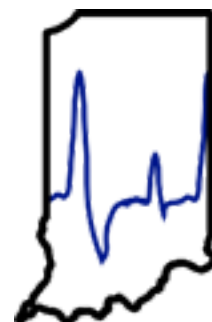


EM pulse

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



A View from the Top

Daniel Elliott MD, FACEP, FAAEM



Greetings members! I hope this letter finds you enjoying our Indiana summer days and some relaxing time away from the Emergency Department. I wanted to talk briefly about what has been going on at INACEP since our last newsletter. This past spring we had a successful return of our in-person Annual Conference in downtown Indianapolis. A number of national and local speakers highlighted the day for our attendees, and it was great to see everyone's face in person. Dr. Fitz recaps the entire conference later in this newsletter, but we're starting the planning process of our conference in 2023 and looking forward to another successful event!

In the legislative arena, our local primaries concluded in May with our state's slate of candidates for the general election, including a number of new physician voices for Hoosiers, Dr. Alex Choi and our very own Dr. Tyler Johnson. We look forward to the upcoming election and session as we work with our partners at the Statehouse to represent Emergency Physicians around the state. Along with legislative issues, we have started to take a look at the requirements for staffing of emergency departments around the state with regards to the role of PA and NPs in the ED, in light of ACEP's Policy Statement on the topic this past spring. We are looking to bring legislation forward to better define the physician-led teams within our departments and to protect the integrity of Emergency Department staffing and patient safety.

Finally, I wanted to personally congratulate our Vice President, Dr Lindsay Zimmerman, on successfully completing her climb of Mount Everest this spring! She is now an official "7 summitter" (someone who has climbed the highest mountain on all 7 continents)! What a great personal accomplishment and such a great example of the amazing things that our members do outside the Emergency Department! I know many of our members have similar accomplishments beyond Emergency Medicine and we hope to highlight those over the course of the year on our Facebook page. Make sure to follow us there so you can see what your fellow INACEP members are up to!

A number of new physician voices for Hoosiers, Dr. Alex Choi and our very own Dr. Tyler Johnson

Thank you again for all you do for our patients and our specialty! If there is ever anything that our chapter can do for you, please don't hesitate to reach out to me or Cindy! Have a wonderful summer!

Inside this Issue

View From the Top	1
2022 INACEP Conference..	2
Legislative Update.....	3
2022 Fred Osborn Award.....	5
Thanks to Sponsors and Exhibitors.....	6
Case Study.....	7
Member Spotlight.....	7
Advocacy Update.....	8
2022 ACEP Diane K. Bollman Award.....	9

2022 INACEP Conference a Success

The Indiana chapter of the American College of Emergency Physicians (INACEP) recently held its annual conference on April 20, 2022. This year marked the 50th INACEP conference, and it was considered by all to be a resounding success.

This year, for the first time, the conference was held at the NCAA Hall of Champions in downtown Indianapolis. This facility, located in downtown Indianapolis, houses both a conference center as well as a museum. Conference attendees were able to visit the museum during conference breaks, and the location downtown provided a lively atmosphere with multiple hotel options for those staying overnight.

The conference lectures were widely varied, and guest speakers from around the country provided key insight and updates on the practice of emergency medicine today. Dr. Joseph Martinez from the University of Maryland enthusiastically discussed the pathology and clinical presentation of mesenteric ischemia while Dr. Peter Pang, the IU Emergency Medicine (IUEM) department chair, discussed updates on the treatment of heart failure. The current ACEP President, Dr. Gillian Schmitz, gave a lecture related to pregnant trauma patients, and Indiana's own Family and Social Services Administration (FSSA) secretary, Dr. Dan Rusyniak, reviewed lessons learned from the COVID-19 pandemic. Additional speakers included Dr. Andrew Stevens, who flew in from Minnesota to discuss pre-hospital medicine, as well as two current IUEM faculty, Drs. Tim Ellender and Anne Whitehead, who gave highly-praised lectures related to hypoxia and children with chronic medical illnesses in the emergency department, respectively.

