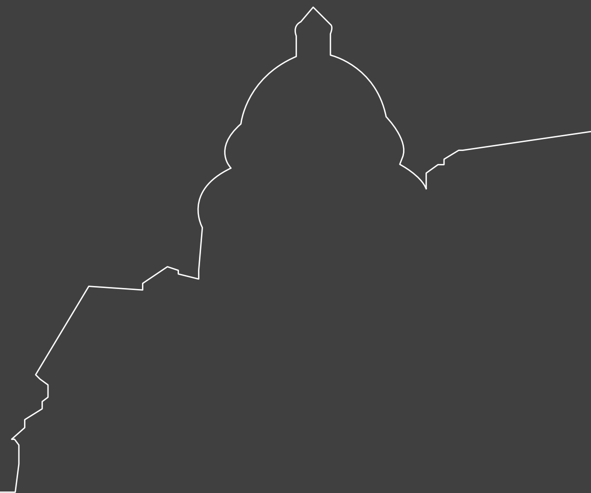
LIFELINE

WINTER ISSUE 2010



A FORUM FOR EMERGENCY PHYSICIANS IN CALIFORNIA

Inside This Issue

EM Legislative Leadership Conference…... ..2
Save the Dates 4
Call for Articles 4
Advocacy Update 5
Post Stabilization Care..….. 6
Advertising Rates/Dates to Remember 7
Co-Sponsored Courses....8
ITLS Courses 9
Letter to the Editor....10
Residents' Perspectives…………....11
President's Message....12
E-Lection 2010....13
Career Opportunities....16-17
Why Public Relations?....19
Word Search 20
2010 Scientific Assembly & Ultrasound....21
Yosemite 2010 22

Lifeline is published monthly by the
American College of Emergency Physicians
State Chapter of California, Inc.
1020 - 11th Street, Suite 310
Sacramento, CA 95814
(916) 325-5455 Phone (916) 325-5459 Fax
Web site: www.calacep.org
1-800-735-ACEP(2237)

©2002 American College of
Emergency Physicians
State Chapter of California, Inc.

Editor-in-Chief
Deanna M. Janey
djaney@calacep.org

Medical Co-Editors
Gene Hern, MD
emergentt@gmail.com
Mathew Foley, MD
airfoley@gmail.com

Staff Editors
Elena Lopez-Gusman, Ryan Adame,
Lucia Romo & Callie Hanft

The views expressed in these materials
are those of the authors and do not necessarily represent those of the
American College of Emergency Physicians or the California Chapter.

Board of Directors 2009-2010

President
Robert Rosenbloom, MD

President-Elect
Andrea Brault, MD

Immediate Past President
Billy Mallon, MD

Vice President
Andrew Fenton, MD

Treasurer
Thomas Sugarman, MD

Secretary
Peter Sokolove, MD

Directors
Doug Brosnan, MD
Tom Calkins, MD
Paul Christensen, MD
David Feldman, MD
Tiffany Hackett, MD
Gene Hern, MD
Bing Pao, MD
Marc Snyder, MD
Matthew Stilson, MD
Andrea M. Wagner, MD

Director At-Large
Yasmina Boyd, DO

CAL/AAEM Representative
Steven Gabaeff, MD

Cal/ENA Representative
Terrie Sturgill, RN

CAL/EMRA Representative
Rebecca Wald-Diaz, MD

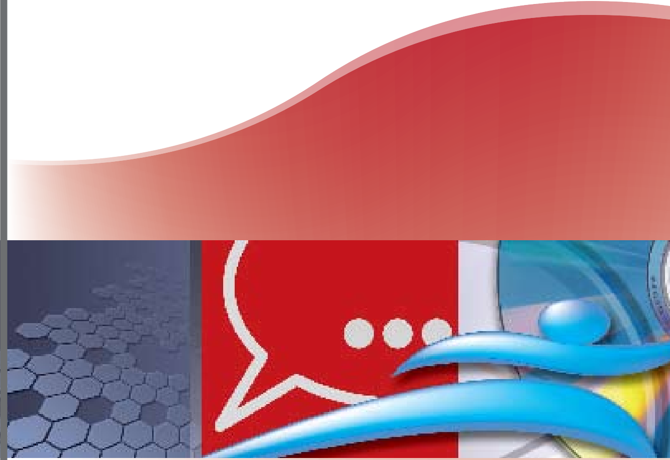
GOING green

At CAL/ACEP, we take seriously our duty to **effectively and efficiently manage your member money**. That means making changes to how we run our conferences. Starting with our 33rd Annual Emergency Medicine in Yosemite program, we will **no longer print paper syllabi**. Instead, we will **provide your syllabus on a flash drive** as part of your registration. This is just one of the ways that **CAL/ACEP is going green and saving green** to make sure that your member money goes further toward advancing emergency medicine.

SAVING green

Questions? Comments?
Let us know! calacep@calacep.org

- web design & development
- logo & business identity
- illustration & visuals
- user interface design
- web hosting & email solutions



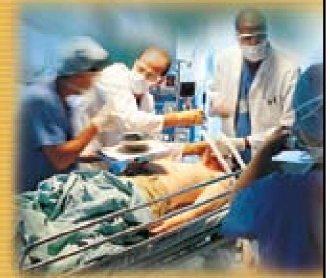
916.714.8991
www.t-rodesign.com

the difficult airway course™ EMERGENCY

Intensive Immersion Experience

"The cognitive and motor skills I practiced in your class directly resulted in a first pass intubation with a fantastic out-come. Congratulations on a life saved!"

– Recent course attendee



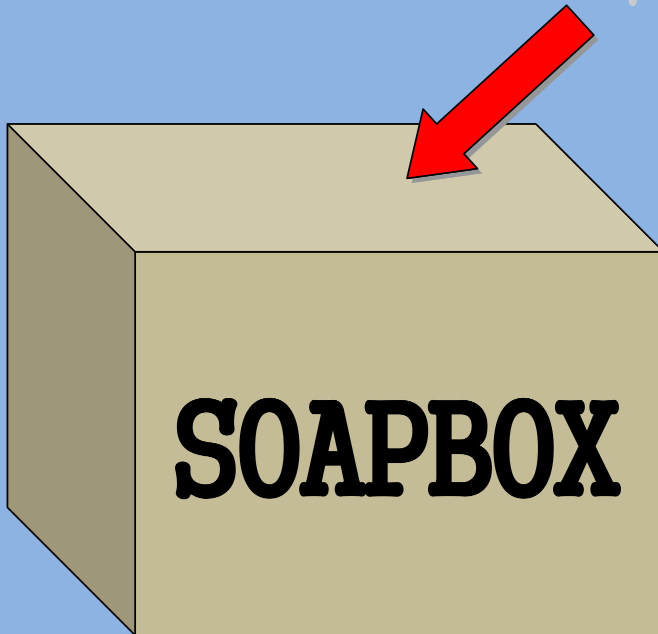
April 16 - 18, Seattle	September 10 - 12, St. Louis
May 21 - 23, Boston	October 22 - 24, Atlanta
June 11 - 13, D.C	November 19 - 21, Las Vegas

Prepare yourself for your next difficult airway as you master state-of-the-art techniques, devices and algorithms.

Register at **www.theairwaysite.com** or **(866) 924-7929**

Evidence-based. Comprehensive. Expert Faculty.

Place feet here.



21st Annual

Emergency Medicine

Legislative Leadership Conference

Tuesday, March 2, 2010, 8:00 a.m. – 5:00 p.m.
CSAC Conference Center
1020 11th Street, Second Floor
Sacramento, CA 95814

+ Closing reception, 5:00 p.m. – 7:00 p.m.
Pyramid Alehouse Brewery
1029 K Street
Sacramento, CA 95814

Click here to register for this free conference.

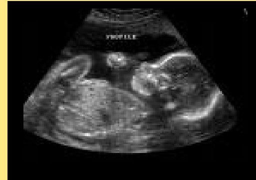
CAL/ACEP Advocacy | advocacy@calacep.org | 916.325.5455

CAL/ACEP Events

www.calacep.org

21st Annual
Emergency Medicine
Legislative Leadership
Conference
(LLC)
March 2, 2010
(*Sacramento, CA*)

Ultrasound Workshop
June 8-9, 2010
Paradise Point Resort & Spa
(*San Diego, CA*)



39th Annual
Scientific Assembly
June 10-12, 2010
Paradise Point Resort & Spa
(*San Diego, CA*)

Come join us!

34th Annual
Emergency Medicine
In Yosemite
January 13-15, 2011
(Yosemite, CA)

A Call for Lifeline Articles!

Get involved! • Share ideas! • Submit an article to:

H. Gene Hern, Jr., MD
Asst. Clinical Professor of Medicine, UCSF
Assoc. Residency Director
Department of Emergency Medicine
ACMC-Highland General Hospital
1411 E. 31st Street • Oakland, CA 94602
(510) 437-4896 office • (510)382-2429 Pager
emergentt@gmail.com

Deanna M. Janey
Director of Events & Marketing
CAL/ACEP
American College of Emergency Physicians
State Chapter of California, Inc.
1020 11th Street, Suite 310 • Sacramento, CA 95814
(800) 735-2237 Toll-free • (916) 325-5459 Fax
djaney@calacep.org

Mathew Foley, MD
Fellowship Director
CAL/ACEP
American College of Emergency Physicians
State Chapter of California, Inc.
1020 11th Street, Suite 310 • Sacramento, CA 95814
(800) 735-2237 Toll-free • (916) 325-5459 Fax
airfoley@gmail.com

Author's Name: ______________________ **Hospital:** ______________ **Company:** ______________

Address: ________________________________ **City, State, Zip:** __________________________

Phone: ________________ **Fax:** __________________ **E-mail:** ____________________________

Please check your interest and submit an article!

