

EMpulse

Official Publication of the Indiana Chapter of American College of Emergency Physicians



**The 2016
INACEP Annual
Conference,
SIMS session &
Resident Forum
were very
successful.**

**Look for dates for
upcoming events this
fall on our website:
www.inacep.org**

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A View from the Top

By James Shoemaker MD, FACEP (INACEP Immediate Past President)



Earlier in May, INACEP held the 2016 INACEP CME Conference at the Sheraton Hotel in downtown Indianapolis. This year a Simulation component was added and this experience was well-executed and informative with many take-away clinical pearls and skills. The slate of National and Local speakers was also top-notch. Didactics and simulation made for a winning combination. The Annual INACEP meeting was also held during the conference and the slate of 2016 Councillors and Alternate Councillors for the ACEP Scientific Assembly in Las Vegas, NV was approved. This year's Councillors will include: Drs. Sara Brown, Timothy Burrell, JT Finnell, James Shoemaker, Chris Weaver and Lindsay Weaver. Alternate's will include: Drs. John Agee, Michael Bishop, Bart Brown, Chris Burke, Chris Cannon, Gina Huhnke and John Rice. Several INACEP Board positions were open and since we had more interested candidates than slots, an open election was held. Congratulations to this year's new INACEP Board members: Drs. Tyler Johnson and Lauren Stanley. Drs. John Rice and Matt Sutter were re-elected to a second term. I will transition into the role of Immediate Past President and Dr. Lindsay Weaver will assume the role of President, Dr. Gina Huhnke will become Vice-President and Dr. Chris Ross will be the new Secretary/Treasurer for our organization.

I recently returned from Washington, DC after attending the 2016 ACEP Leadership & Advocacy conference. This was my first time attending and I had an amazing experience. More than 600 dedicated Emergency Physicians

attended the LAC to learn about issues facing Emergency Medicine and EM patients, and to advocate on our behalf. This year ACEP discussed the following germane issues with our Congressional leaders: EMS Standing Orders, the Opiate Crisis, Mental Health Reform, EMTALA tort reform and Out-of-Network Balance Billing. The Indiana LAC Team included: Kyle English MD, JT Finnell MD FACEP, Adam Losch MD, Lindiwee-Yaa, Randall-Hayes MD and James Shoemaker MD FACEP. Together we met with Congressional members Rep. Larry Bucshon (R, IN-08), Rep. Susan Brooks (R, IN-05) and Rep. Jackie Walorski (R, IN-02). We also met with the Legislative Assistants for Sen. Joe Donnelly (D, IN-Senate) and Sen. Dan Coats (R, IN-Senate). Fortunately, our Indiana Legislators "get it" and did not require a lot of convincing to support ACEP's Legislative initiatives. It was clear that the Legislators appreciated our efforts to go to Capitol Hill and have face-to-face discussions about the issues facing Emergency providers and our patients. LAC was a fantastic experience

This is my last 'View from the Top' newsletter as my one-year term as Indiana State Chapter President has come to an end. It was a fantastic journey, I learned a great deal, and feel the Board and I accomplished many tasks to better propel our Specialty into a future with a dramatically changing medical landscape.

A Brief History of IN Emergency Medicine

by Rolly McGrath MD, FACEP

Prelude

It has been suggested that French military surgeon Dominique Jean Larrey (1766-1842) is the father of emergency medicine (EM). During the French Revolution he conceived of the rapid transport of wounded soldiers to centralized field hospitals.

But formalized emergency medicine is outstandingly young throughout the world. While early emergency departments (ED) in the US were attended by hospital staff physicians of all disciplines, Dr. James DeWitt Mills with four colleagues established the model of dedicated ED physicians in Alexandria Hospital, Alexandria, VA, in 1961.

Subsequently there was need and interest for emergency physicians to organize themselves leading to the creation of several groups:

- American College of Emergency Physicians-ACEP (1968) the largest EM physician group and responsible for the Annals of Emergency Medicine (1994),
- Emergency Medicine Residents Association-EMRA (1974),
- Society for Academic Emergency Medicine-SAEM (1989) the coalescence of the University Association for Emergency Medicine-UAEM and the Society of Teachers of Emergency Medicine-STEM and parent to the journal Academic Emergency Medicine (1994), and
- American Academy of Emergency Medicine-AAEM (1993) to advocate additionally for fair and ethical business practices in EM.

EM residencies appeared in 1970 with the first at the University of Cincinnati. In 1971 the University of Southern California was the first to establish an academic department.

The American Board of Emergency Medicine (ABEM) was incorporated in 1976 and in 1979 the American Board of Medical Specialties formally recognized EM as the 23rd medical specialty though the first years required conjoint oversight with other specialties. The first EM certifying board examination was given in 1980.

Now, to put this brief history into context it might be helpful to appreciate the longevity of internal medicine (IM). The American College of Physicians was begun in 1915 and has sponsored the Annals of Internal Medicine since 1927. The American Board of Internal Medicine has existed since 1936 and administered its first certifying exam then.

Indiana History

Emergency Medicine in the state of Indiana first began in the old paradigm with the talented and brave physicians who were variously trained attending to patients in the emergency departments throughout the state.

