

MISSOURI EPIC

EMERGENCY PHYSICIANS INTERIM COMMUNIQUE
Missouri College of Emergency Physicians

Spring 2005

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PRESIDENT'S MESSAGE

ALL ABOARD

These words would awaken us from our deepest thought. Ignoring the call would mean missing the train. Missing the train would be bad form, to say the least. We simply could not miss an opportunity to visit family and friends. Most importantly, we would miss the camaraderie, good times, and good memories.

Do not miss the train or you will miss the Combined Clinical Conference in August 2005 at Tan-Tar-A Resort, Lake of the Ozarks, Missouri.

Even with our commitment to 24/7 coverage I would encourage everyone to attend the Combined Clinical Conference, a premier educational experience.

The Combined Clinical Conference is an exceptional opportunity:

1. To relax at a beautiful resort on Lake of the Ozarks.
2. To expand your practical knowledge and skills.
3. To take advantage of our one-half tuition scholarship offer for first time MoCEP members attendance.
4. To participate in the 2005 LLSA
 - Articles
 - Discussion
 - Test
5. To participate in the MoCEP general membership meeting
6. To interact with the MoCEP board and Staff.
7. To get to know our MoCEP board candidates and participate in the elections.
8. To get an update on State and National issues
9. To meet Dr. Robert Suter, ACEP President, and discuss issues face to face.
10. To share ideas and discuss concerns and emergency medicine.

ALL ABOARD. AWAKEN NOW. DO NOT MISS THE TRAIN. SEND YOUR COMBINED CLINICAL CONFERENCE APPLICATION-REGISTRATION TODAY!

B.D. Spoon, D.O.
President MoCEP

2005 R.R. HANNAS, M.D. AWARD RECIPIENTS

Daniel R. Hagen	The University of Health Sciences Kansas City
Pej Manoochehri	A.T. Still University of Health Sciences
Timothy Neal Zola	St. Louis University
Dara L. Mitchel	University of Missouri – Kansas City School of Medicine
No recipient	Washington University School of Medicine
Sommer White	University of Missouri – Columbia School of Medicine

CAPITOL HILL RALLY TAKING SHAPE

ACEP Urging Chapters to Attend During Annual Meeting

Make plans now to attend the Capitol Hill Rally at the 2005 Scientific Assembly and ensure that your state is represented in this unprecedented experience.

The Rally will gather thousands of emergency physicians from 10 to 11am, Tuesday, September 27 on the West Lawn of the Capitol to bring attention to the current condition of emergency medicine.

Together, physicians and key lawmakers will stand side by side and implore Congress to act on meaningful legislation by declaring a state of emergency in the nation's emergency departments, and illustrating the impact on patient care.

Rousing speeches from ACEP leaders and other special guests will get the attention of national media. A sea of emergency physicians in white coats will underscore the widespread and serious nature of such concerns as crowding, liability laws, and patient access to care.

“Emergency medicine issues should command attention from lawmakers because they truly concern life and death issues for the patients,” said ACEP Executive Director Dean Wilkerson.

Make sure that your chapter has a presence—show your state's support by ensuring that all chapter members at Scientific Assembly get on the bus to Capitol Hill for the Rally!

Transportation will be provided. Just bring yourself and a colleague, and help emergency medicine's voice be heard!

MEDICARE DEMONSTRATION PROJECT

The St. John's Health System, Springfield Missouri is chosen to be one of 10 physician practice groups in the nation to participate performance-based based payment CMS demonstration.

CMS announced this week that ten large physician groups will participate in the first pay-for-performance initiative for physicians under the Medicare program in the Physicians Group Practice demonstration project. During the three-year project, CMS will reward ten physician groups in various communities across the nation that improve patient outcomes by coordinating care for chronically ill and high cost beneficiaries in an efficient manner. Selected through an open competitive process, the physician groups participating in the demonstration are: (1) Dartmouth-Hitchcock Clinic, Bedford, New Hampshire; (2) Deaconess Billings Clinic, Billings, Montana; (3) The Everett Clinic, Everett, Washington; (4) Geisinger Health System, Danville, Pennsylvania; (5) Middlesex Health System, Middletown, Connecticut; (6) Marshfield Clinic, Marshfield, Wisconsin; (7) Forsyth Medical Group, Winston-Salem, North Carolina; (8) Park Nicollet Health Services, St. Louis Park, Minnesota; (9) St. John's Health System, Springfield, Missouri; and (10) the University of Michigan Faculty Group Practice, Ann Arbor, Michigan.

