

President's Update

By Craig Norquist, MD, FACEP

Since the last EPIC, there has been minimal progress towards healthcare reform from our perspective. That is not necessarily a bad thing for us, as we face potential cuts in reimbursement, bundling of payments and possibly a flood of patients into ED's. As shown in Massachusetts after starting mandatory health insurance, Emergency visits actually increased since there was no concurrent increase in primary care. Bundled with this would be lower payments for each visit, becoming a near perfect storm for us on the front lines.

Congress has passed a potential fix for the SGR problem that we seem to face every year-cuts to Medicare payments ranging from 1-20%. Now we need to wait on the senate to do the same and get it fixed. Unfortunately, it seems like attention is focused on health care reform as a whole instead of making corrections to the broken system of Medicare reimbursements. We need to make our voices heard to make sure that the existing system continues to work until whatever fix eventually comes around, whenever that might happen.

Malpractice reform also must be a part of any reform in order to make it work for physicians. In Arizona, we have had several small but important victories in malpractice reform including Burden of Proof, expert witness testimony and forgiveness. While each of these is not a cure, they are small steps in the right direction towards a better malpractice climate in the state.

In a recent visit to Scottsdale Healthcare, Representative Harry Mitchell admitted that he didn't like the healthcare bill that he voted for and passed through congress, but it was better to vote for it and keep some forward momentum than having it stall while waiting for a perfect bill. He refused to believe that tort reform is an important part reform, referencing a CBO statement that less than 1% of current healthcare costs are a direct result of defensive medicine and malpractice. He did listen to our input and advice on reform, but the doctors voices and ideas were scattered at best.

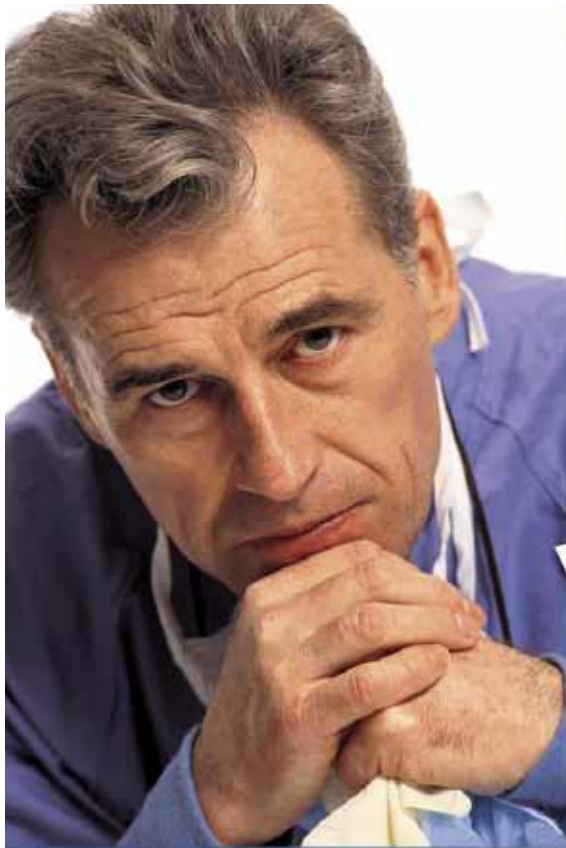
I recently attended ArMA's meeting of society presidents and heard many of them sharing the same exact concern on reimbursement. It really showed that as a profession, we are not aligned but are actually probably harming ourselves with in-fighting. As Chick Older says, when we circle the wagons, we need to make sure we start shooting out instead of in. If we could do a better job of aligning our

efforts in health care reform and other issues, our voice would be much stronger and impossible to ignore.

