MACEP News

Elijah Berg, MD, Editor ▫ February 2003 ▫ Volume 28 ▫ Number 1

President's Message

Kimberly Melloni, MD, FACEP

As the new administration takes its place, MACEP has had the opportunity to meet with and familiarize the incoming guard regarding the many healthcare issues at the forefront in our state and across the country. As we sit through meetings, draft testimony and letters to our legislators, I can't help but be proud that no matter what the debate we as emergency physicians continue to have a single focus: quality patient care.

MACEP has been very active in many legislative issues in the state. As a professional group we have taken on prudent layperson legislation, hospital overcrowding and ambulance diversion issues, limited primary care access to Medicare patients, the resultant influx of sicker elderly patients to the ED, cancellation of Mass Health Basic for a large number of those previously covered, and now the latest blow to the poverty stricken of our state, the absolute denial of any emergency department payments for children covered under the Children's Health Security Act. The common thread? All of these issues translate into impeded access for our patients to quality health care.

We, as emergency medicine physicians, continue to provide a safety net to these people while those in government continue the debate on how to fix the broken medical system in our state and the nation. EMTALA, unfunded as it may be, does give us the opportunity to wear the white hat and provide for all of the patients that have been abandoned by government. Despite the escalating severity of illness seen in the ED as a result of lost preventative and primary care to these patients, we continue to provide life saving services to our patients. Whether treating them in the hall or on ambulance stretchers, we do not abandon our charge as providers, as doctors.

> *"All of these issues translate into impeded access for our patients to quality health care.*

Our latest challenge has been to address pre hospital patient care via the Ambulance Service Zone regulations through the Department of Public Health. As many of you may already know, under EMS 2000, the issue of ambulance jurisdiction is currently being debated. Regulation has been proposed to allow local municipalities to develop their own ambulance service zone plans. Although there was initially reassurance from DPH that the opinions of a representative medical and EMS community would be considered before final regulations were proposed, this did not happen. Instead, regulations were developed with input from a very select group and without consideration of the medical repercussions of local ambulance service zone planning. MACEP, under the charge of Dr. Gert Walter and Dr. Assad Sayah of the EMS committee, has been working tirelessly to delay the approval of the regulations until a truly representative group has a chance to weigh in on this important issue.

MACEP's concern is once again that of quality patient care since under the proposed regulations, there is no provision for standardized quality of care issues in the pre-hospital setting.

See PRESIDENT, next page

Save the Date!

Event: *MACEP Annual Meeting*
Date: *May 14 ,2003*
Place: *Waltham Doubletree Guest Suites*
Time: *Beginning at 12:30 PM*

Brochure with final details will be mailed to all members and posted on our web site, www.macep.org.

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PRESIDENT continued

We are determined to make our voice heard as patient advocates. We must assure our patients that there will be adequate training, ongoing QA monitors, and sufficient patient contacts within each service zone. We would like to help develop a system with guidelines regarding the competency of caring for the critically ill and the performance of vital procedures with enough frequency to maintain that competency. Our initial meetings with the DPH were less than satisfying, although subsequent contacts with the Public Health Council yielded a short moratorium during which more information gathering on the part of DPH can be achieved. Our physicians have joined forces with many other groups that also should have been involved in the coordinated development of a feasible plan using the opportunity to express their concerns at public hearings. Our hope is that we now have the ear of the Public Health Council and that we will be given the opportunity to work in coordination with the Medical Oversight guideline committee through OEMS to develop regulations which will assure the highest quality of care for our patients in the pre hospital setting.

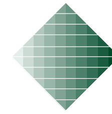
We will continue to work toward our common goal of maintaining a safety net for this state and hope that you, as the working emergency medicine physicians in the state, will get involved. Any interested parties should contact Susan Beer at sbeer@macep.org.

Emergency Medicine Roundtable Series

Brien Barnewolt, MD, FACEP, Education Chair

Our next Roundtable is scheduled for **March 18, 2003** at 6:30 PM at the Radisson Inn in Marlboro, MA. The featured speaker will be John Fromson, MD, Vice President for the Massachusetts Medical Society, Professional Development. Dr. Fromson's lecture "The Importance of Patient Safety in Tort Reform" will cover the theory that malpractice litigation improves the quality of health care by reducing medical errors, and the true reality of the costs of defensive medicine. He will review the history of tort reform and the patient safety movement and offer information on several options in the reform process including surveillance and preventive incentives, cap on damages and no-fault compensation. We hope that you will join us for what should be an interesting and informative discussion and a chance to earn one hour of CME.

