

PACEP News

PENNSYLVANIA COLLEGE OF EMERGENCY PHYSICIANS
SEPTEMBER 2016

**Inside -
What you
need to
know about
PA's new
PDMP**

**It is time to
organize, speak
out, and to
fight not only
for ourselves,
but also for our
patients against
the outrage
that is "balance
billing".**

The Injustice Known as Balance Billing

Todd Fijewski, MD, FACEP

It is time to organize, speak out, and to fight not only for ourselves, but also for our patients against the outrage that is "balance billing". Allow me to explain. Balance billing is a misnomer that shifts blame to providers for medical bills passed onto the patient by the insurer. The accurate label is "**horrible insurance.**" The insurer is refusing to pay the bill based on network status. Also, insurers have sold unexplained low-premium, high out-of-pocket insurance policies

which stick patients with high medical bills. What is called a "balance bill" is actually what the patient owes due to inadequate insurance coverage.

Insurance companies have also created narrow networks. They limit with which providers they contract. They use these limitations to set reimbursement rates as low as possible for providers. This allows them to amass huge profits to build their war chests to lobby politicians for favorable insurance laws. This practice affects emergency care disproportionately. When a patient is out of network

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Bayshore Community Hospital Holmdel, NJ

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35,000 annual ED visits.

Community Medical Center Toms River, NJ

A 592-bed fully accredited acute care
hospital with 82,000 annual ED visits.

East Orange General Hospital East Orange, NJ

A 211-bed acute care hospital with
31,000 annual ED visits.

Newton Medical Center Newton, NJ

A 162-bed community hospital with
30,000 annual ED visits.

Overlook Emergency Services – Union Campus, Union, NJ

A 24-bed SED with 38,000 annual ED visits.

NEW YORK

Columbia Memorial Hospital Hudson, NY

A 192-bed acute care hospital with
33,000 annual ED visits.

MidHudson Regional Hospital of Westchester Medical Center Poughkeepsie, NY

A 243-bed community hospital with
31,000 annual ED visits.

Montefiore New Rochelle Hospital New Rochelle, NY

A 476-bed community teaching hospital
with 40,000 annual ED visits.

Montefiore Nyack Nyack, NY

A 375-bed acute care hospital
with 58,000 annual ED visits.

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There is Still Work to Be Done

PACEP President, Merle A. Carter, MD, FACEP



Dear Colleagues,

It is hard to believe that summer is over and what a busy few months it has been for our chapter and specialty.

“These are challenging times.” We have heard this before time and again. It seems to me that we as a specialty have been taking it on the chin a great deal lately, but I am proud that we keep rising to the occasion. It certainly has been a

challenging several months for emergency medicine in Pennsylvania from a legislative point of view. But there is great room for optimism and excitement as we move forward!

As your grassroots advocate, PACEP continues to engage with emergency departments around the state to understand the experiences and issues that affect the physician-level, health care community. Since our last newsletter, the Leadership and Advocacy Conference took place and was another great success! Your chapter, contingent of over 30 members, visited congressional and senate leaders to discuss some of the pressing issues facing emergency medicine. This excitement and enthusiasm for advocacy has continued into the Pennsylvania legislative landscape this summer. The ED visit program for state representatives and senators has been successful with several visits conducted over the last few months. We feel confident that our work has translated into the support we need to further our initiatives at the state level to address the needs of our patients and our specialty. Many of your board members make frequent calls or visits to the state capitol to make your voices heard and this consistent effort is paying off.

We successfully fought off the trial lawyers this year and were able to move House Bill 1064 (“Clear and Convincing”) out of committee. As you may recall, this bill would protect emergency physicians in raising the standard of evidence for filing a lawsuit to “clear and convincing”. This recognizes the unique environment in which we practice, where patients are seriously ill and require essential care immediately, even though information is limited, and patients do not have pre-existing relationships with the ED

provider. Trial lawyers attempted to suffocate this bill in committee. Through the work of many of the PACEP members, and past and current board members, this legislation will hopefully be moved to an upcoming vote. We can't rest on this however. When the call is sent out to membership announcing the vote, we will need “all hands on deck” to call or write local legislators to support this bill.

PACEP is also partnering with the Department of Health to co-sponsor clinical pathways for patients with possible opiate abuse disorder. PACEP Immediate Past President, Todd Fijewski, MD, FACEP has been working tirelessly in these efforts and we expect this to be out soon for use in emergency departments across the state. This will be a valuable resource to help in creating an appropriate aftercare plan for patients with known or suspected substance abuse disorder or addiction.

