BURNED OUT?

AB 533 (Bonta): Balance Billing Ban Defeated

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Welcome new members!

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Juan P Arhancet, DO
Gezelle Azar
Korosh Borhani DO
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Newport Emergency Medical Group, Inc at Hoag Hospital
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Have you ever thought to yourself: “How long can I keep this up?” Odds are that you have, and not just during residency. Occasionally thinking this way is a normal reaction to stress, but it could also be a sign of burnout. The more you ask yourself that question, the more likely you may be experiencing burnout.

Dr. Dike Drummond, who contributed to this month’s issue of Lifeline, describes burnout as the inability to recharge our professional batteries, and includes symptoms such as exhaustion, cynicism, and negativity. Studies show that burnout is common among physicians, and even more so among emergency physicians, with rates as high as 60%. Like all things related to stress and fatigue, the burnout condition grows and intensifies over time. It’s not at all surprising that burnout left unchecked can lead to serious consequences.

A burned out physician is more likely to make errors in treatment, which can of course start a domino effect of problems. Burnout can also lead to substance abuse and even suicide. It’s sad to think that healers are under so much pressure, and feeling so awful about their lives, that they see no other alternative. From the outside perspective, we can all see that they are doing amazing work improving people’s lives, and are highly valued members of our society.

Our patients suffer consequences, too. Often, a burned out physician won’t be recognized as such until a serious mistake is made. That’s too late for the patient. We all want optimal care for our patients, so we should recognize and treat burnout before it becomes a problem.

We need to better understand the causes of burnout, recognize its presence and precursors, and pursue remedies. In medicine, sometimes the tricky part is figuring out what is going on, but once the pathology is identified, an effective treatment is often easily implemented.

The sources of burnout can be obscure, and I believe focusing solely on workload would not be effective. In fact, burnout is more common after residency, even though the workload often decreases. Of course, there are plenty of new stressors, including family obligations, financial pressures, and at work there are quality measures and the new EMR to deal with.

I endured a period of burnout early in my career, although I didn’t recognize it. I questioned if Emergency Medicine was the right choice. I loved residency and my first few years of practice, but suddenly dreaded going to work. For me, the answer was a change of scenery. On paper, the first job was superior in nearly every way. My new position included harder work, and more of it, but it also offered me a level of engagement I clearly needed to feel fulfilled at work.

What we do every day in our practices is remarkable, but we often fail to recognize it. Too often, we think a successful resuscitation is just the result of doing what we were supposed to do. Recall back to some of those precious moments in residency when you really felt the impact of saving someone’s life. You had studied and trained for years to possess this ability, and when it first happens the feeling is overwhelmingly great. My moment was when I was called to the ICU for a ventilated patient who was hypotensive and seemed about to code. I listened and didn’t hear anything on the right side. I was the only physician there and I had never done one before, but I performed a needle decompression and heard the loud rush of air, and knew I had relieved my first tension pneumothorax. The patient immediately improved, and in that moment I recognized the magnitude of what we have all learned to do.
I believe hearing our colleagues’ stories of great saves, challenging diagnoses made, and other meaningful cases, enables us to recognize the value of our own practice. Sometimes it’s easier to see it in someone else first, then we can embrace the good that each of us contributes, which I think is essential to feeling fulfilled at work and in life. If this positive reinforcement becomes part of the ER culture, it will prevent burnout before it takes hold. If you have a success story you’d like to share, let us know, and we may print it in *Lifeline* for everyone’s benefit.

California ACEP’s Mission is to “Support Emergency Physicians,” and our Vision Statement specifically includes “wellness and longevity of Emergency Physicians.” The Chapter is committed to fulfilling this promise by providing our members with information on this important topic. As I mentioned, this *Lifeline* issue includes an introduction to burnout from Dr. Dike Drummond, a family physician who has now dedicated his professional life to helping physicians avoid and also recover from burnout. Dr. Drummond gave an illuminating and thought-provoking presentation at our recent Board of Directors retreat. The value of his message was apparent to all present, and it solidified my desire to address this issue during my presidency.

The service we as emergency physicians provide to our communities is so valuable that it would be a tragedy for any one of us to stop working prematurely. There are things we can do to make our current practices more fulfilling, to take control of our work-life balance, and to thoughtfully pursue our ideal practice.

I hope you enjoy this first in a series of articles by Dr. Drummond. In future issues he will share some things you can implement right away to optimize your job satisfaction, whether you are burned out or not. I’d love to hear your thoughts on this topic. Please feel free to contact the Dr. Futernick or the Chapter at info@californiaacep.org.
AB 533 (Bonta): Insurance Company Giveaway Defeated

By Elena Lopez-Gusman & Kelsey McQuaid, MPA

At the start of the legislative year, California ACEP set out to solve the issue of surprise medical bills and keep patients out of the middle of out-of-network billing disputes. We started shopping a bill to prospective authors that would protect patients, long before Assembly Member Bonta introduced AB 533. Ultimately, the author that expressed the most interest in tackling this issue, decided to pursue other substantial legislative priorities and was unable to move forward with our bill for 2015.

