Chapter News

North Carolina College of Emergency Physicians

September 2020

In This Issue

President's Message

By: Scott Brown, MD, FACEP

I am very proud to follow Dr. Puri as President of NCCEP. He shepherded us through a tumultuous past year beginning with the failure of our state government to pass a budget, planned changes to the State Health Plan, Medicaid transformation, pushing back balanced billing legislation, advocating for increased use and reimbursement for telehealth and culminating with a global pandemic. I was going to thank him for finalizing all of those efforts, but as everyone's efforts shifted to address COVID-19 and most projects were put on hold, we will have to circle back to them this next year.

Much of what NCCEP does for our membership involves legislative advocacy. We also offer multiple educational and collaboration opportunities throughout the year. Although the format has changed, we are putting the final touches on a digital version of our Fall Conference typically hosted by the Grove Park Inn in Asheville. I encourage everyone to make time to attend. Next Spring, we still plan on holding our Medical Director's Summit and NC Legislative Day. Time will tell if these will be in person or not, but are always extremely valuable. Rounding out the next 12 months will be the Coastal Emergency Medicine Conference. It was cancelled this year, but we are all hopeful that it will return next summer. It is always an engaging and relaxing time in Kiawah! In the meantime, our board meetings are scheduled quarterly and are open to all members. I encourage anyone interested in helping to advance the practice of Emergency Medicine in NC to attend.

It is hard to imagine that only six months ago, our world turned upside down with the outbreak of COVID in our state and nation. All of us are faced with the horrible realities of this disease on a daily basis. We in NC, however, have been somewhat fortunate not to suffer outbreaks like NY, WA, TX and AZ, but we are in the top 10 with the worst current numbers. We have an opportunity as everyone looks to us as leaders in our communities and experts to use our voice to advocate for our patients and neighbors. Our state has partially opened and plans for school this fall are being made. I implore everyone to speak out in support of mask wearing while in public and appropriate social distancing. Everyone wants to move forward and return to some semblance of a normal life and business as other countries around the globe have done. It is in our nature as ED physicians, but we must encourage everyone to look out for those around them.

Thank you for being the amazing people you are.

2020-21 NCCEP Board of Directors

This year's election was the first ever e-voting, and it was very successful. More NCCEP members voted than ever! We hope that you found this new way to vote much simpler and efficient. As an added bonus, it was also more cost-effective for the College.

Congratulations to the following officers and directors serving the College for the 2020-21 year.

OFFICERS

President
Scott W. Brown, MD, FACEP (2021)
Cary, NC

President-Elect
Jennifer Casaletto, MD, FACEP (2021)
Mount Holly, NC

Secretary-Treasurer
Thomas Bernard III, MD (2021)
Cary, NC

Immediate Past President
Sankalp Puri, MD, FACEP (2021)
Charlotte, NC

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Leon Adelman, MD, MBA, FACEP (2022)
Raleigh, NC

Melanie Artho, MD (2021)
Weddington, NC

Jill Benson, MD, FACEP (2022)
Cary, NC

Todd Listwa, MD, FACEP (2021)
Charlotte, NC

Joshua Loyd, MD, NRP (2022)
Charlotte, NC

John Mearns, DO (2022)
Wilmington, NC

Madjimbaye (Madji) Namde, MD (2022)
Raleigh, NC

Brandon Smallwood, MD, FACEP (2021)
Wilmington, NC

Brad Watling, MD, FACEP, FAAEM (2021)
Mooresville, NC

Resident Board Members

Christopher Benton, DO, Voting Resident Member (Campbell/Cape Fear)
Sara Gonzalez, MD (Duke)
Jacob Leedekerken, MD (Atrium)
Byron Parker, MD (UNC)
Zachary Smith, MD (WFU)