Under the demonstration, physician groups will continue to be paid on a fee-for-service basis. Physician groups will implement care management strategies designed to anticipate patient needs, prevent chronic disease complications and avoidable hospitalizations, and improve quality of care. Depending on how well these strategies work in improving quality and avoiding costly complications, physician group will be eligible for performance payments. The demonstration began April 1, 2005. Further information on the demonstration is available at

<http://www.cms.hhs.gov/researchers/demos/pgp.asp>

JCAHO PATIENT FLOW STANDARD TAKES EFFECT

A new Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standard regarding patient flow took effect on January 1.

The language in the new standard, "Managing Patient Flow," acknowledges that many reasons for emergency department crowding reside elsewhere in the hospital, but initial comments from ACEP had wanted JCAHO to be more strident in how to address throughput issues.

The standard is located in the "Leadership" chapter of the 2005 Hospital Accreditation Manual, and can be found online at <http://www.jcrinc.com/subscribers/perspectives.asp?durki-6640>.

A new book from Joint Commission Resources, *Managing Patient Flow: Strategies and Solutions for Addressing Hospital Overcrowding*, interprets the standard and provides techniques to alleviate crowding, such as technology-based solutions, outcomes measures, and fast tracking. The book is \$70 using order code EDSS-01 at <http://www.jcrinc.com>.

ACEP TO GRADE EMERGENCY HEALTH CARE IN STATES THROUGHOUT THE COUNTRY

More and more, the health care system is providing quality measures to the public. This year, under the guidance of ACEP Executive director Dean Wilkerson and a task force of motivated members, the specialty will develop an emergency health care report card for the nation and each state.

The key to success with the project is the development of solid measurement criteria and a successful national and state roll-out of the results to key policymakers, media and consumer groups. Mr. Wilkerson's goal is to highlight ACEP's role as the recognized voice for emergency health care issues and reinforce that image with the public and politicians.

"The idea is to rank the nation and the states with a letter grade using objective and credible measures in four categories, including access, quality and patient safety, injury prevention and medical liability environment. The measures will look at liability laws, reimbursement, enforcement of prudent layperson laws, Medicaid funding and support for level 1 trauma centers," Mr. Wilkerson said.

The report card project will be released to the public in November, following Scientific Assembly 2005 in Washington, DC where a large-scale national news conference on emergency health care is planned. The report card is also slated to be delivered just prior to the release of a report from the Institute of Medicine about the future of emergency medicine.

Mr. Wilkerson said that while national ACEP will lead the effort, chapter participation is crucial to the project's success. "People are interested in the emergency medical services that are available in their hometown and throughout their state," he said. "We want the results of the report card to resonate with the public so they can see what is happening in their area. To do that, we will coordinate our efforts with our chapters and take our findings to local media and state policy makers."

During the Scientific Assembly, ACEP will provide advance copies of the report for review and comment, offer talking points, and work with chapter leaders to coordinate press events throughout the country.

During the Scientific Assembly, ACEP will provide advance copies of the report for review and comment, offer talking points, and work with chapter leaders to coordinate press events throughout the country.

"The average American can relate to a grading system. If we can educate the public, they will help put pressure on policymakers to help us achieve change. The report cards also get the attention of governors and state lawmakers who do not want their state to receive a low grade and be ranked below other states. When ACEP and state chapters work together, we benefit from this synergy and create a high-profile media effort that gets attention," Mr. Wilkerson said.

RESOLUTIONS FOR ACEP COUNCIL ARE DUE IN JUNE

The deadline to submit resolutions for the 2005 American College of Emergency Physicians Council meeting is rapidly approaching.

College members who would like the Council to consider a resolution, which includes background information and a proposed course of action, must submit the material by e-mail, fax or U.S. mail by June 24, 2005.

Each resolution must be submitted by at least two College members. In the case of a chapter or section, a letter of endorsement from the president or chair of the sponsoring body must accompany the resolution. All resolutions from national ACEP committees should be submitted to the Board of Directors for review prior to the resolution deadline. This usually occurs at the June Board of Directors meeting (June 8-9).

Receipt of resolutions will be acknowledged by e-mail or phone. All resolutions should be submitted to Dean Wilkerson, J.D., MBA, Executive Director and Council Secretary, American College of Emergency Physicians, PO Box 61911, Dallas, TX 75261-9911; fax, 972-580-2816.