Then, Assembly Member Bonta introduced AB 533 in February. AB 533 would have banned balance billing when a patient sees an out-of-network physician at an in-network facility. As introduced, the bill did nothing to address the issue of fair payment for physicians, it simply banned balance billing. Our experience, as published in the July 2014 issue of WestJEM (http://escholarship.org/uc/item/7h22p5xt) clearly shows that when you ban balance billing without providing a mechanism to ensure fair payment of physicians, reimbursement will decrease and money will be taken out of the emergency care safety net.

Staff, Chapter leaders, and members engaged Assembly Member Bonta on this issue and staff participated in numerous stakeholder meetings in an attempt to find a fair solution for emergency physicians and patients. We tried to get our fair payment provisions amended into AB 533. We have long held, dating back to SB 981 (Perata, 2008) that an interim payment standard and a mandatory independent dispute resolution process (IDRP) are necessary to ensure that existing contracts are preserved, patients are removed from billing disputes, and that payers and providers are able to fairly dispute non-contracted claims.

California ACEP was successful in exempting emergency physicians and other EMTALA providers from the bill. The Legislature recognized that EMTALA creates a unique situation for emergency physicians and on-call providers. While AB 533 continued to move through the Legislature without addressing the issue of balance billing for emergency services, the Legislature is also clearly committed to finding a solution to this issue. Ultimately, in the final week of session, Assembly Member Bonta adopted the general framework of our proposal, but the interim payment was set too low - Medicare. This disincentivize payers from contracting with providers, and leave physicians having to dispute every single claim. The design of the IDRP as well as the basis for determining a fair payment was left entirely in the hands of regulators. In addition to these substantial problems, the bill had many drafting errors.

Despite the bill having the important goal of protecting patients from being involved in disputes between physicians and insurers about fair reimbursement, AB 533 chose a winner and a loser through the payment and dispute process. As evidenced quite clearly by the support and opposition to this bill, AB 533 chose insurers, who were all in support, as the winners and physicians, who were all in opposition, as the losers. It is possible to craft a measure that is balanced and good for patients, but AB 533 was not that measure.

Unfortunately in picking sides in this manner, the patient also ends up losing. There are a variety of reasons that physicians choose not to contract with insurers, including disagreement on the reimbursement rate. AB 533 would have imposed an essential contract term – the reimbursement rate - on a party that specifically chose not to contract. AB 533 would have set the reimbursement rate so low, while providing a nebulous appeal right, that most non-contracted physicians would simply choose to not treat the patient. Patients in California are already experiencing long delays and access to care problems that have serious health consequences. This bill would have worsened the existing access to care problems in California.

While emergency medical services were exempted from AB 533, the Chapter remained opposed to the measure because it set up a dangerous precedent. Additionally, emergency physicians see first-hand the consequences inadequate networks have for their patients. Insurers should be required to ensure that networks are robust enough to give patients true access to primary and specialty care. AB 533 was not only silent on this issue, but allowed the health plans to reimburse at a randomly chosen discounted rate with little to no recourse for an underpaid physician.

It is easy to see how this would discourage physicians from treating out-of-network patients entirely, delaying needed care to patients even further.

Both patients and providers deserve protection from health plans and insurers who do not have adequate networks. Patients and providers should be protected from this cost-shift by imposing a fair payment standard on health plans and insurers. The payment standard for out-of-network services should be at a level which encourages contracting and which neither providers nor payers are thrilled with, but can in most instances live with, to result in the fewest number of appeals to the IDRP.

AB 533 would have given health plans and insurers a free pass to collect premiums from patients, not provide the care they have agreed to provide, and to pay treating physicians a low rate while a yet to be available IDRP is constructed.

We continue to be committed to a solution that removes patients from out-of-network billing disputes and does not do so at the expense of providers or at patients’ access to care.
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Approved for 12.0 credits of AOA Category 2-A credits

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Wednesday, January 13th (Yosemite Lodge Mountain Room)

• 1:00 PM Ranger Guided Group Hike: (Mirror Lake) (Meet in Ahwahnee Lobby)
• 5:30-6:30 PM Reception: (Curry Village)
• 6:00 PM Shane Hendren (Navajo): Displaying Navaho Jewelry and presenting: “Walk in Beauty”
• 6:30 PM Dinner: (Curry Village)
• 7:15-7:30 PM Welcome and Introductions: (Curry Village) Ron Crowell, M.D.
• 7:30-8:30 PM Emergency Physicians Up Close and Personal:
  Charley Kurlinkus, M.D.: “Base Jumping—The Highs and Lows”

CME FACULTY

David Schriger, M.D. – Tsuyoshi Mitarai, M.D. – Vik Gulati, M.D. – David Malmud, M.D. – Christian Tomaszewski, M.D.
David Duong, M.D. – Chris Fox, M.D. – Judith Crowell, M.D. – Gus Garmel, M.D. – Graham Billingham, M.D.
Thursday, January 14th  (Yosemite Lodge Garden Terrace)