Clinical Corner ___ Case of the Month ___ Legal Corner ___ Residents' Region ___ Special Interests ___ Advocacy ___ Other ___

Articles must be submitted on the 1st of the month preceding publication!

21st Annual Emergency Medicine Legislative Leadership Conference Tuesday, March 2

by Elena Lopez-Gusman, Callie Hanft & Ryan P. Adame

In a few short weeks, Sacramento will once again be occupied by an army – of white coats. Yes, in just a few short weeks, it will be that time once again – CAL/ACEP's annual Legislative Leadership Conference (LLC), this year to be held on Tuesday, March 2, 2010 at the CSAC Conference Center in Sacramento.

Topping last year's phenomenal program, which featured State Insurance Commissioner and Republican Candidate for Governor Steve Poizner, and Assembly Health Committee Chair Dave Jones (D-Sacramento), will not be easy. However, we are confident that this year's lineup features one of the most outstanding crop of speakers yet, including the next Speaker of the Assembly!

Speaker-Elect John A. Pérez

Speaker-Elect Pérez, a Los Angeles-area Democrat, will be sworn in as Speaker just one day prior to his appearance at this year's LLC. Speaker-Elect Pérez will take the reins of the lower house in the midst of another unprecedented budgetary crisis – a $20 billion deficit on the heels of the $60 billion-plus hole in the last two years. In 2009, Speaker-Elect Pérez was among a long list of legislators who voted in favor of passing AB 911, a critical piece of legislation aimed at reducing Emergency Department overcrowding. The Speaker-Elect is a first-term Assembly Member and once sworn in, will become the first openly-gay Speaker in California's history.

Attorney General Candidate Rocky Delgadillo

Former Los Angeles City Attorney Rocky Delgadillo (D) has also graciously agreed to speak at this year's LLC, taking a brief respite from his bid to become the next State Attorney General. Mr. Delgadillo is well-known to CAL/ACEP, having sued health care giant WellPoint over its recission practices during his tenure as City Attorney. As you may recall, CAL/ACEP, through the generosity of California Emergency Medicine Advocacy Fund donors, filed an amicus brief in that suit.

The Chapter has also invited ACEP President Angela Gardner, MD, FACEP to provide a national perspective on the now questionable prospects for national health care reform (due to the recent Massachusetts special election to fill the seat of the late Senator Ted Kennedy), as well as a general update on ACEP activities in Congress. The Chapter is honored to host College leadership whenever we have the opportunity.

In addition, this year's closing reception, whose launch last year received much positive feedback, will feature not just LLC attendees, but also numerous State legislators from around California. As always, the LLC is a free program, which includes breakfast, lunch, and a hosted reception at **Pyramid Alehouse Brewery**, just downstairs from the conference site.

For more information on the 21st Annual Emergency Medicine Legislative Leadership Conference, contact Callie Hanft at advocacy@calacep.org or at (916) 325-5455.

To register for this year's exciting event, click here.

YOUR JOURNEY BEGINS HERE...

Serving California and Tennessee:

JJ&R Emergency Medical Group, Inc.
Richard Sanders, VP Recruiting
1700 E. Walnut Avenue, Suite 250
El Segundo, CA 90245
310-301-2030 Fax 310-306-5237
rsanders@jjr.com

www.jjr.com

Outstanding Hospitals

Outstanding Physicians

Outstanding Career

"What's your next move?"

Post Stabilization Care

The Emergency Prospective Review Program - EPRP

by Andrea Wagner, MD, Kenneth Nisbet, MD & John Shohfi, MD

We last published an article in *Lifeline* two years ago and have been asked to update the Emergency Medicine Physicians of CAL/ACEP on EPRP. Our CAL/ACEP President, Robert Rosenbloom, asked for us to put a face to the operation of EPRP and we are happy to comply. In December 2008 our founding Northern California EPRP Medical Director, Chip Rath, retired. Dr. Rath was a three-term CAL/ACEP board member and has been Emergency Medicine Research and Education Foundation (EMREF) Chairman since 2004. We have included a picture of Dr. Rath receiving a plaque on his retirement surrounded by the Emergency Physicians of EPRP from Northern California. Dr. Andrea Wagner replaced Dr. Rath as Medical Director of EPRP. Dr. Wagner has been an EPRP Physician since the program started in 1997 and has served on the CAL/ACEP Board of Directors since being appointed by Past President, Myles Riner in 2006. Dr. Kenneth Nisbet and Dr. John Shohfi represent the Southern California EPRP Physicians and all three work regularly at EPRP and in their own Emergency Departments.

Started in 1989, the EPRP was created in response to CAL/ACEP members requesting a way to be able to access clinical information from a member's health plan and to speak to a physician about a Kaiser member. In response to this plea and working with CAL/ACEP leadership, the Permanente Medical Groups and Kaiser created a call center staffed by ED MDs 24/7 to provide real-time clinical information and to assist with post-stabilization disposition. The program was initially started in San Diego but expanded to provide coverage for all California members in 1997. This competency has yet to be created by any other health plan. The electronic medical records available for review have always been impressive when compared to the rest of the industry but over the last 13 years, the clinical data Kaiser has available on line has become even more robust and better integrated. Kaiser has invested heavily in its IT infrastructure and the migration to a fully electronic health record, including; visits, admissions, procedures, lab, pharmacy, and filmless radiology among others, is nearly complete. This makes it even easier for EPRP to locate critical clinical information for you right when you need it. Accessing the available clinical information supports quality care. Starting in February 2010, the information you provide EPRP about a patient's visit, diagnosis, treatment, and disposition, will become part of the patients' permanent electronic medical record at Kaiser. This information will be automatically sent to a patient's Primary Care Physician or specialist, and allow them to arrange follow-up for those who are discharged home. The details of the visit will be available to all subsequent Kaiser Physicians. In this way the treating KP MD will be notified that their patient was seen in your Emergency Department, further decreasing the risk of a patient not receiving optimal follow- up.

As noted previously, EPRP is staffed by practicing Permanente ED MDs and critical care RNs 24/7. This model was created by design, to provide the utmost level of professional service to our colleagues so that our members can receive the highest level of care possible in the emergency setting, no matter the location. The program is designed to receive notification from non Kaiser EDs and assist them in any way we can with the management of our members. To this end, EPRP staff can provide important clinical information to you prior to stabilization. After stabilization, the EPRP MD can further discuss the case and help you to arrange mutually agreed upon post stabilization care. For instance, the EPRP staff can make arrangements for clinically necessary follow up that will allow a discharge, such as a next day treadmill. For Northern California patients requiring follow-up with specialists, for example Orthopedics, the EPRP MD can arrange the follow-up appointment in real-time while the patient is in your department. Often, the patient can leave your department with the date and time of specialty follow-up appointment. Most stable patients that require admission will be repatriated to a Kaiser facility and the EPRP staff will make all the arrangements to locate a bed, obtain an accepting MD at the receiving facility, and arrange for transportation. Only one call is needed by the non Kaiser ED MD in most instances. The sending MD can use the EPRP MD's name as the accepting MD to streamline completion of the transfer paperwork.

We strongly believe that the best quality is getting our members back to our integrated system where data is automatically accumulated and our established and successful protocols can be followed. We also know that involving EPRP in the management of our members can avoid duplicate tests and procedures. Our philosophy is that our members have chosen to have us provide them with care and we are responsible for seeing that they get what they need. As an Emergency Physician, you are dealing with fellow Kaiser Emergency Physicians who work at EPRP and are empowered to act on behalf of Kaiser members.

The EPRP program has now established a long and respected history of safe and successful practice in concert with our EM physician colleagues. In 1999 ACEP produced an information paper with Loren A. Johnson, MD as chair of the subcommittee on Post Stabilization Case Management of the Emergency Medicine Practice Committee. Loren has even referred to EPRP as the 'gold standard' of post-stabilization care management for a health plan. In further support of the EPRP model, Drs. Jeff Selevan and Wes Fields et al. published an article in Annals of Emergency Medicine (Jan , 1999, 33:1), Critical Care Transport: Outcome Evaluation After Interfacility Transfer and Hospitalization, pointing to the safety and success of our program. Most of our EPRP MDs have been working at EPRP over 13 years and the program has benefited by this long experience.

We're honored and appreciative that most Emergency physicians, reliably utilize the EPRP's important services when caring for the Kaiser's 6.6 million statewide members. This article is meant to further understanding about this important program while highlighting its decided contribution to quality of care.

CAL/ACEP

2009-2010
Board of Directors
Meeting Schedule

March 3, 2010 *(Wednesday)*
9:00 AM in Sacramento, CA

April 29, 2010 *(Thursday)*
10:00 AM in Sacramento, CA

June 9, 2010 *(Wednesday)*
11:00 AM in San Diego, CA

CAL/ACEP

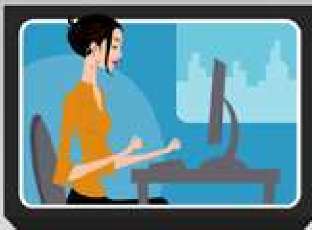
2009-2010
Dates to Remember

March 2, 2010
(Tuesday)
Legislative Leadership Conference (LLC)
Sacramento, CA

June 8 & 9, 2010
(Tuesday & Wednesday)
Ultrasound Workshop
San Diego, CA

June 10 – 12, 2010
(Thursday – Saturday)
Scientific Assembly
San Diego, CA

Lifeline Advertising



Advertising must be submitted by the 1st of the month preceding publication.
Checks, MasterCard or Visa accepted in advance.
(We do not accept American Express)

Please contact: Deanna M. Janey
djaney@calacep.org

CAL/ACEP
1020 11th Street, Suite 310 • Sacramento, CA 95814
(800) 735-2237 Toll free • (916) 325-5459 Fax

Lifeline is an 11-month publication (June/July combined).

