



# NEWSLETTER

Florida Chapter Division of the American Academy of Emergency Medicine

Fall 2015

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## FLAAEM Board of Directors

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## FLAAEM Fall 2015 Quarterly Newsletter

Welcome to the fall 2015 edition of the FLAAEM newsletter. This newsletter is intended to bring members periodic updates on the practice of emergency medicine in our state and to highlight the benefits of membership. We at FLAAEM are working hard to represent our members' interests! Let us know any issues you are experiencing practicing emergency medicine in the state of Florida so we can bring light to the situation. Email the board at [flaembod@list.aaem.org](mailto:flaembod@list.aaem.org) with any questions or concerns.

Sincerely,

Vicki Norton, MD FAAEM, Vice President FLAAEM, Editor

Michael Dalley, DO FAAEM, Board of Directors FLAAEM, Communication Committee Co-Chair

## President's Message

The face of graduate medical education is rapidly changing in Florida and FLAAEM members have a front row seat. Many of us remember when there were only two EM residencies in the state. This is clearly no longer the case. In response to \$80M in new state funds to encourage the establishment of new training programs, community hospitals across the state are announcing their plans to train EM residents. Gone are the days when the only training occurred in Florida's 6 statutory teaching hospitals. Like it or not, you're now an educator!

As the parade of new residents begin, it's important for us to not lose sight of the fact that we will be training our future colleagues. These will be the docs who will join us in our struggles against corporate influences and ultimately inherit the reigns of our specialty. With this in mind, I hope that you will seize the opportunity to introduce these new emergency physicians to FLAAEM and the principles of AAEM. Resident participation in FLAAEM is not only welcomed, but it is critical to our future. We offer our young members valuable networking opportunities as well as local educational events such as our annual FLAAEM Scientific Assembly.

So in between your conversations of PE and PID, educate your residents about FLAAEM and don't forget to tell them that their membership is free!

Sincerely,

David Rosenthal, MD FAAEM

President, FLAAEM

## Member Benefits

FLAAEM is pleased to announce our latest partner in our member discount program. **Dress A Med** provides quality scrubs and medical uniforms and beginning October 15th FLAAEM members will enter the promo code FLAAEM20 to receive a 20% discount statewide. Visit them at [www.dressamed.com](http://www.dressamed.com).



- **Free Registration to the Annual Scientific Assembly**
- **Save the date! 5<sup>th</sup> Annual Scientific Assembly in Miami on April 2-3, 2016**
- Discounted scrubs/uniforms through Dress A Med

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## 2015 FLAAEM Membership Renewal

- Online at [www.aaem.org/renewaaem](http://www.aaem.org/renewaaem)
- By phone at (800) 884-2236

### Member Benefits

- Discounted ACLS/PALS recertification through Advanced Medical Certification
  - <http://www.advmed-cert.com> (enter code FLAAEM35 for 35% discount)
- Free *Western Journal of Emergency Medicine (WestJEM)*
  - Free to all Full Voting FLAAEM Members
  - Online access: [www.westjem.com](http://www.westjem.com)
- Free Annual Florida Chapter Division of AAEM (FLAAEM) Scientific Assembly
  - 5<sup>th</sup> Annual FLAAEM Scientific Assembly April 2-3, 2016, Miami, FL

### FLAAEM

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[www.flaaem.org](http://www.flaaem.org)

- Discounted ACLS/PALS recertification through Advanced Medical Certification



<https://advancedmedicalcertification.com/flaaem>

- <https://advancedmedicalcertification.com/flaaem>
- Enter code FLAAEM35 for 35% discount

- Discounted CME packages from American Seminar Institute



- American Seminar Institute (ASI) offers portable and accredited continuing education courses. You can take your individual course at home or anywhere in the world. Complete your continuing education when it fits into your schedule. Multiple specialty areas and topics are available.
- Enter code AAEM15 for a 15% discount
- FLAAEM Advocacy and Legislation reform
- Free *Western Journal of Emergency Medicine (WestJEM)* subscription
- Online access at [www.westjem.com](http://www.westjem.com)

## Board of Directors Meeting – July 14, 2015 Update

The FLAAEM Board of Directors and Executive committee had their quarterly meeting in July and discussed the following topics:

- Improvements to the Newsletter
- Expansion of membership benefits and recruitment
- State Chapter Division Reorganization approval
- New bylaws approval
- 2016 Annual Florida Scientific Assembly
  - Date set April 2-3, 2016 in Miami, FL
  - Sponsorship
  - Planning committee formed
- Government Affairs update

## Legislative Issue Update

Dr. Jill Ward, M.D. FLAAEM Board of Directors, Government Affairs committee chair  
Balance Billing for Emergency Services

For a lot of emergency medicine physicians, you may not know how your group bills and how you get paid for your services. In Florida it depends who the payer is and what type of insurance is being used. Medicaid and Medicare have contracted rates that are standard throughout the state. If your hospital or group contracts with an insurance company, they also have agreed upon rates. If you are a non-contracted physician with an insurance company (you likely do not know which category you fall into) then the payment is based on whether the patient has an HMO or PPO.