Indiana American College of Emergency Physicians

A group of interested physicians met October 27, 1971, to form an Indiana Chapter of ACEP (INACEP). J.D. McPike presided over the meeting and was elected President. The inaugural board included the following: Larry W. Simms, James M. Brantly (Medical School/Postgraduate Training...West Virginia University/ Methodist, Indianapolis, IM), Paul P. Van Kirk, Theodore R. Crawford, Edwin R. Eaton, Foreset M. Kendall, Joseph R. Hoover, Carl D. Martz, and Martin J. Graber, Jr.

At the following meeting Feb 5, 1972, Jacob Van Druenan was elected to the Board.

Barbara Schilling was hired as the first staff person serving as the Executive Director until December 1, 1978.

Nick Kestner was approved as the second Executive Director at the January 20, 1979 meeting and has served since.

Although INACEP actually started in 1972. The original incorporation papers were apparently lost, so in 1979 reincorporation was necessary.

Other important individuals in those early years included John Johnson (Indiana University School of Medicine/Methodist, Indianapolis, Family Medicine), Mike Bishop (University of Illinois/ Methodist Hospital, Dallas, Internship), and Bill Nice (Indiana University School of Medicine/Memorial Hospital, South Bend, Internship).

In addition, some of these pioneers provided leadership within both national ACEP and ABEM.

ACEP

John Johnson President (1990-1991)

John Johnson Board (1982-1985, 1986-1992)

Mike Bishop Board (1995-2001)

ABEM

Mike Bishop President (1993)

Mike Bishop Board (1988-1996)

Of course, there are many, many others who have given their time and energies to promote EM in Indiana as clinicians, teachers, medical directors, patient and discipline advocates, and much more.

Academic Department of Emergency Medicine-Indiana University School Of Medicine

So, emergency medicine is certainly a relatively young discipline and the academic department within the Indiana University School of Medicine (IUSM) is still younger. Its history is derived from the selfless contributions to students and EM residents by the volunteer (subsequently known as adjunct and now full-time) faculty at Methodist Hospital. The School's academic department was established in July of 1999 by Dean Robert Holden. EM became the 19th clinical department in the School and the 58th academic department of emergency medicine in the country (there are now more than 80 among more than 125 allopathic medical schools).

The impetuses for the creation of the department were the following:

- IUSM Curriculum Council Topic Committee recommended to the Curriculum Council that there be an academic department to advocate for the discipline within the School's curriculum and to provide EM role models on campus (1990);
- Wishard ED Associate Medical Directors for Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery reached a consensus that the specialty-based triage could not meet the community standard of service and that it was time to shift the paradigm to EM (1995);
- And, following the creation of Clarian Health Partners (later dba Indiana University Health) it was apparent that there was need for a home for the EM residency in the academic community (1997).

The inaugural Chair was Rolly McGrath (University of Kansas/IUSM IM/University of Southern California Critical Care Fellowship). He promptly recruited and hired Jamie Jones (Ohio State University/Wright State University) to provide guidance with the recruitment and hiring of a young faculty to effect the transition of the Wishard ED.

Lisa Braun was invited to serve as the first administrator for the new department and played an important role in its evolution, growth, and success.

Together these three imagined that the department's initial goals must include the following:

1. Participate in the school's curriculum development and realization, while creating an interface between EM and the other disciplines,
2. Facilitate EM related research programs,
3. Develop a faculty of clinician-teachers to effect and sustain the transition of the Wishard ED while enhancing patient care and the support of learners in the department.

The long term vision included a mandatory clerkship within the school of medicine which would be expected to become one of the schools most successful and appreciated clerkship, incorporation of Wishard into the residency curriculum and ultimately making a substantial contribution to resident training, extramural support of research ventures which despite the wonderful early leadership of the Methodist based research programs had not been a priority or necessity, a unified faculty (Methodist and Wishard teaching physicians), and ultimately to become the nation's finest academic department of emergency medicine.

Subsequently one of the finest groups of young clinician-teachers known to the discipline and to the School of Medicine was brought on board to begin the transition of the Wishard ED July 1, 2000.

The transition of Wishard was difficult, of course. The young group effected this transition with grace and excellence. They had been recruited to a vision and mission and were paid less than competitive wages to work through the staffing paradigm shift where there were many skeptics and only limited hospital resources.

By the end of the first decade the departmental organizational structure included two Vice Chairs: Jamie Jones for Academic Affairs and Chuck Shufflebarger for Clinical Affairs (IUSM/Allegheny General Hospital). There were six divisions identified (Education, Information Technology, Medical Toxicology, Out-of-Hospital Care or EMS, Pediatrics, and Research).

Butch Humbert (Ohio State University/Metro Health Case Western Reserve) was appointed the Wishard clerkship director and navigated university processes to move the clerkship from a separate clerkship elective, to an elective combined with the Methodist based clerkship, then a selective within the school, and finally a mandatory clerkship. It became one of the school's most successful clerkships (objectively and subjectively) while being the largest mandatory EM clerkship

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Conference Wrap-Up

by **Lindsay Weaver MD (INACEP President)**

"Good time, well run, great speakers and enjoyed catching up with old friends." This is just an example of the overwhelming positive feedback for the 44th Annual Indiana Emergency Medicine Conference held in downtown Indianapolis May 5th and 6th. We had a great turnout of physicians, nurse practitioners, physician assistants, emergency medicine nurses, residents and medical students from all over the state of Indiana. Once again, we had excellent talks from national speaker Dr. Joe Martinez who taught us all to fear the geriatric abdomen (take away: don't hesitate to order scans on your elderly patient with abdominal pain) and a subject dear to all of us, working the night shift (take away: anchor sleep and coffee both work!) The president of ACEP, Dr. Jay Kaplan, spoke to us about obstetric emergencies and the importance of working as an interdisciplinary team. Dr. Kaplan also updated the group on the tremendous work ACEP is doing to improve emergency care. One of national speakers was unable to attend last minute, so Dr. Laura Tormoehlen stepped in with a wonderful lecture on hyperthermic syndromes.