The guidelines for writing resolutions and more information about the submission process can be found at www.acep.org in the Members Center's Leadership section. Please contact Sonja Montgomery at ACEP headquarters, 800-798-1822, ext. 3202, for assistance in preparing resolutions.

ARTICLES AND PARTICIPATION WANTED

We invite you to send articles for publication in our quarterly EPIC newsletter. The EPIC is a communication tool for emergency physicians. Our readers deserve input more varied than the board members. Share with us your interesting cases, tricks of the trade, staffing issues, unique experience and medical humor. All articles will be considered by the editorial staff.

Write an article, attend the Combined Clinical Conference, and become more active in MoCEP. All are enjoyable.

B.D. Spoon, D.O.
President MoCEP

www.mocep.org

1. mocep.org is alive
2. Visit soon – look at our
 - A. downloadable press releases from ACEP for use in your local newspapers
 - B. conference list
 - C. Awards and Grants
 - D. Newsletter, EPIC
 - E. Contact e-mail list for board members
3. Coming SOON
 - MoCEP Board meeting minutes
 - Proposed Bylaws changes

2005 MoCEP OFFICERS AND BOARD OF DIRECTORS**President:**

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Joplin

MoCEP WELCOMES RESIDENT MEMBERS TO THE BOARD

We welcome Jason Blasenak, D.O. (Joplin-Freeman) and Charlotte Ransom, M.D. (UMKC) to the MoCEP board. Amber Mounday, M.D. (St. Louis) continues as a resident board member. The resident board members hold a non-voting seat, however their input is invaluable and counts heavily in board decisions.

We believe the future of MoCEP is in our residents and always strive to involve a resident board member from each residency program.

During our April 2005 meeting, the MoCEP board voted to sponsor a qualified resident from each of the three Missouri residency programs to attend the National Leadership and Advocacy Conference in Washington, D.C. during April of each year.

Our resident board members publish "The Resident's Corner" in our EPIC newsletter. Thanks Amber, Charlotte and Jason for all you do.

B.D. Spoon, D.O.
President MoCEP

MARK YOUR CALENDARS NOW

Mark your calendars now for Wednesday-Friday, August 10-12th. The 19th Combined Clinical Conference on Emergency Care will take place at Tan Tar A resort - Lake of the Ozarks. New this year will be a hands on introduction to Emergency Ultrasound. A basic lecture will be followed by hands on laboratory. This type of course fills up quickly at the national meetings and participants pay a premium to attend. MOCEP is offering attendees this course for free. You've always wanted to learn more about ultrasound, now is your chance. Come learn what all the hype is about - can bedside ultrasound really change the way we practice?

If you are like most of us, you haven't quite figured out what LLSA stands for but know that you need to taken it yearly to remain board certified. Once again MOCEP will be offering a condensed synopsis of all 20 articles for 2005. Educators from Missouri's EM residency programs have gone through the articles and will provide you with the "take home message" from each of them in a fast, painless fashion. Attendees will be given a CD with written comments about each article. After listening to these experts you'll be able to smoke the 2005 LLSA. Why struggle when you can come to the Lake?

Feeling a little out of the loop? Come learn about the latest in pain management, shift work survival, acute myocardial infarctions, DVT prophylaxis, geriatric emergencies, headaches in kids, and challenges facing rural emergency medicine. Find out whether there is any truth to much of what we do when Emergency Medicine Myths are exposed. Unsure about what is going on inside the Washington Beltway? Robert Suter, President ACEP will share his perspective about where things are going for our specialty.

If this isn't enough to pique your interest remember first time attendees will be rebated \$150 of the registration fee - talk about putting your chapter dues to work for you. Don't be left out, after three days at Tan Tar A you'll be refreshed, recharged and "in the know".

Remember August 10-12 - BE THERE!!

THE MOCEP BOARD MET APRIL 14, 2005

MoCEP

Thursday, April 14, 2005

Legislative Day Agenda

9:30-9:45am – Meet at the Missouri State Capitol

Legislative Review: Jorgen Schlemeier and Betsy Morgan

10:00 am - Legislative Visits

We finally made it to the Capitol! Thanks to Jorgen and Betsy, our jitters were eased. All agreed the time and effort spent was worthwhile. We enjoyed many productive legislative visits.

