

American College of Emergency Physicians
Disaster Medicine Section Meeting
ACEP24
September 29, 2024
MINUTES

THESE MINUTES WERE APPROVED BY THE SECTION CHAIR AND ARE PENDING APPROVAL BY THE DISASTER MEDICINE SECTION AT THE ACEP25 MEETING. ANY CHANGES WILL APPEAR IN THE MINUTES OF THAT MEETING.

Participants

Section members participating for all or part of the meeting included: James Phillips, MD, FACEP, Bryan Wexler, MD, MPH, CHPCP, CHEC-III, FACEP, FAAEM, Larissa Unruh, MD, MPH, Eric Goralnick, MD, MS, FACEP, George-Thomas Pugh, MD, Kylie Klemann, MD

Others participating for all or part of the meeting included: Xinyu Liu, MD, Ira Nemeth, MD, Carl Schultz, MD, Avram Flamm, DO, Jay Pandya, MD, Jeffrey Luk, MD, FACEP, Jonathan Shecter, DO, Ryan Hata, MD, Alex Dean, DO, John Williams, Wesley Folsom, MD, Douglas Charr, MD, Owen Lee-Park, MD, Gabor Kelen, MD, FACEP, Board liaison; George Solomon, MHS, FP-C, CCP-C, TP-C, Staff Liaison

Agenda

- Welcome & Introductions by James Phillips, MD, FACEP
- Leadership Reports:
 - Board Liaison – Kristen McCabe-Kline, MD, FACEP
 - Staff Liaison – George Solomon, MHS, FP-C, CCP-C, TP-C
 - Councilor Report – Woodrow Sams, MD
 - EMRA Report – Kyle Essex, NRP, FP-C, CCP-C, C-NPT
- Organization Reports:
 - Commission on Accreditation of Medical Transport Sections – Frank Guyette, MD
 - NHTSA Office of EMS presentation
 - HHS ASPR video by Dr. Rick Hunt
- ACEP Updates given by George Solomon
 - EMS Committee Updates
 - Disaster Committee Updates
 - EMS Subspecialty Review Course
 - Disaster Leadership Conference
 - Section Crawl
- Call for Newsletter Contributions – Craig Tschautscher, MD, MS
- New Business – Angela Cornelius, MD, FACEP
 - Education Sessions for Scientific Assembly
 - Research Ideas
 - Other Topics

Major Points Discussed

- I. Call to Order/Welcome: No elections this year. The meeting will be shorter than most ACEP disaster section meetings. Event starting at 6p. There is a Section crawl after this meeting. Today is an update about where we have come in the last year in the disaster section and what is upcoming in the next year. ACEP is changing and experimenting with how the conference is run, and how section is working. Time to explore the sections this evening.

III. Introductions

Leadership:

James Phillips, MD - Chair

Bryan Wexler, MD – Chair Elect

Larissa Unruh, MD - Secretary

Kylie Klemann, MD - Alternate Councilor

GT Pugh, MD – Councilor

George Solomon- Director of EMS and Disaster Medicine Clinical Affairs

Candice Cooley – Administrative Coordinator

Other Participants:

Dr. Kellen ACEP board liaison remarks – Project to look at the sections/committees and what we are doing and what can be improved. Throughout the year we have reimagined a working group and the outcome was favorable. The ACEP board presented a 20-page document, outlining the value and how distinct Disaster is from EMS. Discussed an ABEM board exam. Success! Unanimous support from the board and strong path forward. Question: is a summary available? Executive summary might be available, Candice might be able to ask for this.

Exec dire retired: There is a new interim exec director. She has given a lot of time/energy to this job. Actively searching for new exec director. For the first time considering an EM physician as the exec director position. If you can think of a good candidate, let them know. When that is available this will be posted on Engaged. Dr. Schneider has priorities: Boarding crisis, patient safety, physician autonomy, behavioral health. New policies: 1) DEI policy – late to the table. Myth busting: perception that ACEP is heavily sponsored by cooperate groups. This is not the case. Here for our members. Adopt a policy related to advertising, tries to ensure that there is due diligence for the advertising.