On the second day of the conference attendees took a bus to the state of the art IU Health Simulation Center at Fairbanks Hall. There they practiced using ultrasound on live actors to diagnose deep venous thrombosis and do ultrasound guided central venous access. They also got to practice their skills at starting an ultrasound guided IV, nasopharyngeal intubation with a scope, doing a cricothyrotomy and many other airway

skills. One attendee wrote, "Used the technique (nasopharyngeal scope) tonight at bedside with the Storz device on a patient with severe tongue angioedema from ACE-I. Glad I went to the sim lab! Thanks!" Participants also got to try their hand at running a pediatric code on a simulated drowning patient and meet with the wonderful pediatric emergency medicine physicians and nurses of Riley Hospital.

Our noon lecture was a sobering presentation on preparing for an active shooter in your ED from Lt. Sellas with the IMPD and Dr. Andrew Stevens. Special thanks to Dr. Elizabeth Weinstein (pediatric seizures), Dr. Jeff Kline (community treatment of pulmonary embolism), Dr. Emily Fitz, Dr. Kate Pollard (leptospirosis), Dr. Bekah Blickendorf (necrotising fasciitis), Dr. Mark Liao (aviation emergencies), Dr. Brent Furbee (anaphylaxis and snake bites) and Lou Belch, our lobbyist with The Corydon Group, for their contributions to the conference.

Every year we work to make the conference the best experience possible for Indiana ACEP members and our colleagues. Please don't hesitate to provide us feedback. We look forward to seeing many of you next year! It truly is an easy way to learn a few things, get CME, find out what ACEP is doing for you and most importantly catch up with old friends, make new contacts and talk shop with your peers from across Indiana.

(Note: The conference would not be possible without the tremendous work of Sue Barnhart and Nick Kestner. Thank you.)



Chris Burke MD, FACEP, recipient of the Fred Osborn award, with his family



Outgoing President James Shoemaker MD FACEP

Indiana ACEP gratefully acknowledges the following companies for their support of our 44th Annual Emergency Medicine Conference

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Dr. John McGoff presenting Dr. Chris Burke with the Fred Osborn Award



Drs. Doug Tannas, Dave Farman, Gina Huhnke & Chris Cannon at the SIMS lab



Luncheon at the Sheraton during the conference



Hands-on SIMS lab workshop



Drs. Chris Hartman & Randy Todd during a Conference break

Understanding Payment Reform

by JT. Finnell MD, FACEP (INACEP Board member)

After the repeal of the Sustainable Growth Rate (SGR), the Medicare Access & CHIP Reauthorization Act (MACRA) was born. The intent of MACRA is to provide better care, and not more care. The end of fee for service is in sight.

MACRA proposes to consolidate the elements of three existing programs: the Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for eligible professionals (EPs), creating a single set of reporting requirements. The rule will retire payment adjustments under the current PQRS, VM, and the Medicare EHR Incentive Program for eligible professionals.

The first performance period would start in 2017 for payments adjusted in 2019. While not a stimulus program—some will see reduced payments for non-performance and some will see

enhanced payments for exemplary performance. The intent is a zero sum redistribution of payments.

So what must a clinician do and when?

For the period January 1, 2017 to December 31, 2017 (yes, it's a full year, not 90 days), clinicians must:

- Use a 2014 or 2015 Edition Certified EHR
- Report on either eight stage 2 or six stage 3 advancing care information objectives and measures:
- Attest to their cooperation in good faith with the surveillance and ONC direct review of their EHR
- Attest to their support for health information exchange and the prevention of information blocking.

You can find more information about MACRA at <https://www.cms.gov>.

New INACEP Board Members and Officers

Congratulations to:

Lauren Stanley MD, FACEP & **Tyler Johnson** DO, FACEP—our new INACEP Board members, voted in at the INACEP Annual meeting on May 5, 2016.

Dr. Stanley is a board certified EM Physician with Boone County Emergency Medicine - staffing Witham and Major Hospital.

Dr. Steinhofers Comes is a board certified EM physician with Professional Emergency Physicians Group, and works at two facilities in Fort Wayne.

New Officers for 2016 – 2017

Lindsay Weaver MD—President

Gina Huhnke MD, FACEP—Vice President
(and Education Director)

