

CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS

MARCH 2010

PRESIDENT'S MESSAGE

By GREGORY SHANGOLD, M.D., FACEP



"The law does not limit attorneys' fees or impose caps on damages." This is direct language from the Affordable Health Care for America Act -- H.R. 3962. In fact, medical liability alternatives are only addressed in section 2531, which is from pages 1431 – 1433 out of the 1990 page health care reform bill. Connecticut's emergency physicians are watching the politicians

discuss how health care needs to be reformed, while we continue to be the ultimate healthcare safety net for our current system. All of us see patients fall through our shredded safety net as we struggle to provide timely and quality emergency care. One aspect of health care reform that many states have tackled is special liability reform for EMTALA mandated care. We do not have the luxury to wait for a solution from Washington, DC. We need to encourage our CT legislature to address this issue and strengthen Connecticut's emergency departments by developing specific liability reform that improves quality and promotes access to necessary care.

"The reason why tort reform is not in the [health care] bill is because the people who wrote it did not want to take on trial lawyers...and that is the plain and simple truth", said Governor Howard Dean of Vermont at a Virginia Town Hall Meeting in 2009. CCEP has attempted to make this part of the discussion. We have organized two town hall meetings with Representative Jim Himes (D-CT,4th district) at which we actively debated trial lawyers on the necessity of state liability reform. The facts and the public are on our side; all of us must be engaged to change the perspective of state policy makers. Poor Richard's Almanac describes lawyers with the statement, "A country man between two lawyers is like a fish between two cats." Many times while advocating for my patients I feel like that fish.

CCEP recognizes the need to make this an active part of the health care discussion in our state. Just as the attention of the nation turned to witness the election of Scott Brown, a republican in a blue state, we will have two high profile elections this fall in CT. Both our senatorial and gubernatorial campaigns will address varying perspectives on health care reform. CCEP will be organizing an initiative to be part of the discussion. Please take some time to see how you can participate

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CAREERS IN EMERGENCY MEDICINE:

FRED TILDEN

Intro: "Every once in a while, EPIC interviews a CT EP whose career path has taken an unusual twist or two." This has been the opening statement for this specialty column, initiated years ago by EPIC's former long time Editor, Fred Tilden. As Fred has now passed on the EPIC reins, it is only fitting that we now enjoy the "twists and turns" of Fred's career. In his typical unduly modest demeanor, Fred didn't think his "mundane" career would generate much interest, but I found some surprising and previously unshared "twists and turns" to Fred's self proclaimed "mundane" career path to emergency medicine...read on.

EPIC: I guess it's always good to start at the beginning, so tell us about young Fred, and how you decided on a medical career.

FT: I was born near Boston, where I attended grammar school, but my father was a businessman with Venus Pencil Company, headquartered in London, so we lived in the London/Cambridge, England area for the first three of my high school years. We then moved back to the US and I graduated from Rye High School, NY in 1970. After that, my education was a bit haphazard, being a child of the era, and I attended four colleges over six years, finally graduating from Sarah Lawrence College in Bronxville, NY in 1976 with a degree in creative writing (*Ed: could this have presaged Fred's future literary career with EPIC?*). There were no medical personnel in my family, medicine had not entered my mind during college, and I took no pre-med courses. However, after college, as I searched for what I might like to do with my life, I tapped into the idea of medicine. I found this idea difficult to get rid of, and I actually drew up a list of pros and cons. The cons included the time and money required to pursue medical education, a daunting pressure for someone in their mid 20s, but the pro list was quite short; I had come up with no alternatives!



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IT WAS A “RED HOT” SCIENTIFIC ASSEMBLY

The 17th Annual Scientific Assembly and Annual Meeting was packed with “Hot Topics” this year. The meeting kicked off with Dr. Michael Gutman’s moving ATLS lecture from the Iraq perspective, followed by an enlightening presentation by ACEP’s own Dr. Michael Gerardi on the DC health reform debate. Danica Delgado, MSW rounded out the morning with a state CME required lecture on Domestic Violence. Dr. Glenn Brady’s entertaining and informative talk on Therapeutic Hypothermia led us into lunch.

We were also fortunate to have Senators Jonathan

Harris and Dan Debicella on hand to personally receive their Senate Leadership and Legislator of the Year Awards respectively. Rep. Betsy Ritter, who was awarded the Legislative Leadership Award was unable to attend the meeting and was presented her plaque at the Legislative Office Building later in the month.