While the INACEP conference was an opportunity to network with colleagues and gain valuable knowledge related to the practice of emergency medicine, it also served as a venue to acknowledge the accomplishments of our emergency medicine colleagues around the state. Dr. Sara Brown was honored with the Fred Osborne award. Please see the separate articles included in this newsletter for additional information related to these honorees and their accomplishments.

The INACEP conference was well-received by all participants, and we appreciate everyone's attendance and commitment to the specialty of emergency medicine. This year's conference was particularly fulfilling since it was the first in-person conference held by our chapter since the COVID pandemic began. We are truly grateful for everyone's hard-work and perseverance over the last several years, and we look forward to seeing you at next year's conference in April 2023.

Emily Fitz, MD, FACEP



Dr. Jamie Shoemaker providing a national update accompanied by Dr. J.T. Finnell

Don't Forget.....

to make your IEMPAC contribution

Here's an easy way contribute \$100 now

Contributions are not tax deductible
for federal income tax purposes



LEGISLATIVE UPDATE

by Lou Belch, The Corydon Group

Veto Override & Technical Corrections

Tuesday, May 24, was Technical Corrections Day in the Indiana General Assembly. The legislature convened for a one-day session and passed technical changes to recent legislation, reconciling differences with existing statutes.

The legislature also overrode Gov. Eric Holcomb's veto of HEA 1041 – Participation in School Sports – which effectively bans transgender girl athletes from participating in school sports. Indiana requires only a simple majority to override and the House voted 67-28 and the Senate voted 32-15 to override Holcomb's veto. Effective July 1, the new law prohibits a student whose biological sex at birth is male from participating in any K-12 athletic or sports team designated for female students. Indiana is the 17th state to pass such legislation into law.

The detailed text of the technical corrections bill can be found here. (<http://iga.in.gov/legislative/2022/bills/senate/418>) The roll call votes on the veto override can be found here. (<http://iga.in.gov/legislative/2022/bills/house/1041>)

Interim Study Committee Topics Set

The Legislative Council also met on May 24 and set the agenda for interim study committees.

There are not topics of direct impact on emergency medicine. There will be a joint review of market concentration of health industry but does not directly touch on physicians.

A full rundown of the committee topics may be found here. (<http://iga.in.gov/documents/ef4b4ee7>)

We will keep you posted on the composition of each of these study committees and the meeting schedules as that information becomes available.

Republicans and Democrats have determined the candidates they will put before voters this fall in state legislative races, as well as federal races.

INDIANA PRIMARY ELECTION RESULTS

Tuesday, May 3, was Indiana's primary election and the results are in.

Republicans and Democrats have determined the candidates they will put before voters this fall in state legislative races, as well as federal races. Candidates for the statewide offices of secretary of state, treasurer, and auditor will be chosen at party conventions to be held on June 19.



Louis M. Belch is President at The Corydon Group where he oversees the strategy and day-to-day operations for all health care clients of the firm. Lou has been a well-known fixture at the Indiana Statehouse since he was named legislative liaison for the Indiana Health Professions Bureau (now the Professional Licensing Agency) in 1989 under Governor Evan Bayh. In 1991 Lou left state government and began lobbying for the Indiana State Medical Association, one of Indiana's most prominent health associations. Since 1997, Lou has been a contract lobbyist specializing in representing health-related clients and has one of the best track records of success of any governmental-affairs professional – having developed and maintained key relationships on both sides of the political aisle for the past three decades.

Continued on Page 10



Thank you for always being there.

When you need us, we're here for you, too.

For 40 years, CIPROMS has partnered with emergency physicians to provide certified coding, claims and payment processing, denial management, business analytics, and more.



5901 Technology Center Drive
Suite 200
Indianapolis, IN 46278
Phone: 317.870.0480
www.ciproms.com

2022 Fred Osborn Award Dr. Sara Brown

By Dan Elliott

At this year's annual conference, we had the pleasure of awarding the winner of the annual Fred Osborn Award. This award was established in 2010 by the Indiana ACEP Board to honor the memory of Dr. Fred Osborn who passed away in 2009. Dr. Osborn contributed extensively to the practice of emergency medicine and to his group, hospital, community and the state. This year's winner was nominated by Dr. Tracy Rahall and the winner is Dr. Sara Brown!