Upcoming Events

- Board of Directors Meeting, September 30, 2020, 10:00 am – 2:00 pm, Zoom

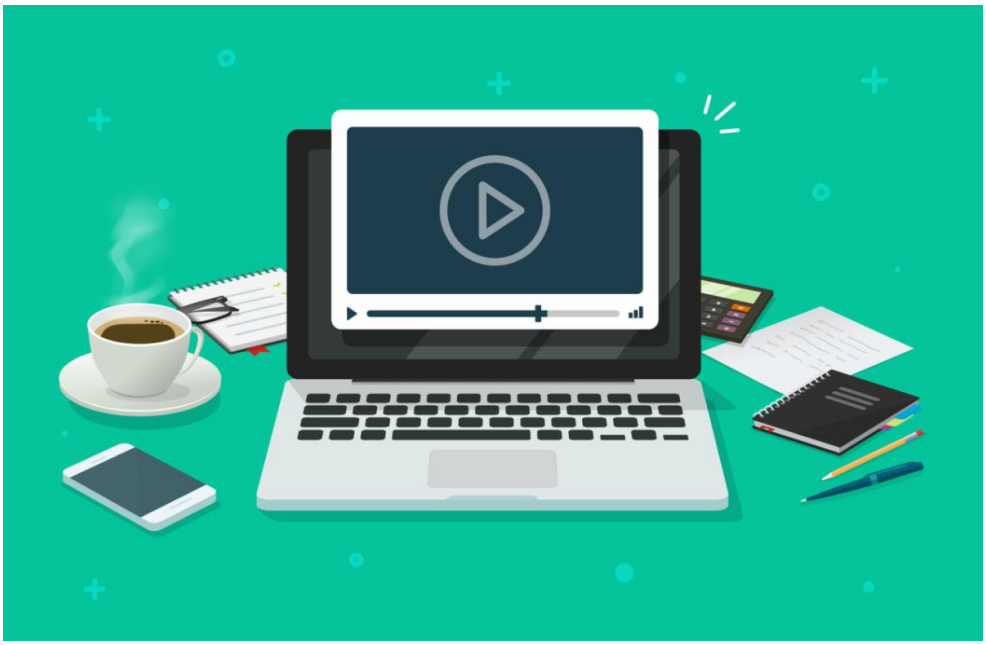
- Fall Conference, October 12, 2020, Web Only
- ACEP20, October 26-29, 2020, Web Only
- Board of Directors Meeting, January 20, 2021, 10:00 am – 2:00 pm, Zoom
- Medical Director Summit, February 26, 2021, Grandover, Greensboro, NC
- Board of Directors Meeting and Legislative Day, April 21, 2021, Raleigh, NC

*If you would like to participate in the Zoom Board meeting(s), please e-mail us for login information.

Save the Date! 2020 NCCEP Fall Conference

The NCCEP Fall Conference is going virtual! This year's half-day conference will be held Monday, October 12, 2020. Registration information and more details here.

Approved for AMA PRA Category 1 Credit™



Save the Date! 2021 Medical Director Summit

COVID-19

We know there is a lot of information already coming your way, but we wanted to share some resources with you. Keep up the great work, and know that you are appreciated!

Visit NCCEP's COVID-19 resource page for North Carolina and NCDHHS-specific information and ACEP's site for National/CDC information.

Other News & Information

New Website

Check out NCCEP's newly redesigned website here! Missing something you'd like to see? Contact us and share your thoughts. We'd love to hear from you.

Membership Renewal

Please be sure to renew your NCCEP membership! We rely on membership dues to keep our Chapter running and continue to provide the valuable services we do for our members, including legislative work to protect and further the interests of Emergency Medicine at the North Carolina Legislature. If you have not yet renewed for this year, you may do so here.

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4 Leadership Truths for All EM Physicians & Providers

By: Bret Nicks, MD, MHA, FACEP

Have you ever felt that being an exceptional leader is something that remains out of reach?