Chris Ross MD, FACEP—Secretary/Treasurer

James Shoemaker MD, FACEP—Immediate Past President

A View from the Top, *continued*

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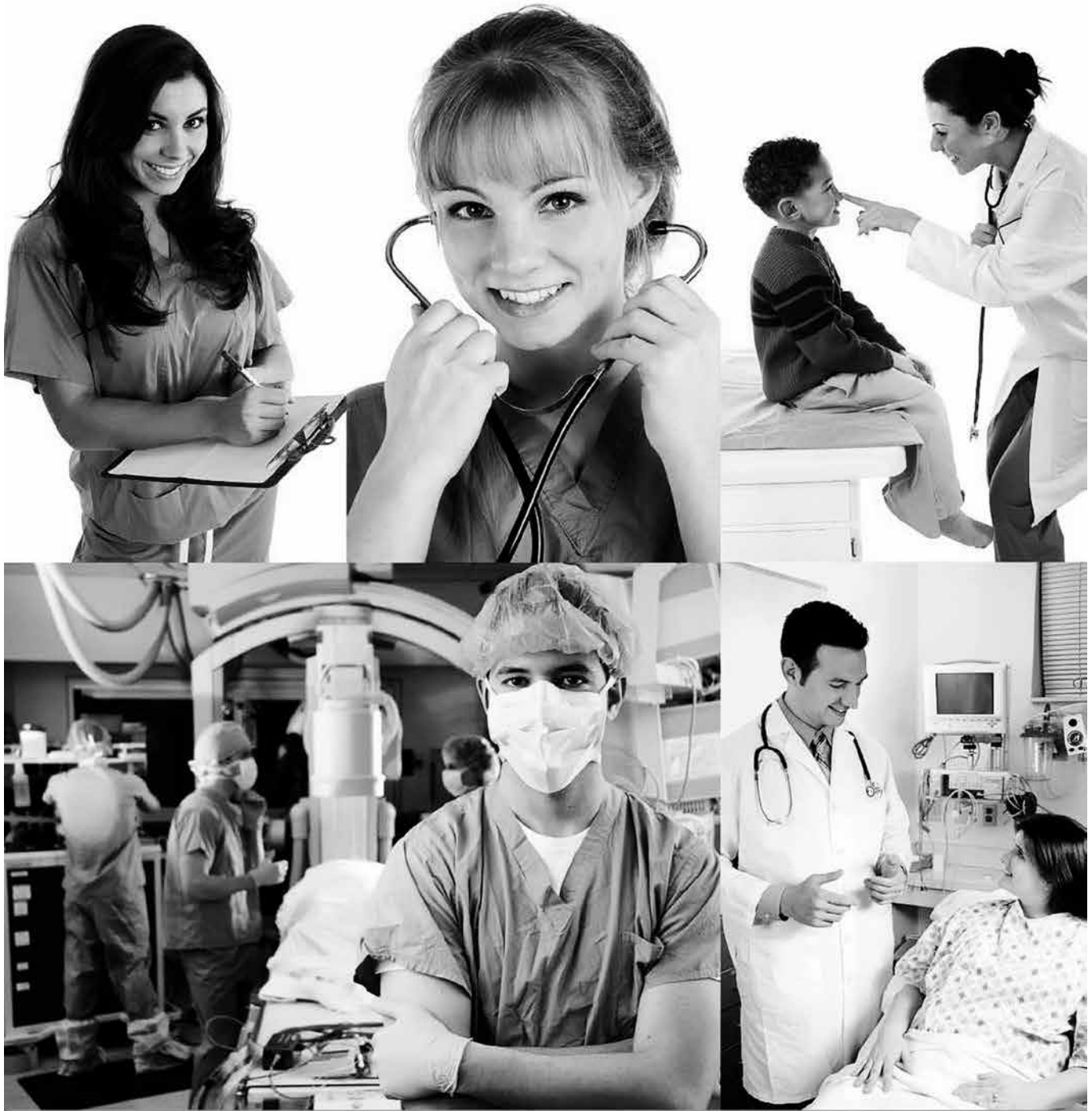
and I truly see myself attending annually to have a seat at the table and advocate for support and change. You should consider attending as well!

This is my last 'View from the Top' newsletter as my one-year term as Indiana State Chapter President has come to an end. It was a fantastic journey, I learned a great deal, and feel the Board and I accomplished many tasks to better propel our Specialty into a future with a dramatically changing medical landscape. My year as President was busy as we tackled changes to the Medical Malpractice Act, signing of death certificates by Emergency Physicians, the opioid epidemic, bolstering the INSPECT program

and working on statewide trauma triage guidelines, among many other issues.

On another note, I'd like to personally congratulate INACEP Board member JT Finnell, MD, FACEP on his nomination to run for an open National ACEP Board of Directors position. He is well-qualified and would be an asset to the organization.

And, in closing, thank you for entrusting me to be your 2015-2016 INACEP President. I look forward to continuing to contribute to this outstanding organization for many years to come.



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Legislative Update

by Lou Belch, Lobbyist for INACEP

With the primary election behind us, the summer work of the General Assembly will begin. The Legislative Council will begin assigning study topics in late May and the Committees will meet into the Fall with a final report typically due on the 31st of October.

Perhaps the biggest change in the General Assembly as we look to the 2017 Session will be the leadership change of the Senate Health and Provider Services Committee. Sen. Patricia Miller is not seeking re-election. Sen. Miller served as Chair of that Committee for 25 years. She was very supportive of issues related to Emergency Medicine. Her legacy includes authoring legislation that established the "prudent layperson" standard in the Indiana Code. She also was the author of legislation creating the Healthy Indiana Plan and the codification of HIP 2.0. She will be missed. INACEP will have a keen interest in her successor.

Not all of the activity this summer will be legislative in nature. INACEP will be monitoring the work of the Jobs Creation Committee (JCC). The JCC was legislatively created at the request of Governor Pence. Their task is to review all licensing laws and make recommendations for changes or elimination

to the General Assembly. This summer they will be reviewing the Medical Licensing Board. While elimination of the Board is not likely, some other changes could emerge.

