

A Newsletter for the Members of the Oklahoma Chapter
Winter 2017



Jeffrey Goodloe, MD, FACEP
President

[Gabe Graham](#)
Executive Director

Phone: 918.809.9464

From the President **Jeffrey Goodloe, MD, FACEP**

Another OCEP newsletter and another President's Message composed on deadline day! That's actually a great problem, though realistically a great challenge, for me as we've been in perpetual motion since *ACEP16* in Las Vegas last October. Because your time continues to be valuable, we won't take advantage of your willingness to read your organization's newsletters by rattling on with less than important points. So here's a quick briefing of key things I want to share:

ACEP16 provided OCEP the opportunity to serve you by hosting a social function for all OCEP members attending the conference. We had an even better than hoped for turnout. A great time of fellowship and dialogue was had by all AND we stayed under budget, always mindful we

serve you with dues dollars as the key source of revenue. Stay tuned for *ACEP17's* offering as we are already planning for your fun in Washington, DC in the fall. On the more serious business front, please read the report that follows from your councilors on the ACEP Council. I can attest first-hand that Drs. Kennedye, Guthrie, and Johnson represented you particularly well this year.

Our state level advocacy is in the best of hands – those of your Vice President, James Kennedye. He's made fantastic in-roads over the past several weeks, literally walking the halls of the state capitol and establishing face-to-face contacts with several state representatives, state senators, and even Lt. Gov Todd Lamb. Well done, Jim! You may or may not know, there are over 3,000 (yes, three thousand, not a typo) bills now in legislative motion in state government. Whew! I'm leaving the task of explaining in detail every single one of those to Jim. Someone get him some carpal tunnel splints in advance. Actually, we are very fortunate to be working with some national ACEP resources (and looking at some state options, too!) to keep us all apprised of those bills with potential or real impacts to emergency physicians and our patients. We hold one of our highest responsibilities in serving you to be a capable and authoritative voice at 23rd & Lincoln in Oklahoma City. Please stay tuned for any emails coming from our Board of Directors via Gabe Graham to alert you to particularly time sensitive actions we'll need your help with in making the impact you and our patients deserve. We will also have at our disposal this year a way to expedite your advocacy with messaging that's as simple as texting! Some of us used this at the national ACEP *Leadership and Advocacy Conference* in Washington DC last May. It really is as simple as it sounds.

Speaking of advocacy, this year's offering of ACEP *Leadership and Advocacy Conference* (LAC in ACEP lingo) is earlier than normal, March 12-15th. If you or at least someone from your group can attend, please do! This is a wonderful opportunity to hear from movers and shakers in DC and ACEP facilitates visits to nearly all of our Oklahoma Representatives and Senators in DC. These visits are particularly productive to highlighting what you see and do every day and night at work and how to further support your work through current and pending legislation. Click [here](#) for further information on LAC.

Our federal level advocacy is certainly closely linked to LAC this time of year. I'm happy to give you an update on last year's HR4365/SRes2932 – Protecting Patient Access to Life Saving Medication Act that was detailed in prior OCEP newsletters. Recall in brief, that this legislation would sustain medical director standing orders for EMS patients, continuing the current capabilities for rapid seizure control and pain/sedation management needs. While HR4365 enjoyed significant support and passage in the House last session, SRes2932 died at the last minute due to some political wrangling among Senators. Such is the life of a bill at times, no matter how bipartisan and needed it is. I'm very pleased to share with you that the originators of

last year's efforts introduced HR304 and it has already passed 404-0, now with pending Senate action. As I'm writing this message, we anticipate a Senate version for action to be introduced within days. We honestly believe a better outcome, a presidential signing, is ahead.

In the much bigger view of medicine from DC, we're all particularly interested in what the next 60 days may bring for changes in the Affordable Care Act. This is such a fast moving target that saying almost anything other than we'll follow the changing landscape on this closely, using national ACEP resources to help to keep you up to date, would be speculative at best.