It reminds me of driving. Think for a moment of a time where you were driving down a long, straight stretch of road – preferably covered on either side by trees. For me, growing up in Western Washington that was not an uncommon phenomenon – especially out toward Mt. Rainier. After driving for a while, your mind adjusts to what your eyes are seeing – a vast array of trees coming toward you at the speed of driving. However, when you stop have you ever noticed what happens? Because of the visual process adapted when driving, you have the illusion that the trees before you are actively moving away.

Sometimes this is how I feel with my desire to become that level 5 leader… no matter how much I move forward on the road to growth, **when I pause for a moment what I am seeking to attain appears to be moving further and further away.**

What about you?

Do you chase after leadership as though it were something to be captured or an endpoint to be reached? Often, when we think we have our team fully developed and 'under control', adversity demands something very different from us. Suddenly, we have to pause before we pivot and it appears our goals are moving further from us – just like the illusion above. In that pause, we may be unsure how to respond – or feel the weight of the decision at hand. It is often in these extraordinary moments of reality, our over-confidence once again is balanced by humility. We are simply reminded that leadership is a practice, a daily practice, and that mastery of it cannot be fully achieved.

I have had the privilege to work with leaders from many countries around the world. While each have a unique story to tell and perhaps differing paths to their success, their leadership challenges have many similarities. Struggles in leadership do not have inherent geographic boundaries. They are not

constrained by political, cultural, or societal limitations or norms. And with the increasing prevalence of 24/7 technological information dissemination, these challenges may have only increased. Regardless, it has become increasingly clear that leadership challenges share a common DNA – born from the leaders that have forged the path before us.

What I have learned from those that mentored me, through my own work as a leader and from those with whom I have worked or mentored are some simple truths about leadership. They are not profound, but impacting. They provide guardrails for guidance and perspective when needing encouragement. When applied, they will help you be a better leader tomorrow than you are today.

The Four Truths of Leadership:

Truth #1: Embrace leadership as a journey

We are not talking about positional leadership or the transactional leader that perceives growth by simple task completion or title. Rather, it is acknowledging that we are in an infinite game requiring perseverance wrapped in a personal belief in our ability to lead.

It is a mindset enclosed in daily action and balanced by awareness.

It is the byproduct of a practice that is strengthened and refined over a lifetime of committed learning. Are you willing to embrace the journey? If so, what are you doing daily to grow?

Truth #2: Your leadership stands for something

It has been more than a decade since I first heard leadership expert Simon Sinek present his Golden Circle and describe the inherent value of starting with 'why'. Sinek suggests that your 'why' is how you explain your purpose and the reason you exist and behave as you do. Passionately articulating your 'why' is a very impactful way to communicate with others, define your value proposition and inspire them to act.

Stand for something… or fall for anything.

Truth #3: Leadership is not easy.

As a kid, I recall one of my running coaches yelling, "everything worthwhile is uphill" as we ran hill intervals. And while I despised it at the time, I have come to appreciate the strategic advantage of running hills. Many years later, my mentor, John Maxwell, is known for saying that all leadership is uphill. He also affirms that many have "uphill hopes but downhill habits". And the only successful way to do that is to get intentional (see Truth #1).

As I mentioned above, I grew up a stone's throw from Mt. Rainier. Located in the Cascade Range and the highest peak in the state, it has a dominating presence visually and geographically. It was not uncommon for my mother to drive to Paradise, an amazing alpine meadow with breathtaking views of the glacier held peaks and the end of the road for wheel-based adventure seekers and start the climb. Unaware of the common dangers known by more seasoned mountaineers, we would hike through the first snowfields and follow the steps forged by those seeking the summit. Sometimes we would reach Camp Muir – other times we would stop short and marvel at the visual masterpiece. It wasn't easy. It was all uphill. But it was always more incredible than we expected.

Are you ready for the climb?

Truth #4: Leadership believes in and brings value to others.

If leadership was about making people happy, praising them, and maintaining the status quo, it would be simple. However, we are called to find the balance between articulating a vision around a just culture and encouraging your team to not only embrace this but accept inevitable change. And it is through believing in and empowering your team that this process gains momentum. If as a leader you believe in those you have placed on your team and provide the necessary resources and support, they will recognize the effort.