Dr. Sara Brown has been immensely involved in INACEP as well as the EMS community and her group for many years. She has served on her ED group's Board of Directors and as Secretary. She has been a regional EMS Medical Director, her hospital's Associate Chief Medical Director, member and Secretary of the Indiana EMS Commission, a past executive committee member and President of INACEP. She has also been the past president of the Fort Wayne Medical Society and a long-time delegate to ISMA annual convention.

Dr. Brown has embodied the spirit of the Fred Osborn award with her dedication to her community, group, state, and the specialty of Emergency Medicine. According to Dr. Rahall, Dr. Brown "has been a pioneer and strong leader in EMS for Indiana. With Sara, the question is less what she has done than what she hasn't done." In addition to all her accomplishments within Emergency Medicine and EMS, Dr. Brown has also balanced her commitments to those of her family, including her three boys and husband, Kevin. According to Dr. Rahall, "She has a consistent desire to provide the very best care to her community and her patients and does this by challenging the status quo, going the extra mile to ensure the right thing is being done, and by pushing our EMS to a higher standard of care than we have ever seen in Northeast Indiana. She works tirelessly, now more than ever, to balance her family, hospital, and group commitments without hesitation and by always bringing her best to whatever obligation she has committed to. She is someone we should all strive to emulate and admire in all aspects of her life."

Congrats Dr. Sara Brown!

BULLETIN BOARD

Organizations or individuals that want their message to reach emergency physicians in Indiana will find the EMPulse their number one avenue.

The EMPulse, published four times per year, is mailed to members of the Indiana Chapter of the American College of Emergency Physicians.

This highly focused group includes emergency physicians, residents and students.

CLASSIFIED AD RATES:

100% INACEP Hospitals or organizations:
First 25 words free. \$1 for each additional word.

Others:

\$50 for first 25 words. \$1 for each additional word.

DISPLAY AD RATES:

Full Page (8"x10"): \$500.00*
1/2 Page: \$300.00*
1/4 Page: \$175.00*

*Display ads must be high resolution PDFs.

Make sure your graphics and fonts are embedded and all images are 300 dpi.

*Display ads are black & white (OR you can use spot color of PMS Reflex Blue - we cannot accept CMYK or RGB.)

Available on a space-only basis.
The EMPulse is published 4 times per year.

The 2022 Ad Deadlines are:
Feb. 3, May 2, Aug. 1 and Oct. 31
(approximately).

Mail: Indiana ACEP
P.O. Box 17136
Indianapolis, IN 46217
Email: cindy@inacep.org

INACEP APPRECIATES OUR PARTNERS

50th Annual Indiana Emergency Medicine Conference

THANKS TO OUR SPONSORS AND EXHIBITORS

LUNCH SPONSOR:



BREAKFAST SPONSOR:



Thanks also to the Following Exhibitors:

Aerogen[®]



**Fisher & Paykel
HEALTHCARE**





Dr. Eric Yazel, emergency physician, Clark County Health Officer and current INACEP Board Member is named as the Indiana Department of Homeland Security chief medical director for Indiana EMS. We thank Dr. Michael Kaufmann for his most recent service, and we know the people of Indiana are in good hands!



KUDOS to Dr. Lindsay Zimmerman for her achievement of becoming a "7 Summitter" by reaching the summit of Mt. Everest on May 12, 2022 at 3:15 a.m. !



It is with great sadness that we report the tragic passing of one of our members, Dr. Brian Dillman, on Thursday, May 19, 2022.

Dr. Dillman was an Indiana University School of Medicine graduate (1999) and associated with the democratic group Emergency Physicians of Indiana

Our prayers, thoughts and condolences go out to his family, friends and colleagues.