All attendee are cordially invited to also attend the MACEP board of Directors meeting immediately prior to the Roundtable discussion. If you plan on attending the board meeting, please contact Susan Beer at (781) 890-4407 for dinner arrangements. We look forward to seeing you there.



MACEP News

MACEP News is published six times a year. The deadline for receipt of all materials is the first of the month of publication.

Display ads:	1 Issue	6 Issues
Full-page	$150	$750
Half-page	$100	$500
Quarter-page	$ 60	$300
Classified	$ 50 (per issue, 75 words)	

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Academic Faculty Position Available

Full time/part-time EM academic faculty position at Tufts-New England Medical, the principal teaching hospital for Tufts University School of Medicine in Boston. Must be BC/BP in EM and must be committed to academic growth and excellence. Outstanding research and teaching opportunities and support, including protected time. Excellent working conditions, salary and benefits. Responsibilities include supervision of EM, Med, Surg, Pediatric and OB-Gyn residents and TUSM students rotating in the ED. T-NEMC is a Level 1 Pediatric Trauma Center, sees 42,000 visits/year in a state of the art facility, is one of twelve Agency for Healthcare Research and Quality (AHRQ) Evidence-based Practice Centers and is one of only two designated United States Cochrane Centers, designated as the New England Cochrane Center. Academic appointments in Department of Emergency Medicine at TUSM. Contact Brien Barnewolt, MD, Chairman, T-NEMC, Dept. of Emergency Medicine #311, 750 Washington St., Boston, MA 02111. (617) 636-4720, bbarnewolt@lifespan.org.

Information That Belongs in Your ED

As an emergency physician, you know first hand that good information provided at the right time, in the right place, from the right source can make a difference. MACEP can help you provide that information.

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(781) 890-4407 Telephone
(781) 890-4109 Fax

	February 25, 2003 MACEP Board Meeting Sheraton Boston Hotel 4:30 - 6 pm	**March 18, 2003** MACEP Board Meeting & Roundtable Radisson Hotel, Marlboro 4:30 - 6:30 pm & 6:30 - 7:30 pm
March 27, 2003 MENA MACEP Joint Educational Conference Burlington Marriott 8 am - 4 pm	**April 8, 2003** MMS Rally for Professional Liability Reform State House, Boston 11:30 am	**April 10, 2003** National Alcohol Screening Day Participating Hospitals Various times
April 15, 2003 MACEP Board Meeting Guest: Arthur Kellerman, MD Radisson Hotel, Marlboro 4:30 - 6:30 pm	**May 14, 2003** MACEP Annual Meeting Waltham Guest Suites 1 - 8:30 pm	*We hope you can join us at these upcoming events!* *Call (781) 890-4407 for more information or visit www.macep.org.*

Case Management: Smallpox

By Elijah Berg, MD, FACEP

Where does Smallpox come from?

The name smallpox is derived from the Latin word for "spotted" and refers to the raised bumps that appear on the face and body of an infected person. Smallpox is caused by the variola virus. Variola was first found in human populations thousands of years ago. Except for laboratory stockpiles, the variola virus has been eliminated. Humans are the only living hosts of variola.

When was the last case of smallpox?

Smallpox outbreaks have occurred for thousands of years, but the disease is now eradicated after a successful worldwide vaccination program. The last case of smallpox in the United States was in 1949. The last naturally occurring case in the world was in Somalia in 1977. After the disease was eliminated from the world, routine vaccination against smallpox among the general public was stopped.