Learned a lot during COVID. Project from trauma is regional coordination for transfer center for trauma patients. There was work on state transfer, and we are leaning into the work that Dr. Hunt is doing as we improve regional trauma center transfer. Continuing to work on coding, nomenclature, reimbursement efforts, if there we need new ways to generate revenue please pass those on. This takes a long time so please send this ASAP.

Questions: none

Feels confident about moving forward. If you have questions of comments please reach out.

V. Old Business

- a. EMS/Disaster 21st Century Reimagined Report,
- b. Disaster Mentorship Program: Mentorship program. Next phase it to get the website up and going and start a regular cadence for meeting. Every other month for now. Once website is up there will be a call to action on Engaged to identify participants.
- c. ACEP Disaster Medicine Grand Rounds Lecture Series: envisioned last year but hasn't yet happened. Disaster medicine grand rounds same as that were started at GW. CME based lecture series, have an expert give a lecture grand round. Not just for members, and provide education, topics, ideas, research in DM. now that we have more support we will move forward and try to have CME available. Dr. Andrew Milsten also has a lecture series in place.
- d. Secretary's Newsletter and Website Report: will be out a week or
- e. Disaster Medicine Board Certification: ABEM took the ball and started running for ABMS to have DM a sub specialty board exam. Win. Big deal, because, there were several other sub specialty interested in the board. This has been EM, but other subspecialties tried to make DM under them. This is offered to any specialty that wants to offer this to physicians, like preventative medicine. They will be able to sit for boards. Next step is to develop a multidisciplinary group to review the applications and revise, and submit this.

Thankful for the work that everyone put into having DM be an ABEM sub specialty,

VI. Council Report: Dr. Pugh: not a lot else to say. Emphasize that the council meeting about hospital boarding and transfer to tertiary care centers will be big for DM community. And will provide more data about how patient track through the system and will help with more successful transfers. Workplace violence was also addressed and the resolution working with stake holders data can be tracked and reported as.

VII. Committee Report: Dr. Cornelius. Chair of the DM Committee. Done a lot of work. Engaged with WADDEM and national academy forum. Collaborations with them. Also worked with ABEM on sub specialty. ASPR TRACIE on a webinar that successes beyond dreams. Set for 1000 and hit that but there were a lot who couldn't get on, will be done again and in collaboration with ACEP the cap will be 3000. Watch Engaged.

Looked at original set of leaders looking at healthcare disparities. Second part will be publishes in the next month or so. 3 part published in American journal of disaster medicine. Created a policy looking at telehealth and disasters. Had great board support. No objections. Dr. Terry met with ASPR and met with leaders, talking about upcoming initiatives in DM and opportunities to collaboration with ASPR> participated in HHS ASPR. Looked at college resources, which were out of date. Evaluate VR training in DM and there was a paper on that. Did a DM award. Reviewed ACEP policies on DM. aligned with standards and best practices. Looked at ACEP DM self-assessment tools and looked at weather disaster plans were incorporated into best practice as well. Cyber attacks paper in the works about 80% done. Hoping to have that completed in the next few months. Worked on maintaining disaster program list. Standardized job description for disaster medicine jobs.

VIII. Liaison Reports

ASPR – Rick Hunt: Administration for Strategic Preparedness and Response. Senior medical advisor. The office of healthcare readiness is connected to ACEP. Dr. Terry joined for Aug 15, healthcare readiness meeting. National special pathogens meeting was hosted by George Solomon

HPP – hospital preparedness program. Not hospital prep alone, EMS, EM and more. Preps hospital system to save lives, in situation that exceed day to day capacity. cooperative agreement from their office. Which is the primary source of funding. 62 recipients as of now. There are 318 health care coalitions supported. There is a lot of variability between coalitions. There is an opportunity to advance

Regional disaster health response: builds on support of regional health care systems, across state lines.

National special pathogens. Built of foundations of NEMPAC – congress directed NEMPAC to leave the national special pathogens system. Now 13 special pathogen treatment centers, Medical transport is lead by biosafety transport consortium.