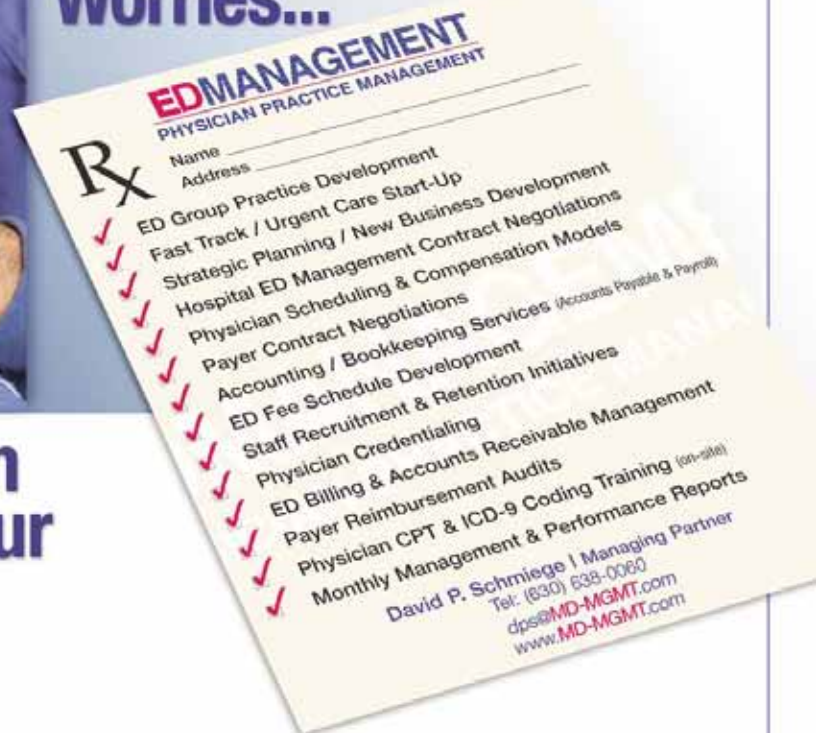
The last several months have been productive for AzCEP. Scientific Assembly in Boston was another great success. Over 40 people, including residents from Tucson and Phoenix, attended our AzCEP dinner. We have been involved in the Pediatric Designation Task Force to ensure that Board Certified Emergency Physicians will not be required to have merit badges in order to work in higher-level pediatric emergency departments. We have been invited to and are contributing to the State Mental Health Task Force, trying to help with the horrible psychiatric patient boarding issues. We are also ensuring that the medical clearance exam is the purview of the treating doctor in the emergency department and not up to the psychiatrist or psych nurses discretion.

This is not a list of accomplishments to pat ourselves on the back. Instead, I am trying to impress upon everyone what AzCEP is doing for all physicians in the state. Not just AzCEP members, but all physicians. While it is crucial that our members feel that their membership fees are working for them, we also realize that those who choose to not become members benefit from the work that all of us are doing. Imagine what we could accomplish if we had a larger membership of all emergency physicians in the state. I realize that there are some who prefer to be members of AAEM, due to their different philosophy on things such as corporate medicine practice and fellowship rules. I appreciate the differences, and am actually a fellow in AAEM as well, but feel that AzCEP and ACEP are working harder for the working doctors in Emergency Medicine. I strongly encourage everyone to consider membership in ACEP and the state chapter AzCEP, as well as becoming a board member or a committee member in our chapter.

Finally, in these times of uncertainty in the future of medicine and payments, it is crucial that our voice is heard in Washington. In the least, take time to call or email your representatives and senators and let them know your concerns about the future of healthcare. Unfortunately, in order to have a real voice in Washington, it requires lots of money. National Emergency Medicine Political Action Committee (NEMPAC) is our political action committee through ACEP. On average, lawyers donate far more monies to PACs and legislators than physicians. This may account for the lopsided discussions that we hear about tort reform. Please consider contributing to this very important aspect of our political system to ensure that our voice is heard.



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When It Comes to Your Financial Success, You Need a Strong Partner. Today, the changing landscape of emergency medicine poses more challenges for your practice than ever before. From falling reimbursement levels to tougher regulations, your emergency medicine practice faces a host of complex issues that threaten your fiscal health and your ability to deliver high quality medical services.

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News and Notes

ACEP to Provide Management Services to SEMPA

The Board of Directors authorized ACEP staff to enter into a shared services agreement with the Society of Emergency Medicine Physician Assistants (SEMPA). ACEP currently also provides management services to EMRA.

ACEP and SEMPA share many common areas of interest and concern in improving the practice of emergency medicine – from advocacy issues to clinical practice management techniques. Working in tandem to achieve these goals, the two organizations can stand strong in a partnership to further emergency medicine.

The agreement begins in January 2010.

On a related note, ACEP is participating in an advisory group with the National Commission on Certification of Physician Assistants (NCCPA) in helping them develop a specialty certification for emergency medicine physician assistants.

Important: Notify All Agencies and Insurance Plans of Practice Changes to Prevent Non-payment!