While we've achieved some success, there is still work to be done. We continue to work with the State Department of Health on improved processes for the **Prescription Drug Monitoring Program (PDMP)**. We want to hear your thoughts on the PDMP so improvements can be suggested to those overseeing this program at the state level. **I know that this program has been met with both optimism and consternation, but please remember, the overarching goal is what we all strive for—safety for our patients; to protect patients from harm; and sometimes to protect patients from themselves by connecting them with the treatment they need and deserve.**

We continue efforts to promote safe and reasonable prescribing legislation. Stay tuned, but as you progress in your daily routines and hear in the media about prescribing practices of physicians, know that emergency physicians make up **ONLY 4%** of opiate prescriptions nationally. While many have pointed the finger at us for creating the current epidemic, we are not the cause. **We MUST however be honest with ourselves as a specialty and as individual practitioners and take ownership for whatever contribution we own, and make necessary changes.**

And one last pitch. PACEP's strength as an organization is measured by the individuals comprising it. While there continues to be outstanding individuals within our chapter, there is dwindling involvement by members. This threatens us as a specialty and as individuals. So what can be done?

First, we cannot just talk about this amongst ourselves. **We must appeal to the sense of teamwork, obligation, and fellowship in those who are the non-participants or the non-members who make their living in emergency medicine. Everyone must understand that the chapter and specialty in Pennsylvania cannot flourish or even survive long-term in the absence of broad member involvement. Every contribution counts (and I'm not talking about money....although that certainly helps!)** What can we as individuals do? We can make it a personal goal to identify and recruit new members. Invite at least one new person to join the chapter, become part of a committee, or bring one new attendee to the Scientific Assembly. Commit to bring a friend along the next time you attend a PACEP event. When applying your sales pitch,

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State Budget and Other Insight

Milliron & Goodman, LLC



Pennsylvania's fiscal year started July 1. Lawmakers avoided another lengthy impasse and sent an on-time budget bill to Governor Tom Wolf's desk. Negotiations on how to pay for it stretched into mid-July.

The \$31.53 billion state budget includes \$200 million in additional spending for basic education and an additional \$15 million to combat the opioid epidemic. The plan builds upon the investments in education with a 2.5 percent increase for higher education and a \$40 million increase for higher education assistance grants.

To balance the spending plan, lawmakers approved a \$1.3 billion revenue package. The package borrows \$200 million from a surplus in a state medical malpractice insurance fund, to be paid over a five-year period starting July 1, 2018, relies on pending legislation to legalize internet gaming and allows tax delinquents to pay back taxes without penalty. It includes higher taxes on banks and also increases the tax on cigarettes from \$1.60 to \$2.60 per pack, imposes a 55-cents-per-ounce tax on roll-your-own tobacco and smokeless tobacco, and sets a 40 percent tax on the wholesale price of electronic cigarettes. The state's six percent sales tax is extended to digital downloads of videos, books, games, music, and applications. As expected, there are no broad-based tax increases (i.e. personal income tax or sales and use taxes) in the election-year budget.

Here is a look at some of the public health highlights in the budget:

- The budget allocates \$15 million to combat heroin and opioid addiction, including funds for emergency addiction treatment and behavioral health services.
- The budget includes \$6.99 million for critical access hospitals, \$8.65 million for trauma centers and \$3.78 million for hospital-based burn centers.
- Funding for West Nile Virus and Zika Virus Control is increased by \$1.4 million to a total of \$5.3 million.
- The budget includes funding for a number of important health programs: Regional Cancer Institutes (\$600,000); Lupus (\$100,000); Trauma Prevention (\$460,000); Epilepsy Support Services (\$550,000); Bio-Technology Research (\$669 million); Tourette Syndrome (\$150,000); ALS Support Services (\$500,000).
- The budget appropriates \$3 million in new money for Pennsylvania's Medical Marijuana Program.

Fall Legislative Session Schedule

Lawmakers are to return to the Capitol in mid-September. The state House will convene September 19 and the state Senate, September 26. The two-year legislative session constitutionally ends November 30. Typically lawmakers will wrap-up legislation by the end of October and return to Harrisburg for a limited day or two in November to vote on leadership positions for the upcoming session.

Below please find the dates for the state Senate and House of Representatives. The Senate will be in Session for 10 days while the state House is scheduled for 14 days.

2016 FALL SENATE SESSION SCHEDULE

September 26, 27, 28

October 17, 18, 19, 24, 25, 26

November 16

2016 FALL HOUSE SESSION SCHEDULE

September 19, 20, 21, 26, 27, 28

October 17, 18, 19, 24, 25, 26

November 14, 15



Special Session on Pennsylvania's Opioid Crisis

Addressing the opioid abuse and heroin use epidemic in Pennsylvania remains a priority among lawmakers and Governor Wolf. The entire state House of Representatives has called on the governor to convene a special session of the General Assembly to explore solutions to combat the growing crisis. Gov. Wolf is expected to call a special session of the legislature when they return this fall. Historically, special legislative sessions have been reserved for the most important issues facing the state. When the General Assembly is convened in a special session, its members can only consider legislation on those subjects designated in the governor's proclamation.