Also meeting this year is the INSPECT Committee. Chuck Shuflebar MD is a member of this Committee, which is charged with monitoring the program and making legislative recommendations. INACEP will be monitoring this Committee for a couple of issues: mandatory query of INSPECT for prescribing, and inclusion of all drugs in the program.

The Governor has a task force on opioid prescribing as does the Attorney General. Both are considering recommending legislative or regulatory proposals regarding prescribing in the ED. The Medical Licensing Board has already promulgated rules for prescribing in physician offices. When the rule was being discussed, ED prescribing was not included in the final rule. INACEP is working with the ISMA and the Indiana Hospital Association on guidelines for appropriate opioid prescribing policies in hospital ED's. That document will be presented as an alternative to a legislative or regulatory fix. Once completed, it will be shared in the *EMpulse*.

Indiana University School of Medicine

Department of Emergency Medicine 40TH ANNIVERSARY GALA

Saturday, September 10



The Indiana University School of Medicine Department of Emergency Medicine invites all its graduates, trainees, affiliates, and partners to join us in celebrating 40 years of Emergency Medicine in Indiana. Our residency program began at Methodist Hospital in 1976, and is proud to have over 400 emergency physician graduates.

Plan to join us on Saturday, September 10th at The Dallara Indycar Factory in Speedway, IN as we gather to share memories and make new ones. We hope to see as many graduates as possible dancing to the Soul Street Band, with 2005 grad Cory Pitre on guitar. Get ready to race in an Indy Car simulator or take a lap in a street legal Indy Car with a professional driver.

We want to hear from you! Update your contact information here

iuemed.com/40years/gala



Case Report: Choking on Her Own Bone: An Unusual Case of Dysphagia

by Megan Litza MD, Emergency Medicine PGY 1 and Luke Schafer MD, Assistant Professor of Clinical Emergency Medicine, IU School of Medicine

Overview

54 year old African American female presents to the emergency department with the complaint of progressive dysphagia over the past year. The initial onset was gradual and was worse when eating solid foods. She denied odynophagia. She noted it was now beginning to feel like something is constantly “stuck” in her throat which was also causing a chronic cough. She had tried multiple OTC remedies for cough suppression without relief. She denied having ever smoked, alcohol use, diagnosis of gastro-esophageal reflux disease (GERD) or recent weight loss. She felt her voice was unchanged. The patient was visiting from out of state and had not had medical care in a year.

Exam Findings And Workup

On physical exam, she was able to point to an area about 3-4 cm cranial from the jugular notch where she felt the sensation of a foreign body. She was noted to have a dry, nonproductive cough during the exam. She was managing oral secretions without difficulty. She had no pain on exam. Overall she was well appearing.

Based on the gradual onset of the complaint, our initial concern was for a mass and less likely for an acute foreign body. A chest x-ray was obtained to assess for mediastinal masses which was negative. In addition a CT neck was obtained to evaluate the anatomy of the patient’s very specific location of discomfort. CT neck demonstrated large cervical osteophytes which were consistent with the area of the patient’s discomfort.

Diagnosis

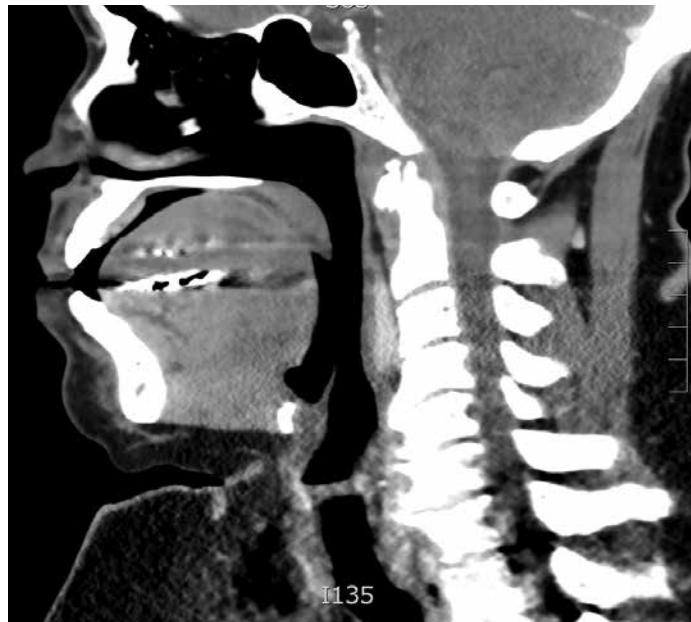
Anterior cervical spine osteophytes

Management

After the diagnosis was made with the aid of the CT images, neurosurgery was consulted. The recommendations from neurosurgery were for an outpatient swallow evaluation to be completed and to have the patient follow up in neurosurgery clinic. A referral was also made for urgent medicine follow up for management of the patient’s overall health status in anticipation of possible future surgery. The patient was discharged with a mechanical soft diet and given strict return precautions.

Discussion

Cervical osteophytes are found in 10-30% of the population however the majority of the osteophytes are asymptomatic¹. When the cervical osteophytes do become symptomatic,



there is no defined standard workup that is supported by the literature. Suggested diagnostic tests include videofluoroscopy, barium swallow and esophagram^{2,3}. Medical management is ideally optimized first. Again, there is no clear standard of care, but suggested management includes modifications to diet, nonsteroidal anti-inflammatory medications (NSAIDs), steroids, histamine (H2) blockers or proton pump inhibitors (PPI) and swallow therapy^{1,3}. The risks of the progressive dysphagia include poor nutritional status, aspiration and impacted food bolus. Ultimately, if the patient’s symptoms are severe and the patient has failed medical therapy, they will need to be referred for surgical evaluation. In the case reports and review of literature, surgical resection is often effective⁴⁻⁷. If the patient is not a surgical candidate due to overall health status, a gastrostomy tube may be required.