• 7:45-8:45 AM Graham Billingham, M.D.: “EMR – The Good, the Bad, and the Ugly: Is There Any Evidence that the Electronic Medical Record Improves Health Care?”  (1 Hour CME)
• 8:45-9:45 AM David Malmud, M.D.: “Transfusion Reactions: A Case Based Review”  (1 Hour CME)
• 9:45-10:15 AM BREAK: Visit Exhibitors & Sponsors  (Yosemite Lodge Mountain Room)
• 10:00-11:00 AM Spousal Program  (Yosemite Lodge Bar): Judith Crowell, M.D., Dermatologist:  Part VI, How to Invest Intelligently in Your Ongoing Beauty
• 10:15-11:15 AM Christian Tomaszewski, M.D.: “Update on Seizure Management”  (1/2 Hour CME)
  “Update on Asthma Management”  (1/2 Hour CME)  
• 11:15-12:15 PM Vik Gulati, M.D.: “In-flight Medical Emergencies”  (1/2 Hour CME)
   “MacGyver EM Skills to Make Your Practice Easier”  (1/2 Hour CME)
• 1:30 PM Ranger Guided Group Hike:  (Vernal Falls)  (Meet in Happy Isles parking lot)
• 5:15 PM Wine and Cheese Reception  (Ahwahnee Solarium): Artist TBA
• 5:30-6:00 PM Anna Silver: My (Long) Life in Art; Introduction by David Schriger, M.D.
• 6:45-7:30 PM Chris Hay (Say Hay Farms): Organic Farming and Poultry—The Real Scoop from an Organic Farmer, Chris Hay
• 7:30-8:00 PM Karen Amstutz: Bears and Bear Management

Friday, January 15th  (Yosemite Lodge Garden Terrace)

• 7:45-8:45 AM Gus Garmel, M.D.: “Patient Satisfaction in the Emergency Department”  (1 Hour CME)
• 8:45-9:45 AM Tsuyoshi Mitarai, M.D.: “Prevention and Treatment of Decompensation After Endotracheal Intubation and Mechanical Ventilation”  (1 Hour CME)
• 9:45-10:15 AM BREAK: Visit Exhibitors & Sponsors  (Yosemite Lodge Mountain Room)
• 10:00-11:00 AM Spousal Program  (Yosemite Lodge Bar): Speaker TBA
• 10:15-11:15 AM Christian Tomaszewski, M.D.: “Tox Lab”  (1/2 Hour CME)
  “Toxic Inhalations”  (1/2 Hour CME)
• 11:15-12:15 PM Chris Fox, M.D.: “Best Evidence for Point-of-Care Ultrasound: A Literature Review Making the Argument Why Ultrasound Should Be Used”  (1 Hour CME)
• 1:00 PM Ranger Guided Group Hike:  (Yosemite Falls)  (Meet in Trailhead parking lot)
• 5:00 PM Wine and Cheese Reception  (Ahwahnee Solarium): William Neill, Photographer
• 6:15-7:00 PM Erik Edelberg, Ph.D.: “The Chip: The Essential Component of Every Gadget You are Now Addicted To: It’s Origins, it’s Current Status and the Chip of the Future.”
• 7:00-8:00 PM John Weller, photographer, naturalist, author:
  “The Wisdom of People Who Live on Islands.”

Saturday, January 16th  (Yosemite Lodge Garden Terrace)

• 7:30-8:30 AM David Duong, M.D.: “Latest Considerations in the Pain Management of Trauma Patients: Including Ketamine, Nerve Blocks and Other Agents”  (1 Hour CME)
• 8:30-9:30 AM Chris Fox, M.D.: “Challenging Ingestion Cases”  (1 Hour CME)
• 9:30-9:45 AM BREAK
• 9:45-10:45 AM David Schriger, M.D.: “The Emergent Elbow: Case Studies”  (1 Hour CME)
• 10:45-11:45 AM David Schriger, M.D.: “Yosemite Journal Club: In Depth Review of Some of the Most Important Journal Articles of the Past Year”  (1 Hour CME)
• 12:00-1:15 PM Bon Voyage Hiker’s Special Lunch (Guests invited)  (Yosemite Lodge Garden Terrace)
• 12:45-1:30 PM Paul Amstutz: Rock Climbing in Yosemite, Part II: The Dawn Wall Ascent (2015) and the Rock Climbing Phenom, Alex Honnold
MY VOICE MATTERS

I have a voice in making decisions about the partnership and how that affects my practice.

Bryan Chow, MD
Emergency Medicine Partner

Clinically trained team
Billing management services
All of our clients are references
Reimbursement coding by registered nurses

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WHY DOES HAVING A SENSE OF SATISFACTION AND FULFILLMENT AS A MODERN DOCTOR SEEM LIKE SUCH A STRUGGLE AT TIMES? THERE IS AN INVISIBLE BATTLE GOING ON, DAY-BY-DAY BETWEEN OUR SEARCH FOR A FULFILLING CAREER IN MEDICINE AND THE HIDDEN FORCES OF PROFESSIONAL BURNOUT.

In this article I will outline why this is not a “fair fight” and the latest research evidence on what you can do to even the odds. This is an incredibly important topic for individual physicians and physician leaders going forward.

WHAT IS BURNOUT ANYWAY?
We each know what it feels like to be burned out, toast, fried and spent after a long weekend of call or a tough night in the hospital. If you are able to recover your drive and energy before you return to work, great job. I hope your resilience continues.