The board voted to plan our January and April meetings each year with the same Capitol visit agenda.

Legislative efforts will begin in the fall of each year to plan our January visit to the Capitol. I know there is political opinion among MoCEP members. Please join us in our efforts. We need your input. Large numbers of people as well as dollars count in the political arena.

B.D. Spoon, D.O.

President MoCEP

Board Notes

1. The MoCEP nominating committee met and put forth the following names for consideration:
 - A. 3 Year Term – Drs. Slaughter, Jotte, Jermyn and Spoon
 - B,. 2 Year Term – Dr. Mecker
2. You are cordially invited to the MoCEP general membership meeting in August at Tan-Tar-A at Lake of the Ozarks to cast your vote.
3. Please send any comments to b.d.spoon@att.net

NATIONAL STROKE SURVEY

MoCEP has been chosen to participate in a National Stroke Study. If you care to participate you will find the stroke study link on the MoCEP.org WEB site under the LINKS subsection or at <http://www.azcep.org/azcep/stroke.htm>.

MoCEP LEGISLATIVE VISITS

Talking Points

April 14, 2005

MEDICAID REIMBURSEMENT:

Ask the members of the Senate Appropriations Committee to support the increased Medicaid reimbursement for emergency physicians.

- The average ED physician pays \$17 per patient for Medical Malpractice Insurance and is reimbursed approximately \$15 for Medicaid patients. This is an automatic \$2 loss on every Medicaid patient seen.
- ED physicians are only Medicaid providers who must provide services due to the federal EMTALA laws to Medicaid recipients.

Increase of \$2 million General Revenue Funds placed in the budget by the House Appropriations Committee

District		First Name	Last Name	Room #
23	R	Chuck	Gross, Chair	423
32	R	Gary	Nodler, V Chair	433
30	R	Norma	Champion	219
25	R	Rob	Mayer	331
33	R	Chuck	Purgason	420
17	R	Luann	Ridgeway	419
24	D	Joan	Bray	424
4	D	Patrick	Dougherty	333
13	D	Tim	Green	330

TRAFFIC SAFETY ISSUE:**Primary Seatbelt/Motorcycle Helmet**

Ask your Senator and Representative to support your position on traffic safety issues being addressed by the Missouri General Assembly.

- **Support – Primary Seat Belt**
 - Will save an estimated 90 lives each year
 - Tell about your experience when patients don't wear seatbelts
- **Oppose the motorcycle helmet repeal**
 - Lives will be needlessly lost
 - Other states, such as Louisiana, saw dramatic increase in motorcycle fatalities after they repealed their helmet law
 - Tell about your experiences as an emergency physician when patients don't wear motorcycle helmets

Thank your Representative and Senator for their work on the tort reform issue and let them know that you are pleased by the legislation signed by Governor Blunt.

BATTLE OF THE BELT

Working in any ER in any city or town in Missouri we all see the results of motor vehicle crashes. We also see the difference it makes to our patients if they are wearing a seat belt. The numbers for seat belt usage and our teens are staggering. Most teens feel it is “not cool” or that simply nothing bad can happen to them. But the facts talk for themselves. In 2002 fatal crashes in Missouri claimed 670 lives who were not wearing their seat belts. Just an 11 % increase in seat belt usage could have resulted in nearly 74 fewer deaths. It is also a noted fact that drivers not buckling up are 50% more likely to not buckle up their children either.

With this awareness in our minds Battle of the Belt came to Missouri. Emergency Nurses Association developed the program from a similar program in Virginia. With a little fine tuning it was fitted for Missouri teens. In 2004 Missouri ENA had their first state wide Battle of the Belt. This program is a one month educational campaign in area High Schools with the focus on increasing seat belt usage in the teens. The program is run by a high school group and overseen by an adult adviser. It is important to have the challenge ran by peers. Some groups are the SADD club, student council, FFA club and cheer leader squad. All of these groups have stepped up to bring Battle of the Belt to their High School. An agreement by the schools principle must be signed before the program and a start packet is provided. At the start of the one month Battle of the Belt first is an unannounced seat belt check of the students driving to school in the morning. Those numbers are then calculated to find a base line of seat belt usage for that school. Then the educational blitz is started. Common ideas are morning announcements with seat belt facts. Posters are placed in the hall and flyers on all the parked cars in the parking lot. A speakers list is provided and each school can schedule the speakers to come to their schools free of charge. The simulator roll-over van can be reserved also. Several schools request a live docudrama to be played out at their school that depicts the hazards of drinking and driving. Other schools put on drama skits about seat belts. It is important to give the group of peers the freedom to choose what would work best in their school with their peers. At the end of the month-long campaign another unannounced seat belt check is done of the students entering the parking lots in the morning. We compare the first and second seat belt check to measure improvement of each school. Local winners receive \$500 for first place in best overall average. And another \$500 for first place for most improved seat belt use. Every school receives \$100 seed money to help with any costs of the program and to return into the schools seat belt education.