Peripartum Cardiac Arrest

Authors: Ty Kelly MD, MPH, Nicholas Harrison MD, MSC

Clinical Scenario: A 37-year-old female with past medical history of HTN and gestational diabetes presented with cardiac arrest. She was three days post-partum, G5P4, and labor and delivery course were notable for preeclampsia with severe features. The patient experienced a ventricular fibrillation arrest, was intubated, and underwent 10 minutes of CPR with one cardiac defibrillation at which point return of spontaneous circulation (ROSC) was obtained. Minutes later, the patient suddenly experienced cardiac arrest once again. ROSC was obtained after one additional round of advanced cardiac life support (ACLS) without repeat cardiac defibrillation. Post-arrest, the patient was in normal sinus rhythm with a heart rate of 119 beats per minute and blood pressure of 122/85 mmHg. Point-of-care ultrasound (POCUS) revealed a dilated right ventricle and globally reduced systolic function. POCUS did not demonstrate any free fluid within the peritoneum. Initial EKG demonstrated a new incomplete right bundle branch block (RBBB), terminal QRS distortion in V2, and inferior ST depression. The physician team was initially most concerned for massive pulmonary embolism (PE) in the post-partum period causing anterior ischemia, but CT angiography of the chest was negative for PE. Thrombolytics for massive PE were not considered given that the patient was hemodynamically stable post-ROSC. A repeat EKG was obtained due to a rising high-sensitivity troponin (5,480 ng/L) and demonstrated an anterolateral STEMI pattern. The patient was taken to the cardiac catheterization laboratory where she was found to have a 99% occlusion of the left anterior descending artery (LAD).

Discussion: The presented case scenario highlights the need for emergency medicine (EM) physicians to consider a broad differential when managing the post-cardiac arrest peripartum patient. Although the risk of PE, either venous or amniotic, increases in the pre- and peripartum periods, emergency medicine physicians must be mindful to consider alternative causes of cardiac arrest including ACS, cardiomyopathy, hemorrhage, sepsis, and eclampsia. As this case shows, even clinical data that suggests PE may in fact reflect early acute coronary syndrome (ACS). Given that resuscitating a pre- and/or peripartum patient can be emotionally and cognitively challenging, a thoughtful and rigorous consideration of alternative diagnoses is necessary.

Unfortunately, the rate of pregnancy-related mortality has more than doubled in the past 30 years. In 1987, 7.2 deaths per 100,000 live births were considered to be pregnancy related, yet by 2017, pregnancy related death accounted for 17.3 deaths per 100,000 live births.¹ Previously, pulmonary embolism was the leading cause of maternal death following a live birth.² More recent research, however, indicates that complications of cardiovascular disease (i.e. relating to coronary artery disease, hypertension, pulmonary hypertension, congenital valvular disease, and/or vascular malformations) are now the leading cause of pregnancy-related

(Continued on Page 9)

Advocacy Update: AC LAC 2022

Kyle English, MD FACEP

If you are anything like me, you probably wonder what ACEP does for you, the everyday physician. I went through residency participating in ACEP and Scientific Assembly. But what does ACEP actually DO, other than host conferences at various times of the year?

I first went to ACEP Leadership and Advocacy (LAC) 4 years ago. These 3 days in Washington DC showcase what it is ACEP does for us physicians. As Emergency Physicians, we have various governmental issues that affect us and our patients. But how is this communicated to lawmakers? How do we as Emergency Physicians get our voice heard amongst all the other players in healthcare? How do we protect our interests when they do not align with those of hospitals, nursing and midlevel groups, lawmakers, budgetary concerns, etc?

LAC is how. Every year, ACEP develops a unified voice of various concerns we as a college have for our patients and our profession. We invite as many Emergency Physicians as are willing to come to Washington DC and lobby for our patients and our interests for the betterment of Emergency Medicine. We split into groups divided by state and go to each of our Congressional Representative's and Senator's offices and speak with the Congressmen and/or their staff to explain our concerns, our position, why it is important to healthcare and the health of their constituents. The goals are to bring awareness to these issues that may seem obvious to us, but are less obvious to lawmakers, stress the importance of these issues such that they may stand out amongst all the other laws and bills they are considering, and convince them to support our stance on any bills that may be pending.



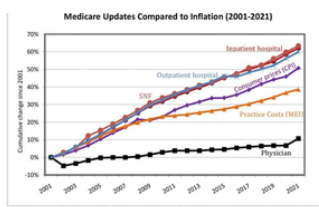
The Indiana Contingent consisted of myself, JT Finnell MD, Christian Ross MD, and James Shoemaker MD. We met with Rep Larry Buschon MD IN-08 (R), Rep Jackie Walorski IN-02 (R), Rep Victoria Spartz IN-05 (R), Sen Mike Braun IN-S (R), and Sen Todd Young IN-S (R).