29th Annual Mammoth Mountain Emergency Medicine Conference

March 7-12, 2010

Save the Date

***Alaskan Airlines from $178 round trip**

http://www.emconference.org/mammoth

Reach 3,500 CAL/ACEP
Lifeline Readers Monthly

Non Contract Lifeline Advertising Rates:

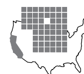
Display Ads:	Full Page *(7-1 / 2" x 10")*	**$1,630.00**	*(typesetting fee varies)*
	1 / 2 page *(7-1 / 2" x 4-7 / 8")*	**$ 824.00**	*(typesetting fee if necessary)*
	1 / 4 page *(3-5 / 8" x 4-7 / 8")*	**$ 429.00**	*(typesetting fee if necessary)*
	1 / 8 page *(3-5 / 8" x 2-7 / 16")*	**$ 231.00**	*(typesetting fee if necessary)*
Career Opportunities:	40 word minimum	**$ 132.00**	*($1.00 each additional word)*

Contract Lifeline Advertising Rates:

		3 month	6 month	11 month
Display Ads:	Full Page	**$1,466.00**	**$1,385.00**	**$1,302.00**
	1 / 2 page	**$ 741.00**	**$ 701.00**	**$ 657.00**
	1 / 4 page	**$ 384.00**	**$ 363.00**	**$ 342.00**
	1 / 8 page	**$ 208.00**	**$ 195.00**	**$ 184.00**
Career Opportunities:	40 word minimum	**$ 119.00**	**$ 110.00**	**$ 101.00**

Rate increase effective May 1, 2009

Color rates **$700.00** *(full color)* • **$590.00** *(two colors)* • **$480.00** *(one color)* rates available



CAL/ACEP

Website: www.calacep.org

Please contact: Deanna M. Janey, Director of Events & Marketing
Phone: 1-800-735-2237 • **Fax:** 1-916-325-5459 • **E-mail:** djaney@calacep.org

• • • DEADLINE • • •

• Advertising must be submitted on the 1st of the month preceding publication. •

• • Payment must be received in advance or a credit card used at the time of ad placement • •

(We do not accept American Express)

___ Check Enclosed — Credit Card #: ______________________
___ MasterCard — Expiration Date: ______________________
___ Visa — Card Holder Name: ______________________

CAL/ACEP Sponsored Conferences

CAL/ACEP 21st Annual Emergency Medicine Legislative Leadership Conference
March 2, 2010 – Sacramento, CA
Information: 800-735-2237 or www.calacep.org

CAL/ACEP Annual Ultrasound Workshop
June 8-9, 2010 – Paradise Point Resort, San Diego, CA
Information: 800-735-2237 or www.calacep.org

CAL/ACEP 39th Annual Scientific Assembly
June 10-12, 2010 – San Diego, CA
Information: 800-735-2237 or www.calacep.org

CAL/ACEP 34th Annual Emergency Medicine In Yosemite
January 13-15, 2011 – Yosemite, CA
Information: 800-735-2237 or www.calacep.org

CAL/ACEP Joint-Sponsored Conferences

Jointly sponsored by CAL/ACEP and the American College of Emergency Physicians

Wilderness Medicine
Approved by the American College of Emergency Physicians for 23 hours of ACEP Category I Credit.
February 6-10, 2010 – Big Sky, MT
March 3-7, 2010 – Snowbird, Utah
May 26-31, 2010 – Santa Fe, NM
July 28-31, 2010 – Big Sky, MT
Information: 888-995-3088
Contact: Amy Weiss | kayakeramy@aol.com

29th Annual Mammoth Mountain Emergency Medicine Conference
March 8-12, 2010 – Mammoth Lakes, CA
Information: 800-458-4779 or www.emconference.org

Wilderness Medicine Update for the Backcountry
Approved by the American College of Emergency Physicians for 22 hours of ACEP Category I Credit.
March 22-26, 2010 – Terrace, BC
Information: 415-290-9286
Contact: Jim Barr | jim@tandtadventures.com

CAL/ACEP Joint-Sponsored Enduring Materials

Jointly sponsored by CAL/ACEP and the American College of Emergency Physicians

The Center for Medical Education, Inc.
Emergency Medical Abstracts
Risk Management Monthly/ Emergency Medicine
Information: www.ccme.org

Looking for an ITLS course?

(Formally known as BTLS – Basic Trauma Life Support)

EMREF offers the following providers list:

Allan Hancock College
Mike DeLeo, EMT – Course Coordinator
800 S. College
Santa Maria, CA 93454
Phone: (805) 878-6259
Fax: (805) 922-5446
Email: Mikedeleo52@msn.com
Web: www.hancock.cc.ca.us

California EMS Academy
Nancy Black, RN, Course Coordinator
1098 Foster City Blvd., Suite 106 PMB 608
Foster City, CA 94404
Phone/ Fax: (866) 577-9197
Email: nancy@caems-academy.com
Web: www.caems-academy.com

Compliance Training
Jason Manning, EMS Course Coordinator
3188 Verde Robles Drive
Camino, CA 95709
Phone: (916) 429-5895
Fax: (916) 256-4301
Email: Kurgan911@comcast.net

ETS – Emergency Training Services
Mike Thomas, Course Coordinator
3050 Paul Sweet Road
Santa Cruz, CA 95065
Phone: (831) 476-8813
Toll-Free: (800) 700-8444
Fax: (831) 477-4914
Email: mthomas@emergencytraining.com
Web: www.emergencytraining.com

Loma Linda University
Medical Center
Lyne Jones, Administrative Assistant
department of Emergency Medicine
11234 Anderson St., A108
Loma Linda, CA 92354
Phone: (909) 558-4344 x 0
Fax: (909) 558-0102
Email: LJones@ahs.llumc.edu
Web: www.llu.edu

Mendocino Lake Community College
Patrick Magee, MA, EMT-P
1000 Hensley Creek Road
Ukiah, CA 95482
Phone: (707) 467-1047
Fax: (707) 467-1011
Email: pmagee@mendocino.edu
Web: www.mendocino.edu

Northern California Medical Education
Scott Rebello, Course Coordinator
6617 Madison Avenue, #12
Carmichael, CA 95608
Phone: (916) 724-0830
Email: 2coolrns@starband.net
Web: NorCalMedEd@comcast.net

NCTI
National College of Technical Instruction
Lawson E. Stuart, RN, CEN, EMT-P
Lena Rohrabaugh, Course Manager
333 Sunrise Ave Suite 500
Roseville, CA 95661
Phone: (916) 960-6284 x 105
Fax: (916) 960-6296
Email: jlcasa@caltel.com
Web: www.ncti-online.com

Oakland Fire Department
Sheehan Gillis, EMT-P, EMS Coordinator
47 Clay Street
Oakland, CA 74607
Phone: (510) 238-6957
Fax: (510) 238-6959
Email: sean@baycj.com

PHI Air Medical, California
Graham Pierce, Course Coordinator
801 D Airport Way
Modesto, CA 95354
Phone: (209) 550-0884
Fax: (209) 550-0885
Email: gpierce@philhelico.com
Web: www.phiwestcoast.com

Riggs Ambulance Service
Greg Petersen, EMT-P
Clinical Care Coordinator
100 Riggs Ave.
Merced, CA 95340
Phone: (209) 725-7010
Fax: (209) 725-7044
Email: Gregp@riggsambulance.com
Web: www.riggsambulance.com

SCUSD Pre-Hospital Education Program
Derek Parker, Program Director
2718 G Street
Sacramento, CA 95816
Phone: (916) 264-3782
Email: Derek-Parker.SITE-PO2.SCUSD@sac-city.k12.ca.us
Web: www.sacfire.org

Santa Rosa Junior College
Public Safety Training Center
Bryan Smith, EMT-P, Course Coordinator
5743 Skylane Blvd.
Windsor, CA 95492
Phone: (707) 836-2907
Fax: (707) 836-2948
Email: medic9001@comcast.net
Web: www.santarosa.edu

veriHealth - REACH Training Institute, Inc.
Ken Bradford, Director
200 Montgomery Drive
Santa Rosa, CA 95404
Phone: (707) 766-2403
Mobile: (707) 953-5795
Email: ken@verihealth.com
Web: www.verihealth.com

WestMed College
Brian Green, EMT-P
5300 Stevens Creek Blvd., Suite 200
San Jose, CA 95129-1000
Phone: (408) 977-0723
Email: jonesds777@hotmail.com
Web: www.westmedcollege.com

Please call CAL/ACEP: 916-325-5455 or E-mail Lucia Romo: lromo@calacep.org

EMREF is a proud sponsor of California ITLS courses

January 12, 2010

Dear Dr. Rosenbloom

I would like to respond to your essay, "Physicians Behaving Badly, a New Years Resolution to Wellness", that was published in the December 2009 issue of "*Lifeline*".

I have been a full time "ER pit doc" since 1986. I work about 15 shifts a month in a very busy urban Emergency Department. I also have some administrative duties. Certainly, in my career, I have had symptoms of "burnout", but fortunately recognized it and taken action to treat it, as well as prevent it from continuing. You have presented lots of useful information in your essay and I commend you for that.

However, when I returned home at 2am this morning after completing a shift and read the essay, I became quite angry. I was simply astonished that you would be willing to try to justify the crimes of two physicians with "stress". Dr. Hassan has not yet gone to trial. But many in the press have called him a mass murderer and possibly a terrorist. Dr. Thompson (the ER doc who assaulted and injured two cyclists) was recently convicted of multiple felonies and sentenced to 5 years in prison. I would specifically like to address the case of Dr. Thompson.

I am a very avid road cyclist. I average about 9,000 to 10,000 miles a year on my bike. I get great pleasure from riding my bicycle, and in fact, it is one of the ways I fight "burnout". The overwhelming majority of motorists that I interact with are courteous and safe. But there are some who are highly arrogant and selfish. For reasons unclear, they feel that they do not have to share the road with cyclists. They are very dangerous and because of their actions can seriously injure, or even kill people. Dr. Thompson's statements that have been reported in the press make him appear to me to be one such motorist.