Currently, the House Republican and Democratic Policy Committees are holding a series of joint hearings to gather as much input as possible from various stakeholders. They will take

Legislative Update

that testimony into consideration when drafting legislation for the special session on addressing the heroin and opioid epidemic.

Pending Opioid Legislation

Before the summer recess, the state House passed a legislative package recommended by a task force created during the 2013-14 session to study the opioid abuse issue in Pennsylvania. Those proposals include:

- **House Bill 1698:** This bill would provide insurance coverage of abuse deterrent opioids.
- **House Bill 1737:** This bill would provide for the proper disposal of unused prescriptions and over-the-counter medications.
- **House Bill 1805:** This bill would require prescribers and dispensers to undergo continuing education in pain management, addiction, and prescribing practices.
- **House Resolution 590:** This resolution directs the Department of Drug and Alcohol Programs to establish and administer a task force on access to addiction treatment through health plans and other resources.
- **House Bill 1699:** This bill would set a seven-day limit on the discharge prescription of opioids in emergency departments and urgent care centers. Given the unique circumstances of the patients whom emergency medicine physicians serve, exceptions were added to the bill to allow the health care

practitioner to prescribe more than a seven-day supply if in their professional medical judgment, it is required to treat a patient's acute medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care.

PACEP continues to be actively engaged and looks forward to collaborating with the administration, legislators and stakeholders on solutions to address this public health issue.

Clear and Convincing (HB 1064)

While we were successful in gaining an affirmative vote in the House Insurance Committee, getting a full House vote has been difficult. The House has adjourned until September 26th. We are trying to obtain an accurate vote count for the floor. As you can imagine, herding 203 House members three months from the November election is difficult. Nonetheless, we continue to work toward the goal of a full House vote this fall. Right now, while all those House members are "back home" knocking on doors, you have the opportunity to meet with them. Our advice to you is to reinforce your relationship or strike a new one. You are the expert, make sure your local House member seeks your advice when making healthcare policy. Nevertheless, take some time between now and the end of September to meet with your legislator. If you need help making an appointment, give us a call at 717-232-5322.

Save the Date

PACEP17 Scientific Assembly

April 5-7, 2017

**at Sheraton Station Square,
Pittsburgh, PA**



and presents to an emergency department for care, the insurance companies certainly understand our EMTALA obligation. Despite this, they will refuse to pay, or pay an extremely low amount, because the patient is out of network. **This exploitation of EMTALA needs to stop.**

Insurance companies have also developed low premium, high out-of-pocket policies that leave patients with an unexplained financial liability for emergency care. Patients cannot choose where and when they will need emergency care and should not be punished financially for having emergencies. Seven out of ten emergency physicians reported seeing patients with health insurance who delayed medical care because of high, out-of-pocket expenses, deductibles, and co-insurance.

Forwarding the remainder of the unpaid medical bill to the patient is what is known as “balance billing.” This practice would not exist if their insurance reimbursed **usual and customary or fair payment for services**. Although physicians want to be in-network, they are often forced to drop out of health plan networks when insurance payments do not cover the cost of care.

PACEP feels that patients should be taken out of the middle of this battle. State and federal policy makers need to preserve access to emergency care through **fair payment for emergency services**. Patients also need protection from inadequate networks for emergency care. Occasionally, networks may not have any emergency physicians, radiologists, anesthesiologists, etc. in-network within reasonable geographic boundaries to the patient. However, insurers still attempt to avoid paying for care based on the fact that the patient was out of network. How is this possible? The insurance network and reimbursement rates are inadequate and the patient bears the additional expense.

The Pennsylvania Insurance Commissioner, Teresa Miller, has received complaints on balance billing. However, per the information that has been shared with PACEP, it appears there were only five complaints in six years about emergency physicians which amounts to **one complaint for every 7.2 million statewide emergency department visits**.

PACEP has partnered with the Pennsylvania Medical Society (PAMED) and other physician groups in an effort to work with the insurance commissioner on this issue and has not yet received a response. We requested more information about these five complaints. Amount billed? Amount covered? Remainder billed? Why wasn't physician in-network? Where was closest in-network physician? Chief complaint/final diagnosis? Time of day? Deductible? Copay? Coinsurance? As a result, we are filing a Right to Know Request under the Freedom of Information Act to try to obtain information on the relevant emergency department balance billing complaints.

Balance billing by emergency physicians is neither common nor does it involve excessive amounts. A survey from Washington state showed that less than 3% of emergency physician bills involved balance billing. Moreover, the average amount of those balance bills was less than \$250. This is a far cry from the exorbitantly high figures often cited by the insurance industry. PACEP requests that a thorough and

transparent analysis of all balance bills be conducted by the Insurance Department to ensure a proper understanding of their cause and extent before any legislative proposals are introduced.