The syndrome of professional Burnout begins when you are NOT able to recharge your batteries between call nights or days in the office. You begin a downward spiral that has three distinct components.

Emotional Exhaustion:
You are emotionally drained, depleted and worn out by work and not able to recover in your non-working hours

Depersonalization:
The Development of a negative, callous and cynical attitude toward patients and their concerns (“my patients are so #!*%!”)

Reduced Sense of Personal Accomplishment:
The tendency to see your work negatively, without value or meaningless (“what’s the use?”) and see ourselves as incompetent.

The standardized questionnaire measuring these three scales of burnout is called the Maslach Burnout Inventory (MBI). The inventors of the MBI described burnout as:

“... an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will.”

THE BURNOUT - ENGAGEMENT CONTINUUM
Burnout can be thought of as one extreme of a continuum with Career Engagement on its other end.

BURNOUT ENGAGEMENT

The feelings associated with full Engagement in your career are ones of fulfillment and satisfaction. You feel your work makes a positive difference in people’s lives and your career has true meaning. Engagement is the emotional gold standard for career success.

IT’S A BATTLE OUT THERE - AND IT’S NOT A FAIR FIGHT
The forces of burnout and engagement are in daily conflict with each other. Much of the battle lies outside of our normal awareness. While we focus on our patients and their issues, our practice environment is filled with invisible stresses that constantly pull us toward the burnout end of the continuum, actively block our experience of engagement.

Left to our own defenses, the average hard-working doctor is at a significant disadvantage in this battle. It’s not a fair fight, plain and simple. Let me lay out some of these burnout building blocks so they are in plain view for all of us.

Please Note: Each of these burnout supporters is a daily stress of practicing medicine that exists in addition to all the work you do to maintain your clinical skill set. I call these “invisible” because they are not WHAT you do at work, they are built into HOW you deliver your services.

BEING A DOCTOR IS STRESSFUL ... PERIOD
The “most stressful” professions are characterized as having a high level of responsibility and little control over the outcome. The practice of Medicine certainly fits that description and is consistently on the short list of professions with the highest inherent stress levels. This is a tough job that saps our energy every single day.

WE WORK WITH SICK PEOPLE ALL DAY LONG
Our days are filled with intense encounters with sick, scared or hurting people … with all the emotional needs that come with an illness. This naturally draining environment is compounded by our typical lack of training on how to create and maintain boundaries with our patients.

BALANCE, WHAT BALANCE?
Medicine has a powerful tendency to become the “career that ate my brain”, pushing all other life priorities to the side. Our training reinforces our innate workaholic tendencies. As we get older, with more family responsibilities, the tension between work and our larger life is a major stressor for many. Lack of training in how to create and maintain boundaries - this time between work and life - is a contributor here too.

A LEADERSHIP ROLE YOU ARE NOT TRAINED FOR
You graduate into the position as leader of a healthcare delivery team without receiving any formal leadership skills training. By default we learn a dysfunctional “Top Down” leadership style. Medicine and the military are the only professions where the leaders “give orders”. This adds additional stress. (burnout’s smile just got a little bigger)

THE DOCTOR AS RATE LIMITING STEP IN THE SYSTEM
We are the “bottleneck” in the provision of services on this same healthcare team,. The team can only go as fast as we can - and we are often behind schedule. Pressure mounts to perform at full steam all day long.
THE CLOSED DOOR CREATES A BLACK BOX
We are isolated from the rest of the patient care team by the exam room door. We don’t know what they are doing and they don’t understand our situation simply because the majority of care occurs behind that closed door - when we are one-on-one with our patients.

WHO’S PAYING FOR THIS?
The financial incentives are confusing at best. The patient is often not the one paying for our services and many of them receive their care with no personal investment on their part. You may have to deal with over a dozen health plans with different formularies and referral and authorization procedures ... of which the patient is blissfully unaware.

A LAWSUIT WAITING TO HAPPEN
The hostile legal environment causes many us to see each patient as a potential lawsuit. This fear factor adds to the stress of all the points above.

THE JOB ISN’T OVER UNTIL THE PAPERWORK IS DONE
Documentation requirements are a constant work overload. What you have to do - and document - to get paid is a game where the rules are always changing.

WHO AM I WORKING FOR THIS WEEK?
The ongoing wave of practice consolidation in many metro areas means you could be solo this week and working for the hospital the next. These shifting organizational structures can destroy years of effort invested in building your work team and profitability.

POLITICS AND "REFORM"
Political debate drives uncertainty about what your career will look and feel like in the future. All the pundits share the same complete lack of understanding about our day to day experience as providers in the trenches of patient care. There is no track record of common sense. We simply don't know what to expect. (burnout LOVES that !)

THINGS EVENTUALLY GET STALE
The ten year threshold when your practice suddenly seems to become much more of a ”mindless routine”, losing its ability to stimulate your creative juices each week. All of a sudden it seems as if medicine is “no fun any more”.

WOW, that is a long list - and I am just getting started. Most of these factors are clear to us when I state them out loud, yet they operate invisibly, beneath the surface of our awareness in a normal office or hospital work day. Each is a member of the team in burnout's corner. Which begs the question ...