Physicians who delay notifying agencies and all participating insurance plans of any changes in name, licensing status, address, tax number, or bank accounts or practice development (partner or split) may face severe financial repercussions. For licensing agencies, fines or other sanctions may be implemented. More importantly, Noridian Medicare policy is to 'deactivate the provider number,' leaving physicians to potentially face non-payment of the claims. This means the claims will be non-payable at all - they will not be allowed to be re-submitted or appealed. The claims loss to the business could be extensive. Currently, the Federal agencies' electronic systems compare information between the change of address in the USPS, the IRS, the NPI, the DEA and the licensing board. Each of these resources is 'matched' with a triggering of alerts creating possible slow payment, non-payment of claims, or fines. Effective November 1, Noridian will be mailing a single verification letter to all individual, sole-proprietor physicians (not groups). If this validation is not returned by December 31, 2009, the deactivation will be implemented. Questions? Contact Connie McHugh at cmchugh@azmedassn.org or (602) 347-6915.

UPH Adds Emergency Residency Program

University Physicians Healthcare Hospital will start an emergency residency program in July 2010, now that it has been approved by the Accreditation Council for Graduate Medical Education.

The emergency medicine program will add 18 resident-physicians to the hospital's residency program. Dr. Kristi J.H.

Grall, assistant professor of Clinical Emergency Medicine, will serve as program director.

The University of Arizona College of Medicine and UPH Hospital Graduate Medical Education Consortium now offer four residency programs at UPH Hospital: internal medicine, psychiatry, ophthalmology and neurology. In addition to emergency medicine, family medicine programs will also begin in July 2010.

AzCEP News

-Nominations for the 2010-2011 AzCEP Board of Directors is now open. We are looking for a President-elect, Secretary, Treasurer, up to 15 board members, 4 councilors and up to three alternate councilors...so as you see there is lots of room for those of you wanting to get involved in AzCEP! The elections will take place at our annual meeting, April 7, 2010. For more information, please contact our executive director, Stephanie Butler, at azacep@gmail.com or 602-336-4599.

-AzCEP's new committee structure is up and running and looking for members at large who would like to participate. The choices are as follows: Legislative, Patient Advocacy, Education, EMS and Balance Billing/Fair Payment. The majority of the committee work will be completed via conference calls so we hope to get participation from all areas of the state. Again, please contact Stephanie if you are interested in joining a committee or for more info.

-There are two social events being planned for March 2010. It was decided to reserve areas at a spring training Giants game in Scottsdale and at a spring training Diamondbacks game in Tucson. Keep watch out for an email with the details in January 2010. If you aren't getting the occasional email from AzCEP, please contact Stephanie to be sure she has your current email.

*Season's Greetings
From
AzCEP!*

Maricopa County Department of Public Health Office of Preparedness and Response

Colleagues,

In the last EPIC newsletter, I stated that this would be a very interesting influenza season. In this issue I would like to review a little of what we have seen with novel H1N1 influenza in Maricopa County so far, and again speculate as to what we may expect in the next several weeks and how this may impact your emergency department.

As I write this, it appears that we are well into a “second wave” of this pandemic. The table that I have included describes the deaths from novel H1N1 that have been identified in Maricopa County. The graph shows the Influenza Like Illness (ILI) ED visits and the ILI hospitalizations from a sample of hospitals within the county. These are compared to a model “worst case scenario” that was used for planning purposes. As you can see, and as you have likely experienced, there has been considerable impact on ED’s. We have had a lot of concerned people to sort through in order to find the sick ones--and there have been sick ones!

Although, things may appear to be tapering off, pandemics come in waves; we should be prepared for a third wave of novel H1N1 influenza and we should prepare for seasonal influenza. We cannot predict if Novel H1N1 will remain the dominant influenza virus or if we will see seasonal strains as well. I would recommend that you review how your facility responded to the increase in volume both last April, when this virus was first identified, and in the recent weeks. If there are any lessons learned that can be applied, please do so in preparation for an anticipated third wave of cases.

This is, by and large, an outpatient illness. Emergency physicians have seen a considerable proportion of the cases that seek medical attention and have likely seen the broadest range of presentations.

The tools available to public health to mitigate this pandemic are vaccines, medications, a group of activities that can be best categorized as broad-based advice aimed at avoiding spread of the virus – or old fashioned (pre antibiotic) public health measures, and public information. Some of these have applicability in the ED.

Novel H1N1 Vaccinations:

-In order to protect yourself, your family and your patients, unless, you have a contraindication to receiving vaccine, you should get vaccinated for seasonal influenza and novel H1N1 influenza as it becomes available. You may not be at risk for complications from influenza but you are at risk of spreading it to those who are.