During lunch, Dr. Bryan Jordan presented Dr. Fred Tilden with the Phil Stent Award and handed over the reins of CCEP to our newly elected President Dr. Greg Shangold. Resident of the Year Awards were also presented during lunch to Drs. Eric Goralnick and



Cub Culbertson, III and Michael Gerardi of NJ ACEP and David Wilcox



Sue Dufel presents Bradley Dreifuss with the UConn Resident of the Year Award



Michael Carius, Greg Shangold, Michael Gerardi (NJ ACEP) and Peter Jacoby

IT WAS A “RED HOT” SCIENTIFIC ASSEMBLY

Bradley Dreifuss.

More hot topics rounded out the afternoon with Dr. Stephen Playe’s cutting edge presentation on H1N1 and Dr. Tom Nowicki’s innovative lecture on airway management advances.

Throughout the day, members also checked out the vast array of posters submitted by members and residents alike on topics ranging from “Lead Toxicity in an Extended Pakistani Family” to “Road Traffic Injuries in Armenia” and everything in between. Four submissions were also selected as oral presentations for the afternoon session.

Dr. Kelly Dodge received the Best Oral Presentation Award for her lecture “Ultrasound Guidance Improves Success of Central Venous Catheterization by Junior Residents,” and Dr. Leigh Evans received the Best Poster Presentation for “Competency Based Resident Physician Simulation Training on a Central Venous Catheter Partial Task Trainer.”

Overall, the meeting was incredibly well received by the more than 100 Physicians and Residents who attended. A special thank you to Dr. Tom Brunell and Dr. Alberto Perez for planning such a wonderful, educational meeting.



Laura Bontempo presents Eric Goranick with the Yale Resident of the Year Award



Michael Werdmann and Bryan Jordan



Bryan Jordan, Larry Levine, Greg Shangold and Michael Dugan pose with Senator Dan Debicella

FRED TILDEN *(continued from Page 1)*

EPIC: So, you're in your mid 20s, with no premed education, but a persistent idea to head into medicine. What was your subsequent path towards that goal?

FT: I worked as a waiter while taking the prerequisite premed courses, then applied to a wide range of medical schools. Because of my indirect path towards medicine, I made the waiting list at a few US schools, but eventually had to head outside of the country. I attended the new (at that time) St Georges University School of Medicine on the Caribbean island of Grenada. Offshore medical education was a relatively new phenomenon back then, so we all felt we had something to prove, sort of the "we try harder club". The first two years of didactic training were pretty intense academically, in addition to dealing with the third world environment that was Grenada in the early 1980's. It was basically a Cuban outpost, with Russian involvement, 14 year olds with machine guns, and the only radio station was Radio Free Grenada. Then we headed off to affiliate US hospitals for our clinical rotations. I performed my community service as "cheap labor" at Methodist Hospital in Brooklyn, and tried to learn as much as I could to prepare for application to US post graduate training programs. I was either the 5th or 6th class to graduate from St Georges, and left Grenada just a few months ahead of the American invasion to rescue the Americans on the island

EPIC: I see from your C.V. that you graduated from St. Georges in 1984 and went on to several internship and residency programs. Tell us about your circuitous path to Emergency Medicine over the following decade.

FT: I first did my internship in Internal Medicine at Methodist Hospital in NYC. Then I completed a year of residency in Radiation Oncology at St Vincent's Hospital in NYC after a colleague interested me in that direction. However, I quickly discovered that I couldn't see myself practicing Radiation Oncology, so I completed an Internal Medicine at the old Mount Sinai Hospital in Hartford In 1988. My ED rotations during residency were always my favorite, and I joined the Mount Sinai ED staff after graduating. My wife is also a physician, and I then followed her when she headed to Manhattan for a five year, triple board eligible training program in Pediatrics, Child Psychiatry and Adult Psychiatry. I became an attending in the ED at Elmhurst Hospital in Queens and enjoyed trading stories with my wife who was moonlighting in Pediatric EDs during her training.

EPIC: The practice track to board certification in EM ended in 1988, just as you started practicing EM after your IM training. What made you decide to re-enter training specifically in EM?