There is an African proverb that says, "If you want to run fast, run alone, if you want to run far, run together." The together part is what makes transformational leadership difficult.

Together = believes in and brings value to others.

Awareness without application won't get you there. Only leaders that accept the call and are willing to sacrifice through personal growth and intentional change will get tangible results. Creating a lasting impact for those you lead and a legacy for those you serve will be the harvest. Yes, leadership is hard – but don't be your biggest critic, be your greatest cheerleader.

If you are still with me – great. And if you are anything like me, you need to have an action item to actually take the time to apply what I am reading. Take a few minutes to invest in yourself – you are worth it:

Action Item #1: Write down what you are doing intentionally to grow everyday.
Action Item #2: Identify 2 uphill challenges that you need to address – and set aside time to complete the task.
Action Item #3: Write down 3 ways you bring value to members of your team.

She's Crowning! EMS and ED Obstetrical Emergencies -

A glimpse into what EMS may bring from a cohort study in Forsyth County.

By: Stacie Zelman, MD, FACEP

Getting an emergent call over the EMS radio about a patient in active labor, or seizing with possible eclampsia, or delivering at home at 26 weeks, can often be a pulse quickening if not anxiety producing encounter. Obstetrical emergencies such as eclampsia, active labor, and precipitous delivery, are not often thought to encompass a large number of EMS cases within any North Carolina EMS system. However, when prehospital obstetrical emergencies do arise, the EMS personnel and the receiving center, or ED, must be prepared both in their clinical acumen, and with sufficient resources to care for the patient.

As we know within EM, preparation for these types of emergencies is essential. So let me ask – are you prepared? Do you have the required supplies and resources for obstetric emergencies? Have you maintained your practical knowledge through simulation or other means? Is there a plan in place? Recently we asked these questions within our group and given some upcoming service line changes examined our current state of EMS obstetric emergencies.

Few studies have been conducted regarding the demographics and outcomes of patients transported by Emergency Medical Services (EMS) for obstetrical emergencies. We hoped that by gathering data on obstetrical emergencies in a single North Carolina county we could: Determine the incidence of obstetrical emergencies encountered within an EMS system, define the demographics and comorbidities of patients who utilize EMS for obstetrical emergencies, and determine the outcomes for mother and infant who utilize EMS for obstetrical emergencies. The hope was that this data could then be extrapolated to other counties with similar demographics. Then, EMS systems and their respective medical directors, could prepare their trucks and personnel appropriately for these calls, while saving scarce resources for those areas with few to no cases.

We reviewed 147 electronic EMS records. We examined in detail 85 transports involving 82 women. **Racial Distribution**: African American 73.2%,Caucasian 19.5 %, Hispanic 8.5%, Other 7.3%. Mean age was 23.9 + 4.6, (range 17-39). **Pt Location**: 64 (78%) of our patients originated from 5 zip codes in the county, the remaining 18 patients originated from one of 11 additional zip codes. **Comorbidities:** substance abuse 32 (39%), mental illness 27 (33%), pre-pregnancy hypertension 8 (9.8%), pre-pregnancy diabetes mellitus 5 (6.1%) and lymphoma in 1 patient (1%). Complications of pregnancy: preterm labor 9 (11%), vaginal bleeding 5 (6.1%) Intrauterine fetal demise 2 (2.4%), polyhydramnios 2 (2.4%), pre-eclampsia 2 (2.4%), premature rupture of membranes 1 (1.2%), chorioamnionitis 1 (1.2%). **Maternal outcomes:** 46 (52.1%) patients delivered in the hospital, 5 patients (5.9%) delivered in route, 5 were admitted then discharged without delivery, 29 (34.1%) were discharged directly after preliminary evaluation and treatment.