In 2004 Battle of the Belt had a total of 14 schools state-wide completing the program: 7 in SWMO, 6 in K.C., and 1 in the St. Louis area. In 2005 a total of 29 schools competed: 15 in SWMO, 9 in K.C., 2 in St. Louis area and 3 in SEMO. Most of the returning schools from the 2004 program to 2005 showed retention of seat belt knowledge and increase of seat belt use. All schools in the program showed improvements. The 2005 state winner for most improved was Marion C. Early High School with an increase of 42.2 %. They began the program with a 23.5 usage but increased to 65.7%!

Battle of the Belt has grown in the number of schools involved and in the involvement of other agencies willing to help with this program. For 2006 we hope to have Battle of the Belt in all seven ENA chapters throughout the state. New in 2006 will be a date change. Battle of the Belt has always been in March/April but in 2006 we will move the date to the Fall. This way the program will fit into the schools calendar better and not be so rushed with Graduation and prom. By moving the date to the fall we will be able to have contact with the schools throughout the school year not just at the end of school and a spring refresher program for the schools can be developed. This will increase the education to the students and increase the seat belt use. Emergency Nurses Association encourages all schools to participate in the fall 2006 Battle of the Belt. It is a free program with a lot of education and a chance to win money for further seat belt education. We also encourage all agencies willing to help in this endeavor to contact your local ENA contact person and get involved. MoCEP has graciously supplied \$1,500 for seed money this year and also has won a grant for \$5,000 to help in the advertising of Battle of the Belt for next year. At the Tan Tar A meeting of CCC a presentation of the annual report of statistics to the MoCEP group will be made. With us all working together we can make a difference.

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2005 BATTLE OF THE BELT WINNERS

Battle of the belt for 2005 was a great success. The program was carried out in four areas of the state. In Springfield 19 schools signed up with 15 completing the challenge. In Kansas City nine schools signed up and completed the challenge. In St. Louis two schools completed the challenge and in the Cape area three schools completed the challenge making a total of 29 schools. Two winners were chosen in each area for local winners. The school was awarded \$500 each for first place best overall average and first place most increased. Then each winning local school plays their numbers to win at state level. State winners for 2005 are: Nerinx in St Louis for best overall average with a seat belt usage rate of 99.5%. The school with the most improved was Marion C. Early at Morrisville with an increase in seat belt use of 42.2%.

RESIDENT'S CORNER

Hello all MoCEP members, my name is Jason Blasenak and I am the chief resident-elect for the Freeman Health Systems Emergency Medicine Residency Program in Joplin, as well as the resident representative from Freeman to MoCEP. Since we are a new program and not many MoCEP members know about us, I thought I would take a few moments to tell about my program's development.

First, I just want to provide a small background on the Freeman Emergency Room. We are a level II trauma center with helicopter transport located on hospital grounds. We currently have 11 attending physicians, including our program director, Jim Morgan, D.O. Our census for this upcoming year will be around 73,000 visits, an increase of over 10,000 visits in just over 3 years. Freeman is currently building a new emergency department to meet this increase in volume that will house 41 beds, including 3 individual trauma bays and 6 cardiac bays, a dramatic increase from our present 28 bays.

Our residency was started in 2002 with only one resident, Frank Veer, D.O. When Frank began his internship at Freeman in 2001 he was not guaranteed that Freeman would be approved for an Emergency Medicine residency; luckily Freeman was approved in late May of 2002 and Frank will be the first resident to graduate from the program, this July. The residency has steadily increased its number of residency spots, with 9 residents currently in the program for the 2005-2006 academic year. The residency plans to take 3 new residents each academic year.