The trial of Dr. Thompson was well reported by Velonews. He was a part time ER doc, who made most of his money from a medical software products company that he owned. He lived in an affluent neighborhood near Los Angeles. The road he lived on was also very popular with cyclists. According to testimony from his trial, he harassed cyclists on at least three separate occasions, using his car as a weapon. On the third occasion, he deliberately stopped his car directly in the path of two riders descending "his" road. One of them ended up crashing through the rear window of his car, sustaining horrific facial injuries. When the police arrived, he told one of the officers that he did this "to teach them a lesson". During the trial, he appears to have lied, stating he stopped to take a picture of the riders. He showed little, if any remorse. He was appropriately convicted and sentenced. (Please see http://velonews.competitor.com/tag/la-road-rage if you would like to read more details)

In my opinion, to suggest that this "tragic story" could be attributed to "What stressors could he have been facing that day?" is an insult to both ER docs and cyclists. Dr. Thompson appears to be a psychopath. Even on my worst days, I could not imagine committing such remorseless, criminal behavior. He violated the oath he took when he graduated from medical school. Fortunately, his licenses to practice medicine and drive a car have been revoked. It is ironic, that when he is released from jail, he will need a bicycle if he wishes to travel.

"Burnout" can affect many highly functioning professionals in our society. As you mention in your essay, we should be proactive in preventing it, and seek help when we are experiencing it. But I find it highly inappropriate to suggest that the criminal behavior of Dr.'s Hassan and Thompson can even be remotely justified by job stress. They are not "victims".

Respectfully,

Robert Golomb, MD

LETTERS TO THE EDITOR!

E-mail: Deanna M. Janey
djaney@calacep.org

Writing letters to the editor can be an effective way of sharing your opinion and inspiring others to take positive action on issues that are of concern to you. A letter to the editor may also inspire our readers to take action and make a difference.

Your letter will be reviewed by the Editors and redirected for the proper response. The key to getting your message out is to write a letter that has a chance to be published.

CAL/ACEP welcomes your opinions and suggestions…

Emergency Medicine and the Public Option

by Taylor Sittler, MD
Resident Physician
St. Mary's Medical Center, San Francisco

As of the writing of this article, the Senate is finalizing a bill on healthcare reform that does not include a publicly funded insurance option. The option originally was designed primarily to cover care for the uninsured. From the perspective of Emergency Medicine, we already administer that care. We provide the one service mandated by federal law, via EMTALA[1], to serve all patients at all times regardless of insurance status. In the absence of an explicit single-payer system, EMTALA effectively establishes a baseline of universal health care, or care for the entire population. Lack of a public option simply means the country is neglecting to define funding for universal care. This has been the status quo for 20 years.

There are several other reasons emergency physicians should be concerned. Over 7 million people have lost their jobs since the beginning of 2008, and despite recent federal measures, the number of uninsured Americans is ballooning. This severely stresses programs like SCHIP and Medicaid, resulting in an estimated $3-$7 billion spending increase at a time when government revenue is declining[2]. Simultaneously, cuts in "safety net" programs have reduced funding for this uncompensated care[3]. In the current economic climate, if hospitals are forced to care for the uninsured without adequate reimbursement, the consequences could be disastrous[4].

In addition to pending disaster, there is longstanding evidence that leaving a portion of the population uninsured leads to wasteful spending[5]. The cost of providing primary care in the emergency department is high. Compared to continuously insured patients, studies have demonstrated higher costs and worse outcomes for uninsured patients[6], for seniors who were previously uninsured[7], and even for those who are in families where one or more members are uninsured[8]. Moreover, substandard care and unfavorable outcomes in this country have been repeatedly linked to lack of basic universal care[9], providing specific evidence that we would benefit from it.

Yet the current system has failed more than Emergency Medicine. Most experts agree that it is fundamentally flawed. The system is comparatively complex, the administrative costs are onerous, and incentives are not aligned among different parties. The US spends 100% more on healthcare per person than the average economically developed country[10]. While the current system of health insurance costs more, it provides lower quality care[11 12] than many of its peers. It leaves one in seven people uninsured[13] and its system of employer-sponsored insurance has been failing for years[14], providing less care to fewer and fewer people.

Clearly it is time for a change, and we appear to be headed in that direction. When moving to a new system of any sort, it is customary to survey existing systems for a model to build upon. Fortunately there are now many models to choose from. All of Europe, Canada, Australia, Russia, China, and much of the far East, Central and South America have national healthcare systems. Each of these countries has come to its current system in a different way and there appear to be better and worse implementations.

Despite their differences, they share at least one common thread: basic healthcare is provided for every citizen. In many cases, universal care was instituted for moral reasons[15], but it appears to be a stable and practical part of healthcare.

(Continued on page 14)

CAL/ACEP SALUTES OUR 100% MEMBERSHIP GROUPS

Central Coast Emergency Physicians

Emergency Medicine Specialists of Orange County

Napa Valley Emergency Medical Group

Newport Emergency Medical Group, Inc.

Pacific Emergency Providers

St Jude Emergency Medicine Group, Inc.

Sutter Emergency Medicine Associates (SEMA)

Tri-City Emergency Medical Group

EMMA
EMERGENCY MEDICAL MANAGEMENT ASSOCIATES
(Southern California)

JOB OPPORTUNITIES

- Excellent opportunities for BC/BE Emergency Physicians.
- Very competitive compensation.
- Pleasant work environment.
- Hospitals include Arcadia Methodist & Glendale Memorial. (Top heart programs).
- Available practice settings are in Greater Los Angeles, the Inland Empire and Orange County.

Contact Debbie Corn for more information (909) 629-8088 or fax CV to (909) 629-8755 or E-mail: Dcorn@emmamd.com

PRESIDENT'S MESSAGE

e-volving

by Robert Rosenbloom, MD

As the New Year gets under way and we all look toward the possibilities that it has to offer, you've no doubt made your list of resolutions (and exercises to shed the extra "holiday cheer" that you may have encumbered during the past few months). The Chapter too, has constructed a long list of things to accomplish, and while some are admittedly multi-year resolutions, the Chapter list of resolutions center around one theme: improving the way we do business to serve our members better.

From providing better, more easily accessible content on our website, to streamlining our conference registration and other conference-related offerings, to simplifying how we communicate with our members, the Chapter is evolving in its member services.

e-volution

Board e-lection

The Chapter is making great strides toward converting otherwise expensive and labor-intensive activities into electronic and/or web-based experiences. For example, over the past few years the Chapter had slowly begun to supplement paper ballots used in the annual Board election with an electronic ballot to those who wanted to take advantage of the new service. Last year marked the first year that the Chapter hosted the election completely on our own website, and with increased capabilities, among which allowed members to view candidate statements and photos online rather than sifting through piles of mail.

This year will be the first completely online Board election ever, after the Board voted to discontinue distribution of paper ballots, in a decision that was equal parts the Chapter's "e-volution" and the saving of valued member dues. (For a fuller discussion and background of the Board's decision, see this issue's "e-lection 2010" article on page 13.)

As a side note, in order for Chapter to conduct such important business, we must have a valid e-mail address on file for our members. Please be sure to give us your email address if we don't already have it. With privacy concerns being what they are and the rabid anti-spam feeling we all have, we are extremely sensitive to member concerns over how member e-mail addresses may be used. To that end, the Board has adopted a policy banning third party use of member e-mail addresses unless approved for a narrow and specific purpose by the Board. In addition, the revitalized Chapter Membership Committee, chaired by Director at-Large Yasmina Boyd, DO, has begun work on a comprehensive privacy policy (ACEP has member e-mail address lists and may have a different policy with respect to their use; accordingly you may wish to contact ACEP if you are inundated with spam). To take this tangent even further, this is a great time to remind all of our members that the Chapter always needs and welcomes member involvement in Chapter committees, task forces, initiatives and the rest! In fact, with e-lection 2010 coming up, we welcome any and all members who have interest in serving on the Board to let us know at calacep@calacep.org.

Flash Drives & e-valuations

This year's stellar *Emergency Medicine in Yosemite* (Yosemite) program marked the Chapter's first foray into electronic syllabi and "e-valuations". Yosemite attendees (of which I was one) received their course syllabi on a 1GB flash drive emblazoned with the CAL/ACEP logo. This new offering piggy-backed on ACEP's introduction of the flash drive-based syllabi at the 2009 Scientific Assembly in Boston. The relatively small PDF file left ample space for re-use of the flash drives. Not lugging around the encyclopedia-thick syllabus meant easier travel around Yosemite's icy facilities, but also allowed attendees to print specific sections of the syllabus that were of interest, in addition to saving even more valued member dues dollars by eliminating the extremely high cost of printing paper syllabi and the associated shipping costs.

In addition, at the end of each lecture's slides was a link to online lecture evaluations, which allowed all of us to simply click through ten or so quick multiple-choice questions in less time than it takes to rip the evaluation page out of the old paper syllabus (almost!). The online evaluations were also available to be taken after the course's conclusion which provides a reprieve for those who may have forgotten to take the evaluation onsite. These e-valuations are saving untold staff time previously required to cull evaluation results together for CME reporting, meaning that our staff now has more time to spend answering your calls and questions – again protecting the hard-earned dues dollars with which you support this organization.

The overwhelmingly positive feedback on the flash drive-based syllabi, and e-valuations, as well as the suggestions for improvement will go far in improving the syllabus for CAL/ACEP's 2010 Scientific Assembly in San Diego, June 10 – 12, and as this will now be the norm in terms of syllabus distribution, this feedback and all future feedback will only make this better for our conference attendees.

