American College of Emergency Physicians  
Section of Rural Emergency Medicine  
October 16, 2016  
Las Vegas, Nevada  

MINUTES

Participating in all or part of the meeting were: Dr. Tripp Wingate, Dr. Darrell Carter, Dr. Ken Gramyk and rural section members

Others participating: Jeff Fraher, ACEP staff liaison

Agenda
11:00 – 11:15 Networking/lunch
11:15 - 11:30 Dr Becky Parker - ACEP President remarks
11:30 – 11:45 Chris Martin (Director of Marketing) Intro to CEMPRA (our sponsor for this year)
11:45 – 12:15 Dr. Mark Plaster Future of Tele-Medicine and REM
12:15 - 12:25 Dr. Darrell Carter (Immediate Past Chair) Updates on CALs
12:25 - 12:30 Dr. Wingate (Past Chair) updates on social media, etc.
12:30 - 12:35 Dr. Ula Hwang - Geriatric ED Collaborative
12:35 – 12:45 Dr. John Rogers (ACEP BOD) Update on ACEP Rural EM Task Force
12:45 - 12:50 Dr. Edwin Leap - discuss REM documentary film
12:50 - close Open discussion on Rural Task Force updates/Future projects

Major Points Discussed

1. Chris Martin from CEMPRA (www.cempra.org) gave a corporate overview, status on pneumonia and clinical updates on antibiotic-development.

2. Dr. Becky Parker, ACEP President, discussed the current climate in rural medicine. She also discussed the approved second journal from ACEP and the Grassley bill from Iowa and its impact

3. Dr. John Rogers gave an update on the rural emergency medicine task force and discussed:
   a. Telemedicine as a tool for rural EDs
   b. The need to reach out to rural EDs
   c. The importance of social media outreach
   d. Getting rural topics in Critical Decisions in Emergency Medicine
   e. Working as a section to define rural EM
   f. Getting a rural track at ACEP17
4. Mark Plaster, MD gave a short presentation of his history as a rural physician, telemedicine, increasing efficiency in rural EDs, IT upgrades, and compensation for care.  http://www.plasterforcongress.com/

5. Dr. Darrell Carter gave a presentation and update on CALS, including the growth in courses on trauma, benchmark skills, newborn modules, and essentials. New initiatives include growing and sustaining an online learning presence, and the development of programs in Haiti, Kenya, and Ethiopia

6. Dr. Tripp Wingate discussed the rural sections social media presence in lieu of section chair Dr. Ken Milne:

   The facebook page continues to grow and now has 229 likes.

   Rural EM Section members can use the Facebook page to share information related to issues such as pre-hospital, initial primary hospital, and tertiary hospital care of rural emergency patients.

   The Facebook page can also act as a database of relevant literature, education, and research.

   If you have not liked the Rural EM Section Facebook page already please do so today and join the conversation.

   Ken Milne

7. Dr. Edwin Leap discussed a REM documentary

8. Dr. David Ernst gave updates on rural hospital close statistics (over 60 have closed in the last five years). He also discussed Senate Bill 1648, for more information, visit: https://www.congress.gov/bill/114th-congress/senate-bill/1648

He also discussed the following accepted resolution (16) that was approved at the ACEP Council meeting 2016.
RESOLUTION: 16(16)
SUBMITTED BY: Freestanding Emergency Centers Section
Rural Emergency Medicine Section
SUBJECT: Freestanding Emergency Centers as a Care Model for Maintaining Access to Emergency Care in Underserved and Rural Areas of the U.S.
RESOLVED, That ACEP develop a report or information paper supporting the use of Freestanding Emergency Centers as an alternative care model for the replacement of Emergency Departments in Critical Access and Rural Hospitals that have closed, or are in imminent risk of closure, to maintain access to emergency care in the underserved and rural regions of the United States.

The meeting was adjourned.