Okay, thanks again for all you do and thank you for reading another one of my intended to be a fast read message! Stay safe, buckle in, and we'll bring you some legislative updates, some as they happen and some in the next newsletter. Another resource for staying informed, with customized daily updates Monday-Friday via a single e-mail, is Emergency Medicine Today from national ACEP's partner BulletinHealthcare. If you haven't already signed up, or deleted its newsfeed in times past, you can access this at acep.org as well.

As always, please feel free to contact me directly if you feel that OCEP can better serve you. Click [here](#) to e-mail me and cell is 918-704-3164.

Meet Your Oklahoma ACEP Councillors

ACEP16 (formerly known as Scientific Assembly) in Las Vegas was, by any measure, a rousing success. Every year in advance of the Scientific Assembly, the ACEP Council, their primary deliberative and governing body made up of elected representatives from each state, territory and ACEP sections, meet for 2 days to decide the college's stance on various issues related to emergency medicine. The Council votes on resolutions, which may be introduced by any member (as long as there are at least two people who co-sign the introduction of the resolution). The Council is also the body that votes on proposed changes to the Bylaws and works closely with the ACEP Board of Directors.

The councillors representing Oklahoma this year were Cecelia Guthrie, MD FACEP of OU Children's Hospital, Jeffrey Johnson MD of Hillcrest Medical Center and James Kennedy MD FACEP of St. Francis Hospital with Jeff Goodloe, MD FACEP of Hillcrest/EMSA serving as an alternate.



In order to facilitate the large number of resolutions on the agenda, the council work is broken up into three reference committees: Reference Committee A (Governance & Membership), Reference Committee B (Advocacy & Public Policy) and Reference Committee C (Emergency Medicine Practice). These committees take the proposed resolutions, internally discuss them and prepare them for debate among the larger council. This year, Dr. James Kennedy, served on Reference Committee A. Kudos to everyone for their hard work!

Clinical News

CT Can Indicate Mortality Risk in Elderly with Trauma

NEW YORK (Reuters Health) – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

[Read More](#)

HCV Infections Less Prevalent than Previously Estimated

NEW YORK (Reuters Health) – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.

[Read More](#)

Free CME for Reading Annals of Emergency Medicine's Practice and Clinical Updates

Earn CME credit while reading the number-one journal in our specialty. Each month, a new

Annals of...

[Read More](#)

Diversity and Inclusion: Our Chapters, Our Duty
Ryan P. Adame, MPA, CAE
Deputy Executive Director, California ACEP
Chair, ACEP Chapter Executives Forum
Member, ACEP Diversity & Inclusion Task Force

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read “diversity” and “inclusion” because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere.

Perhaps that means making inroads in your educational conference faculty's diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

New Congress, New Administration, New Challenges

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department

A graphic for the ACEP 911 Legislative Network. On the left is a large image of the US Capitol building with a blue stethoscope overlaid. To the right are three smaller photos: the top one shows a man in a suit talking to a group of people in an emergency department; the middle one shows a man in a suit talking to a woman in a white lab coat; the bottom one shows a group of people in an emergency department. A large red number '59' is prominently displayed, with the text 'NEW MEMBERS OF CONGRESS' below it.

Congress is shaping the nation's delivery of health care

CONTACT JEANNE SLADE IN THE
DC OFFICE: JSLADE@ACEP.ORG

ACEP will work with your schedule & provide visit materials.

www.ACEPAdvocacy.org

Go to the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click [here](#) to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more!

This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

Welcome New Members

Ryan Butchee, MD

Kristy Bybee, DO

Cassandra L. Clay

Rafe Coker

Holly Fouts, MD

Pamela K. Grafton

Kale J. Hunter

Francis Idada, MD

Justin Magalassi, DO

Brittany R. McShane

David Mortel, MD

Alisha R. Murrow, MD

Oklahoma Chapter ACEP, 44065 E. 221st Street S,
Porter, OK 74454

Copyright © 2016 Oklahoma Chapter ACEP. All rights reserved.