A quick caveat to all future conference attendees: if you do not already do so, bring your laptops to Chapter conferences and meetings! The Chapter is always willing to help anyone for whom this may create an issue, just contact us at (916) 325-5455 or at calacep@calacep.org.

Weekly Polls

Over the past two months, you may have noticed a new feature on our homepage: weekly polls. Through these weekly polls – which will range from specific practice-related issues to larger societal/healthcare-related ones – the Chapter is making a concerted effort to understand our growing membership. Because the Chapter does not have an internal legislative body like ACEP's Council, we must approach the measurement of member moods with numerous tools, of which these polls are just one.

Here are the results of our first two polls:

Poll #1 – Do you think that health care should be a right?

Yes	76%
No	24%
No Opinion	0%

Poll #2 –The most urgent issue facing my practice today is:

Overcrowding/Patient Boarding	47%
Malpractice/Liability Issues	28%
Reimbursement	15%
Lack of On-Call Physicians	11%
Other	0%

We will regularly publish poll results in each issue of *Lifeline* so that you too, can get a better sense of how your colleagues feel about important issues facing the Chapter and emergency medicine, more broadly. Your ideas for future poll questions are welcome at calacep@calacep.org.

More to come…

This is just a brief glimpse into some of the important changes the Chapter is making in our effort to serve members better. This is not, however, the end or the extent to which we are improving. Over the coming months we will be working on making upgrades in content, features, accessibility and user-friendliness of our web site and other e-communications.

One big change in the works is the layout and look of *Lifeline*. This issue marks the beginning of a transition in design, and coming issues will feature an easy-to-follow and consistent layout that will remain in place month-to-month. *Lifeline* will be divided into sections for easily accessible content. This means, for example, that you will no longer have to hunt for the "Resident's Region" or the "Advocacy Update", they will be located on the same pages for each issue, much as a newspaper is divided.

In order to better address the needs and desires of the Chapter services offered, we need your input. Please take the time to complete a survey when it comes your way, or talk to a Chapter leader or one of our staff members at a conference or meeting, or send us an e-mail. We welcome, and indeed, thrive on member input – it's the only way we can serve you better. So, whether it's a survey, committee, task force, or writing an article for *Lifeline*, give us your input; and, more specifically, if you have any feedback on some of the initiatives outlined in this article, or how we can better improve our web services, e-mail us today at calacep@calacep.org.

E-LECTION 2010

Use Of Paper Ballots Eliminated For Board Elections

by Ryan P. Adame

Total Chapter Members (as of January 13, 2009[1])	2,483
Total Eligible[2] Voting Members (as of January 13, 2009)	2,026
Total Ballots Cast (April 13, 2009 – May 20, 2009)	276
Total Valid[3] Ballots Cast (April 13, 2009 – May 20, 2009)	251 (100%)
Total Valid Paper Ballots Cast (April 13, 2009 – May 20, 2009)	16 (6.4% of valid ballots)
Total Valid Electronic Ballots Cast (April 13, 2009 – May 20, 2009)	235 (93.6% of valid ballots)
Total Turnout (Among Eligible Voters)	12.4%
Total Election Cost	$3,157.55
Total Cost Per Valid Ballot Cast	$12.58
Total Cost Per Valid Paper Ballot Cast	$40.30
Total Coast Per Valid Electronic Ballot Cast	$10.69

Elimination of Paper Ballots

At the June 2009 Chapter Board of Directors meeting preceding the 2009 Scientific Assembly in La Quinta, the Board voted unanimously to eliminate the use of paper ballots for future Board of Directors' elections. This decision was made due to a) the comparatively high cost of printing and mailing paper ballots versus ballots cast electronically, and b) the relatively small number of paper ballots cast in the 2009 Board of Directors' election.

Paper vs. Electronic

The statistics included herein were culled together presented by the Chapter Staff that informed the Board's decision.

The Board's decision will eliminate nearly the entire cost of the future board elections since the web-based election infrastructure is already in place for this year.

What this means for Members

For Members, this means that it is more important than ever to make sure that you have a valid e-mail address on file with the Chapter. Member privacy is very important to the Board; accordingly, if Members desire to have their e-mail addresses on file for Board elections only, the Chapter Staff will ensure that Member e-mail addresses are used only for elections purposes.

The Chapter will be soliciting those eligible members for whom no e-mail address is on file, for a valid e-mail address prior to the start of the Board of Directors' election. If you would like to submit or update your e-mail address, you can contact the Chapter office at (916) 325-5455 or at calacep@calacep.org.

Candidates

If you are interested in running for election to the Chapter Board of Directors, please e-mail your CV to calacep@calacep.org. There are seven (7) open seats to fill in 2010; for more information on Board conduct, expectations, meetings and timelines, please contact the Chapter office.

---

[1] Eligible members had to have been Chapter members on or before January 13, 2009 (90 days prior to the election, which began on April 13, 2009) per the Chapter bylaws.

[2] Only Active, Honorary and Life members are eligible to vote under the Chapter bylaws.

[3] Valid ballots cast were those which were cast be eligible members, as defined by the Chapter bylaws, and which contained votes for no less than four (4), but no more than seven (7) candidates, per the Chapter bylaws.

RUN!

(for office)

2010 Chapter Board of Directors' Election

CVs now being accepted

Submit your CV to calacep@calacep.org

For the Board term beginning June 2010, ending June 2012

Resident's Perspectives...

(Continued from page 11)

In Germany, it has been working for over 100 years. To be sure, problems have been identified with universal healthcare systems, such as care rationing, low relative physician salaries, and long wait times for patients. These issues have been used as arguments not to adopt universal care. While they are certainly valid criticisms of individual models, can we really assume that all other national healthcare systems are wrong?

From an Emergency Medicine perspective, a public option provides a direct, government-funded payment structure for the services mandated by federal law. This would be more efficient than the current system, liberating hospital administrators from finding income to offset unrecouped costs resulting from care of the uninsured. Since federal Medicare and Medicaid monies[13] and the "safety net" system[16] currently pay for the bulk of these services, very little additional monies would be needed to pay for a public option if current funds were redirected. Therefore, the impact of this change on taxpayers would be minimal. A key advantage of the new system would be that all of this money would pay for care directly instead of being allocated by state bureaucrats in what has become a marginally effective system to pay for care the uninsured[3].

Under universal care, many emergency physicians worry about care shifting away from emergency departments and a potential decrease in demand for emergency physicians. However, even if universal care is achieved, data from Massachusetts indicates that the number of emergency department visits is likely to increase[17]. As primary care providers begin to shoulder more visits from previously uninsured patients, they will refer more patients to emergency departments. This increase will likely be sustained through the first few years. It is important to anticipate this shift and provide additional funds to pay for more emergency care.

In the long term, however, it would be advantageous to have the expected surge of urgent care visits handled by practitioners in outpatient clinics and keep emergency departments free to handle true emergencies[16]. New primary care models have been put forward to promote this behavior[18 19].. The implementation of these models will be accelerated by aligning incentives of provider organizations through universal care[9]. Additionally, universal coverage will remove the incentive for hospitals to board uninsured patients in emergency departments while realigning the incentives of hospital services with those of payers[16]. These changes will help emergency departments improve their flow and help emergency physicians to spend more time treating patients with true emergencies.

Other potential issues, such as care rationing and reduced physician salaries are still open questions that will have to be addressed as the new system emerges. These are issues our profession will face no matter what happens. At the current rate of increase in cost, care rationing will become a necessity as both private and public coffers are exhausted. Healthcare organizations will look to cut physician salaries as the costs of care continue to rise and they receive inadequate reimbursement[4]. Physicians would do well to self-advocate as changes occur in the healthcare system, since our pay will be threatened regardless of whether a public option is adopted or not. We will also need to advocate for our patients and involve ourselves in the rationing process to help ensure equitable care.

In summary, Emergency Medicine is already engaged in providing universal care. The adoption of a public option would formalize payment for that care. For many reasons, a public option is an efficient and equitable way to provide universal care while creating incentives for healthcare provider organizations to deliver quality care. Since Franklin Roosevelt struck universal care from his platform in the 1930s, we have watched as other countries developed national healthcare models that are now more efficient at providing, on average, better care across multiple measures. As a country, we have always prided ourselves on our ability to lead. How many years will it take us to follow?