WHO IS IN YOUR CORNER?
What are we bringing to this fight? What is our personal motivation to take on this opponent and think we can hold burnout at bay?

• We are extremely intelligent, quick learning, hard working with a drive to do our best. Once we know the tactics to defeat burnout, no one will work harder at putting them into action.

• Our connection to “WHY” we are a doctor - to our Purpose. The quality of this connection varies day-by-day, however it is a source of immense power and endurance when the connection is clear

• We have invested over a decade of our lives in our medical training and are not going to give up easily

• We get paid well enough to be in “the 1%”

• We are a respected member of the community

• Our families love and support us. We can draw strength from them

• We have a life outside medicine where we can recharge and recuperate. You might think of this as ‘resting between rounds’

MOST IMPORTANTLY:
Just like Rocky Balboa, we can take a huge amount of punishment - take a lickin' and keep on tickin’. Our ability to simply 'take it on the chin' and just keep comin’ is our tactic of last resort. (read on and I will show you some more skillful ways to put the hurt on burnout)

WHO’S WINNING SO FAR?
Let’s look at the scorecard. And before I show you the statistics, let’s just say ... it aint looking so good.

Round One: Medical School
50% of medical students experience burnout and 10% experience suicidal ideation during medical school

Round Two: Residency
27-75% of residents are burned out at any given time, depending on specialty

Round Three: Private Practice
Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 in 3 physicians is experiencing burnout at any given time with some studies showing burnout prevalence as high as 60%.

EVERYONE PAYS A PRICE IN THIS FIGHT -- UNFORTUNATELY
The presence of burnout has been shown to

• Decrease physician’s professionalism and the quality of medical care they provide

• Increase medical errors and malpractice rates

• Lower patient compliance and satisfaction with medical care

• Increase rates of physician substance abuse, suicide and intent to leave practice

HOW CAN YOU TIP THE ODDS IN YOUR FAVOR AND BEAT BURNOUT?
What can be done? Is this an inevitable consequence of the choice to become a doctor ... immutable, like gravity? Not by any means.

The day-to-day nature of the battle between Physician Engagement and Burnout mandates a role for active prevention, regular monitoring and aggressive treatment. Recent research shows the efficacy of specific burnout prevention and treatment measures on both the personal and organizational level.

Personal Burnout Prevention Measures

• Self awareness and mindfulness training

• Appreciative Inquiry

• Narrative Medicine

• Work Life Balance and healthy boundaries between work and non-work life areas
• Lowering stress by
  1. Learning effective leadership skills
  2. Exerting control where possible over your work hours (women physicians are leading the way here)
  3. Creating focus where possible on work activities that provide the most meaning

ORGANIZATIONAL PREVENTION MEASURES
Many of the negative consequences of physician burnout have direct bottom-line implications for provider organizations. Any decrease in burnout should produce measurable increases in quality of care and patient satisfaction in addition to lower malpractice rates and physician and staff turnover. Each of these effects of burnout reduction would be expected to create sizeable increases in profits.

There is a natural place for burnout prevention at the organizational level. Recent research shows us what that might look like.

• State an organizational intention to value, track and support Physician Wellbeing
• Institute regular monitoring for burnout amongst providers (MBI)
• Create CME programs teaching the Personal Burnout Measures above
• Provide time and funding for physician support meetings
• Provide leadership skills training

• Support flexibility in work hours
• Create specific programs to support physicians suffering from symptomatic burnout

Burnout is waging a constant, invisible, soul eroding battle with our healthcare providers. Physicians engage this enemy every single day and research shows one third of us end up among the walking wounded. It is time to share the research proven tools to tip the odds in the favor of Engagement, Fulfillment and Career Satisfaction for our men and women "in the trenches" of modern medical practice.

Victory in this battle would make everyone a winner.
The Physician
Their Patients
Their Family
Their Staff and wider organization
Even the Payor

Dike Drummond MD is a physician burnout and leadership expert and creator of the Burnout Prevention MATRIX Report, a free white paper containing 117 ways physicians and organizations can work together to prevent burnout. Visit his website at www.TheHappyMD.com

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February 8 - 12, 2016

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COURSE AGENDA

February 8 - Day 1 (7 am - 8:05 pm)
Orientation/Test Taking Psychology
Endo, Metabolic & Nutritional Disorders I & II
Renal/GU Emergencies
Hematologic Disorders
Infectious Disorders I & II
Cardiovascular Disorders I & II
ECG Review

February 9 - Day 2 (7:30 am - 7:10 pm)
Nervous System Disorders
Cardiovascular Disorders III & IV
Geriatrics
Cutaneous Disorders I & II
Abdominal & Gastrointestinal Disorders I & II
Ear, Nose, Throat & Dental Disorders
Comprehensive Rapid Review

February 10 - Day 3 (7:30 am - 7:15 pm)
Traumatic Disorders
Traumatic Disorders C-Spine
Ocular Emergencies
Pelvic, Back & Lower Extremity
Musculoskeletal Injuries
Rapid Fire Board Prep I
Environmental Emergencies I & II
Ultrasound in EM
Upper Extremity Musculoskeletal & Hand Injuries
Trauma & Environmental Rapid Review