Laws pertaining to HMO plans do not allow balance billing, and ER physicians get paid the highest of three:

1. The amount negotiated with a provider who does not have a contract with the insurer for the service, reduced only by any coinsurance amount or copayment that applies to the provider;
2. The usual and customary reimbursement received by a provider for the same service in the community where the service was provided, reduced only by any coinsurance amount or copayment that applies to the provider; or
3. The amount that would be paid under Medicare for the service, reduced only by any coinsurance amount or copayment that applies to the provider.

Attempts are currently underway to extend this cap and standard rate pay on PPO plans, not allowing the physician to bill patients for the extra over the amount the insurance companies pay. One of the issues is that the insurance companies are not transparent with these costs, and patients are getting huge bills in the mail after the insurance companies are paid. A fix would include transparency from insurance companies and allow fair payment to ER physicians.

# FLAAEM Scientific Assembly Winning Case: “I almost fainted on the treadmill”

Dr. Ben Boswell, DO, Dr. Daniel Gurr, MD  
Department of Emergency Medicine, Mount Sinai Medical Center, Miami Beach, FL

## Introduction:

A 15 year-old female presents to the ED with complaint of exercise induced lightheadedness that occurred one hour prior to arrival. Lightheadedness has resolved upon presentation. Patient does admit to recent flight two days ago that lasted approximately four hours and states that her right calf has felt sore for the past two days.

Patient states that she was at the gym one hour prior to arrival to the ED when she began running on the treadmill. Approximately one minute into her workout, she developed a feeling of dizziness and lightheadedness, which prompted her to stop her workout. She sat down at that time, which improved her symptoms, but she decided not to continue at the gym. Then while walking to her car, she developed the lightheadedness again and almost passed out. She then sat in her car until the symptoms resolved. She called her aunt, who then took her to the emergency department.

**Associated Symptoms:** shortness of breath, dizziness, weakness

**Symptoms not associated:** syncope, chest pain, back pain, abdominal pain, fevers/chills, or N/V/D

**PMHx:** None

**PSHx:** None

**PFHx:** None

**Medications:** None

**Allergies:** NKDA

**Social Hx:** Denies Tobacco, Denies Alcohol use, Denies Illicit Drug use

## Review of Symptoms:

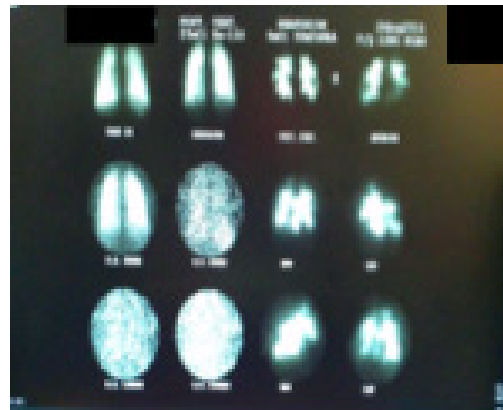
Positive for Shortness of Breath, Dizziness, and Weakness. Otherwise comprehensive review of symptoms Negative.

## Physical Exam:

Positive for Tachycardia, but regular rate. Positive for right calf tenderness, but no appreciable swelling, warmth, or erythema. Otherwise physical exam unremarkable.



Sinus Tachycardia  
Right Axis Deviation  
S1 Q3 T3



There are innumerable bilateral wedge-shaped, peripheral perfusion defects with normal ventilation, compatible with pulmonary emboli. No ventilation abnormalities are observed. Impression – high probability for pulmonary embolism

## Outcome:

Patient transferred to Miami Children’s Hospital PICU  
Started patient on LMWH in MSMC ED prior to transfer. Echocardiogram performed at MCH showed Mild RV Dilation.

No episodes of cardiorespiratory distress, vital signs remained within normal limits. Bilateral Lower Extremity Venous Dopplers negative for DVT. Lovenox was continued and patient was bridged to Coumadin. Discharged 4 days later without incident.

## 1/16/15 Follow-up:

EKG-sinus bradycardia, otherwise normal  
Echocardiogram-Normal Echo, good function, resolved RV Dilation.  
Hematology work-up showed no Hypercoagulable State.  
Will complete 6 months of anticoagulant therapy and re-evaluate whether or not to continue anticoagulation at that time.

## Results

<del>13.5</del>	<del>140</del>	<del>106</del>	<del>14.0</del>
<del>14.1</del>	<del>4.0</del>	<del>26.0</del>	<del>0.65</del>
<del>184</del>			<del>95</del>
<del>42.7</del>			

ABG: 7.40/29.0/77.0  
A-a O2 gradient: 36.5 mmHg  
(expected for age: 7.8 mmHg)

D-dimer: 7.24 ug/mL

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## Discussion:

**Epidemiology:** Not precisely known because of few prospective studies exist in this age group. Canada: 0.07 per 10,000 in hospitalized children 1 month to 18 years. U.S.: 0.49 per 10,000 in hospitalized children <18 years of age. Bimodal distribution: Children younger than 2 years (m:f equal), Children greater than 15 years (f>m, likely due to pregnancy).