FT: Although my training afforded background in adult medical cases, I had no training in Pediatrics or Trauma. Mount Sinai in NYC was just starting an Emergency Medicine residency program, so I traded the weight of attending responsibility for additional preparation towards a career in EM. I became an intern all over again, but I thought of it as a three year fellowship in EM. We served a culturally diverse population of Pakistani, Vietnamese, Korean, Afghans, etc, but virtually no street people; the ethnic inhabitants were very family oriented and took care of their own.

EPIC: You culminated your EM training as chief resident, receiving the Ralph Altman, MD Memorial Award, and completing the Mount Sinai School of Medicine Integrated Residency in Emergency Medicine in 1994. What next?

FT: We had started our family during our training programs, and were interested in moving out of the city. My wife had been a student at UCONN, had contacts in CT, and was interested in the new CT Children's Medical Center (CCMC) in Hartford. So, we moved to CT and I joined the ED staff at Hartford Hospital in 1994, followed by a joint teaching position at John Dempsey Hospital in 1997.

EPIC: Between 1995 and 1998 you were the Residency Site Director at Hartford Hospital, the Residency Site Director for John Dempsey Hospital, and the Associate EM Residency Director at UCONN, attaining an academic rank of Assistant Professor. You received the UCONN EM residency Teacher of the Year Award for 1995-1996 and a UCONN EM residency Appreciation Award in 2000. Apparently, you thrived in the academic arena, how did you move to private practice in a community hospital ED?

FT: I enjoyed teaching for a number of years, but eventually I began to tire of hearing myself talk. Hartford Hospital is a typical large inner city teaching hospital, but UCONN Dempsey, although a university teaching hospital is smaller and non-urban, more like a community hospital. I decided to try community ED practice, and joined the staff at Midstate Medical Center in 1999. After a year in Meriden, I was offered an advantageous opportunity to move over to Waterbury Hospital, and I rather quickly "backed into" a position as Associate Medical Director of EM. Shortly thereafter, a nurse colleague from Midstate informed me that the ED Director position had opened up there, and requested I

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FRED TILDEN *(continued from Page 4)*

come to interview. So, after a year in Waterbury, I was back at Midstate, starting as Medical Director of Emergency Services in 2001.

EPIC: Tell us a little about your eight years of service leading the ED at Midstate.

FT: As with all leadership positions, it has been a challenge and an opportunity. When the new Midstate Medical Center replaced the old Meriden Wallingford Hospital, it was severely undersized, with only 98 inpatient beds, and an ED designed for 25,000 annual visits. Through a \$45 million project, our new hospital pavilion has increased inpatient beds to 160, and our new ED, designed to accommodate our 50,000 annual patient visits, will open this March. The ED will improve from 28 beds plus 26 hall spaces to 53 beds, including an 11 bed Assessment Unit for Triage and Fast Track, and a 9 bed Behavioral Health Unit. We have a stable professional staff comprised of 13 physicians and 5 PAs, and I still join them for 6-8 shifts per month. With front end practitioners joining our experienced nursing staff in the Assessment Unit, we plan to improve efficiency in the ED. With additional hospital beds and our inpatient Hospitalist service, we should be better able to accommodate our 12-13%



Fred Tilden receiving the Phil Stent Award

admitted patients to reduce the current boarding induced crowding in the ED.

EPIC: You have been active in the CT College of Emergency Physicians (CCEP) for pretty much your entire 15 years in CT. You were elected to the Board of Directors, and subsequently climbed the officer hierarchy, culminating in your Presidency in 2000-2001. You have been the Editor of EPIC for almost a decade, I have had the pleasure of serving with you as CT Councilors to the national ACEP Council, and we have worked together locally and in Washington, DC as political advocates for our Emergency Medicine specialty and our emergency patients. What message would you like to pass on to your CCEP colleagues about organizational activity?

FT: It has been a lot of fun, both on the local CCEP level and the national ACEP level. All of our colleagues should afford themselves the opportunity to participate in CCEP activities and collaborate in efforts to improve our specialty and benefit our patients.

We are always open to new faces and new ideas, from residents to long experienced colleagues. It's great to be involved, "in the know", and on the cutting edge of Emergency Medicine practice.