February 11 - Day 4 (7 am - 7:10 pm)
e-Learning Review (Trauma Focus)
Pediatric Medical Illnesses I & II
Pediatric Surgical Illnesses
Pediatric Rapid Review
Rapid Fire Board Prep II
Oncologic Emergencies
Musculoskeletal Illnesses
Obstetrical Disorders
Psychobehavioral Disorders
Emergency Medicine Immersion Rapid Review

February 12 - Day 5 (7 am - 5:25 pm)
e-Learning Review (Pediatrics Focus)
Female Urogenital Disorders
Toxicologic Emergencies I & II
Thoracic Respiratory Disorders I & II
Toxicologic Emergencies III
Toxicology Rapid Review
Thoracic Respiratory Disorders III
Clinical Pharmacology I & II
TRUSTED FACULTY

Eric Adkins, MD, FACEP, MSc
Thoracic Respiratory Disorders I-III

Brian Browne, MD, FACEP
Cutaneous Disorders I & II

Ken Butler, DO, FACEP
Ear, Nose, Throat and Dental Disorders, Pelvic, Back & Lower Extremity Musculoskeletal Injuries

Ann Dietrich, MD, FACEP
E-Learning Review

Fred Hustey, MD, FACEP
Endocrine, Metabolic & Nutritional Disorders I & II

Colin Kaide, MD, FACEP, FAAEM
Renal/GU Emergencies, Hematologic Disorders

Randall King, MD, FACEP
Orientation, Test Taking Psychology, Traumatic Disorders C-Spine, Musculoskeletal Illnesses, Rapid Reviews

Nicholas Kman, MD, FACEP
Environmental Emergencies I & II

Joseph Martinez, MD, FACEP, FAAEM
Abdominal & Gastrointestinal Disorders I & II, Comprehensive Rapid Review, Ocular Emergencies

Amal Mattu, MD, FACEP
Cardiovascular Disorders I-IV, ECG Review, Nervous System Disorders, Geriatrics

Michael McCrea, MD, FACEP, FAAEM
Pregnancy Disorders, Psychobehavioral Disorders, Urogenital Disorders

Ryan Mihata, MD, MPH, CPE, FACEP
Clinical Pharmacology I & II

Michael Omori, MD, FACEP
Infectious Disorders I & II

Laura Sells, MD, FAAP, FACEP
Pediatric Medical Illnesses I & II, Pediatric Surgical Illnesses, Pediatric Rapid Review

Ramin Tabatabai, MD, FACEP
Oncologic Emergencies

Jerry Tasset, MD, PhD, FACEP
Toxicologic Emergencies I-III, Toxicologic Rapid Review

Howard Werman, MD, FACEP
Upper Extremity Musculoskeletal & Hand Injuries, Trauma & Environmental Emergency Rapid Review

Sandra Werner, MD, RDMS, FACEP
Traumatic Disorders, Rapid Fire Board Prep I & II, E-Learning Review, Ultrasound in Emergency Medicine

WHO SHOULD ATTEND?

Physicians preparing for a certification or recertification!

Residents preparing for an inservice or qualifying exam!

Individuals looking for a comprehensive review of Emergency Medicine!

Advanced practice providers who treat urgent medical conditions!

Those seeking a valuable CME resource!

CME ACCREDITATION

These activities have been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American College of Emergency Physicians and Ohio ACEP. The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Ohio ACEP Emergency Medicine Board Review

The American College of Emergency Physicians designates this live activity for a maximum of 50 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for a maximum of 50 hours of ACEP Category 1 credit.

REGISTRATION INCLUDES

COURSE MATERIAL

- Pre, Post & Daily Tests totaling over 400 questions.
- Key Facts (50+ pages) to reinforce key concepts of Emergency Medicine. Covering 26 topics this is the perfect tool for every stage of your review process.
- Online access to Ohio ACEP’s Pharmacology/Toxicology Case Studies workbook with 60 cases for review.

ONLINE STIMULI & E-LEARNING WEB SITE (WWW.OHACEP-ELEARNING.ORG)

- Web access to 1,400+ full color diagnostic photos, radiographs and ultrasounds, complete with case questions organized into 23 categories.
- Case questions e-mailed periodically to guide your studies before attending the course.

ADDITIONAL REVIEW OPPORTUNITIES

- Focused, team led rapid review and rapid fire board preparation sessions.
- Faculty reviews of select cases and images from Ohio ACEP’s online stimuli Web site.

COURSE EXTRAS

- A continental breakfast will be available to those staying at the hotel.
- Complimentary Wi-Fi access in guest rooms at the hotel.