**Pathogenesis:** Central Venous Access Devices, Inherited Hypercoagulable States (Factor V Leiden (4.7-13 %), Prothrombin gene mutation (2.3-3 %), Antithrombin deficiency (1 %), Protein S deficiency (1-1.2 %), Protein C deficiency (0.6-1 %). Other Conditions (Infection, Congenital heart disease, Trauma, Nephrotic syndrome, SLE, Malignancy)

**Presentation:** Pleuritic chest pain, Tachypnea, Cough, Tachycardia, Acute dyspnea, Sudden collapse, Cyanosis

**Diagnosis:** Contrast Angiography (CTPA) is considered the gold standard for diagnosis for VTE in children, First choice diagnostic tool because of high sensitivity and specificity for diagnosis of PE. Ventilation/Perfusion Scan should be used for pregnant patients and for non-pregnant patients for whom CTPA is contraindicated, such as with renal insufficiency, morbid obesity, and contrast allergy.

**Treatment:** Includes initial administration of LMWH or UFH for 7-10 days, then transitioned to long-term anticoagulation with either LMWH or VKA (Vitamin K Antagonist), which can be started 1 or 2 days after initiation

of Heparin therapy. Anticoagulation treatment should be continued for a minimum of 3 months for PE with a transient risk factor (such as surgery), or 6 months for unprovoked PE. After 3 months of oral anticoagulation, the risk of recurrent thromboembolism over the subsequent 5 years is approximately 25%. Those who have a low to moderate risk of bleeding may benefit from continuation of therapy indefinitely; however, those with high risk may benefit from discontinuation of therapy after 3-6 months.

## Bibliography:

1. Albigsetti, M. (2014, December 19). *Pathogenesis and clinical manifestations of venous thromboembolism in infants and children*. Retrieved from <http://www.uptodate.com>
2. Albigsetti, M. (2014, December 19). *Diagnosis and treatment of venous thromboembolism in infants and children*. Retrieved from <http://www.uptodate.com>
3. Stack, A. (2013, November 19). *Etiology and evaluation of cyanosis in children*. Retrieved from <http://www.uptodate.com>
4. Thompson, T. (2015, January 8). *Clinical presentation, evaluation, and diagnosis of the adult with suspected acute pulmonary embolism*. Retrieved from <http://www.uptodate.com>
5. Valentin, K. (2014, October 8). *Anticoagulation in acute pulmonary embolism*. Retrieved from <http://www.uptodate.com>

## Recent News Headlines and Articles

- **2015 ACC/AHA/HRS Guideline for the Management of Adult Patients With Supraventricular Tachycardia** A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society Page, Richard MD, Et al. *J Am Coll Cardiol*. 2015;( ): . doi:10.1016/j.jacc.2015.08.856
- **Senators Urge Slowdown on Meaningful Use Rule** MedPage Today, 10/2/2015, 12:16 PM Don't issue Stage 3 rules until 2017, committee chair suggests
- **After the Match: The Doximity Dilemma** EM News, 10/1/2015, 1:00 AM by Cook, Thomas An interesting drama in emergency medicine graduate medical education is playing out behind the scenes...
- **Breaking News: REBOA Gaining Traction as ED Treatment** EM News, 10/1/2015, 1:00 AM by Shaw, Gina In a battlefield hospital in Korea more than five decades ago, a surgeon fought to save the lives...
- **Pediatric traumatic brain injury and attention deficit** Pediatrics, 09/28/2015 Konigs M, et al. The authors investigated the impact of pediatric traumatic brain injury (TBI) on attention...
- **Idiopathic ovarian vein thrombosis: a rare cause of abdominal pain** The American Journal of Emergency Medicine, 09/28/2015 Khishfe BF, et al. The authors report a case of idiopathic ovarian vein thrombosis in a previously healthy pre-menopausal woman presenting with sudden onset groin pain.
- **Rabies advisory issued in Brevard County** September 25, 2015, 8:57 AM (News 13) The Florida Department of Health in Brevard County issued rabies advisory Thursday after a raccoon...
- **Don't get drunk: advice college kids may not get from docs** September 28, 2016, 10:14 AM (AP) Government researchers say 'deplorably' few college students are warned by doctors about...
- **SeaWorld helps renovate Florida Hospital for Children** September 24, 2015, 2:41 PM (News 13) Some of Florida Hospital for Children's sickest patients can now receive treatment in a more cheerful...
- **Kansas doctor, wife sentenced to prison in overdose deaths** September 24, 2015, 7:11 PM (AP) A Kansas doctor and his wife were given decades-long prison sentences Thursday for their...
- **FDA Committee Takes Second Look at Essure Contraceptive** September 23, 2015, 4:03 PM (MedPage Today) Implantable sterilization device may be linked to persistent pain, other adverse events...
- **Toxicology Rounds: What Every EP Should Know about the N-BOMB** September 1, 2015, 1:00 AM by Gussow, Leon, EM News