This year, ACEP lobbied for 3 primary issues affecting our profession.

1. Protecting Emergency Physicians and HCW from Violence
2. Guaranteeing Emergency Physician Due Process Rights
3. Ensuring Stable and Fair Medicare Physician Payment

We all know we are exposed to violence in the Emergency Department. From patients to family members, our workplace is the 2nd most dangerous workplace behind law enforcement. We lobbied for support of bill HR 1195 which has passed the house and is going to the senate now to ensure national support to implement workplace violence prevention and support measures in the Emergency Department.

Across the country, Emergency Physician employment has many sources and types. In certain situations, hospitals and staffing companies have forced their physicians to waive their due process rights in their contract. ACEP has concerns over this practice and how it limits physicians to be treated fairly with respect to their peers. The ER Hero and Patient Safety Act has been introduced to guarantee due process protections for Emergency Physicians and we asked our legislators to support this.



Medicare reimbursement is a complex issue rooted in budgetary concerns and balancing a neutral budget. We are facing a 9% cut in CMS reimbursement this year which would be catastrophic for Emergency Medicine as a whole. This cut potential is something we face yearly and is often kicked down the road with no real fix to the underlying issue addressed. We have asked that lawmakers prioritize a long-term fix instead of the yearly Band-Aids. In addition, despite hospital and nursing home reimbursement increasing with inflation resulting in 60% more reimbursement over the last 20 years, physician reimbursement has not and has been stagnant with nearly 0% increase in 20 years. We have asked for physician reimbursement to be indexed to inflation such that we can continue to provide quality care to our patients.

Overall, all 3 measures are Emergency Physicians asking to be treated like most other professions in the United States. We ask not to be attacked at work, not forced to give up due process rights, and our reimbursement indexed to inflation. Guarantees afforded to nearly all other professions but not us.

The meeting was overall a success and is very worthwhile and rewarding. We hope to see you join us next year!

2022 ACEP Diane K. Bollman Chapter Advocate Award Recipient- Sue Barnhart

By Dan Elliott

Every year, ACEP awards the Diane K Bollman Chapter Advocate Award to a current or recent (within the past 12 months) ACEP chapter executive or chapter staff member who has made a significant contribution to advancing emergency care and the objectives of an ACEP chapter and the College. The award is named after Diane K. Bollman, who served as the executive director of the Michigan College of Emergency Physicians for 25 years and was an honorary member of ACEP. She represents the archetype of a chapter executive with her advocacy and leadership, personally and professionally.

Sue was nominated by our INACEP Executive committee for her over 25 years of service to our chapter as we felt she met the spirit of this award perfectly. The ACEP Board of Directors agreed and they selected her as the winner for this year's award!

Having retired last summer after her years of service, she has continued to be an immense help with our transition to new leadership within our chapter. She has been the consummate professional for years, the ultimate problem-solver, and the creative eye of our chapter. She has continued these traits into her well-deserved retirement as we have leaned on her to continue her legacy within the chapter.

She will officially receive the award this fall at the 2022 ACEP Council meeting in San Francisco. Congrats Sue and thank you for your years of service!

CASE STUDY (Continued from Page 7)

death.³ This shift is thought to be driven by increasing maternal age and worsening population cardiovascular health.⁴ Given these epidemiological trends, EM physicians are increasingly likely to provide care to peripartum patients with a non-PE cause of cardiac arrest, such as ACS.

How can EM physicians avoid anchoring bias when resuscitating a peripartum patient in cardiac arrest? Although PE is associated with certain EKG and POCUS findings, EM physicians need to understand the limitations of these diagnostic clues. To this end, POCUS exams suggestive of acute PE have a specificity of only 64%.⁵ Similarly, EKG evidence of a new incomplete RBBB is poorly diagnostic of acute PE despite its association with PE-induced right ventricular strain.⁶ In cases of cardiac injury of uncertain etiology, obtaining serial EKGs can further prevent anchoring bias by providing new clinical information.⁷ Ultimately, the physician team was able to correctly diagnose the cause of peripartum cardiac arrest by maintaining a high degree of clinical suspicion for diagnoses apart from PE.