Conclusion

For patients who present to the emergency department with gradual onset, progressive dysphagia the differential is wide and the initial evaluation is based on the patient’s history and physical examination. In this case, imaging was obtained in the emergency department to evaluate the structural anatomy at the patient’s specific location of discomfort which yielded the unexpected finding of large anterior cervical osteophytes that clinically correlated. If the patient does not have acute signs of complications from the dysphagia such as aspiration, severe weight loss, food impaction or electrolyte derangements, medical optimization should begin in the emergency department with the appropriate referrals for possible future surgical intervention.

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Featuring Indiana Emergency Departments: UH Saxony & Tipton Hospitals

by Douglas Tannas MD, FACEP

For the past six years, I've had the privilege of serving on the Indiana ACEP Board of Directors, and for about five of those years I've been featuring emergency medicine groups from around the state in EM-Pulse. For my last article as a board member, I've decided to feature my own group. I work for Indiana University Health Physicians (IUHP) at two of our smaller hospitals: IUH Saxony Hospital, a suburban facility in Fishers, and IUH Tipton Hospital, a critical-access hospital in the small town of Tipton.

Working at Saxony has been a unique opportunity for me and for the other members of the group, as we have been staffing the ED since the hospital opened in December 2011. It has been an interesting experience to help build a new ED from the ground up, forming new relationships as a group with an entirely new team of nurses and techs, as well as with the many PCPs and specialists in our area. We have seen a steady increase in volume in the past few years, but we remain a small ED where team members know each other well. Saxony has some unusual assets for its size, including 24/7 cath lab availability and an EMS unit based at the hospital. The hospital was carefully designed, with radiology and the cath labs located very near the ED and with an overall layout designed to minimize the need to move patients and equipment. Cardiology and orthopedic surgery are major focus areas for the hospital, and we are fortunate to have excellent partners in both of these specialties. As volumes have grown, we have evolved as a hospital to include other specialties and to admit many general medical patients as well.

Our group began working at IUH Tipton in May 2013, and from the beginning I've loved working at this facility. Tipton is a small town that reminds me of my hometown, and the hospital is fortunate to have a small but outstanding staff of primary care physicians and specialists who have a deep commitment to caring for the community. Often, I call a patient's PCP to discuss an admission, only to find that the physician is already aware that the patient is ill and was waiting for my call! The CEO of the hospital knows each of us and has been extremely supportive of our efforts. Overall, working at Tipton is sometimes a strikingly different experience than that which most of us have had in large hospitals, and I love the closeness of the community and its shared sense of mission.

Our group is led by Dr. Gaurav Arora, known to many of you as a past president of Indiana ACEP. Dr. Arora also serves as the chief medical officer of both of our hospitals. Drs. Tom Sliwa and Sal Migliore serve as EMS directors. Other physicians in the group are Drs. Sherif Andrews, Gail Brown, Bob Collins, Jim Davidson, Pete Healy, Manisha Patel, Mat Rose, Sean Trivedi, Bill Wixom, and myself. Our nurse managers are Elizabeth Sadler (Saxony) and Jaime Freeman (Tipton).

As we are part of the larger IU Health system, we have opportunities to mentor medical students on the EM rotation and to serve on committees for the system. I've enjoyed serving on the system's ethics committee, on a smaller ethics committee for our region, and on the physician oversight group for the electronic medical records system. Other members of the group contribute on other committees and educational endeavors in cooperation with the IU School of Medicine and the EM residency.

In this series of articles, I've asked groups to comment on strategies they have used for adapting to electronic medical records and to computerized physician order entry. Our experience was a little different from most groups, as we switched rather abruptly from a paper charting system at our prior facility to an EMR when we opened Saxony. We had already become somewhat used to CPOE at our previous facility, but we had to adapt quickly to a new CPOE system while learning how to use an EMR for the first time. We use Cerner at both facilities, as do most hospitals in the IU Health system. Although it was a challenge to make the switch, I think most of us have adapted reasonably well. The use of macros and "autotext" phrases in Cerner has helped to speed documentation, and in some ways I think my documentation is better now than it was with a paper chart. I have come to appreciate the value of an EMR for quickly finding old records as well (anybody remember sorting through stapled papers in a huge stack from a manila folder?)



IU Health Saxony Hospital



IU Health Tipton Hospital

In this space, I usually ask physicians to describe what they like best about their groups. I think the top answer is “the people”—and I feel the same. Members of our group have supported one another through personal crises, have covered for each other during health emergencies, and have worked to develop a positive environment for the nurses and docs together. I’m fortunate to be part of such a dedicated and professional team. We are looking for another talented physician to join our team—if you are interested, please email me at dtannas@iuhealth.org.

In the past five years, I’ve asked groups around the state to discuss the challenges they are facing. I’ve come to realize that we really all face the same challenges: increasing patient volumes, changes in reimbursement, preservation of critical specialty coverage, the constantly shifting winds of quality metrics, and the need to encourage talented residents to stay here in Indiana. I enjoy working as part of a team during my shifts, and as part of the team that is my group—but I also realize now that I’m part of a team that includes all of you, 24/7. When I am facing tough decisions on a busy night shift,

it helps to realize that I’m really not on my own, even in a single coverage ED, because somewhere out there, the other members of Indiana ACEP are toiling away through the night, working in the trenches, taking care of anyone who needs us. My time on the Board has shown me that the front lines of medicine in Indiana are well-staffed by an elite group of physicians who do this difficult job exceedingly well.