By pursuing a prohibition against balance billing, without any provision to truly ensure fair payment for providers, insurance companies seek to assume total rate making authority which, in essence, would determine how much emergency physicians will be paid.

PACEP believes that legislation enacted in Connecticut and Texas provides a meaningful and fair resolution for all parties, while protecting patients and the emergency care system. Using these laws as a model, PACEP would respectfully propose the following solution:

- The carrier must reimburse the provider the greatest of: 1) The amount that would have been paid to an in-network provider; 2) the usual and customary amount which would be based on an independent database such as Fair Health. (*FAIR Health is an independent non-profit organization founded in New York by funds secured through a settlement of a case against insurers for creating a fraudulent database of charges to manipulate reasonable and customary charge data and is the only database to meet these requirements.*)

PACEP also believes that any alternative dispute resolution process only apply to out-of-network bills greater than \$800/CPT code to motivate insurers to negotiate in good faith with physicians on in-network status.

ACEP is leading the charge and has filed a lawsuit against the Federal Government regarding balance billing regulations. PACEP's goal is to keep you informed of our legislators' actions.

As physicians who provide the most uncompensated care to patients, we champion the rights of patients every day. Those rights include **unfettered access to emergency care and fair coverage** from insurance companies. Your legislators and the insurance commissioner need to hear from you by email, text, phone, Facebook, and Twitter. The PACEP website, www.paacep.org has the following resources for you to use when you reach out to them:

- ACEP's Fair Coverage Talking Points
- PACEP's balance billing talking points
- PACEP response to Commissioner Miller

These can be found at the password protected page, www.paacep.org/pages/current-issues.aspx

Executive Privilege

continued from page 3

consider what PACEP and the specialty has meant to you in your career, in both large and small ways, seen and perhaps unseen.

I'm looking forward to seeing everyone in Las Vegas at ACEP16 this year! As always, watch for our newsletters and check the website for updates and information. Please contact PACEP Executive Director Cicely Elliott or myself if you have some thoughts or ideas you wish to share. We can both be reached at papep@pamedsoc.org.

PACEP realizes your time is limited as an emergency physician, but we live in a time where advocacy is the key to protect our patients and our jobs in emergency medicine.

Issues like **surprise balance billing, opioid prescribing, and clear and convincing** are on the horizon and impact the EM profession and its patients. We need more than a small percentage of PACEP membership to react to calls to action that send an important message to our elected officials at the local, state, and federal level. PACEP has two ways you can make help make an impact:

1. If you don't have a lot of spare time, sign up for Phone2Action.
2. If you are interested in attending hearings and making in-person visits with legislators, sign up for PACEP 911.

Better yet, sign up for both! By growing our PACEP 911 Network and Phone2Action contacts we will have a more effective voice in Harrisburg.

1

1. Phone2Action – Quick and Easy!

Highly recommended by ACEP and other ACEP Chapters, PACEP has employed the use of Phone2Action—a civic engagement software platform used to acquire and engage supporters. Phone2Action will be used to notify you through email or text, should you prefer, of upcoming, continued movement on important emergency medicine issues and PACEP meetings and events. Most importantly it makes it easy for advocates who opt-in to email, patch-through call, Tweet at, and post on the Facebook wall of elected officials when called upon to do so.

PACEP leadership's goal is for all PACEP members to opt-in to this easy-to-use tool.

Just go to <http://p2a.co/n9Jt6NI> and take a minute to fill in your contact information or text 52886, text the word PACEP, and follow the prompts.



Questions about the PACEP 911 Network?

Please contact Erik Kochert, MD, FACEP Chair, PACEP Governmental Affairs Committee at ekochert@hotmail.com.

2

2. PACEP 911 – Cultivate Long-Term Relationships

Are you interested in cultivating long-term relationships with state legislators, communicating PACEP's legislative and regulatory priorities, and affecting the outcome of state legislation important to the specialty of emergency medicine? Sign up to be part of the PACEP 911 Network!