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The California Emergency Medicine Advocacy Fund (CEMAF) has transformed California ACEP’s advocacy efforts from primarily legislative to robust efforts in the legislative, regulatory, legal, and through the Emergency Medical Political Action Committee, political arenas. Few, if any, organization of our size can boast of an advocacy program like California ACEP’s; a program that has helped block Medi-Cal provider rate cuts, stop the $100 million raid on the Maddy EMS Fund, and fight for ED overcrowding solutions – and that’s just the last year! The efforts could not be sustained without the generous support from the groups listed below, some of whom have donated as much as $0.25 per chart to ensure that California ACEP can fight for emergency medicine. Thank you to our 2013-14 contributors (in alphabetical order):

- Alvarado Emergency Medical Associates
- Antelope Valley Emergency Medical Associates
- Beach Emergency Medical Associates
- Berkeley Emergency Medical Group
- CEP America
- Chino Emergency Medical Associates
- Coastline Emergency Physicians Medical Group
- Culver City Emergency Medical Group
- Eden Emergency Medical Group
- EMP Management Group
- Grossmont Emergency Medical Group
- Hollywood Presbyterian Emergency Medical Associates
- Mills Peninsula Emergency Medical Group
- Montclair Emergency Medical Associates
- Napa Valley Emergency Medical Group
- Orange County Emergency Medical Associates
- Pacific Emergency Providers
- Pacifica Emergency Medical Associates
- Riverside Emergency Physicians
- San Dimas Emergency Medical Associates
- San Francisco Emergency Medical Associates, Inc.
- Sherman Oaks Emergency Medical Associates
- South Coast Emergency Medical Group, Inc.
- Tarzana Emergency Medical Associates
- TeamHealth
- Tri-City Emergency Medical Group
- Valley Emergency Medical Associates
- Valley Emergency Physicians
- West Hills Emergency Medical Associates

ENDURING MATERIALS - ONLINE CME

*Approved for AMA PRA Category I Credits™*
For more information on upcoming meetings, please e-mail us at info@californiaacep.org, unless otherwise noted, all meetings are held via conference call.

### OCTOBER 2015

<table>
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| 1st 10 am, 12 & 2 pm | Council Delegation Resolution Review  
Conference Calls |
| 9th at 10 am      | Member Services Committee  
Conference Call |
| 13th at 9 am      | Council Delegation  
Conference Call |
| 15th                  | San Diego Emergency Care Summit  
San Diego, CA |
| 16th – 18th        | CMA House of Delegates  
Anaheim, CA |
| 22nd at 10 am      | Government Affairs Committee  
Conference Call |
| 24th – 25th        | ACEP Council Meeting  
Boston, MA |
| 26th – 29th        | ACEP15 – Scientific Assembly  
Boston, MA |

### NOVEMBER 2015

<table>
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| 3rd – 9:00 am | Reimbursement Committee  
Conference Call |
| 13th at 10 am      | Practice Management Committee  
Conference Call |
| 19th at 10 am      | Board of Directors Meeting  
Sacramento, CA |
| 26th – 27th        | Thanksgiving Holiday  
Chapter Office Closed |

### DECEMBER 2015

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| 10th at 10 am      | Government Affairs Committee  
Conference Call |
| 11th at 10 am      | Member Services Committee  
California Call |
| 24th – Jan. 1st    | Winter Holiday  
Chapter Office Closed |
ANAHEIM, CALIFORNIA: Anaheim Regional Medical Center’s Democratic ED Physician group has immediate part time/full time positions available for BC / BE Emergency Physicians. We have a busy, high acuity department with 44,000 annual visits. Shifts are 9-10 hours long with night shift/holiday differential and double coverage during peak hours. We offer a competitive salary, paid malpractice and full partnership opportunities. Interested physicians E-mail your CV and references to vijay4@aol.com, amit4ten@aol.com or call us at 714-999-5112.

CENTRAL COAST: MMC Emergency Physicians Medical Group at Marian Regional Medical Center-Santa Maria-seeking a qualified BC/BE Emergency Physician to join a stable, independent, single hospital, democratic group. Partnership opportunity available in this well-supported ED with growing census of >80,000 visits/year. New hospital/new ED opened in 2012. Practice alongside experienced colleagues at a STEMI receiving center, a Level III Trauma Center and a certified Stroke Center that offers 24/7 in-house hospitalists, OB laborists and intensivists in addition to a NICU, pediatrics hospitalists and FP residents. Live on the beautiful Central Coast, anywhere from San Luis Obispo to Santa Ynez/Solvang, with easy commutes to work and easy access to beaches/mountains/wine country along with all types of outdoor recreation. This is your job residency director told you to find.
For more details, contact David Ketelaar, MD at dketelaar62@gmail.com

FULLERTON, CALIFORNIA: Join our ED team in beautiful north OC at St Jude Med Ctr. Our 36 bed state of the art ED serves >60K pts/yr with 54 hrs MD, 44 hrs PA and 100% scribe coverage per day, 9 hr shifts. We have held this stable contract for >36 years, have excellent back-up, 24hr in house Critical Care, OB, neonatologist and hospitalists. We are a STEMI receiving center and “Advanced Comprehensive Stroke Center” and provide excellent compensation with night differential. EM BC/BE mandatory.
Interested physicians send CV to kohparker23@yahoo.com

LOS ANGELES-CULVER CITY: Southern California Hospital at Culver City Rare opportunity to join a Westside LA ER group. Group seeks BC/BE emergency physician to work Part-Time as an independent contractor. Excellent compensation with malpractice paid. Nine hour shifts with PA double coverage. 90% nights already covered! Remodeled ED, Computerized Charting and PACS! Email CV and references to clark@repmg.com Phone (951) 898-0823.