Editor's Note: *Despite Fred's circuitous and I believe very interesting route to his true calling in Emergency Medicine as detailed above, and despite his humble insistence that his EM career has been little more than "routine", his appreciative colleagues presented him with the Phil Stent Award at our fall 2009 CCEP annual meeting for his many years of selfless dedication to CCEP and Emergency Medicine.*

This award honors a physician who exemplifies professional attitude and who has made contributions to further Emergency Medicine in the state of CT. For those of us who know Fred personally, and hopefully for those of you who read the article above, this award description seems to have been composed to specifically describe Fred. To anyone out there willing to contribute a portion of their "routine" EM career to our specialty and our patients, there is a Phil Stent Award awaiting you!

Connecticut College of Emergency Physicians

Day at the Capitol

Thursday, March 18, 2010

Private Dining Room • Legislative Office Building (LOB), Hartford, CT

8:30-10:00 a.m. – Visit with Legislators

Meet in the Private Dining Room of the LOB by 8:15 am

Please contact Tricia at 203-234-8055 or tricia@grassrootsct.com if you are interested in attending.

JOBS IN CONNECTICUT NOW

BACKUS HOSPITAL

Full time position for qualified PA/APRN. Current volume of 65,000 visits with 35% seen by allied health professions in the Convenient Care area within the department. PA/APRNs also practice in the main section of the ED as well. Work 3 - 12 hour shifts per week. Backus Hospital is a 213-bed facility providing surrounding communities with a broad range of medical services, including the only Level III Trauma Center in the region. This position offers a competitive salary, incentive bonus and a comprehensive benefits package. For immediate and confidential attention, please e-mail your resume and cover letter to: Robert Sidman, Chief of Emergency Services, The William W. Backus Hospital, 326 Washington Street, Norwich CT 06360. Email rsidman@wwbh.org call 860-823-6369 or fax us at 860-823-6537.

EASTERN CT HEALTH NETWORK

Full time opportunity available for EM residency trained or EM board certified physician to join a group of 16 highly skilled EPs and 11 experienced ED PAs. As a member of the group, you will work at both Manchester Memorial and Rockville General Hospitals on a predictable rotating template schedule. Together the EDs see a combined volume of 70K annual visits. Each ED has PA staffed fast-tracks and generous physician and PA coverage arrangements. Both departments have bedside U/S in the ED and a fully paperless EMR (Allscripts). A newly designed, uncapped, productivity based compensation plan places our EPs between the 88th and 97th percentile for salary based on CT MGMA data. Generous retirement plans plus money match and pension allow for over \$50K to be set aside for retirement pre-tax. Relocation or Sign-on bonus is available. Please contact Robert Carroll, MD, FACEP at rcarroll@echn.org or call (860) 647-6475.

HARTFORD HOSPITAL

One full time opening and per diem opportunities for EM residency trained or EM board certified physicians in our 93,000 visit, 66 bed, ED. Our Fast-Track, run by PA/NP's, sees 23,000 visits per year. We are the main clinical site for the UConn EM Residency, a three year program with 12 great residents per year. We are a Level I trauma center and the major toxicology program for CT with a fellowship. We have experienced PA/NP's, nurses, RT's, and ancillary help. Our call list includes most specialties. Competitive salary and benefits. Contact AJ Smally, MD FACEP at asmally@harthosp.org or 860-545-3536.

MIDDLESEX HOSPITAL

Outstanding July, 2010 opportunity in college town for EM-trained BC/BE MD. Stable and happy 26 physician EM group in progressive New England community teaching hospital system. Choose 45K hospital ED, 27K freestanding ED, 26K freestanding ED, or rotate among three. State-of-the-art 44 bed main ED opened March, 2008. Stable ABEM group averages 2.0 patients/hour. Family Practice residents provide teaching opportunities. Online medical records, Document with dictation or T-system. Scenic area with excellent schools, great golf, boating, sophisticated dining and culture. Located in college town in beautiful New England shoreline area. 30 minutes from New Haven or Hartford, two hours from NYC or Boston. Michael Saxe, MD, FACEP, Middlesex Hospital-msaxe@midhosp.org - 860-344-6693.