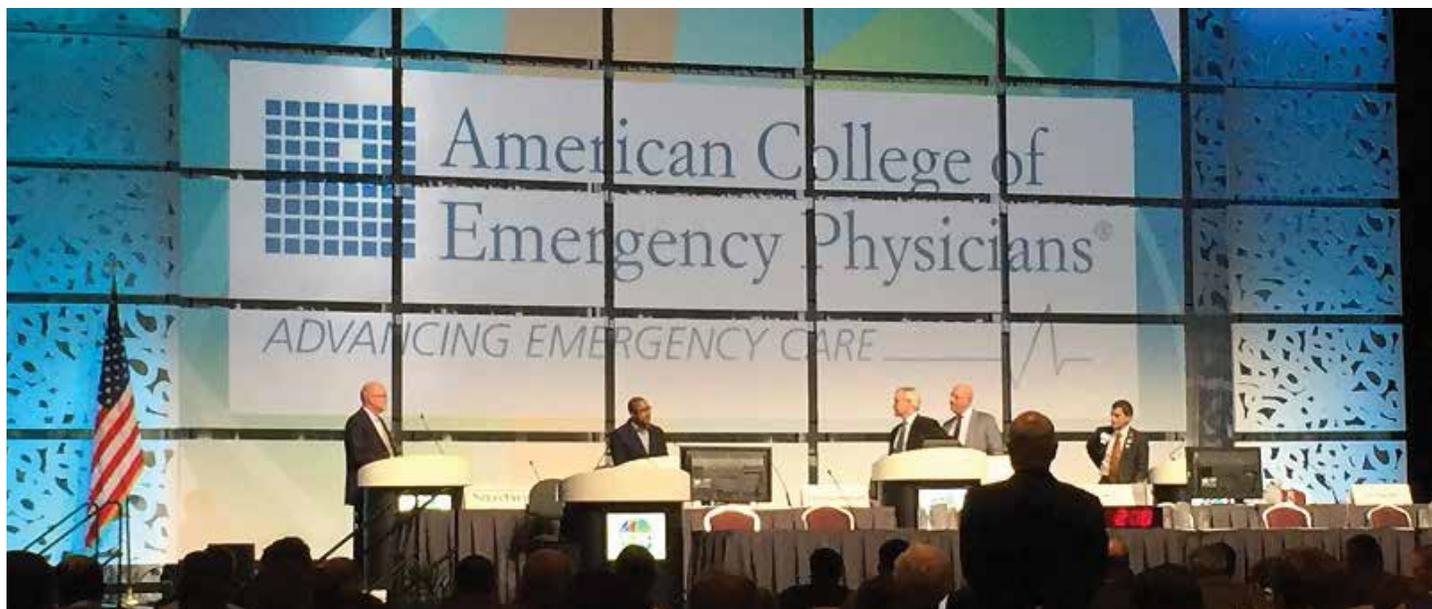
What is The PACEP 911 Network?

- Similar to but separate from the ACEP 911 Network, the PACEP 911 Network is a dedicated grassroots advocacy action network in Pennsylvania that speaks on behalf of the specialty of emergency medicine and patients seeking emergency care;
- PACEP 911 Network Members act as resources and health care issue experts for state legislators and their staff to maximize the voice of emergency medicine in the state legislative process;

What Is the Level of Commitment?

- PACEP 911 Network Members may be asked to lobby in their region for “clear and convincing” standard of proof in medical liability cases; help address pending balance billing legislation, engage the PA Insurance Commissioner when needed, address current ED opioid prescribing limit legislation, and engage sponsor legislators.

Visit www.paacep.org to sign up for the PACEP 911 Network.



PACEP's 2016 Resolutions

The 2016 ACEP Council Meeting will be held October 13-15 in Las Vegas, NV before the start of ACEP's Scientific Assembly.

The Council meets each year to elect the ACEP Board of Directors and the president-elect, and votes on resolutions that affect ACEP governance, as well as college clinical and policy position statements.

Per membership population, each ACEP chapter is entitled to send a number of delegates to represent their state on the council discussion floor. In October, 17 PACEP delegates and one alternate will speak for those of their submitted resolutions that were accepted by ACEP for consideration, as well as collaborate with colleagues from across the country to recommend effective policy initiatives to the ACEP Board of Directors. The PACEP delegation submitted the following four resolutions for consideration:

1. **Best Practices for Harm Reduction Strategies, including Warm Handoffs, in the Emergency Department (ED)**

PURPOSE: Set a standard for linking patients with Substance Use Disorder to an appropriate potential treatment resource after receiving medical care from the ED.

- RESOLVED, That ACEP develop guidelines for harm reduction strategies with health providers, local officials, and insurers for safely transitioning Substance Use Disorder patients to sustainable long-term treatment programs from the ED; and be it further
- RESOLVED, That ACEP provide educational resources to ED providers for improving direct referral of Substance Use Disorder patients to treatment.

2. **Diversity in Emergency Medicine Leadership**

PURPOSE: That the ACEP Council advocate for diversity (including but not limited to gender, race, sexuality, ethnicity, and

religion) within itself and for diversity in its leaders, including the ACEP Board of Directors.

- RESOLVED, That the ACEP Board of Directors develop strategies to increase diversity within the ACEP Council and its leadership and report back to the Council on effective means of implementation.

3. **Medical Assisted Therapy for Patients with Substance Use Disorders in the Emergency Department (ED)**

PURPOSE: Develop a novel approach to initiate and integrate therapy for patients with substance use disorders in the ED.