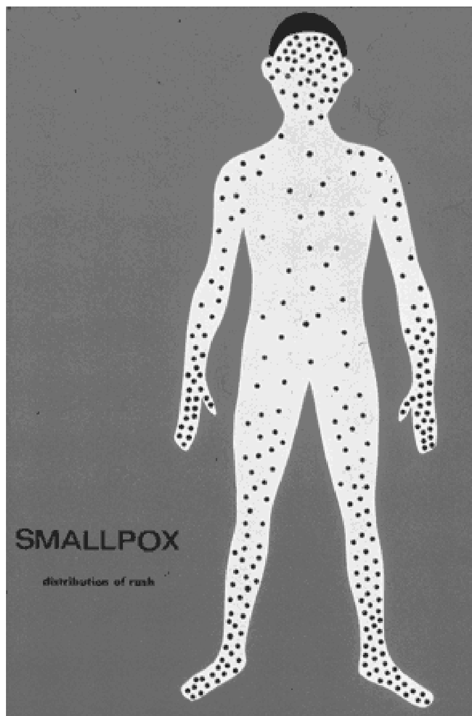

Figure 1
Smallpox Rash Distribution

Smallpox Disease	
Incubation Period (Duration: 7 to 17 days) *Not contagious*	**Exposure to the virus** is followed by an incubation period during which people do not have any symptoms and may feel fine. This incubation period averages about 12 to 14 days but can range from 7 to 17 days. During this time, people are not contagious.
Initial Symptoms *(Prodrome)* (Duration: 2 to 4 days) *Sometimes contagious**	The **first symptoms** of smallpox include fever, malaise, head and body aches, and sometimes vomiting. The fever is usually high, in the range of 101 to 104 degrees Fahrenheit. At this time, people are usually too sick to carry on their normal activities. This is called the prodrome phase and may last for 2 to 4 days.
Early Rash (Duration: about 4 days) *Most contagious*	A **rash emerges** first as small red spots on the tongue and in the mouth. These spots develop into sores that break open and spread large amounts of the virus into the mouth and throat. At this time, the person becomes **most contagious**. Around the time the sores in the mouth break down, a rash appears on the skin, starting on the face and spreading to the arms and legs and then to the hands and feet. Usually the rash spreads to all parts of the body within 24 hours. As the rash appears, the fever usually falls and the person may start to feel better. By the third day of the rash, the rash becomes raised bumps. By the fourth day, the bumps fill with a thick, opaque fluid and often have a depression in the center that looks like a bellybutton. (This is a major distinguishing characteristic of smallpox.) Fever often will rise again at this time and remain high until scabs form over the bumps.
Pustular Rash (Duration: about 5 days) *Contagious*	The bumps become **pustules**—sharply raised, usually round and firm to the touch as if there's a small round object under the skin. People often say the bumps feel like BB pellets embedded in the skin.
Pustules and Scabs (Duration: about 5 days) *Contagious*	The pustules begin to form a crust and then **scab**. By the end of the second week after the rash appears, most of the sores have scabbed over.
Resolving Scabs (Duration: about 6 days) *Contagious*	The scabs begin to fall off, leaving marks on the skin that eventually become pitted **scars**. Most scabs will have fallen off three weeks after the rash appears. The person is contagious to others until all of the scabs have fallen off.
Scabs resolved *Not contagious*	Scabs have fallen off. Person is no longer contagious.

**Smallpox may be contagious during the prodrome phase, but is most infectious during the first 7 to 10 days following rash onset.*

How is Smallpox transmitted?

In general, fairly prolonged face-to-face contact is required to spread smallpox from person to person. It can also be contracted through direct contact with infected bodily fluids or contaminated objects such as clothing. Rarely, smallpox has been spread in the air in enclosed settings such as buildings and vehicles. Smallpox is not known to be transmitted by insects or animals.

A person infected with the

smallpox virus is possibly contagious at the time of onset of fever (prodrome phase), but the person becomes most contagious with the onset of the smallpox rash. During the rash stage the infected person is usually very sick. Infected individuals are contagious until all of the smallpox scabs fall off.

How can smallpox be prevented and treated? The only prevention is vaccination; there are no specific treatments for smallpox disease.

What are the smallpox disease characteristics?
There are two clinical forms of smallpox.

1) Variola minor is the less common form of smallpox, and is a much less severe form of the disease, with death rates historically of 1% or less.

2) Variola major is the severe and most common form of smallpox, with an extensive rash and higher fever. There are four types of variola major smallpox: ordinary (over 90% of cases); modified (mild and occurs in previously vaccinated persons); flat; and hemorrhagic (both rare and very severe). Variola major has an overall fatality rate of about 30%. The more severe forms of flat and hemorrhagic smallpox are usually fatal.