-H1N1 vaccine has trickled in at irregular intervals. The initial doses have been distributed by priority groups. The first doses that became available were Live Attenuated Influenza Vaccine (LAIV-the one that you squirt up your nose), which can only be given to healthy people between the ages of 2 and 49. These doses were offered to healthcare facilities for administration to eligible staff and to EMS for eligible front line providers.

-As killed virus vaccine (the shot in the arm) became available, these doses were distributed to other high-risk groups: pregnant women, caregivers of infants younger than 6 months, to children between the ages of 6 months and 4 years, and children up to 18 who have co morbidities. Yes, people who do not fit in these groups have been turned away, but I am sure there are a few who slipped through the screening process and received vaccine.

Antivirals:

-Current recommendations from the CDC are to have a low threshold for the use of antiviral medications. Treat those who are hospitalized and those who are at risk of complications.

-Use your clinical judgment when considering influenza as the diagnosis. Your clinical judgment is probably more sensitive than the currently available point of care tests. (I would suggest that the clinical judgment of a reasonably experienced grandmother is more sensitive!)

-Doses of Oseltamivir and Zanimivir that had been stockpiled by the federal government have been sent to the State and Local Health Departments and have been distributed to hospitals as well as to practices and some pharmacies. An Emergency Use Authorizations (EUA) is in place that allows for the use of these medications in sicker cases in cases that present later in the course of illness. The EUA also allows for use of oseltamivir in younger age groups. The availability of oseltamivir in oral suspension is very limited; compounding instructions have been sent to pharmacists. Please discuss the use of compounded medications with the pharmacist at your hospital.

-A EUA has also been issued for use of Peramivir, a yet to be approved, intravenous neuraminidase inhibitor. Clinicians wishing to use this medication must contact the CDC directly. There are no local stockpiles. I doubt that there is much applicability to the ED, but you should be aware.

Discharge instructions:

-This falls under the category of “old fashioned public health measures”. Patients who are discharged with influenza like illness should be instructed not return to work, school or daycare until they are well, without fever,

(Continued on page 9)

*Maricopa Medical Center
Resident's Column
By TK Kelly, MD*

To most of us it is clear that fall has arrived. However, different individuals have different ways of sensing that the season has changed. Some figure it out by the cooler temperatures (and by cooler, I mean not hot) and shorter days. Others can tell by the dormancy of the Bermuda grass and the unmistakable aroma of the winter rye grass overseeding. Still others get the clue from the holiday decorations that seemingly appear a week earlier each year. For the rest that have their heads buried in the sand, it takes a calendar.

Autumn around our residency means it is time for a few traditional events on our calendar. First of these was the third year residents participation in the annual ACEP conference. This year's conference was held in Boston and for most, was the highlight of the academic year thus far. All 10 third-year residents and one intern attended the conference. Most had never attended ACEP before. Many of our faculty not only attended the conference, but delivered lectures as well. In addition to the limitless educational, networking, and employment opportunities made available by the conference, the host city Boston provided backdrop for some of the most incredible sightseeing, and socializing.

The dinner hosted by AzCEP was a huge success with a record number of people attending. It was a wonderful opportunity to see old friends and meet new ones. It was well attended by members of two of the Arizona EM residencies. We certainly enjoyed comparing stories and commiserating with our fellow emergency medicine residents from the Uof A. On behalf of the entire Maricopa residency we extend a huge thank you to Stephanie Butler and the AzCEP leadership for not only inviting us, but making us feel so welcome.

Another perennial fall event is the annual Halloween party. This year it was hosted by Dr. Brooks who willingly opened his house to nearly an uncountable number of Halloween revelers. The costumes were as varied and creative as anybody who practices emergency medicine could imagine. By all accounts a good time was had by all. To date, there remain no felony charges or hospital admissions.

On a hospital note, October 1 marked the "go live" date for our electronic medical record-keeping. The transition to a new, state-of-the-art, computer-based medical record is never easy. Our experience was no different. However, it did go much smoother than nearly everybody (including myself) had anticipated. Now, eight weeks later, many of the bugs are out and we are acclimating nicely to our new electronic charts.

The last of our major autumn events is the initiation of recruitment season. That hectic and nerve-racking process of trying to assure a positive legacy for our residency in the future. The next 12 weeks are packed full of interviews, hospital tours, lunches, welcomed talks, and dinners. It honestly seems like match day was last month; I can't believe we're starting this process over again already. Needless to say, our residents make this process work with their participation and enthusiasm. It is amazing to watch our interns and second years shuffle through this process and put out the welcome mat to all at each of these events. They do this on top of their already busy residency schedules. Hats off!