- RESOLVED, That ACEP review the evidence on ED-initiated treatment of patients with substance use disorders to provide emergency physician education; and be it further
- RESOLVED, That ACEP support, through reimbursement and practice regulation advocacy, the availability and access of novel induction and maintenance programs (including methadone, buprenorphine) from the Emergency Department.

4. **Reimbursement for Opioid Counseling**

PURPOSE: ACEP to advocate for reimbursement and insurance coverage for teaching and instruction on safe opiate use, drug abuse counseling, and reversal agent instruction.

- RESOLVED, ACEP develop a strategy to seek reimbursement for counseling on safe opiate use, reversal agent instruction, and drug abuse counseling for our patients; and be it further
- RESOLVED, ACEP develop a toolkit and education for implementing safe opioid use, reversal agent instruction, and drug abuse counseling in our Emergency Departments.

PACEP will report the Council Meeting conclusions on these resolutions in our December newsletter.



Assistant/Associate Residency Program Director

Emergency Medicine Core Faculty

Pediatric Emergency Medicine Faculty

For additional information, please contact:

Susan B. Promes, Professor and Chair,
Department of Emergency Medicine, c/o
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Penn State Hershey Medical Center, Mail
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Hershey PA 17033-0850,
Email: hpeffley@hmc.psu.edu

The Emergency Medicine Department at Penn State Milton S. Hershey Medical Center seeks energetic, highly motivated and talented physicians to join our Penn State Hershey family. Opportunities exist in both teaching and community hospital sites. This is an excellent opportunity from both an academic and a clinical perspective.

As one of Pennsylvania's busiest Emergency Departments with 26+ physicians treating over 70,000 patients annually, Penn State Hershey is a Magnet[®] healthcare organization and the only Level 1 Adult and Level 1 Pediatric Trauma Center in PA with state-of-the-art resuscitation/trauma bays, incorporated Pediatric Emergency Department and Observation Unit, along with our Life Lion Flight Critical Care and Ground EMS Division.

We offer salaries commensurate with qualifications, relocation assistance, physician incentive program and a CME allowance. Our comprehensive benefit package includes health insurance, education assistance, retirement options, on-campus fitness center, day care, credit union and so much more! For your health, Hershey Medical Center is a smoke-free campus.

Applicants must have graduated from an accredited Emergency Medicine Residency Program and be board eligible or board certified by ABEM or AOBEM. We seek candidates with strong interpersonal skills and the ability to work collaboratively within diverse academic and clinical environments.



PennState Health
Milton S. Hershey Medical Center

The Penn State Milton S. Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce. Equal Opportunity Employer – Minorities/Women/Protected Veterans/Disabled.

WANTED: MORE PACEP Committee Members!

The strength of a college is often directly dependent upon the strength of the individual members of its committees. College committees serve as a valuable resource to the Board of Directors and serve as sounding boards and sifters of opinion. PACEP has progressed toward its goals over the years largely as a result of the serious deliberations conducted at the committee level.

We need more physicians who are willing to be a part of these groups and contribute to the future of the organization.

PACEP Committees:

COMMUNICATIONS/MEMBERSHIP

Develops and monitors communications with members and other constituencies, and develops and implements membership recruitment and retention programs.

EDUCATION

Develops and conducts CME programs including the Scientific Assembly, Oral Boards, and One-Day Seminars.

Objectives:

- Continue to offer a high quality, relevant regional CME meeting at PACEP Scientific Assembly.
- Continue to engage young physicians, especially residents and medical students, through “Resident’s Day” Grand Rounds.
- Work to create new educational opportunities for members of the College, with a focus on bringing new CME courses to life.

REIMBURSEMENT

Monitors, analyzes, reports, and suggests strategies on policy, programs, and events related to the clinical and administrative aspects of emergency medicine, as well as monitors private payer and federal policies that may affect emergency physician practice and reimbursement.

Focus:

- Balance Billing legislation
- Understanding and dealing with the provisions of MACRA
- Monitor payer behavior

EMS AND TERRORISM AND DISASTER PREPAREDNESS

Monitors legislative and regulatory activities in Pennsylvania and maintains liaisons with EMS organizations, and develops procedures and programs to improve emergency physicians’ ability to prepare for and respond to a terrorist or disaster event.

GOVERNMENTAL AFFAIRS

Monitors bills introduced in the General Assembly. Informs and educates PACEP members and legislators on specific bills of interest.

Objectives:

- Continue to track state legislation impacting Emergency Medicine in Pennsylvania and to work with state legislators to craft legislation that will positively impact patients and the practice of emergency medicine in Pennsylvania.
- Continue to advocate for Pennsylvania emergency physicians and our patients, and work to grow grassroots advocacy initiatives through the “PACEP 911 Network.”

YOUNG PHYSICIANS

Develops and implements projects and programs for members in their first ten years of practice.