As you can see our residency and hospital are growing by leaps and bounds. Although there have been the usually growing pains associated with the development of a new residency, I feel that our program will continue to excel in the teaching of new osteopathic physicians for years to come. Because most of our residents hail from Missouri, I feel that Freeman will be providing the state with excellent trained Emergency Medicine physicians for years to come.

Jason Blasenak, D.O.

Resident Board Member

MoCEP AWARDS TWO RESEARCH GRANTS

The Missouri College of Emergency Physicians awarded two research grants. One went to Dr. Douglas Coe and Dr. O. John Ma, Department of Emergency Medicine, University of Missouri – Kansas City School of Medicine, Truman Medical Center. The title of their research proposal is “Feasibility of Routine Screening for Abdominal Aortic Aneurysm by Emergency Physicians”. Another grant went to Dr. Harpartap Sandhu and Dr. Christopher Carpenter, Division of Emergency Medicine, Washington University. The title of their research proposal is “Understanding Emergency Physician Decision-making in Geriatric Patients Presenting with Abdominal Pain”. Congratulations to both teams.

MISSOURI EMERGENCY MEICINE POLITICAL ACTION COMMITTEE

Dear Member:

Missouri physicians are under attack. Unfortunately, as we have all witnessed, it is not only the doctors who are suffering; every citizen is at risk. We are constantly battling the negative effects of Missouri's laws. From Medicaid reimbursements to reforming our tort laws, doctors are fighting every step of the way. It is more important now than ever before to engage in the political process so we can correct a system that has gone awry. It will take the dedication of everyone to help reverse years of bad policy decisions. Even the smallest decisions our elected officials make can greatly help or impede our practices.

Thankfully, Governor Matt Blunt has expressed an urgent willingness to sign tort reform legislation. It has been a difficult fight, but there is a light at the end of the tunnel. Medical malpractice reform has been our main issue for so long, but we must not lose sight of other issues that are effecting our profession. Our fight has just begun on many issues this legislative session.

In addition to rising malpractice rates, we have all experienced the ridiculous Medicaid reimbursements. We only receive a \$15 reimbursement regardless of the level of care we provide. Everyday emergency room physicians battle the odds to save lives. We face tremendous situations and must make split second decisions that could mean life or death. We should be adequately compensated for the work we provide. This will not happen without a strong political presence.

To help save lives we are also pushing to support a primary seat belt law and every year we work against repealing the motorcycle helmet law. Too many times we have witnessed the non-repairable damage that can be caused by careless acts. It is refusing to wear a seatbelt or a helmet that can be a person's last decision. It is this poor decision that we are trying to counteract. Sometimes, common sense has to step in and stop a bad decision. So far we have been successful in fighting the repeal of the helmet law, but we have not been as successful in establishing a primary seat belt law.

We are a very small organization, but that should not stop us from engaging in the political process. As the old saying goes *the squeaky wheel gets the grease* and it is time we start to make noise! In order to be heard we have to become involved and that means raising money for our political action committee (PAC).

To increase PAC participation we have implemented a new program called "Saving Lives", that will give the Emergency Medicine PAC greater flexibility and will give members an easier way to become involved. The Saving Lives program will give members three options of contributing to the EM PAC.

Option One: Members can have funds automatically withdrawn from their checking or savings account every month in the amount of \$50, \$75 or \$100.

Option Two: Members can have a credit card charged every month in the amount of \$50, \$75 or \$100.

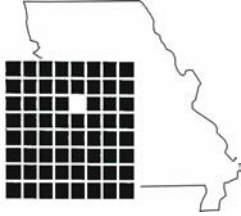
Option Three: Members can contribute annually by sending a check or having their credit card charged in the amount of \$600, \$900 or \$1,200.

I know we all lead very hectic lives, but it is time we take an active role. Our organization has traditionally not been active in the fundraising process and we rarely have enough funds in our PAC to contribute to key legislators who support our issues. This has to change. If successfully implemented, this new program would give the EM PAC a very large amount of funds to work with, thus increasing our visibility within the Missouri Legislature. With the money raised we would be able to make contributions to political candidates who support our ideals.

Building a strong PAC is very important, but we cannot do this alone. We must have your support. We ask you to please join us in our efforts by making a strong commitment to the Emergency Physicians Association and become a part of our "Saving Lives" campaign.

Lives depend on your actions, so please take the first step by filling out the enclosed form and returning it today.

Sincerely,
Barry Spoon, D.O.



MISSOURI EPIC

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