NEWPORT BEACH, CALIFORNIA: Newport Emergency Medical Group (NEMG) is accepting applications for an Emergency Physician position which will open in September, 2015. NEMG provides Emergency Physician staff for the Hoag Hospitals in Newport Beach and Irvine. Extremely stable group practicing at Hoag for 34 years. New group members gain financial and scheduling parity after three years. Competitive reimbursement.
Contact Ray Ricci, MD at rayriccimdrayr@cox.net.

NORTHERN & CENTRAL CALIFORNIA: Kaiser Permanente is looking for excellent BE/BC Emergency Medicine physicians interested in full time or less than full time position with dynamic physician group throughout Northern and Central California. The Permanente Medical Group, Inc. offers:
- Competitive salary
- Recruitment bonus
- Mortgage loan program (approved required)
- Comprehensive benefits package, including excellent retirement plans
- Malpractice insurance coverage
- Cutting-edge technology
TPMG, Inc. allows you to combine a medical practice of which you can be proud and a quality of life you deserve.
To apply, send your curriculum vitae to Narlyn Villaruel at Narlyn.Villaruel@kp.org or call (800) 777-4912. http://physiciancareers-nca.kp.org

RIVERSIDE, CALIFORNIA: PARKVIEW MEDICAL CENTER – Great opportunity to join a 14 year ER group. Group seeks BC/BE Emergency Physician to work Part/Full Time as an independent contractor. Excellent Top Tier Compensation based on productivity with malpractice paid. Ten hour shifts with MD double coverage and 12 Hour PA. Computerized equitable shift scheduling. Efficient Computerized Charting and PACS! Soon to break ground on New Emergency Department.
Email CV and references to cclark@repmg.com Phone (951) 898-0823

SAN DIEGO, CALIFORNIA: Grossmont Emergency Medical Group has an immediate opportunity for a Board Certified or Board Prepared emergency physician. Both part time and full time positions are available in busy, high acuity department with annual visits >100K. Emergency Department is in new “state of the art” Critical Care Center with computerized tracking system and physician order entry. Shifts are 8 hours with 88 physician hours /60 mid-level provider hours of coverage daily. Come live and work in America’s Finest City.
E-mail CV and references to erwin.handley@gemg.net

SANTA CRUZ/MONTEREY BAY/SALINAS, CALIFORNIA: Salinas Valley Memorial Healthcare System’s (SVMHS) well-established democratic emergency medicine group is seeking part-time/full-time applicants to staff a busy, high acuity emergency department with approximately a 60K annual volume (STEMI/Stroke receiving hospital). SVMHS is located in Salinas, California but most of our physicians/PAs live in Santa Cruz area or Monterey/Carmel. We use EMR/CPOE with assistance of medical scribes. Must be BC/BE Emergency Medicine. Competitive salary/benefits. 2-year partnership track with FT employment. Enjoy where you work, enjoy where you play!
Interested applicants please send your CV to mnavarrormd@gmail.com

SOUTHERN CALIFORNIA – ORANGE COUNTY: Full time and part time independent contracting emergency physicians needed for high volume, high acuity practices. Chest Pain Center, Stroke Center, Pediatric Level II trauma center - large independent group with forty years of clinical excellence for two acute care facilities. Expanding group needs BC/BE emergency physicians and pediatric emergency physicians. Excellent compensation, malpractice paid, scribes, midlevel providers, 8 – 9 hour shifts, excellent call panel coverage.
Email CV and references to EMSOC@emso.net, fax to 714-543-8914

TORRANCE, CALIFORNIA: Providence Health & Services is recruiting for an excellent Emergency Medicine physician in southern California. Full- or part-time, with a busy and established (25 years) private practice. 8-10 hour shifts. Excellent call panel. Open to experienced physicians or new graduates.
Contact in-house recruiter Rachelle Hobson, rachelle.hobson@providence.org; (503) 203-0808.

To advertise with Lifeline and to take advantage of our circulation of over 3,000 readers, including Emergency Physicians, Groups, and Administrators throughout California who are eager to learn about what your business has to offer them, please contact us at info@californiaacep.org or give us a call at (916) 325-5455.
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7300B Amador Plaza Road, Dublin, CA 94568
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Email: info@americanhealtheducation.com
Web: www.americanhealtheducation.com
American Medical Response (AMR)
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Fax: (831) 477-4914
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Web: www.cce.csus.edu
Email: dparker@csus.edu
Mobile: (916) 316-7388
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3000 State University Drive East, Napa Hall, Sacramento, CA 95857-6103
Derek Parker, Program Director
Email: Kurgan911@comcast.net
Jason Manning, EMS Course Coordinator
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Email: nancy@caems-academy.com
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Email: ken.bradford@falck.com
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Looking for an ITLS course?
EMREF offers the following California providers list:

Search for upcoming courses: http://cms.itrauma.org/CourseSearch.aspx

EMREF is a proud sponsor of California ITLS courses.

Please call 916.325.5455 or E-mail Lucia Romo: lromo@californiaacep.org for more information.
Ohio ACEP Emergency Medicine Board Review Course

The Ohio ACEP Emergency Medicine Board Review

October 11 - 15, 2015 (Columbus, Ohio)
February 8 - 12, 2016 (Newport Beach, California)

www.ohacep.org (614) 792-6506