American College of Emergency Physicians  
Clinical Policies Committee Meeting  
March 6 and 7, 2023  
Zoom Meeting

MINUTES

Participants

Committee members participating in all or part of the meeting: Deborah B. Diercks, MD, MSc, FACEP, Chair; John D. Anderson, MD, FACEP; Christopher R. Carpenter, MD, MSc, FACEP; John T. Finnell, MD, FACEP, FACMI, Board Liaison; Benjamin Friedman, MD, FACEP, Methodologist; Seth R. Gemme, MD, FACEP; Charles J. Gerardo, MD, MHS, FACEP; Steven A. Godwin, MD, FACEP; Sigrid A. Hahn, MD, MPH; Benjamin W. Hatten, MD, MPH, FACEP; Jason S. Haukoos, MD, MSc, FACEP, Methodologist; Amy Kaji, MD, MPH, PhD, Methodologist; Heemun Kwok, MD, MS, FACEP; John T. Finnell, MD, FACEP; Seth R. Gemme, MD, FACEP; Charles J. Gerardo, MD, MHS, FACEP; Steven A. Godwin, MD, FACEP; Sigrid A. Hahn, MD, MPH; Benjamin W. Hatten, MD, MPH, FACEP; Jason S. Haukoos, MD, MSc, FACEP, Methodologist; Amy Kaji, MD, MPH, PhD, Methodologist; Heemun Kwok, MD, MS, FACEP, Methodologist; Bruce M. Lo, MD, MBA, RDMS, FACEP; Sharon E. Mace, MD, FACEP, FAAP; Susan B. Promes, MD, MBA, FACEP; Kaushal H. Shah, MD, FACEP; Richard D. Shih, MD, FACEP; Andrea Slivinski, RN, DNP, ENA Representative; Michael D. Smith, MD, MBA, FACEP; Molly E.W. Thiessen, MD, FACEP; Christian A. Tomaszewski, MD, MS, MBA, FACEP; Stacy Trent, MD, MPH, Methodologist; Jonathan H. Valente, MD, FACEP; Lauren M. Westafer DO, FACEP; Yanling Yu, PhD, Advocate for Patient Safety.

Also present for all or part of the meeting: Michelle Blanda, MD, FACEP, FAAEM, Writing Committee on Blunt Trauma; Nidhi Garg, MD, FACEP, Writing Committee on Blunt Trauma; Christopher Sampson, MD, FACEP, Writing Committee on Seizure; Travis Schulz, MLS, AHIP, Staff Liaison; Kaeli Vandertulip, MSLS, MBA, AHIP, Staff Liaison.

Agenda

1. Welcome and introductions
2. Disclosures pertinent to the agenda
3. Subcommittee and Liaison Reports
4. Proposed Clinical Policies
5. Asymptomatic Hypertension Clinical Policy
6. Blunt Trauma Clinical Policy
7. Seizures Clinical Policy
8. Meet at ACEP23
9. Marijuana Critical Questions

Major Points Discussed

1. Welcome and introductions
   
   Dr. Diercks welcomed everyone to the meeting. Participants introduced themselves.

2. Disclosures pertinent to the agenda
   
   There were no new disclosures pertinent to the agenda.

3. Subcommittee and Liaison Reports
Dr. Carpenter reported that Guidelines for Reasonable and Appropriate Care in the Emergency Department (GRACE) is working on syncope as a clinical practice guideline.

Dr. Slivinski (ENA Representative) provided updates from the Emergency Nurses Association.

Dr. Valente provided an update on the work of the ACEP-AAO workgroup regarding corneal abrasions. He also reported that the American College of Radiology (ACR) recommendation regarding flank pain in suspected renal colic has recently been completed.

4. Proposed Clinical Policies

Dr. Diercks shared two suggestions for future clinical policies: reversal of anticoagulants and acute pancreatitis. After much discussion, the committee agreed that there is a need for ACEP members to know the best evidence regarding specific reversal agents in situations with life-threatening bleeds. A vote was called, and the committee voted in favor of adding this topic to ACEP’s portfolio of clinical policies. The clinical policy on anticoagulant reversal will be included as part of the 2023-2024 objectives.

Further discussion regarded the treatment of acute pancreatitis. During the discussion, it came to the committee’s attention that the American Gastroenterological Association and the Best Practice in General Surgery Group at the University of Toronto have recently published guidelines on acute pancreatitis. Since these guidelines sufficiently address the topic, the committee does not feel there is an added need for ACEP to create a clinical policy on this topic at this time.

5. Asymptomatic Hypertension Clinical Policy

Dr. Gemme led the discussion on the revision of the asymptomatic hypertension clinical policy. Previous discussion with the committee posed the question whether there was sufficient new information to justify a revision to the clinical policy, or if management of this condition has been settled enough that the recommendations can be communicated in a policy statement. The most recent literature on the topic was presented. After reviewing the literature, the committee agreed that a full clinical policy, rather than a policy statement, is appropriate for this topic.

6. Blunt Trauma Clinical Policy

Dr. Gerardo led the discussion to review the first full draft of the blunt trauma clinical policy, with assistance from Dr. Shah, Dr. Blanda, and Dr. Garg. The committee suggested edits to the draft. The writing committee will incorporate the suggested changes and share the updated draft with the committee.

7. Seizures Clinical Policy

Dr. Sampson led the discussion to review the draft of the seizures clinical policy. The committee suggested edits to the draft. The writing committee will incorporate the suggested changes and share the updated draft with the committee.

8. Meeting at ACEP23

Dr. Diercks led the conversation to discuss the potential for networking activities for the committee at ACEP23, which was prompted by budget cuts to fund face-to-face meetings. Staff will explore
options and opportunities for networking at ACEP23 or ACEP’s Leadership and Advocacy Conference.

9. Marijuana Critical Questions

Dr. Hatten led the discussion to review the structure of the marijuana review and the questions to consider. The committee agrees that it is appropriate to create a systematic review comprising five topics relevant to emergency medicine.

10. Thrombolytics Critical Questions

Dr. Lo, with help from Dr. Carpenter, led another spirited discussion on the critical questions for the thrombolitics clinical policy. In addition to the critical questions addressing timeframes on the administration of thrombolytics, a question on mechanical thrombectomy and tele-stroke were presented. The four questions will be sent to the ACEP Board of Directors for review.

11. Review of CPC Workflow

Ms. Vandertupil shared a review of the shortened timeline resulting from the single-question policies, along with an emphasis that much of the review work can be conducted outside of meeting times.