In this cohort of patients presenting by EMS for an obstetrical emergency, there was a high perinatal mortality rate and a high admission rate to the NICU. Associated factors are lower gestational age at delivery, and increased frequency of complications of pregnancy. Thus, one might conclude that EMS teams and receiving hospitals in a similar demographic group to the one studied, should optimally prepare for not only a high acuity transport for these patients, but prepare to transport to the closest facility with L+D and NICU capabilities, vs freestanding ED's.

Not long after we completed this study, the hospital where I work, Wake Forest Baptist Medical Center in Forsyth County, opened a new Labor and delivery center. Prior to opening, most patients with obstetrical complications presented to our neighboring hospital, the only Labor and Delivery service in our immediate area. Now that our birthing center has opened, the majority of obstetrical emergencies (after 12 weeks) that present to our hospital, go immediately to labor and delivery. However, in our ED, we still may take EMS calls or intercept patients that are too unstable to make it to L+D. Knowing ahead of time the potential serious short and long term complications of these patients can help in having a prepared and equipped prehospital team, as well as having immediately available the necessary resources in the ED. Thus, being prepared when these calls come, not only helps these patients, it may also serve to lower your pulse rate just a bit. It isn't common, but as emergency physicians we need to be ready 24/7/365.

Political Action Committee

Thank you to all members who have contributed to the College's Political Action Committee (EP-PAC) over the past year and to those who continue to contribute in 2020. Your donations allow the College to work on your behalf to give a voice to Emergency Medicine issues in our State Legislature.

You may contribute to the EP-PAC online, by mail to EP-PAC, PO Box 1038, Wake Forest, NC 27588, or on your ACEP dues renewal form.

Donate to Your PAC Online

NEWS FROM ACEP

American College of Emergency Physicians®

Stay current with the COVID-19 Center. It's your one-stop-shop for clinical and legislative updates. Quick Links: Physician Wellness Hub | COVID-19 Field Guide

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Get PPE through Project N95

With member concerns about the quality of N95 masks on the open market, ACEP has joined with Project N95 to offer PPE to you at volume prices. This exclusive benefit for ACEP members is available only through August 26. Registration opens at 4 p.m. ET on Wednesday, August 19 and is only available to members in the 50 states of the US, DC and Puerto Rico.

ACEP & EMRA Launch Diversity Mentoring Initiative on August 15

This collaboration between the ACEP Diversity, Inclusion and Health Equity Section (DIHE) and EMRA's Diversity & Inclusion Committee that supports leadership and career development for diverse medical students, residents, fellows, academic attendings and community emergency physicians in the EM community. The first 200 mentees have been matched with 100 mentors from across the EM community. If you're interested in being part of the next cohort, slots will open up in six months. Follow #mentorsofEM and #menteesofEM on Twitter to keep tabs on the program's progress, and learn more at mentor.acep.org.

New Policy Statements and Information Papers

During their June 2020 meeting, the ACEP Board of Directors approved the following new policy statements and information/resource papers. For a full list of the College's current policy statements, consult the ACEP Policy Compendium.

New Policy Statements:
Antimicrobial Stewardship
Expert Witness Cross-Specialty Testimony for Standard of Care
Leadership and Volunteers Conduct Policy
Medical Neutrality

Revised Policy Statements:
2020 Compendium of ACEP Policy Statements on Ethical Issues (page two of the Code of Ethics)
Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department
Role of the Emergency Physician in Injury Prevention and Control for Adult and Pediatric Patients Sunsetted:Reporting of Medical Errors

New Information/Resource Papers (Smart Phrases)
Antitussive Medications for Children
Asthma Exacerbation
Asymptomatic Hypertension
Coronavirus Concern — Confirmed or Suspected
Ethanol Intoxication
Influenza-Like Illness
Injection Drug Use
Motor Vehicle Crash

ACEP20 is a CME Jackpot + Announcing Special Guest: Dr. Anthony Fauci!