Thank you to the many physicians and groups who have contributed to this column in the past few years. I’m hopeful that another member of the Board will continue it in the years to come. Best wishes for a safe and productive summer—and, as always, please let any member of the Board know if there is any way in which Indiana ACEP can better serve you and your patients.

New INACEP Members

Medical Students

Allen Barton
Scott Craver
Carter Duggan
David Eichenberger
Logan Fox
Zachary Hampton
Jacob Hess
Sarah Hockley
Corlin Jewell
Benjamin Kober
Ryan Matthews
Allen Meyers
Clay Mishler
Brian O’Neill
Leah Oswalt
Max Reiche
Dru Sappington
Melissa Schultz
Casy Seizys
Rima Siddiqui
Nathan Wavle
James Wright

Residents

Grant Chernoby MD
William Martin MD

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Stephen Cico MD (from S. Dakota ACEP)
Timothy Davidson MD (from Louisiana ACEP)
Jacob Dickinson MD (from Ohio ACEP)
Simran Kapur
Mark Kricheff MD (from Pennsylvania ACEP)
Ximena Llobet MD (from Illinois ACEP)
Dale Long DO (from Kentucky ACEP)
Michelle Overfelt MD
Brandon Russell DO
Stephen Sample MD
Phillip Schafer DO (from Michigan ACEP)
Kelley Smith MD (from GS ACEP)
Doyle Yeager MD, FACEP (from Alaska ACEP)

International Member

Nadir Al-Dubayan MD

EMPLOYMENT OPPORTUNITIES



FULL EQUITY OWNERSHIP POSITION AVAILABLE

Emergency Medicine of Indiana is searching for well-trained EM physicians who are interested in joining a small/moderate sized group of like-minded colleagues with a passion for equal schedules, equal pay, equal “say” and equal ownership. We staff 7 hospitals in the NE Indiana region (3 of which are located in Ft. Wayne, IN).

For more information contact:
Marta Schenkel
mschenkel@emipg.com
(260) 203-9600

A Brief History of IN Emergency Medicine, *continued*

continued from page 3

in the nation. IUSM graduating classes have chosen the EM Clerkship as the best Clinical Clerkship in 2005, 2006, 2008, 2010, 2011, 2012, and 2013. Joe Turner (Cincinnati University/IUSM) became the clerkship director in 2012.

The Emergency Medicine Residency Directorship evolved from the leadership of Frank Black 1976 (Vanderbilt/Methodist, Indianapolis, IN), Bob Prosser 1986 (University of California Davis/University of Colorado Surgical Internship), cooperatively Bill Cordell (IUSM/Methodist, Indianapolis) and CT Fletcher 1988 (IUSM/Methodist, Indianapolis), Carey Chisholm 1989 (Medical College of Virginia/Madigan Army Medical Center), Kevin Rodgers 2013 (Medical College of Virginia/Brooke Army Medical Center) and Butch Humbert 2015. The EM & Pediatrics program was realized in 1990 and was initially directed by Carey followed by Jen Walthall (IUSM/IUSM EM & Pediatrics) 2013 and currently Debra Rusk (IUSM/IUSM IM & Pediatrics, EM) 2015.

Assistant/Associate program directors have included Jamie Jones 1993-1994, Kevin Rodgers 1998-2013, Chris Weaver (University of Kentucky/IUSM) 2000-2010, Jen Walthall 2007-present, Lee Wilbur (University of Kansas/Denver Health) 2007-2013, Dylan Cooper (University of Michigan/IUSM) 2010-2013, Katie Pettit (IUSM/IUSM) 2013-present, Heather Flemming (University of Southern Illinois/University of South Carolina Pediatrics/Medical College of Wisconsin Pediatric EM Fellowship) 2013-present, and Josh Muegle (University of Michigan/IUSM) 2014.

The program size has evolved from 8 residents annually in 1992 to 19 today. So, in addition to being one of the finest EM residencies in the nation IU EM became its largest 3-year program. In addition, there are now fellowships in Critical Care (based in the Pulmonary & Critical Care Division of the Department of Medicine), Disaster Medicine, EMS, Research, Toxicology, and Ultrasound.

The early research program included successes through the personal efforts of Dan Rusyniak (Wake Forest University / IUSM/IUSM Medical Toxicology Fellowship) who was awarded a K08 in 2005 for "Ecstasy and the Dorsomedial Hypothalamus" and then in 2010 the department's first R01, "CNS Circuitry and Receptors Mediating the Effects of MDMA." In 2008 Kevin Terrell (Chicago College of Osteopathic Medicine-Midwestern University/IUSM) won a K23 with "Transfers Relative to the Acute Care of Elders (TRACE)."

The Methodist and Wishard based faculties were able to unite in a single corporate structure in 2007 to create one of the largest and, of course, most talented academic groups in the nation.

There had been countless other important initiatives to include but not limited to the Academic, Advocacy, and EMS Tracks within the residency; development and implementation of

an Ultrasound Curriculum; evolution and incorporation of Simulation; transitions of the University and Riley ED's with incorporation of the latter into the residency curriculum; continued extraordinarily strong clinical venues; and much, much more.