This clinical scenario also highlights the need to be cognizant of EKG findings suggestive of occlusion myocardial infarction (OMI) apart from traditional STEMI criteria. The terminal QRS distortion in V2 on the patient's initial EKG is highly specific for left anterior descending artery occlusion.⁸ Consideration of terminal QRS distortion and other non-STEMI EKG findings suggestive of OMI may help EM physicians more appropriately identify post-cardiac arrest patients who would benefit from emergent percutaneous coronary intervention (PCI).⁹

Conclusion: Cardiac arrest occurring in the peripartum period is a challenging clinical scenario for the emergency medicine physician. Emergency medicine physicians should maintain a broad differential and understand that complications from cardiovascular disease are the leading cause of pregnancy-related death.

References:

1. CDC. Pregnancy Mortality Surveillance System. Atlanta, GA: US Department of Health and Human Services, CDC; 2019. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>
2. Chang J, Elam-Evans LD, Berg CJ, Herndon J, Flowers L, Seed KA, Syverson CJ. Pregnancy-related mortality surveillance--United States, 1991--1999. *MMWR Surveill Summ*. 2003 Feb 21;52(2):1-8. PMID: 12825542.
3. Davis NL, Smoots AN, Goodman DG. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019.
4. Mehta LS, et al.; American Heart Association Council on Clinical Cardiology; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular and Stroke Nursing; and Stroke Council. Cardiovascular Considerations in Caring for Pregnant Patients: A Scientific Statement From the American Heart Association. *Circulation*. 2020 Jun 9;141(23):e884-e903. doi: 10.1161/CIR.0000000000000772. Epub 2020 May 4. Erratum in: *Circulation*. 2020 Jun 9;141(23):e904. Erratum in: *Circulation*. 2021 Mar 23;143(12):e792-e793. PMID: 32362133.
5. Daley JI, Dwyer KH, Grunwald Z, Shaw DL, Stone MB, Schick A, Vrablik M, Kennedy Hall M, Hall J, Liteplo AS, Haney RM, Hun N, Liu R, Moore CL. Increased Sensitivity of Focused Cardiac Ultrasound for Pulmonary Embolism in Emergency Department Patients With Abnormal Vital Signs. *Acad Emerg Med*. 2019 Nov;26(11):1211-1220. doi: 10.1111/acem.13774. Epub 2019 Sep 27. PMID: 31562679.
6. Richman PB, Loutfi H, Lester SJ, Cambell P, Matthews J, Friese J, Wood J, Kasper D, Chen F, Mandell M. Electrocardiographic findings in Emergency Department patients with pulmonary embolism. *J Emerg Med*. 2004 Aug;27(2):121-6. doi: 10.1016/j.jemermed.2004.04.007. PMID: 15261352.
7. Amsterdam EA, et al. 2014 AHA/ACC Guideline for the Management of Patients with Non-ST-Elevation Acute Coronary Syndromes: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol*. 2014 Dec 23;64(24):e139-e228. doi: 10.1016/j.jacc.2014.09.017. Epub 2014 Sep 23. Erratum in: *J Am Coll Cardiol*. 2014 Dec 23;64(24):2713-4. Dosage error in article text. PMID: 25260718.
8. Lee DH, Walsh B, Smith SW. Terminal QRS distortion is present in anterior myocardial infarction but absent in early repolarization. *Am J Emerg Med*. 2016 Nov;34(11):2182-2185. doi: 10.1016/j.ajem.2016.08.053. Epub 2016 Aug 27. PMID: 27658331.
9. Meyers HP, Bracey A, Lee D, Lichtenheld A, Li WJ, Singer DD, Kane JA, Dodd KW, Meyers KE, Thode HC, Shroff GR, Singer AJ, Smith SW. Comparison of the ST-Elevation Myocardial Infarction (STEMI) vs. NSTEMI and Occlusion MI (OMI) vs. NOMI Paradigms of Acute MI. *J Emerg Med*. 2021 Mar;60(3):273-284. doi: 10.1016/j.jemermed.2020.10.026. Epub 2020 Dec 9. PMID: 33308915.

LEGISLATIVE UPDATE (Continued from Page3)

Below are some key results from Indiana's May primary.