That is it from Maricopa for now. Please have a wonderful, safe and joyful holiday season.



Our 3rd-year class enjoying themselves at SA in Boston.

**Kingman Regional Medical Center/
Midwestern University
Emergency Medicine Residency Update**
By Bryant Boyack, DO

The highlight of the past quarter has been the “Difficult Airway Course.” The senior residents all took part in the three day instruction. There was ample opportunity for hands on experience with all types of airway adjuncts—including cricothyrotomy practice on pig tracheas! This course was well worth the time and energy to improve our confidence and intubation skills.

Among other things, the first year class is beginning to get their feet wet and finding what Emergency Medicine is really all about. They are well on their way to becoming great physicians.

The second and third year classes continue to develop. They participate in several out rotations in Phoenix and Las Vegas throughout these years. Independence is starting to take root with them. Some have begun moonlighting.

Prior to this year, all moonlighting was out of town. The ED group at Kingman Regional Medical Center has acquired the contract for Havasu Regional Medical Center—which is close to Kingman. They have been able to change the by-laws at this facility and the residents are now able to moonlight close to home.

Since our last EPIC article we have also been to the Grand Canyon for our yearly resident retreat. We camped at the park and focused on principles of wilderness medicine. The canyon was amazing, the camping was ideal, and the food prepared by the attendings was great!

The seniors are actively interviewing and looking for employment with a sense of excitement. Looking back, we never thought this day would come!

AZ ITLS

ITLS (International Trauma Life Support) had a great conference recently in Laughlin, NV in September. We changed the format to include a lecture track in addition to our usual provider track. We also changed hotels to the newly remodeled Aquarius in Laughlin. Thanks to our instructors for agreeing to help educate over 50 students who attended the lecture track. We also owe a great debt of gratitude to our record numbers of vendors/sponsors who allow us to keep the cost down for the students. The reviews from our students regarding both the new venue as well as the lecturers were fantastic. Thanks to our current and former AzCEP Board members for speaking at the conference: Drs. Bob Baron, Frank LoVecchio, and Dale Woolridge. Thanks also to other AzCEP members who spoke including Dr. Ben Bobrow and Dr. Chad Viscusi. We look forward to continuing with the lecture track option in the future.

Although initially designed as a pre-hospital course, more and more ED nurses and techs are taking the class. They have found it extremely useful for triage nurses and techs for “walk-in” traumas that present frequently to the ED. Please encourage your nurses and techs to attend (some ED groups sponsor a nurse or two). Also, we encourage EMS leaders to attend the lecture course, especially those from the rural areas. For more information on attending or becoming a sponsor or for a downloadable registration form, go to our website at: www.azcep.org/itls.

Brad Butler, MD, FACEP
LCDR MC, USN
Medical Director
Arizona ITLS

**Congratulations to our
2009 Fellows!**

Stephen Coniaris, DO, FACEP

David A. Guttman, MD, FACEP

Jason R. Knight, MD, FACEP

Christopher J. Lampe, MD, FACEP

Gavin A. Parisi, MD, FACEP

Richard A. Wagner, MD, FACEP

Joseph W. Winchell, DO, FACEP

UNIVERSITY OF ARIZONA RESIDENT'S COLUMN

By Timothy Ruttan, MD

As the weather finally begins to turn away from the heat of summer and residents are reminded why they call Arizona home, the academic year is proceeding at full pace at the University of Arizona. With the return of students at the main campus and the steady arrival of snowbirds from up north, patient volumes and the learning opportunities are steadily increasing. The intern class is working hard and beginning to master the flow of the emergency department, the junior class is taking on responsibility for increasing numbers of critical patients, and seniors are starting to think about life beyond residency.

The expansion of University Medical Center continues with a new hospital tower opening up floor by floor. A new ED composed the first floor and has been going strong since June. In October, a new critical care floor opened just above the ED, which has helped with the flow of critically injured patients in the department. In short order, another floor of adult patients will be completed to be followed by three pediatric floors and 116 beds comprising the Diamond Children's Medical Center.