ACEP20 will include more than 250 hours of CME education, but here's the best part: Attendees get access to this education and CME for THREE YEARS after the event! All of the live events will be debuting during the original dates: Oct. 26-29. We are happy to announce our first special guest at ACEP20 – Dr. Anthony Fauci, NIAID Director. We'll be unveiling other celebrity keynote speakers throughout August, so follow ACEP's social media channels for those exciting announcements. Click here for more information and to register.

Regulatory Updates

Check out our Regs & Eggs blog for the latest regulatory updates.

2021 Physician Fee Schedule Proposed Rule: What You Need To Know
ACEP recently published a new comprehensive summary of the 2021 Physician Fee Schedule Proposed Rule and its potential effect on emergency medicine. Last week, we sent a letter expressing our concerns with the proposed cuts and calling on Congress to waive budget neutrality requirements to avert the cuts that pose a significant threat to EM physicians and the health care safety net. Voice your concerns by joining the thousands of ACEP members who have urged their legislators waive the budget neutrality requirement for calendar years 2021 and 2022 by signing on to a bipartisan "Dear Colleague" letter.

HHS Reopens Application Process for Provider Relief Funding
Most EM groups were eligible to receive funding from the Medicare General Distribution. If you missed the original June 3 deadline, you may be eligible to apply now. Note: If you already received funding from the "General Distribution" and kept it, you cannot apply for additional funding. The cap in funding is still 2% of your annual patient revenues.

CMS Delays AUC Program to 2022
CMS recently announced that it would delay the full implementation of the Appropriate Use Criteria (AUC) program until at least the start of calendar year (CY) 2022. ACEP has long advocated for emergency physicians to be exempted from this program. Learn more about the AUC program.

As of Aug. 1, all laboratories must report certain data elements for all COVID-19 tests (including patient demographic data). The responsibility of collecting this information may fall on emergency physicians.

What President Trump's Executive Order on Rural Health and Telehealth Means for EM
On August 3, President Trump issued an executive order (EO) that calls on the Department of Health and Human Services (HHS) to develop new payment models aimed at transforming how clinicians practicing in rural areas are reimbursed under Medicare. Further, the President states in the EO that he believes that many of the telehealth flexibilities available during the COVID-19 public health emergency (PHE) should be made permanent and asks HHS to issue a reg that would examine which services should continue to be provided to patients via telehealth after the PHE ends. On the same day the EO was issued, the (CY) 2021 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) proposed reg was released, which includes a robust set of proposed telehealth policies. Last week's regulatory blog digs in to the telehealth proposals and what they could mean for emergency physicians.

Related News: New Analysis Reveals Worsening Shortage of Emergency Physicians in Rural Areas

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Urge Congress: Please Support Mental Health Resources and

Protections for COVID-19 Health Care Providers

ACEP applauds last week's introduction of the Lorna Breen Health Care Provider Protection Act in the Senate. We worked closely with the legislators on the development of this bill and encourage ACEP members to contact their legislators to ask for their support. Read our latest Member Alert for information about this legislation and the other bills ACEP is supporting that advocate for the wellbeing of frontline health care workers.

NEMPAC Charity Match

For a limited time, your NEMPAC contribution of $100 or more will be matched 10 cents on the dollar by ACEP to a charitable cause that provides resources to the COVID-19 front lines. The more you give, the more we give back! You can choose from one of three charities after making your contribution online: EMF COVID-19 Research Fund, GetUsPPE.org or the American Foundation for Suicide Prevention. Click here to join your fellow ACEP members today to support meaningful political and charitable involvement.

Be Accredited to Provide Pain & Addiction Care in the ED

Show your community that your ED is part of the solution. ACEP is now accepting applications for the Pain & Addiction Care in the ED (PACED) Accreditation Program, developed for EM physicians by EM physicians.

PACED, the nation's only specialty-specific accreditation program, will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse. Elevate the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for your patients, families, providers, and communities. Learn more at www.acep.org/PACED or contact us at paced@acep.org.

View as Webpage

Visit our website