MIDSTATE MEDICAL CENTER

We are adding several new ED staff positions and one Assistant Director position in preparation for our new 53 bedded ED, which will open its doors this spring. We're looking for enthusiastic board eligible/prepared emergency physicians who are up for the challenge of a new facility and a new electronic medical record. Our group is extremely stable – the current positions are additions to our 11 physicians and 5 PAs. We offer a competitive compensation package. Special consideration will be given to someone seeking night or weekend hours. Please contact Fred Tilden MD, FACEP, 203 694-8278. ftilden@midstatemedical.org.

NORWALK HOSPITAL

We have per diem positions available for EM residency trained, ABEM/AOBEM certified/prepared EP's with EM experience to work in a modern 50,000 visit ED. Norwalk Hospital is a progressive, teaching, 270-bed Level II Trauma Community Hospital located in Fairfield County on Long Island Sound, not far from New York City. All shifts are 8 hours or less, with 55 hours of coverage per day. PLEASE CONTACT: Michael Carius, MD, FACEP, Chairman, Department of Emergency Medicine, Norwalk Hospital, at mcarius@acep.org or 203-852-2281.

WATERBURY HOSPITAL

Full Time and Per Diem positions available for ABEM Board Certified/Board Eligible emergency physicians to work in a Level 2 Trauma Center with 58,000 visits per year. Double and triple coverage with in-house medical and surgical house staff. Hospitalist service and pediatric and orthopedic physician assistants in-house. Prompt Care area staffed by experienced Physician Assistants 16 hours daily. Cardiac care center with 24/7 cath capability. Radiology available 24/7. Ultrasound available in the E.D. Dedicated nursing and helpful technician staff. Attractive clinical requirement with templated schedule and overnight shifts virtually eliminated with 2 dedicated overnight physicians. Competitive salary, full benefit package offered. Generous moonlighting rate offered. Contact Chris Michos, MD @ (203) 573-6215 or CMichos@wtbyhosp.org

WEST HAVEN VA MEDICAL CENTER

Per Diem positions available for nights at the VA in West Haven, a major teaching institution for Yale University. We are a 10,000 volume level III ED. Seeking BE/BC ER or IM/FP Physicians with ER experience. The ED is supported 24 hrs by all subspecialties. Patients are admitted to Yale House staff and Attendings. There is no major trauma, pediatrics, or obstetrics. We rely on a renowned electronic medical record (CPRS), so typing skills and basic computer knowledge is a must. Feel good about practicing pure medicine again while giving back to our country by treating our nations Veterans! Contact: Craig Zalis, MD craig.zalis@va.gov or (203) 932-5711 x 2991

14th Annual Spring Symposium

Presented in Conjunction with the

American College of Emergency Physicians

March 24, 2010

Water's Edge Inn & Resort • Westbrook, CT

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| <p>7:15 am Registration/Breakfast/Welcome/Visit Vendors
Greg Shangold, MD and Tom Brunell, MD</p> <p>8:00 am Rick Soucier, MD
The Pulseless LVAD Patient</p> <p>8:50 am Break/Visit Exhibitors</p> <p>9:00 am Bob Hoffman, MD
Cardiotoxins</p> <p>9:50 am Break/Visit Vendors</p> <p>10:20 am Toxicology-How the Experts Do It? Moderated
by Danyal Ibrahim, MD Panel:
Bob Hoffman, MD, Chuck McKay, MD,
Joao Delgado, MD, Asim Tarabar, MD</p> <p>11:45 am Lunch</p> | <p>12:30 pm John Fojtik, MD and John Pettini, MD
Ultrasound Cases</p> <p>1:30pm Carrie Tibbles, M
Domestic Violence Policy Now & The Future</p> <p>2:20pm Break/Visit Vendors</p> <p>2:50PM Alison Lane-Reticker, MD
Palliative Care</p> <p>3:40PM End of Life Panel Discussion
Alison Lane-Reticker, MD,
Michael Drescher, MD, Karen Jubanyik, MD</p> <p>4:30PM Closing Remarks-Tom Brunell, MD</p> |
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Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the ACEP and the CT College of Emergency Physicians. The American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education

to provide continuing medical education for physicians. The American College of Emergency Physicians designates this educational activity for a maximum of __ AMA PRA category I credit(s) TM. Physicians should only claim credit commensurate with the extent of their participation in the activity. Approved by the American College of Emergency Physicians for __ hour(s) of ACEP Category I credit.

Complete this form and fax to 203.234.2852 to reserve your slot and mail together with your registration fee made payable to CCEP to:

The Connecticut College of Emergency Physicians, 60 Kings Highway, North Haven, CT 06473.