INDIANA GENERAL ASSEMBLY RACES

In the Republican primary in SD 14, Tyler Johnson, DO, past president of IN-ACEP defeated Ron Turpin. This is a predominantly Republican district in Northeast Indiana.

Twenty-six (26) incumbent legislators faced primary opposition yesterday and, due to redistricting, a couple races featured incumbents facing off against one another.

Of those 26 incumbents, six lost their reelection bids:

In the only Senate contest between two incumbents, Sen. Kevin Boehlein lost to Sen. Gary Byrne in a tight Republican primary in Senate District 47.

In the House, two GOP primaries featured incumbents battling each other: Rep. Bruce Borders defeated Rep. Jeff Ellington in HD 45, and Rep. Craig Snow defeated Rep. Curt Nisly in HD 22. Nisly was targeted for defeat by his own caucus in this race.

Ten-term Rep. Dan Leonard lost to Wabash Councilwoman Lorissa Sweet in the HD 50 GOP primary.

Small businesswoman Julie McGuire defeated single-term incumbent Rep. John Jacob in HD 93; the House GOP caucus supported the challenger in this Indianapolis district.

Incumbent Rep. John Young lost his race in HD 47, falling to challenger Robb Greene.

In other notable races, public school principal Andrea Hunley emerged from a multi-candidate Democratic field in Senate District 45, and is the heavy favorite in the fall in this deep blue, urban Indianapolis district.

In the western Indianapolis suburbs, Republican Becky Cash defeated former state representative Matt Whetstone and former BMV Commissioner Kent Abernathy in an open HD 25 contest.

And the contest for HD 32 is too close to call as of this writing. With 98% of the votes in, two-term Hamilton County Councilor Fred Glynn led with 44.3% of the vote over former Trump aide Suzie Jaworowski with 44.2% of the vote.

Alex Choi, MD was not opposed in the primary and will be facing Sen. JD Ford (D-Indianapolis) in November. Dr. Choi is currently on the Zionsville town council. He is an anesthesiologist at IU Health

CONGRESSIONAL RACES

CD 1: In this NW Indiana district, incumbent Congressman Frank Mrvan won his primary and will face Jennifer-Ruth Green, who defeated former LaPorte mayor Blair Milo in the Republican primary. This is a race that could garner national attention this fall as Republicans see Mrvan as potentially vulnerable given redistricting.

CD 9: Former state senator Erin Houchin won the multi-candidate GOP primary, besting former congressman Mike Sodrel and first-time candidate and military veteran Stu Barnes-Israel. Houchin will face Matthew Fyfe, who won the Democratic nomination in a three-way race.

OTHER RESULTS

Comprehensive results and vote totals for all races in the 2022 Indiana primary election can be found here. (<https://www.indystar.com/elections/results/2022-05-03/state/indiana/>)



Quality. Proven Success

We practice billing so you can practice medicine.

Call for a FREE
consultation!
(260) 407-8003

ADVANTAGE

Outsourcing your medical billing is a big decision. PMB is proud to be a full service medical reimbursement management company that sub-specializes in optimizing revenue and cash flow for independent fee-for-service physician groups.

SERVICES

Our flexible and personalized billing setup and service will streamline your billing cycle. We offer a wide range of services including certified coding, credentialing, pre-certification, physician training and customized practice management reporting.

Watch your bottom line grow due to increased reimbursements through effective coding and billing practices!

7619 W Jefferson Blvd
Fort Wayne, IN 46804

Phone: (260) 407-8003
<https://www.profmedbill.com>

Linda Pearce, President
Professional Medical Billing



Indiana Chapter
American College of Emergency Physicians

PO Box 17136
Indianapolis, IN 46217

Phone: 317-455-3335
Email: inacep@inacep.org



If you are still receiving this paper copy
of the EMPulse and would rather
receive it by email only, please contact
Cindy and let her know
Cindy@inacep.org

BOARD OF DIRECTORS AND OFFICERS

Daniel ELLIOTT MD FACEP FAAEM
Community North, East and South
dan.elliott1889@gmail.com
PRESIDENT

Lindsay ZIMMERMAN MD, FACEP
Ascension St. Vincent Hospital
lindsayzimmerman@gmail.com
VICE PRESIDENT-EDUCATION CHAIR