---

1. *Examination and treatment for emergency medical conditions and women in labor. EMTALA.com (2008).at <http://www.emtala.com/law/index.html>*
2. *Dorn, S. & Williams, A. Medicaid, SCHIP and Economic Downturn: Policy Challenges and Policy Responses. Kaiser Family Foundation (2008).at <http://www.kff.org/medicaid/7770.cfm>*
3. *Spivey, M. & Kellermann, A.L. Rescuing the safety net. N. Engl. J. Med 360, 2598-2601(2009).*
4. *Kellermann, A.L. & Lewin, L.S. The consequences of "no". N. Engl. J. Med 361, 2399-2401(2009).*
5. *Hidden Costs, Value Lost: Uninsurance in America. (2003).at <http://www.iom.edu/Reports/2003/Hidden-Costs-Value-Lost-Uninsurance-in-America.aspx>*
6. *Wolman, D.M. & Miller, W. The Consequences of Uninsurance for Individuals, Families, Communities, and the Nation. J Law Med Ethics 32, 397-403(2004).*
7. *McWilliams, J.M. et al. Medicare Spending for Previously Uninsured Adults. Ann. Intern. Med (2009).at <http://www.ncbi.nlm.nih.gov/pubmed/19805758>*
8. *Institute of Medicine Health Insurance is a Family Matter. (2003).at <http://www.iom.edu/en/Reports/2003/Health-Insurance-is-a-Family-Matter.aspx>*
9. *Institute of Medicine America's Uninsured Crisis: Consequences for Health and Health Care. (2009). at <http://www.iom.edu/en/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx>*
10. *Anderson, G.F. & Frogner, B.K. Health spending in OECD countries: obtaining value per dollar. Health Aff (Millwood) 27, 1718-1727(2008).*
11. *Nolte, E. & McKee, C.M. Measuring The Health Of Nations: Updating An Earlier Analysis. Health Affairs 27, 58-71(2008).*
12. *Davis, K. Slowing the growth of health care costs--learning from international experience. N. Engl. J. Med 359, 1751-1755(2008).*
13. *The Uninsured: A Primer. (2009).at <http://www.kff.org/uninsured/7451.cfm>*
14. *Enthoven, A.C. Employment-based health insurance is failing: now what? Health Aff (Millwood) Suppl Web Exclusives, W3-237-49(2003).*
15. *Gawande, A. Getting There from Here: How should Obama reform health care? New Yorker (2009).at <http://www.newyorker.com/reporting/2009/01/26/090126fa_fact_gawande>*
16. *Kellermann, A.L. Crisis in the emergency department. N. Engl. J. Med 355, 1300-1303(2006).*
17. *Kowalczyk, L. ER visits, costs in Mass. climb. The Boston Globe (2009).at <http://www.boston.com/news/local/massachusetts/articles/2009/04/24/er_visits_costs_in_mass_climb/>*
18. *Rittenhouse, D.R., Shortell, S.M. & Fisher, E.S. Primary care and accountable care--two essential elements of delivery-system reform. N. Engl. J. Med 361, 2301-2303(2009).*
19. *Lee, P.V., Berenson, R.A. & Tooker, J. Payment Reform -- The Need to Harmonize Approaches in Medicare and the Private Sector. N Engl J Med (2009).doi:10.1056/NEJMp0910459*

CAL/ACEP's
Practice management Committee
Is in need of a few good physicians interested in clinical issues such as:

- EMTALA
- ED Boarding
- Nursing Ratios
- Medication Reconciliation
- STEMI Receiving Centers/Categorization of hospital services

If you would like to serve your specialty and explore some interesting practice issues, please contact CAL/ACEP at calacep@calacep.org.

Make a difference!
Join a CAL/ACEP Committee

Contact CAL/ACEP at calacep@calacep.org if you have a passion for, or interest in, one of these committees:

Awards	***Membership***
Education	***Nominations***
EMS	***Practice Management***
Finance	***Public Relations***
Government Affairs	***Reimbursement***

CAL/ACEP
RECOGNITION AWARD
FOR
EMERGENCY DEPARTMENTS
WITH 100% MEMBERSHIP

CAL/ACEP is proud to recognize Emergency Departments/Groups with 100% CAL/ACEP membership. Please send CAL/ACEP the name of your group, hospital, and emergency physicians on staff. Your group and hospital will be featured in *Lifeline* during the upcoming months.

You may mail, fax or e-mail the information to the CAL/ACEP office:

1020 11th Street, Suite 310 ● Sacramento, CA 95814
916-325-5455 (phone) ● 916-325-5459 (fax)
calacep@calacep.org

Save the Date

Visions: New Directions in Compassionate Care

CCCC 2nd Annual Meeting

April 19, 2010
8:30 am - 5:00 pm
Sacramento, CA

- Hear the latest on healthcare reform and end-of-life care from someone who has been in the center of the debate. ***Charles Sabatino***, *JD, American Bar Association,* is the leading authority on advance care planning law in the U.S. and a member of the National POLST Task Force.
- ***Betty Ferrell***, *City of Hope, a leader in nursing education and end-of-life care,* will share newly released guidelines on spirituality and palliative medicine.
- Learn the newest thinking on how to improve end-of-life care for nursing home residents.
- Explore the impact that culture has on the meaning of health, illness, and dying.

www.coalitionforcompassionatecare.org

CAREER OPPORTUNITIES

CAL/ACEP cannot guarantee the validity or accuracy of advertisements.

ACEP MEMBERSHIP PREFERRED:

BAKERSFIELD, CALIFORNIA: Pinnacle Emergency Physicians of Bakersfield is seeking full or part time (BC/BE) Emergency Physician to join a democratic group staffing a large private community hospital/ referral center with 50k/y with 50+h provider coverage/d (2 pt/h). All specialties covered with good back up. Employee status at $165/h with evening and night differential, a 2½ y partnership track beginning after 6 mo. with matching 401K, health insurance, malpractice, quarterly bonuses, and $5000/y for CME/licensing/supplies (all equal additional $30/h in benefits). Ninety miles N. of LA, 4h to Las Vegas, San Diego, San Francisco, and Mammoth. Low cost of living, non-stop access to Phoenix, San Francisco, and Los Angeles. Abundant recreational activities locally with nearby world class white water and windsurfing, off road biking, hiking in the Sequoias, skiing 3-4 h, Yosemite 3h, beaches 2h. CV's may be faxed to 661-589-2151 or e-mailed to phogku@aol.com or kianazimian@yahoo.com. For more information call 661-332-1064.

BEAUMONT, CALIFORNIA: Full time Urgent Care Doctor, Board Eligible or Board Certified in Family Practice/Emergency Medicine, 12 shifts a month, health insurance and paid vacation after one year. Fax to 951-845-2297 or email CV to Carol Rogala DO crogala@roadrunner.com.

CALIFORNIA: JJ&R Emergency Medical Group, Inc. is currently accepting CV's for Board Certified or Board Eligible Emergency Physicians. JJ&R is a progressive medical group specializing in physician staffing, and has enjoyed an unparalleled reputation. JJ&R is proud of its association with some of the most respected facilities throughout California and Tennessee. JJ&R physicians are given the opportunity to select the type of practice setting and geographic location that is tailored to fulfill both personal and professional goals. Compensation for independent contractors includes competitive pay, flexible scheduling, profit sharing opportunities, malpractice insurance, and tail coverage. Please call us to find out how JJ&R can assist in your career goals. Contact: Richard Sanders at 800-882-9212 or 310-301-2030, Fax CV to 310-306-5247 or email rsanders@jjr.com; more information is available at: www.jjr.com.

CALIFORNIA - SAN FRANCISCO BAY AREA: Is your EM career ready for a second wind? Consider this innovative medical practice-Emergency physician hotel & house call service offering mobile urgent care Part time/flexible hours. Productivity based pay. Experienced and board certified/prepared EP's only. Must like people, be able to function independently, welcome new challenges & have basic procedural skills (start IV's, administer injections, suturing solo (w/o RN), etc. Opportunities are for practicing EP's who want to supplement their ED work. See www.UrgentMedHousecalls.com for more info. Send CV to JohnHorningMD@gmail.com or fax to 415-684-7770. No recruiters.

CENTRAL CALIFORNIA: Seeking FT/PT physicians in low volume ED. Care for a diverse range of patients away from the stress of an urban ED environment. Twelve hour FNP/PA double coverage. Competitive compensation includes paid malpractice. Family friendly community with an abundance of outdoor activities. Located 30 minutes southeast of Fresno with easy access to SF, LA, Yosemite and the Sierras. Will consider EM, FP or IM boarded/prepared or extensive ED experience. Email CV to epcma03@aol.com or call O. Wolowodiuk, M.D.,Medical Director, at (559) 638-8155, ext. 293.
CENTRAL CALIFORNIA: California- $300K annual compensation, $25K first year bonus — Childrens Hospital Central California: Full time opportunities for Pediatric Emergency Medicine Physicians. Join an outstanding team of fellowship trained/board certified pediatric emergency medicine physicians. Childrens Hospital Central California sees over 60,000 pediatric ED pts./yr. with excellent back up, PICU, and in-house intensivist coverage. The ED physicians also staff the hospital-wide sedation service. The compensation package includes comprehensive benefits with funded pension (up to $28,175 yr.), CME account ($5,000/yr.), family medical/dental/prescription/vision coverage, short and long term disability, life insurance, malpractice and more. Contact Bernhard Beltran directly at 909-509-3073 or 800.828.0898, e-mail bernala@sema-er.com EPMG 4535 Dressler Rd. NW, Canton, OH 44718.

LOS ANGELES, CALIFORNIA: Excellent opportunity to work in a high-volume, high acuity Emergency Department with a democratic group, with a 30 year track record. Level II trauma center and paramedic base station. Competitive salary and full partnership opportunities available. If you are Board Certified/prepared, please send your resume to Michael Stephen, MD, Director of Emergency Services, St. Francis Medical Center, Lynwood, California, 90262, call 310. 900. 4534, fax your resume to 310. 900. 8287, or e-mail MikeStephen@dochs.org.

LOS ANGELES, CALIFORNIA:CEP America is seeking a BC/BP emergency medicine physician at Olympia Medical Center in Los Angeles. Olympia has an annual volume of 24,000 patient visits with single physician coverage supported with 10 hours a day of PA coverage. Olympia offers an excellent practice and the opportunity to join the premier Emergency Medicine Partnership in the country. All physicians are partners and share in the success of the Partnership. We offer excellent compensation, profit distribution, as well as health, disability and retirement programs. Visit our web site at www.cep.com and contact Kathy Schiffgens for more information on Olympia Medical Center at 800-842-2619 or by email at schiffgensk@medamerica.com.

(Continued on page 17)

(Continued from page 16)

MADERA, CALIFORNIA: Unique Partnership for Pediatric Emergency Medicine Physicians: Join an outstanding team of pediatric emergency medicine physicians at Children's Hospital Central California (CHCC) in Madera, CA. CHCC is a Level II Pediatric Trauma Center seeing 50,000 pts/yr. Emergency Physicians' Medical Group (EPMG) offers shareholder status after one year, excellent compensation, full benefits and more. Contact Bernhard Beltran at 909-509-3073, e-mail bbeltran@epmg.com EPMG/EMP, 4535 Dressler Rd. NW, Canton, OH 44718.