Fast forward—today the team (students, residents, faculty, administrators, coordinators, and more) can be found involved in virtually every aspect of the community, hospitals, school of medicine, university, and national organizations.

In 2011 Cherri Hobgood (University of North Carolina/University of North Carolina) was recruited to become the 2nd academic chair. Her challenges were clear: continue and enhance the progress and success already realized, BUT accelerate the academic processes with a more robust, competitive, and even premier research program.

The early evidence is that she has begun to do just that.

Cherri has recruited nationally recognized investigators who have taken the lead in creating a powerful research enterprise.

One of the first was Jeff Kline (Medical College of Virginia/Carolinas Medical Center/Carolinas Medical Center Research Fellowship) who now serves as the Vice Chair of Research. Jeff brought/established a research fellowship which had been one of the early dreams of the first investigators. Together, Jeff and Cherri, recruited additional faculty more than doubling the number of tenured faculty in the department. In this short period of time departmental NIH funding increased more than two fold and related ranking among academic departments of emergency medicine improved.

Megan Palmer (PhD Higher Education Administration IU) was appointed the first Vice Chair of Education and Chuck Shufflebarger's title was changed to Vice Chair of Clinical Operations.

Dan Rusyniak was placed in the role of Vice Chair of Faculty Development, a role assumed by Carey Chisholm in 2015, and Joey Woodyard the Vice Chair of Finance and Administration.

Incidentally, the academic department is fortunate and pleased to have two fully endowed professorships. This is distinctly unusual for such departments and is still more evidence of its outstanding stature. The Sally Reahard Endowment sits within the Methodist Health Foundation and supports the clinical leadership at Methodist. The Rolly McGrath endowment in the IU Foundation was made possible by contributions from the initial academic faculty practice plan (University Emergency Medical Associates), the Health and Hospital Corporation of Marion County, and the Dean of the School of Medicine. This endowment then supports the academic chair.

There is a third endowment which was created in 1981 through the energy and passion of John Johnson. This, though not as generously funded, is in the name of former Indiana Governor, Otis Bowen, MD (Otis R. and Elizabeth Bowen Professorship in Emergency Medicine).

Although those realizing roles in national leadership are not necessarily any more talented and important than those who work full time as clinician teachers in one of the three academic ED's it is noteworthy here to reiterate the high profile of the departmental faculty:

ACEP

Cherri Hobgood, Board (2007)

SAEM

Carey Chisholm, President (2004-2005)

Carey Chisholm Board (1998-2006)

Jeff Kline, President (2010-2011)

Jeff Kline Board (2004-2012)

Jeff Kline AEM Editor in Chief (2015)

Cherri Hobgood, President (2012-2013)

Cherri Hobgood Board (2004-2006)

ABEM

Jamie Jones, President (2013)

Jamie Jones Board (2005-2015)

AAEM

Kevin Rodgers, Board (2002-2008, 2011-2016)

AACEM (Assoc. of Academic Chairs of EM)

Rolly McGrath, President (2009-2010)

Rolly McGrath Board (2007-2011)

CORD (Council of Residency Directors)

Carey Chisholm, President (1995-1997)

Carey Chisholm Board (1991-1999)

EMRA

Cherri Hobgood, President (1997-1998)

In addition, a number of EM faculty held or hold formal roles in the IUSM:

Megan Palmer, Assistant Dean for Faculty Affairs and Professional Development (2008)

Butch Humbert, Assistant Dean for Curriculum in the Clinical Sciences Medical Education (2012)

Julie Welch, Assistant Dean for Faculty Affairs and Professional Development (2013)

Sheryl Allen, Associate Dean for Medical Student Affairs (2013)

Antoine Leflore, Associate Dean for Diversity Affairs (2014)

Jamie Jones, Assistant Dean for Graduate Medical Education (2015)

Finally, although it is not possible to acknowledge every effort and faculty responsible a number of individuals have made important contributions.

Region

Brent Furbee (IUSM/Methodist, Indianapolis/Good Samaritan, Phoenix, Medical Toxicology Fellowship), Medical Director, Indiana Poison Center (1992-2015)

Dan Rusyniak, Medical Director, Indiana Poison Center (2015-)

Jen Walthall, Deputy Health Commissioner, Director for Health Outcomes for the Indiana State Department of Health (2014-)

State

Mike Olinger (University of Colorado/San Antonio Uniformed Services Health Education Consortium), EMS Medical Director, State of Indiana (2014-)

Health Care Systems

Chris Weaver, Chief Medical Officer, Eskenazi Health (2012-)

Dylan Cooper, Director, Simulation Center at Fairbanks Hall (2015-)

Community

Charlie Miramonti (University of Texas, San Antonio/IUSM/IUSM Out of Hospital Care Fellowship), Chief, Indianapolis EMS (2010-)

Geoff Billows (University of Cincinnati/Methodist, Indianapolis) Medical Director, Indianapolis Motor Speedway (2006-)

Mike Olinger, Medical Director, Indianapolis Racing League (2006-)

There have been many other contributions by and a number of prestigious awards given to the department and its members.

It remains clear it may be possible to become the most prominent and respected academic emergency medicine department in the country. Work remains to meet the expectations for the improved diversity and enhanced culture of scholarship. But these visions will similarly be realized.

— December 10, 2015

Rolly McGrath, MD, Professor Emeritus
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Indiana University School of Medicine



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