A new hospital tower is not the only part of emergency medicine on the move in Tucson. The newest residency in Emergency Medicine was recently approved to begin during the 2010-11 academic year. Six residents will be in the first class in a residency based at University Physicians Hospital-Kino. The residency will be part of a consortium with the University of Arizona, and will share many faculty members and educational experiences while providing a unique take on emergency medicine in the Southwest. Under the leadership of Dr. Kristi Grall, the UPH-Kino residency will focus on medically underserved populations along the border, rural regions in Arizona, and on international medicine. The goal is to develop excellent emergency physicians who will serve the diverse populations of Arizona.

Current residents are continuing with their research efforts as part of ScholarQuest, the unique three year research learning experience that all residents participate in during residency. The junior class is in full swing, with research projects being approved by the IRB and preparing to submit abstracts for upcoming SAEM conferences. Current projects being pursued by residents include pre-hospital work on seizures and hypoglycemia, the use of procalcitonin in Emergency Department patients, and the relationship between patient weight and pain medication dosing, among many others in the works.



.Medical student Stephen Chiu, residents Clay Josephy and Jarrod Mosier, GlideScope representative Hugo Dominguez and faculty member John Sakles at a presentation of their airway research during a conference in Spain.

CAPITOL HAPPENINGS

By Richard E. Bitner, Legislative Counsel

Another EPIC deadline rolls around and the state legislature is back in session again, this time predicted to be for three days to make repairs from the last round of gubernatorial vetoes to the second attempt at balancing the state budget in midsummer. Prior experience with actual completion of legislative work make this a highly questionable prognostician. This Fourth Special Session aims to restore \$460 million in cuts and fund shifts, taking money primarily from K-12 schools for textbooks and other “soft capital” expenditures, and from social services delivered by the department of economic security. and fund shifts. The resulting savings will reduce the \$2 billion estimated budget shortfall for this fiscal year to about \$1.5 billion, leaving plenty of work to accomplish in December in a fifth special session, or, if not then, when the 2010 regular session convenes January 11. Governor Brewer continues to press for approval of a ballot measure that would allow voters to approve a 1% temporary increase in the state sales tax, but there appears to be little prospect that will be taken up before next January. In a related development, Arizona State Treasurer Dean Martin has just convened a meeting of the State Loan Commission to authorize setting up an unprecedented \$700 million line of credit facilitating short-term private borrowing to bridge cash flow shortages which would otherwise delay distributing state school aid and making other mandated payments by state government.

AzCEP Reception Celebrating Passage of SB 1018 A Great Success

On September 30th, the effective date of SB 1018: *Burden of proof; emergency treatment*, AzCEP Board members gathered with our coalition partners at the Phoenix City Grill for a reception to celebrate passage in this finally successful four year legislative effort. Special awards were presented to coalition co-chairs David Landrith, Vice President for Public Policy, Arizona Medical Association, and Allison Bell, Vice President for Government Relations, Arizona Chamber of Commerce & Industry, for their exceptional leadership in orchestrating the coalition efforts to a successful conclusion. A family emergency called Allison out of state unexpectedly, but we were honored to have Glen Hamer, the Chamber’s Executive Director, present with us to accept the award. Unfortunately, our prime sponsor Senator Carolyn Allen was also unable to attend due to recent knee surgery. This success certainly would not have been possible without her untiring efforts over the four years it took to overcome gubernatorial and other opposition that thwarted earlier passage.

Campaign Declarations and Capitol Shakeups

Governor Jan Brewer recently ended months of speculation by declaring she will run for re-election in next year’s general election. This was followed quickly by word from Attorney General Terry Goddard of the not unexpected news that he is forming an exploratory committee of his own to seek the Democrat nomination for governor.

The Governor’s news followed quickly on the heels of her announcement that Executive Chief of Staff Kevin Tyne would be leaving for a post with the National Governor’s Commission and she had elevated her budget director, Ellen Klein, to succeed him. Ms. Klein brings a wealth of legislative and budgeting experience to her new assignment, having started her Arizona career at the Auditor General’s office followed by years as a key advisor to Arizona House Republican leaders, among other relevant experience. Most pundits predict the staff re-alignment will result in improved relations between the executive and legislative branches, but this largely remains to be seen.

Governor Brewer also recently announced that AHCCCS Director Tony Rodgers is leaving to assume a post with a national health care consulting firm and will be replaced by Tom Betlach, long-time Assistant Director and former head of the Governors Office of Strategic Planning and Budget in a prior administration. Congratulations to Tom and best wishes to Tony as he moves on to tackle new challenges. AHCCCS has been and remains in extremely capable hands.