References: United States Centers for Disease Control and Prevention

NASD Endorsed By MACEP and ACEP

By Jim Feldman, MD

MACEP's Public Health Committee, whose goal is to enhance the recognition and effective application of public health activities as a part of emergency medicine practice, has recommended participation in the National Alcohol Screening Day on April 10, 2003 as an important activity for this year, and as a potential model for future screening and health promotion activities.

National ACEP also has endorsed NASD and as a sponsor of this federally funded event, is providing at no charge materials for screening patients for alcohol problems along with educational materials on alcohol's effects on health.

With the knowledge that as many as 30% of the 100 million patients who present to EDs each year exhibit alcohol related problems, the committee's goal is to add at least 10 or more hospital EDs to the program this year with a 3 year goal of achieving participation of all EDs statewide.

ED clinicians are invited to conduct a special outreach event on NASD or to incorporate the screenings in to routine ED practices for that one day, in order to address a range of risky drinking behaviors. NASD is designed to raise public awareness about the consequences of at-risk drinking and alcohol's effect on general health, as well its effects on specific medical conditions such as diabetes, heart disease and certain types of cancer. The program includes an educational presentation, a written screening questionnaire, and an opportunity for participants to meet with a health professional. Referrals for further evaluation and/or treatment are provided when appropriate. **Members can**:

1. Go to the website www.mentalhealthscreening.org/alcohol.htm to register and get materials
2. Contact Joe Bergen, DO (jbergen@attbi.com), MACEP liaison between interested sites and the Public Health Committee. Dr. Bergen will also link sites with available volunteer student screeners
3. Contact Jim Feldman, MD (jfeldman@bu.edu), for materials to develop medical (other) school volunteer participation
4. Contact Ed Bernstein ebernste@bu.edu or Carlos Camargo ccamargo@partners.org for additional information about this event.

Steps to be taken for specific sites interested:

- Visit web site and register
- Obtain orientation packet
- Identify people to do screening
- Identify community resources for referral and /or treatment when appropriate
- Can be done in ED, Urgent Care, ED waiting room, front lobby, etc

NASD is conducted in collaboration with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration.

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MACEP Announces Its New Website

MACEP's Communications Committee under the able guidance of it chair, Carlos Camargo, MD, DrPH and with the technical expertise and skills of Todd Thomsen, MD has redesigned the MACEP website (www.macep.org). The new site includes many new features such as committee pages with updates to keep members informed of new activities, online copies of the MACEP newsletter including previous editions, a Board of Directors page, Bylaws page, and the 2002 Strategic Plan. Many things offered in the past to members on the site still remain including the Risk Management test, employment section, informational links and practice information among others. Especially exciting is the inclusion of the audio of our last Roundtable lecture on Smallpox. We urge you to take a look and to offer your comments and suggestions to ccamargo@partners.org.

Also, to improve communication within the membership, we are in the process of updating our email list. If you are not currently on the mailing list or would like to change your contact information, please send an email to sbeer@macep.org) with the following information: Your name, email address, ACEP # (if available), and telephone number. Having your current email address on the MACEP list will keep you in touch with important emergency medicine issues as they occur. Join now!

Website Policy

(Approved February 2002; modified ** 2003)

1. The College maintains a website (http://www.macep.org) as a method of communication with both members and non-members of the College.
2. The primary objective of the website is to advance the College and its mission.
3. Members of the College may use the website to advance individual activities directly related to emergency medicine and of potential interest to other members.
4. To that end, the website has event sections in which members can post time-limited information. With rare exception, items should be limited to the following: name of event, date(s), location (facility, city, state, country), one-sentence description of event, and contact information for more details (i.e., full name, telephone #, fax #, email, URL).
5. All internet links on the website should be non-commercial (i.e., not designed primarily to market or sell products to members). Links should be of direct informational or educational value to College members and should have a focus on the practice of emergency medicine.
6. All submitted events and links will be screened by at least two people: the Executive Director and/or Communications Committee chair - and then the Webmaster when he/she actually posts the event. Without actually posting member's name on website, the Webmaster will keep track of the member who submitted each item for posting.
7. If the Executive Director, Communications Committee chair, or Webmaster has a concern about posting a specific event or link, the item would be discussed within the Communications Committee. A summary of this discussion would be distributed to the Executive Committee for further discussion and recommendation.
8. In collaboration with Executive Director, the Communications Committee chair will present a brief report at the Annual Meeting about all events and links submitted and posted on the website during the preceding year.