See something that interests you? Email your name and the committee you are interested in to pacp@pamedsoc.org. A committee chair will contact you.



“Now is the time to get involved and stay engaged! If you don’t know where to begin, just sign up for a committee, attend one meeting, and see if there is something you’d like to sink your teeth into. It’s low hanging fruit, you make great friends, and most importantly—you’ll make a difference. Each of you has experience, insight, expertise, or an idea that can move the chapter forward. We want to hear them!”

Welcome New Committee Members!

COMMUNICATIONS/MEMBERSHIP

John Michael Kowalski, DO, FACEP
Richard Hamilton, MD, FACEP

EDUCATION

Rika O'Malley, MD
Ernest Leber, MD, FACEP
Annahieta Kalantari, DO
Robert Strony, DO, RDMS
Chaiya Laoteppitaks, MD, FACEP
Michael Nguyen, MD

EMS AND TERRORISM AND DISASTER PREPAREDNESS

Vishnu Patel, MD
Scott Goldstein, DO, FACEP

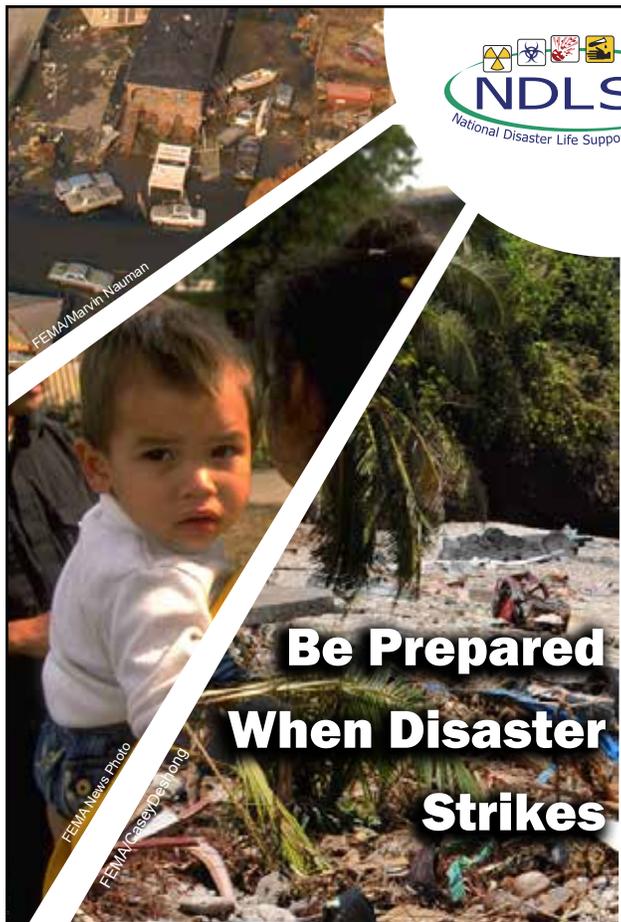
GOVERNMENTAL AFFAIRS

Seth Althoff, MD

REIMBURSEMENT

Deborah Brooks, MD
Vishnu Patel, MD
Ankit Shah, MD, FACEP
Daniel Geary, MD, FACEP
David Rottinghaus, MD

**Thank you to all of our
committee members!**



**National Disaster Life Support™
Foundation**



**The American College of
Emergency Physicians**

*Collaborating to offer programs that
provide essential training for strengthening
healthcare preparedness and response.*

- Core Disaster Life Support® (CDLS®)
- Basic Disaster Life Support™ (BDLS®)
- Advanced Disaster Life Support™ (ADLS®)



For more information - www.ndlsf.org
email us: info@ndlsf.org

Protect Your Profession – Contribute to **PEP-PAC**

In our hospitals, we encourage emergency physicians to join medical staff committees to be sure our voices are heard and to protect our emergency departments from the ill-informed beliefs of administrators and other physicians. We run that same risk of not having a seat at the table for the discussions on health policy and legislation that can greatly impinge on our ability to effectively practice emergency medicine.

In order to protect our profession and improve our ability to practice in a sensible, effective, and efficient manner, all contributions to PEP-PAC help assure our collective voices are heard by the decision makers who WILL be changing the way we practice in Pennsylvania.

Did You Know? Despite this opportunity to protect our specialty, our practices and most importantly, our patients, less than 1% of Pennsylvania Emergency Physicians contribute to PEP-PAC to assure we are heard. We need your help!



You can contribute by visiting www.paacep.org and clicking on ‘Contribute Today’.

Thank you to these **PEP-PAC** Contributors!