Emily FITZ MD, FACEP
IU Health (Methodist, University,
North, Saxony, Tipton)
emilyfitz526@gmail.com
SECRETARY TREASURER

Lauren STANLEY MD, FACEP
Witham & Major Hospital
IMMEDIATE PAST PRESIDENT

Michael BISHOP MD, FACEP
Unity Physician Group
EX OFFICIO - REIMBURSEMENT
COMMITTEE

Mary BLAHA DO, FACEP
Community North, East, South &
Kokomo
CURRENT MEMBER

Bart BROWN MD, FACEP
Ascension St. Vincent Hospital
CURRENT MEMBER

Sara BROWN, MD, FACEP
Parkview Hospital
EX OFFICIO - EMS COMMISSION

Timothy BURRELL MD, FACEP
IU Health - Bloomington Hospital
EX OFFICIO - ACEP CODING
NOMENCLATURE ADVISORY COMMITTEE

Megan CRITTENDON MD
IU Health
EX OFFICIO - EMERGENCY MEDICINE
PRACTICE COMMITTEE

Kyle ENGLISH MD, FACEP
Elkhart General Hospital/St Joseph
Regional Medical Center
CURRENT MEMBER

JT FINNELL MD, FACEP
IU School of Medicine
EX OFFICIO - NATIONAL ACEP COUNCIL
STEERING COMMITTEE

Nicholas HARRISON MD, FACEP
IU School of Medicine
EX OFFICIO - CLINICAL POLICIES RESEARCH
SUBCOMMITTEE

Chris HARTMAN MD, FACEP
Franciscan Health
EX OFFICIO - TRAUMA SYSTEM TASK FORCE

Melanie HENIFF MD, FACEP
IU School of Medicine
EX OFFICIO - MEDICAL LEGAL, BYLAWS
AND PEDIATRIC EMERGENCY MEDICINE
COMMITTEES

Gina HUNKE MD, FACEP
Deaconess & Deaconess
Gateway Hospitals
EX OFFICIO - NATIONAL EM PRACTICE GROUP

Ty KELLY MD
IU School of Medicine
CURRENT RESIDENT MEMBER

Tricia KREUTER MD, FACEP
Franciscan Health
CURRENT MEMBER

Thomas LARDARO MD, FACEP
IU Health (Methodist, University,
North, Tipton, West)
EX OFFICIO - NATIONAL EMS COMMITTEE

Neil MALHOTRA MD, FACEP
Franciscan Health - Michigan City
CURRENT MEMBER

Paul MUSEY MD, FACEP
IU School of Medicine
EX OFFICIO - RESEARCH COMMITTEE

Peter PANG MD, FACEP
IU School of Medicine
EX OFFICIO - CHAIR, IU DEPT OF
EMERGENCY MEDICINE

Tracy RAHALL MD, FACEP, FAAEM
Parkview Hospital
CURRENT MEMBER

Justin RITONYA MD
Parkview Hospital
CURRENT MEMBER

Chris ROSS MD, FACEP
Community East, North, IN Heart Hospital
EX OFFICIO

Nick SANSONE DO, FACEP
IUH - Arnett
CURRENT MEMBER

James SHOEMAKER MD, FACEP
Elkhart General Hospital
EX-OFFICIO - NATIONAL ACEP REIMBURSEMENT
& NCRC COMMITTEES

Daniel SLUBOWSKI MD
IU School of Medicine
EX-OFFICIO - PEDIATRIC EMERGENCY MEDICINE
COMMITTEE

Matt SUTTER MD, FACEP
Lutheran Hospital
EX OFFICIO - NATIONAL QUALITY AND PATIENT
SAFETY COMMITTEE

Joseph TURNER MD, FACEP
IU School of Medicine
EX-OFFICIO - NATIONAL ACEP REIMBURSEMENT
& NCRC COMMITTEES

Eric YAZEL MD
Clark Memorial Hospital
Indiana Department of Homeland Security chief
medical director for Indiana EMS
CURRENT MEMBER

Cindy KIRCHHOFFER
EXECUTIVE DIRECTOR
cindy@inacep.org 317-455-3335