ORANGE COUNTY, CALIFORNIA: Don't miss this opportunity to work in beautiful Southern California….we have a state of the art, brand new $100 million ED/CC tower , cutting edge base station/paramedic receiving center, STROKE and STEMI designated receiving center, great back-up panel support and very dynamic ED group. We have ED physician coverage 48 hours per day, supported by 20 hours PA coverage per day, 7 days a week. This is a group of 14 ED physicians based in a stable, busy community hospital located in a very desirable Southern California community….great place to live and bring up a family. Located 30 minutes from beaches(Laguna Beach, Newport beach and Surf City, USA) with mountain biking out the back door of ED, 45 minutes to ski resorts and fishing in mountain lakes, minutes from Disneyland and Knott's Berry Farm , home to major sports teams as well as cultural activities. We are looking for BC/BE Emergency Physicians in an independent contractor status; we provide a generous hourly with night differential, flexible scheduling and liability coverage with tail. Currently looking for FT but would consider PT for the right candidate. For more information please contact Matt McKay at mattbmckay@yahoo.com or call 714-397-2791.

SAN DIEGO, CALIFORNIA: Grossmont Emergency Medical Group has an immediate opportunity for a Board Certified emergency physician (2 years experience required). Part time position available with transition into full time in busy, high acuity department with annual visits >72,000. Emergency Department is in brand new "state of the art" Critical Care Center with computerized tracking system and physician order entry. Shifts are 9 hours with competitive compensation offered. Come live and work in America's Finest City. E-mail CV and references to erwin.handley@gemg.net.

SOUTHERN CALIFORNIA: At Kaiser Permanente Southern California, we believe our achievements are best measured by the health and wellness of the communities we serve. That's why we provide a fully integrated system of care guided by values such as integrity, quality, service, and results. If you would like to work with an organization that gives you the tools, resources and freedom you need to get the best outcomes possible for your patients, come to Kaiser Permanente. The advantages of working with us reach far beyond our comprehensive network of support and state-of-the-art electronic medical records system. As part of our cross-specialty team, you'll also have access to a compensation and benefits package that's designed to impress you. For more information regarding opportunities, please visit our website: http://physiciancareers.kp.org/scal. For consideration, please forward CV to: Glenn.Gallo@kp.org or call (626) 405-5598.

SOUTHERN CALIFORNIA: Independent group seeking full and part-time BC/BE EM physicians. we will also consider board certification in internal medicine and family medicine with a minimum of 5 years continuous full time ED experience. annual volume approximately 30K, 9 and 10 hour MD shifts with plans to add physician extenders. competitive rates in addition to providing malpractice and tail coverage. short driving distances to the beach and mountains. Contact Dr. Michael Martelli at 310-650-6729 or mmart57@gmail.com.

VENTURA COUNTY, CALIFORNIA: FULL-TIME POSITIONS FOR BC/BE EM PHYSICIANS. Join an exciting group providing EM care in 2 hospital EDs in Ventura County. Independent contractor with competitive reimbursement. For more information, contact H. Allen Hooper, MD at allen.hooper@chw.edu or call (805) 988-2679.

OTHER STATES:

NEBRASKA: A new community hospital will open Spring 2010 in a growing suburb of Omaha, NE. The Bellevue Medical Center (www.bellevuemed.com) is part of the University of Nebraska at Omaha Health System and will serve as a teaching hospital and training facility of the U of N affiliated Air Force Family Medicine residency program, headquarter at Offutt Air Force Base. The contract was awarded to 2 local independent ER physicians and they are in the process of recruiting 3-4 fulltime ER physicians (preference is Board Certified/Board Eligible in either Emergency Medicine or Family Practice) to round out their new Group. First year volume is estimated to be 18,000 and anticipated to reach 35,000 within 4 years. If you are interested in exploring this opportunity kindly send current CV to thomascheatle@hotmail.com.

NEVADA – LAS VEGAS: EM TOXICOLOGY DIRECTOR, University Medical Center of Southern Nevada. Unique opportunity with new Emergency Medicine Residency program. Seeking toxicology fellowship-trained and certified Emergency Physician for academic faculty position. This is a true ground-floor opportunity. You will be responsible to develop a toxicology program and a didactic curriculum. Enjoy a progressive, dynamic environment with a supportive Emergency Medicine team. Protected academic time and clinical appointment in the University of Nevada School of Medicine (UNSOM), Department of Emergency Medicine. Employment and partnership is with Emergency Physicians' Medical Group (EPMG), EPMG offers democratic governance, open books, excellent compensation/bonus plus shareholder status after one year and malpractice+tail, relocation allowance and more. Contact Bernhard Beltran @800.828.0898, e-mail bbeltran@epmg.com fax 909-509-3073 or send CV to EPMG, 4535 Dressler Road NW, Canton, OH 44718.

In the one year since POLST (Physician Orders for Life-Sustaining Treatment) went into effect in California, the response has been incredibly positive. Thousands of health care providers across the state have begun implementing POLST as part of their standard policies and procedures, and it's making a difference.

"We've heard from so many providers that POLST has been a useful tool in helping them translate their patients' wishes into orders that can easily be followed", said Judy Citko, JD, Executive Director of the Coalition for Compassionate Care of California, the organization providing leadership for POLST implementation efforts in California. "POLST has drawn attention to the importance of having meaningful conversations with patients about their wishes for medical treatment, at any time during an illness, but particularly when facing serious illness or end-of-life decisions."

Part of the success in California has been due in large part to engaging key stakeholders in the process, such as emergency medical services, long-term care and acute care. That, in conjunction with the grassroots efforts of community coalitions and other community leaders, has really helped make POLST a reality in a relatively short time. In fact, POLST is now being used in at least 60 percent of the state's 58 counties.

POLST was designed to help ensure that patients have more control over their end-of-life treatment, and to help health care providers across settings honor their patients' wishes. With hundreds of physicians, nurses, and social workers trained about POLST, California is well on its way to improving how seriously ill patients and their health care teams make important decisions about treatment options toward the end of life.

To help educate providers, patients and their families, there are many POLST resources available including a new Provider Brochure, a new Consumer Brochure, and updated FAQ documents for providers and consumers. All of these materials are available on the new California POLST web site: www.caPOLST.org.

"Over the past year, POLST has helped ensure that more patients' wishes about treatment are being honored," said Kate O'Malley, Senior Program Officer of the California HealthCare Foundation's Better Chronic Disease Care Program. "This reflects CHCF's strategy to support projects that promote appropriate care toward the end of life; POLST certainly achieves that aim.

To learn more about POLST, log on to www.caPOLST.org.

California Coalition for Compassionate Care | 1215 K Stre

The California Coalition for Compassionate Care (CCCC) provides leadership and ov

Why Public Relations?

by Andrew Fenton, MD
CAL/ACEP Vice President

Recently the Board of Directors approved an annual appropriation for public relations for our chapter. These monies are only a fraction of the annual budget. Still, in the tough economics of the day, a responsible question is, "Why public relations?"

Webster's dictionary defines "public relations" as, "the business of inducing the public to have understanding for and goodwill toward a person, firm, or institution." Though we often forget this fact, doctors (especially emergency physicians) enjoy an extremely favorable rating with the public. Though we often feel like our skills have been commoditized and devalued by the current system, we still are well liked and respected by people. We have retained the public's goodwill.

The public's understanding of our profession and the emergency care system is minimal, however. Through a constant flow of misinformation, emergency rooms have been portrayed as wasteful, and the cause of high health care costs. Many believe they are filled with undocumented immigrants and the uninsured, who could easily go to the clinic if they had insurance. ER docs have recently been cast as mistake prone, and apt to perform too many tests and procedures so we can increase our own profits.

It would be unrealistic to say that our new public relations push will be able to erase every misconception that has been fostered by the deluge of false information. But we will no longer remain quiet on these issues. Public opinion and understanding of our profession and work environment must not be shaped by outside forces. It is time that our voice on these issues is heard and the truth is trumpeted.

A more vociferous stance on issues of importance to our organization is critical to our future, but for the most part our PR activities will be more targeted. Public relations will buttress our government relations with the goal of increasing the success of our political agenda. PR tools will be useful with all the issues that CAL/ACEP is actively involved in. They will assist us in framing the debate while defining our opponent, and then shaping and conveying our message.

An example of how public relations will bolster our advocacy efforts is in the evolving debate over fair payment. As managed care plans look to expand the balance billing ban to PPO products while continuing to attack the Gould criteria we must have a robust counter-strategy. First we must frame the debate, not as a discussion about patients receiving unfair bills, but rather the importance of the health care safety net and what is fair remuneration for our services. Our opponents are the amoral money-driven insurance companies and their capitated payers. Understanding that, we can craft the message that balance billing is the result of insurance company skul duggery. If plans and payers paid us fairly, then there would never be a balance bill. We will effectively deliver our message utilizing popular social media networks in tandem with more traditional circuits.

The debate over fair payment is a useful example of the potential of vigorous public relations. Not only can PR assist us in fostering public support, more importantly it will help support our government relations staff who are targeting our message to legislators.
Even how we talk about the issue and the language we use requires a paradigm shift. Media has always discussed this as a "balance billing" dispute when it has always been about "fair payment." Public relations can help us with that.

Another benefit we will gain with this new program involves how policymakers perceive our organization. Our focus on the fair payment/balance billing fight has influenced how many legislators view CAL/ACEP. In this new era, we have the opportunity to remake our image with an emphasis on our beneficence and dedication to our patients.

Mark Twain said, "The public is the only critic whose opinion is worth anything at all." Emergency physicians perform heroic acts on the behalf of our patients daily throughout our state. CAL/ACEP has been the leading voice in the protection of the health care safety net, in injury prevention, disaster preparedness, and patient advocacy for nearly four decades. We have earned a great deal of goodwill with the general public. As our health care system becomes more complex we now need to cultivate an understanding of emergency medicine. This knowledge will promote a sentiment with people and policymakers that will reap benefits for our organization for many years.

