-instated. As a state without a medical or dental school, Delaware has successfully used this as a way to still ensure a stream of doctors and dentists to our state. Please also ask your representatives to continue to support these programs.

Opioid Prescribing Regulations: The new Opioid Prescribing Regulations are close to being published. Please stay on a look-out for these updates. During crafting of these regulations, emergency physicians were held up as a shining example for our chapter's continued recommendation of limited ED prescriptions for controlled substances to no more than a 72-hour supply. As more local and national focus is turned towards the opioid crisis, we are quite proud to say we are doing our part to limit abuse.

National Issues

We watch with the rest of the country in anticipation of changing health care and health insurance regulations with the new administration. National ACEP and the Delaware chapter will continue to advocate for our specialty and the patients we serve.

ACEP's 2017 Leadership & Advocacy Conference will be held earlier this year than in the past, happening in Washington, DC from March 12th-15th. This is an exciting conference to learn more about national issues affecting our specialty and to advocate for the interests of

Emergency Medicine and our patients. Details can be found at www.acep.org/lac Please let us know if you are planning to attend!

Chapter Issues

The first Chapter meeting of the year will be held February 23rd at 6:30pm, location to be determined. In the meantime, and at any time, call us at any time with questions, concerns or if you would like to get involved in particular issues in our state.

We wish you all the best as you continue to work each day to serve our patients and provide the highest level of compassionate emergency care.

Sincerely,

Kate

Clinical News

CT Can Indicate Mortality Risk in Elderly with Trauma

NEW YORK (Reuters Health) – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

Read More

HCV Infections Less Prevalent than Previously Estimated

NEW YORK (Reuters Health) – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.

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Free CME for Reading Annals of Emergency Medicine's Practice and Clinical Updates

Earn CME credit while reading the number-one journal in our specialty. Each month, a new Annals of...

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Diversity and Inclusion: Our Chapters, Our Duty Ryan P. Adame, MPA, CAE Deputy Executive Director, California ACEP Chair, ACEP Chapter Executives Forum Member, ACEP Diversity & Inclusion Task Force

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read "diversity" and "inclusion" because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is "nothing." We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty's diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider

programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

New Congress, New Administration, New Challenges

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

Join the <u>ACEP 911 Grassroots Legislative Network</u> today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department



Congress is shaping the nation's delivery of health care

CONTACT JEANNE SLADE IN THE DC OFFICE: JSLADE@ACEP.ORG

ACEP will work with your schedule & provide visit materials.

www.ACEPAdvocacy.org

Go to the <u>ACEP Grassroots Advocacy Center</u> for detailed information on how to join the program and start engaging with legislators today!

Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the

continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click <u>here</u> to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more! This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

Welcome New Members

Megan Minor Christopher P. Mitchell Tim Truman

Delaware Chapter ACEP, 4755 Ogletown-Stanton Road, Newark, DE 19718

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