Battling to Reduce “ED Psychiatric Holds” Moves to Front Burner for AzACEP

Recent months have seen increasingly long ED “holds” reported by AzCEP members around the state involving patients awaiting psychiatric evaluation by regional behavioral health authorities (RBHAs), especially in Maricopa County. Wait times of 6-8 days are not infrequent to gain access to Magellan’s crisis services and 2-4 day waits appear quite common. AzCEP has focused on this issue using the ED Directors Forum, which meets quarterly to discuss topics of concern to EDs around the state. As a result of the most recent meetings, AzCEP has joined the Arizona Department of Health Services Behavioral Health Crisis Response System Work Group in order to press for better access to crisis evaluation services and to band together with other behavioral health providers to fight further legislative cuts to ADHS behavioral health services. At their most recent meeting AzCEP board members, joined by ED Directors from 5 EDs in the valley pressed our case with ADHS officials and RBHA executives and pledged to work together, not only to prevent further cuts, but to seek improved processing within EDs and crisis clinics to optimize the flow of patients so critical care and evaluation is accomplished more quickly.

The specter of increased congestion from the H1N1 flue pandemic, coupled with the regular flu season and the seasonal influx of senior “snowbird” visitors, leaves EDs shorthanded and under incredible pressure. Clearly, adding to this the burden of sometimes dangerous psychiatric patients waiting endlessly in ED beds for admission to crisis evaluation centers is a prescription for disaster. AzCEP will also be joining a coalition being organized by the Arizona Hospital and Healthcare Asso-

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for 24 hours without taking antipyretics such as aspirin, ibuprophen or acetaminophen. If the patient is a healthcare worker, they should not go to work until well for 24 hours or 7 days whichever is longer.

-The aim is to prevent the spread of novel H1N1 to other susceptible individuals. Particularly to susceptible individuals who are at high risk of complications.

Rumor control:

-This falls under public information. There is a lot of misinformation about influenza, both seasonal and the novel H1N1, and about the vaccines. As far as the public goes, people may not know that the health department exists, but they trust their doctors. (And if they don't trust their doctor, they go to the Emergency Department.) Your patients will have lots of questions, please try to stay abreast of the situation both locally and nationally. The following web site has links to good sources of information: www.stopthespreadaz.org

Robert N. E. French, MD MPH
 Emergency Physician
 Maricopa County Department of Public Health
 Office of Preparedness and Response
 602-372-2658 office

**Novel H1N1 Influenza Death Report
 Maricopa County Department of Public
 Office of Epidemiology**

Novel H1N1 Deaths – Maricopa County Residents (April 2009 through 11/09/09)		
	Number	Percent
Number of H1N1 deaths – Total	45	100%
Deaths among pregnant women	2	4%
Deaths among children (18 and under)	8	18%
Deaths among adults aged 19 to 49	14	31%
Deaths among adults aged 50 and older	23	51%
Deaths among individuals of unknown age	0	0%
Deaths among individuals with at least one risk condition (including asthma, cancer, chronic heart disease, other lung disease, immunosuppression, neurological disease, obesity, and diabetes)	37	82%
Deaths among individuals with no risk conditions	3*	7%
Deaths among individuals whose risk conditions were unknown	5	11%

*One was pregnant with no other underlying medical conditions.

H1N1 Deaths by Week – Maricopa County	
	Number
Deaths determined prior to Week 40	17
Deaths determined Week 40 (Oct 4 - Oct 10)	5
Deaths determined Week 41 (Oct 11 - Oct 17)	3
Deaths determined Week 42 (Oct 18 - Oct 24)	4
Deaths determined in Week 43 (Oct 25 – Oct 31)	8
Deaths determined in Week 44 (Nov 1 – Nov 7)	6
Deaths determined so far in Week 45 (Sun Nov 8 – Mon Nov 9)	2

Who Is Managing The ED Billing Company That You Have Outsourced Your Billing / Collection Activities To?



Talk About A Fox Guarding The Hen House!

Have you ever heard of a billing company telling a physician that they should be replaced because they have failed to pursue the ED's denied claims and patient receivables because it was not profitable for the billing company?

When It Comes to Your Financial Success, You Need a Strong Partner. Today, the changing landscape of emergency medicine poses more challenges for your practice than ever before. From falling reimbursement levels to tougher regulations, your emergency medicine practice faces a host of complex issues that threaten your fiscal health and your ability to deliver high quality medical services.