Conference Fee Includes:

Continental Breakfast, Lunch, Refreshment Breaks, Educational Materials and Attendance/CME Certificate.

- | | |
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| <input type="checkbox"/> MD Non ACEP Member \$200 | <input type="checkbox"/> Paramedic \$75 |
| <input type="checkbox"/> Physician Assistant \$125 | <input type="checkbox"/> EM Residents/Students Free |
| <input type="checkbox"/> EMT \$75 | <input type="checkbox"/> Non MD Hospital Table \$500 |

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THE GROWING STATE BUDGET DEFICIT

ONCE AGAIN THE TOP PRIORITY OF THE ASSEMBLY

EMERGENCY PHYSICIANS SEEK LEGISLATIVE PROPOSALS

By MICHAEL S. DUGAN

The General Assembly convened the 2010 legislative session on February 3rd. As it has been for the previous two legislative sessions, the growing budget deficit continues to be the dominate issue for the legislative session. On the opening day of the session, Governor M. Jodi Rell (R) offered her midterm budget adjustments in the State of the State address. The Governor seeks to close a \$500 million budget deficit for the current fiscal year. This budget deficit, though sizeable, is nothing compared to the projected budget deficit for the next two fiscal years. Both the Governor and General Assembly's budget offices report the deficit for the next two fiscal years at about \$6 billion. Given this growing budget deficit, any new legislative proposals that have a negative fiscal impact on the state will not meet with favorable consideration by legislative committees.

Despite the dire budget picture, the Connecticut College of Emergency Physicians (CCEP) has been active on several legislative fronts in the early days of the legislative session. Following a meeting with the chairs of the Human Service Committee, Sen. Doyle (D-Wethersfield) and Rep. Walker (D-New Haven), the committee agreed to raise legislation that would reimburse physicians who provide emergency room services to Medicaid recipients. Specifically, this legislation would require the Department of Social Services (DSS) to pay emergency room physicians, who are not hospital employees and provide professional services to Medicaid recipients in the emergency room, a separate and distinct rate from the payment DSS gives to the hospital for each patient. This legislation will receive a public hearing in the next few weeks.

In addition to this legislation, we asked the Human Services Committee leadership to introduce legislation that would provide for eligible individuals to be immediately enrolled in Medicaid in the emergency department to cover that visit along with any follow-up care that the individual

would need. Though Rep. Walker and Sen. Doyle both indicated that they very much support this legislation, they are unable to introduce this legislation because of the negative impact this proposal would have on the state budget. They will look to introduce this legislation in the future when the state's budget situation improves.

On another legislative proposal, following the tragic death of a Rocky Hill student in a school bus accident on I-84, CCEP was asked by the House Chair of the Transportation Committee, Rep. Tony Guerrero (D-Rocky Hill), to appear at a press conference to support legislation that would require the installation and use of seat belts on school buses. CCEP President Dr. Greg Shangold attended this emotional press conference providing support by stating, "emergency physicians across our state stand on the frontline treating patients of devastating accidents with serious life threatening conditions that often times could have been prevented. In vehicle accidents, there is no doubt that seatbelts save lives and reduce the magnitude of injuries. By restraining people in their seats during an accident, many injuries and deaths can be avoided."

Later in the day Dr. David Wilcox offered testimony before the Transportation Committee on HB 5033, An Act Requiring the Installation and Use of Seat Safety Belts on School Buses. Dr. Wilcox stated, "Our national organization, the American College of Emergency Physicians, initially endorsed seat belts on school buses in 1983 . . . and in the fall of 2009 ACEP once again passed a resolution calling for seatbelts on school buses." This bill will likely receive a favorable vote in the Transportation Committee within the next couple of weeks.

With just two months left in the legislative session we will need to maintain our focus to gain passage on our legislative initiatives.

PRESIDENT'S MESSAGE

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in this discussion.

Connecticut ranked 35th in the nation for its malpractice environment, according to ACEP's 2009 State of Emergency Care Report. Other states have enacted reforms that have created large benefits. In 2003, Texas passed a tort reform bill that included caps on non-economic damages. Since the passage of this bill, every malpractice carrier in TX has reduced liability premium rates. The number of newly licensed doctors in TX has increased substantially, while in CT the rate is decreasing. Texas has increased access to care, as evidenced by the increasing rate of charity care provided by TX hospitals. CT is moving in the opposite direction. CCEP cosponsored a Yale University conducted study, which will show a significant shortage of on-

call specialists in our state.