Email Policy

(Approved, **2003)

1. The College maintains a list of email addresses for all members of the College.
2. The email list is for the exclusive use of the College, and will not be sold or given out to other organizations or businesses.
3. The email list may be used at the discretion of the Executive Committee or Executive Director to notify the membership of business and issues relevant to the College and its mission.
4. The email list may be used to notify the membership of upcoming professional events sponsored by *other* organizations only with the approval of the Executive Committee.
5. The College should limit the number of emails sent each year. Emails would likely consist of announcements about Board meetings, quarterly newsletters, and miscellaneous issues (e.g., to specifically promote attendance at Annual Meeting, to announce important policy issues).
6. Members may elect to have their name removed from the email list if they do not wish to be contacted in this way.
7. In collaboration with Executive Director, the Communications Committee chair will present a brief report at the Annual Meeting about the number and type of emails sent.

In light of these developments, the Committee also has developed policies on website postings and email usage. We provide the two draft policies (see prior page) for your review. If you have any suggestions, please let us know.

Legislation Insights

By Dan Corboy, MD

Government can be such a black box within which the legislative process often seems very complex and detached. The average citizen typically feels powerless to weigh in on legislative issues, even when they might be extremely important to one's life or livelihood.

I had the opportunity to attend the Citizen's Legislative Seminar at the State House this past fall. This six-week session (that I would recommend to anyone) helped demystify the process for me. It also left me with some lasting take-home points:

- Your Congressmen are more accessible than you think
- Your Congressmen care what you think (they have to or they'll be out of a job)
- You as an individual (especially a physician) can make a difference

As the chairman of the Legislative Committee, I hope to use the insights from this seminar to further the interests of emergency physicians statewide. My intent is to utilize a grass roots approach towards accomplishing our legislative agenda. I have set up a "911 Action Alert" network to notify our members by e-mail of important upcoming legislation that affects our specialty within the state. No, I did not invent this concept on my own - it was stolen directly from national ACEP, which has used this distribution network effectively to "lobby" the U.S. Congress on crucial legislative issues such as Medicare cuts and maintaining a prudent layperson standard for access to emergency care.

In order for MACEP to meet its goals, we need your help. I urge you to join the 911 network (it's free and painless) by sending me an e-mail to dcorboy@massmed.org. Our only request will be for you to contact your Congressmen when legislation that affects your practice comes due. I think you'll be pleasantly surprised by their receptiveness!

I also would encourage you to attend the physician rally for professional liability reform at the State House on April 8th at 11:30 a.m. This rally, sponsored by the Massachusetts Medical Society, is essential to keeping this hot topic in the front-page headlines. More information is available at www.massmed.org/pages/rally.asp.

Dan Corboy, MD
dcorboy@massmed.org

Public Health Committee Supports SAFE

Committee chair Jim Feldman, MD recently appointed Mary Pat McKay, MD to act as MACEP's liaison to the SAFE Coalition (Seat Belts are For Everyone). The Coalition, under the guidance of Policy Strategists, LLC, is working on the reintroduction and the passage of a primary seat belt law in Massachusetts. Last year the primary seat belt law passed in the Senate, but failed on a tie vote in the House. Issues raised by opponents included a concern that primary seat belt law was intrusive on civil liberties and might contribute to racial profiling. This year, the coalition is hopeful that the state's financial difficulties and the potential for the economic saving from this law as well as the potential for saving lives will weigh in on the legislators' decision making.

The coalition would greatly appreciate visible and active support from emergency physicians, nurses, paramedics, and other members of our family to bring the stories of loss and suffering that we have seen due to lack of seat belt use to those who will be voting.

Save the date!

Intensive Review of Emergency Medicine Essentials
Three-day Board Review
October 26-28, 2003
Doubletree Guest Suites
Boston, Massachusetts

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