Robert Balogh, Jr., MD
James Benkinney, MD
Bruce Bilder, MD
Ralph Bledsoe, MD
Michael Bohrn, MD, FACEP
Deborah Brooks, MD
Thomas Campbell, MD
Merle Carter, MD, FACEP
Leonard Checchio, MD
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Terry E. Wahl, MD, FACEP
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ERMI

Assistant Medical Director Opportunity at Uniontown Hospital

Emergency Resource Management, Inc., (ERMI) is now accepting EM BE/BC or other board-certified physicians with experience for the Assistant Medical Director position at Uniontown Hospital.

ERMI is the largest employer of emergency medicine physicians in Pennsylvania and is part of UPMC, one of the nation's leading integrated health care systems. We offer an outstanding compensation and benefit package, including occurrence malpractice insurance, an employer-funded retirement plan, paid health insurance, CME allowance, and more.

For more information, contact our recruiter at 412-432-7400 or email at ermicareers@upmc.edu.

www.EmergencyResourceManagement.com

EOE Minority/Female/Vet/Disabled

Currently Hiring at Penn State Health

The Emergency Medicine Department at Penn State Health Milton S. Hershey Medical Center seeks energetic, highly motivated and talented physicians to join our Penn State Health family. Opportunities exist in both teaching and community hospital sites. This is an excellent opportunity from both an academic and clinical perspective.

As one of Pennsylvania's busiest Emergency Departments treating over 75,000 patients annually, Hershey Medical Center is a Magnet® healthcare organization and the only Level 1 Adult and Level 1 Pediatric Trauma Center in PA. We host state-of-the-art resuscitation/trauma bays, incorporated Pediatric Emergency Department and Observation Unit, along with our Life Lion Flight Critical Care and Ground EMS Division.

We offer salaries commensurate with qualifications, sign-on bonus, relocation assistance, physician incentive program and a CME allowance. Our comprehensive benefit package includes health insurance, education assistance, retirement options, on-campus fitness center and day care centers, credit union and so much more! For your health, Hershey Medical Center is a smoke-free campus.

Applicants must have graduated from an accredited Emergency Medicine Residency Program and be BE/BC by ABEM or AOBEM. We seek candidates with strong interpersonal skills and the ability to work collaboratively within diverse academic and clinical environments.

For more information about our exciting opportunities, apply online at www.pennstatehersheycareers.com/EDPhysician or contact: Susan B. Promes, MD MBA, Professor and Chair, Department of Emergency Medicine c/o Heather Peffley, Physician Recruiter, at: hpeffley@hmc.psu.edu

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PEDIATRIC EMERGENCY MEDICINE CAREER OPPORTUNITY

The Department of Emergency Medicine at Penn State Health Milton S. Hershey Medical Center is seeking Pediatric EM-trained board-eligible physician. Hershey Medical Center is a major pediatric referral center for central Pennsylvania and hosts faculty from all major pediatric specialties and recently a new Pediatric Emergency Department nested within our main Emergency Department.

Our ED cares for approximately 20,000 pediatric patients per year in a dynamic, high-acuity emergency service, with Emergency Medicine and Pediatric Residents and 18+ hrs/day of Advanced Practice Clinician support. Research and educational missions are critically important, as is providing outstanding patient care, and providing opportunities for integrated faculty development. Penn State Hershey is a twice designated Magnet® healthcare organization and the only Level 1 Adult and Level 1 Pediatric Trauma Center in PA with state-of-the-art resuscitation/trauma bays, incorporated Pediatric Emergency Department and Observation Unit along with our Life Lion Flight Critical Care and Ground EMS Division.

Known for home of the Hershey chocolate bar, Hershey, PA is rich in history and offers a diverse culture. Our local neighborhoods boast a reasonable cost of living whether you prefer a more suburban setting or thriving city rich in theater, arts, and culture. Outdoor and sporting activities are numerous. We are home to the Hershey Bears hockey team and Harrisburg Senators baseball team. The Susquehanna River and Appalachian Trail are in our backyard.

Conveniently located within a short distance to major cities such as Philadelphia, Pittsburgh, NYC, Baltimore, and Washington DC, we offer a great place to live, work, play, and learn.

We offer an attractive benefits package which includes:

- Competitive salaries
- Sign-on bonus
- Health/Vision/Dental/Life/Disability insurance
- \$3500 CME Allocation
- DEA License fees/PA Medical License fees
- Board exam fees
- Relocation Assistance
- 75% discount on Penn State University tuition for employees and dependents

When you work at Penn State Hershey, you are truly part of a team! For more information, please contact Department Chair, Susan B. Promes, MD, MBA c/o Physician Recruiter, Heather J. Peffley, PHR FASPR at: hpeffley@hmc.psu.edu

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UNIONTOWN HOSPITAL

ASSISTANT MEDICAL DIRECTOR OPPORTUNITY

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Other positions are also available. For more information, contact our recruiter at 412-432-7400 or email at ermicareers@upmc.edu.

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