Typically, medical liability reform becomes a strict party line discussion that results in no consensus. One area to explore is special liability reform. Texas, Florida, Georgia, South Carolina and West Virginia have enacted legislation that provides some degree of protection for EMTALA mandated emergency care for both emergency physicians and on-call specialists. Federal law mandates that emergency care be provided to all patients regardless of their complaint or the ability to pay. Since emergency care does not allow for the ability to create a long-standing doctor-patient relationship, emergency physicians

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CCEP, CONGRESSMAN HIMES HOST FORUM ON ACCESS TO EMERGENCY CARE

On January 8th, CCEP held a meeting with Congressman Jim Himes and area health care leaders at the University of Bridgeport to talk about the growing problem of access to emergency medical care in Connecticut. The discussion was a follow up to a meeting held in September at Norwalk Hospital that focused on the impact of malpractice on medical care in this state.

The meeting kicked off with a panel discussion among key leaders within the health community, including Dr. Greg Shangold, President of CCEP, Lynn Dizney, President of CT ENA, Kevin Lembo, Connecticut's Healthcare Advocate and Attorney Stewart Casper. Each panelist provided their own perspectives on ways to improve the current system and enhance accountability.

Following remarks by each of the organizations, Congressman Himes provided an update on Health Reform

and highlighted the expected improvement on primary care within the emergency department because of expanded access. Himes also touched on the importance of wellness and the need to address end of life care before opening the discussion up to questions from the audience, where a lively exchange occurred.

Overall it was a great opportunity to debate the access issues and needed insurance reforms plaguing our health care delivery system. A special thanks goes out to Dr. Jorge Otero for coordinating Congressman Himes involvement, yet again, and for securing his commitment to continue the dialogue on these important issues.

Although specific resolutions were not achieved at the meeting, the clear message from Kevin Lembo and others was to hold insurance regulators accountable for their actions.



Jorge Otero talks with Margarita Garces-Shapiro from Congressman Hime's Office



Panel Participants: Kevin Lembo, Congressman Jim Himes and Greg Shangold



Kevin Lembo, the State's Healthcare Advocate



Greg Shangold and Lynn Dizney from CTENA



Greg Shangold and David Charash

*All Himes' meeting photos:
All rights Reserved David Charash*

PRESIDENT'S MESSAGE

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must make life and death decisions with limited access to all of a patient's medical history. Several states have carved out protection in their tort reform system. Some of these reforms include lower caps on non-economic damages and increasing the burden on the plaintiffs by changing the standard of negligence to gross negligence, and the burden of proof from a preponderance of evidence to clear and convincing evidence.

In a letter from the Congressional Budget Office to leading senators, the CBO asserts \$54 Billion dollars could be saved over 10 years if tort reform is enacted. Other sources have placed this figure as high as \$50 Billion per year. Moreover, access and quality will improve. In the book, *The Knife Man* by Wendy Moore, the ability of physicians to learn from our patients is described in this biography about John Hunter, an 18th Century Surgeon. His theories and attitude were ahead of his time and have been responsible for many advances. He realized the need for radical cancer surgeries, but was surprisingly candid when patients died

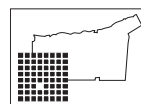
from his well intended intervention. He freely confessed, "I think it is probable I killed him." Because of the current medical liability environment, physicians are unable to have honest discussions on how to advance quality care.

It is clear from looking around the country, that there are many things that Connecticut can do to improve our health care system. One of the top priorities must be medical liability reform. CCEP is at the forefront of this debate and we need all of our members to be heard. Talk with policy makers and write letters to the editors of your local papers. We will be engaging in a campaign to publicize the need for significant reform and we will need your input, your time, and your expertise, if we are to fundamentally change Hartford's perspective on the medical liability environment.

Reference:

1. D. Hoyer. Tort Reform Success Is In the Numbers. *Emergency Physician Monthly*, Feb 2010, 17:2.

www.ctacep.org
CCEP'S WEB SITE



CONNECTICUT CHAPTER
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Emergency Physician's Interim Communique

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