EDMANAGEMENT provides specialized revenue cycle solutions geared towards emergency medicine groups and hospitals that employ emergency physicians. With 20+ years of dedicated experience in the field of emergency medicine, our partnership has distinguished itself as an industry leader, committed to helping busy emergency medicine practices thrive in a demanding business environment.

From payment denials resulting from improperly coded claims to the justification of ancillary tests and procedures, the ED reimbursement process has become an administrative nightmare. Successfully

navigating it requires an intimate knowledge of bundling and unbundling procedure changes, current coding and compliance initiatives, payer-specific requirements and more. Each day, ED revenues fall through gaping holes in the system as a result of unskilled coding professionals, lack of coding education for physicians, and efforts to avoid fraud charges by down-coding.

Denial management is a growing concern. Practice expenses are increasing at an alarming rate while reimbursement is flat or declining. Today's challenging healthcare environment requires a level of expertise that few can provide. **EDMANAGEMENT** can help you meet these challenges.

We educate physicians on the importance of documentation and revenue optimization in the medical billing and collections cycle. We provide our clients with documentation feedback and analysis on every deficient chart. As your business partner, we'll increase cash-flow and help you strategize for future growth opportunities. With extensive expertise reimbursement, our professionals work with you to identify sources of revenue leakage and stop further loss before it starts. This means more health care dollars in your pocket, where they belong!

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ciation to lobby the legislature directly against further cuts and better oversight of how the behavioral health system is functioning.

Those desiring more information about legislative developments or AzCEP Public Affairs involvement than provided here may wish to check the AzCEP website for updates, consult the Arizona Legislative Information System (ALIS) at "www.azleg.gov", or contact me for assistance.



Our Award recipients from our Burden of Proof reception. Glen Hamer from the AZ Chamber of Commerce...

And David Landrith from the Arizona Medical Association.



Calendar of Events

Mark your Calendar and Get Active in AzCEP!

- Dec. 2 Board of Directors, Chapter Office
- Jan. 6 Exec. Committee, Chapter Office
- Feb. 3 Board of Directors, Chapter Office
- Mar. 3 Exec. Committee, Chapter Office
- April 7 Membership Meeting w/elections

***All AzCEP members are welcome and *encouraged* to attend the Board Meetings. Contact the Chapter office at 602-336-4599 for additional information.**

Board Meetings, unless otherwise noted, are held at 12:00 noon at our Chapter office in the Arizona Medical Association building, 810 W. Bethany Home Road, #110, Phx, AZ 85013.

CLASS/COURSE OFFERINGS

This is a partial listing of classes that are often needed by emergency physicians.

ACLS/PALS

*Contact www.wizardeducation.com for a listing of ACLS, PALS, plus many more offerings.

*For a state-wide listing, call the American Heart Assoc. at 602-414-5345 or visit www.americanheart.org/az-conm-wy/

*Or try taking ACLS online!
Go to; {www.ncs.org/eacls} for more info.

10th Annual Current Concepts in EM

Presented by Maricopa Medical Center ED

Friday, Mar 5, 2010; Desert Willow Conf. Center

Topics include; Pediatric Airbag Injuries, OB Injuries, Environmental Emergencies, Tactical Emergencies, Tales from the Pit and More.

For Info contact; Rob Stewart, RN; 602-344-5022 or rob.stewart@mihs.org

ACMT

Wed, March 11, 2010; Hyatt Regency, Scottsdale

The American College of Medical Toxicology and the Arizona Chapter of the American College of Emergency Physicians are co-sponsoring a one-day course on New Antidotes and Drug Safety for emergency physicians. Speakers are nationally recognized speakers and specialists in Medical Toxicology. This course will take place on March 11, 2010 at the Hyatt Regency Resort and Spa at Gainey Ranch in Scottsdale, Arizona. 5 CME credits are included for AZ ACEP members. Please see the ACMT website for the full brochure and registration information. www.acmt.net

ACEP Reimbursement & Coding

May 23-27, 2010
Camelback Inn, Scottsdale

www.acep.org/meetings

Changed Your Address?

If you change your business or home address please notify the National ACEP Office or AzCEP & the correction will be forwarded.

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 P.O. Box 619911
 Dallas, Texas 75261-9911
 (800)798-1822

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AzCEP Mission Statement

The Arizona College of Emergency Physicians (AzCEP) exists to support the highest quality emergency medical care and to serve as advocates for our patients, our members and our specialty. {adopted by the AzCEP board, 10/2001}

Winter Issue of the Arizona EPIC

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