13th ANNUAL CALIFORNIA HEALTH CARE
LEADERSHIP ACADEMY

The Era of Health Reform: Harnessing the Currents of Change

April 9-11, 2010 | San Diego Marriott Hotel & Marina

- Hospital-Physician Alignment and New Models of Practice
- Health System Reform: Then and Now
- Leadership in a New Health Care Era
- and more...

New for 2010: **Academy Curricular Tracks**

- Health Information Technology
- Practice Management
- Leadership Development

MULTIPLE REGISTRATION DISCOUNTS
Save up to $100 per person when two or more register together

SAVE $100
Register by March 9th

TO REGISTER - call 800.795.2262 or visit our website at caleadershipacademy.com

CAL/ACEP Word Search Winter 2010 Edition

anuria
biopsy
bunion
carpectomy
dialyze
drastic
folium
hemocyte
knife
lipuria
medisect
oncovirus
percolation
radioiron
superego
tubulus

n	t	e	d	l	c	b	i	s	e	y	n	e
u	n	c	f	e	i	i	n	d	z	e	c	a
i	o	o	e	i	p	p	t	e	y	t	i	s
r	l	r	i	s	n	r	u	s	l	r	u	b
e	n	a	b	t	i	k	h	r	a	r	i	u
t	o	n	i	r	a	d	i	o	i	r	o	n
y	s	u	o	c	r	l	e	v	d	a	d	i
c	a	r	p	e	c	t	o	m	y	r	n	o
o	b	i	s	n	m	c	m	c	r	i	l	n
m	t	a	y	n	n	a	d	r	r	d	p	u
e	o	l	r	o	s	u	p	e	r	e	g	o

Be the first to find each of the words and fax to 916-325-5459 to win 15% off your 2010 Scientific Assembly Registration!

*Name:*____________________ *Hospital:*____________

*Address:*______________ *City, State, and Zip:*______________

*Phone:*________ *Fax:*_________ *Email:*________________

Word Search winner will be listed in the following Lifeline issue.

Sutter Emergency Medical Associates

SEMA
Sutter Emergency Medical Associates

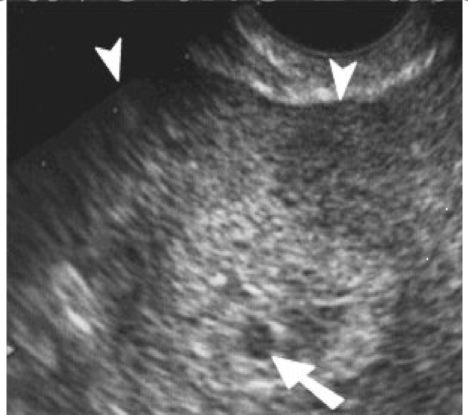
Discover Career Opportunities in Northern California Providing Quality Emergency Care in Communities Served by Sutter Health

- Shared Equity
- Democratic Governance
- Excellent Practice Settings
- Strong Peer & Organizational Network
- Competitive Compensation & Benefits

Contact: (888) 883-7362 or munknerj@sema-er.com
2100 Powell Street, Suite 940, Emeryville, California 94608

Paradise Point Resort & Spa

Save the Date



June 8 & 9, 2010

CAL/ACEP Emergency Medicine Ultrasound Workshop

Please call CAL/ACEP (1-800-735-2237) or E-mail: Deanna M. Janey ● djaney@calacep.org.

Save the date!

Paradise Point Resort & Spa

Yosemite 2010

by Ron Crowell, MD, Founder & Chair
Emergency Medicine in Yosemite
CAL/ACEP Past President

The 33rd Annual Emergency Medicine in Yosemite is now in the history books. Changes in the procedures for accrediting CME programs have resulted in arcane rules that 'must be obeyed'. As a result of tremendous effort by all of the CAL/ACEP staff, the Chapter negotiated the maze successfully and achieved among the largest registration in the history of the conference.

And what a conference it was—helped by perfect weather. It started with a discussion on Abraham Lincoln, particularly focusing on his ambition, integrity and leadership qualities. Jan Lofthouse, a retired trial attorney compressed her 25 hour college course into 50 minutes. It raised the issue of comparisons between Lincoln and our new President.

The Wednesday evening Opening Dinner featured vocals by Judy Lunn, who pursues her musical career on cruise ships and other venues and, when at home in Austin, Texas, works as a computer consultant. Judy also entertained at the Thursday and Friday evening programs. Our group loved her and she has been invited back for next year. We also had a presentation from Nancy Muleady-Mecham who offered her expertise with what it takes to be a Park Ranger, authored three books, just received a Fulbright Scholarship and is off to Russia to teach biology courses and astronomy along with research in their nature preserves this Fall.

The medical program featured emergency medicine stars: Rick Bukata, Billy Mallon, David Schriger, Swaminatha Mahadevan, Mike Bresler, Matt Strehlow, and Ed Panacek.

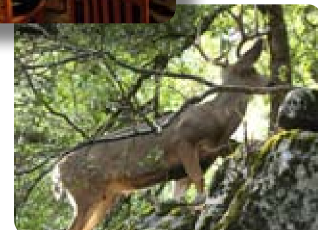
The Spousal Progam was presented by Dianne Hoag Bukata, Attorney, and was a successful event on Estate Planning 2010—New Rules?

The evening programs included two artists: photographer John Weller and mixed media artist Joseph Rossano both of whom are friends of the conference, and have directed their art toward man's impact on the environment. John has a Pew grant for his work cataloguing the Ross Sea in Antarctica, the last unspoiled ocean. Joe accompanied Brad Zlotnick to Costa Rica after last year's conference and his work reflects the world wide effort toward the bar-coding species. Brad presented an overview of this work in a presentation: "Emergency Physician Up Close and Personal", wherein we spotlight our colleagues endeavors outside of medicine. We also had presentations by Janet Eastman on the changing media in the US and its implications for the preservation of a meaningful free press and Mat Foley with "End of Life in America". The evening program was ably anchored by Alan Gianotti who once again mesmerized the group with "More Tales from the Himalayas".

Each afternoon was free. There were group hikes—all the trails were dry—and hikers could get higher than usual. Some folks skied, others went ice skating. Some enjoyed the Visitor's Center or the Ansel Adams Gallery or the Museum.

Everyone had a great time. The most common feedback from the attendees was that it felt like a family get together.

Next year's dates are January 11-15th. If you've never been, you should treat yourself and your loved ones to this very special experience!

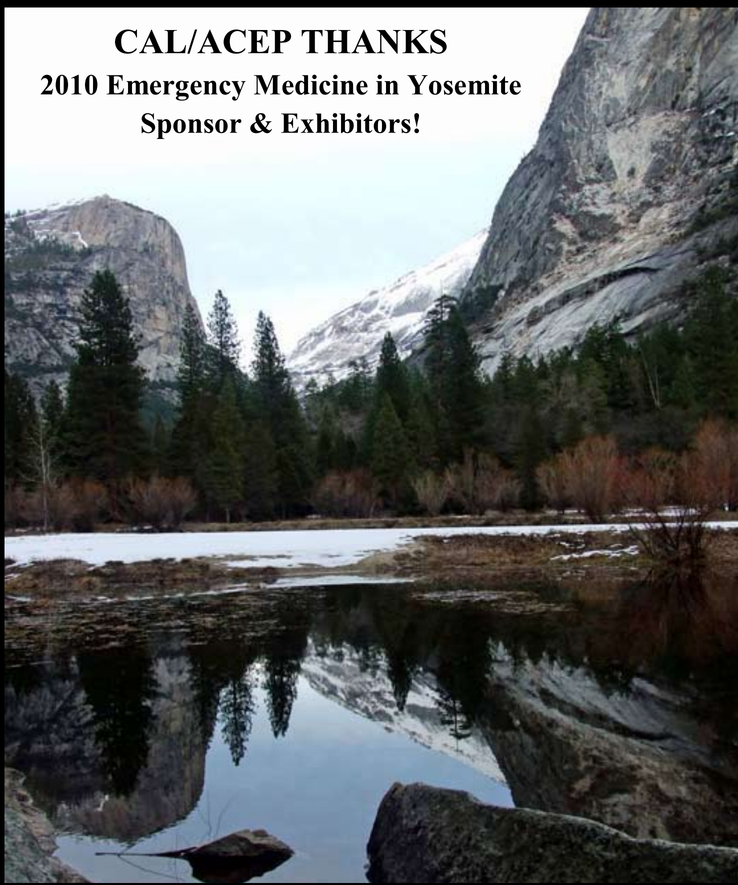


2010 IV Ultrasound Workshop in Yosemite

EMREF's first Ultrasound Course in Yosemite was a success—thanks to:

Tiffany Hacket, MD • Brita Zaia, MD • Michelle Fleurat, MD • Laleh Gharahbaghian, MD

Hope you join us in 2011!



CAL/ACEP THANKS
2010 Emergency Medicine in Yosemite Sponsor & Exhibitors!

Sponsor:

Emergency Groups' Office (EGO)

&

Exhibitors:

Emergency Groups' Office (EGO)

Kaiser

Newsura Insurance Services

Radiometer America

Sanofi-Aventis

US Army Health Care

LIFELINE

CALIFORNIA CHAPTER,
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

1020 11TH STREET, SUITE 310
SACRAMENTO, CA 95814

PRSRT STD
U.S. Postage
PAID
AUTOMATE

The Professional Management Team

- Billing Management Services
- Clinically Trained Team
- Reimbursement Coding By Registered Nurses
- All of Our Clients are References

emergency groups' office

Contact:
Andrea Brault MD
444 East Huntington Drive, Suite 300
Arcadia, California 91006
(877) 346-2211 ext. 278
email: andrea@emergencygroupsoffice.com