Work force capability and capacity, HHS/ASPR project echo, clinical readiness rounds success documented in annals of EM. New series is to support readiness for all threats. And support the healthcare work force including EMS clinicians. Readiness for H5N1, communication with the public. Began in July 2024, ended series last month, 950 people attended wide range of clinicians. Physicians are highest percentage of clinicians attending.

When we restart – shortly, we will distribute information to ACEP.

Thanks for the opportunity to talk. Hope you can decompress. Miss seeing you in person. You are heroes.

NHTSA: updates: role of office of EMS. 50 years, NHTSA has provided leadership for EMS centers. Expand and monitor EMS and 911 system capacity. Improve emergency health. Monitor data to identify critical issues. Provide awareness and education about best practices. Focuses on promoting EMS and 911 post-crash care. Guided by state system approach. Safer people, roads, speeds, et. 1) enhance survivability 2) safe working environment for first responders. Recently made two pictographic about impact of post-crash survival. Valuable recommendations and communication about 911 and highway safety collaboration. In august there was a summit that was cohosted with governor's highway safety association. Discussed the impact that pre-hospital blood transfusion can have on survivability. Promoting this intervention as a key way to save lives. Replace the blood as quickly as possible. We should have blood transfusion capabilities in all EMS agencies. Still a lot of work to do. Highlight that the DOT are backing research on pre-hospital blood transfusion. Not many people get blood transfusions immediately after a crash.

Grant funding: EMS and 911 need to know about the safe roadsSS4A grant programs. \$5B discretionary grants to prevent deaths and serious injuries on our roadways.

NEMPAC: do you know who your congressmen, do you have your congressmen's phone number of your cell phone. Coming from NEMPAC this is how we can influence what happens to us. To get into the office we need to put money 3 ways to support. Give money to NEMPAC, go to state capital DC and give time. Or work a shift for someone who will go to the capital and give their time. Can only contribute if you are an ACEP member. Trial lawyers give a lot of money as to the anesthesiologists, give a lot of money. Uses money to get EM people into office and bring our bills forward in office. Need the

committee leader to bring the bill up for discussion to get onto the agenda. Use money through multiple levels of congress. We give 50/50 across the aisle. EM issues cross the aisle. NEMPAC gives money based on EM issues only. 5 EM physicians running for congress this year, 2 are ACEP members.

Working on: 1) less money is being earned. 30% salary cut since 2000. Hospitals are tracking and salaries have remained flat. Getting more physicians into the system unless the offices can't keep their offices open. The population is getting older.

Action Alert- 90% have been assaulted in the last 12 months. Workplace violence 50% of non-fatal violence in the workplace is in the hospital. It is important to get legislation through that works on this. Only 2% are actually having charges pressed. SAVE act. Same protection pilots, ask OSHA to put in regulation that require hospital to have a plan and log incidents to decrease violence.

FICEMS: Richard Patrick: chair of FICEMS

- 1) Update on what FICEMS is. Federal interagency committee on EMS. 16 statutory charged agencies that are required to collaborate and coordinate and use taxpayer dollars to address federal equities and state, regional level. 3) DOT, HHS, DHS. 30 federal agencies that do something with EMS, domestic and foreign.

US Fire Administration EMS (Richard Patrick). For the fire department that respond to incidents 67% of every fire department are to EMS incidents. No exception to that. Some as high as 90%. 52 million responded. Fire department are the primary response

National Emerging Special Pathogens Training and Education Center: mission is to set the gold standard for special pathogen preparedness across the US healthcare system. Funded by ASPR. Part of preparedness response. 1) leverage knowledge and experience of 13 regional center to produce education a resource, and build a nationwide special pathogen research. Mission through collaborative efforts. 100 industry leaders, range of specialties. 15 national work groups, 9 additional task forces. Here to share work 1) national special pathogen system of care. Network for referral and response. NETEC is coordinating NSPS is the system comprised of healthcare facilities that comprise this. Aligned with trauma systems. New standards from Joint commission on special pathogen practices.

Over last year looked at levels of care and used 11 domains to identify what is needed to provide special pathogen care. Outline capabilities that are necessary for each level of care. Handouts are available netec.org. free resources, on social media. Get more information.

Question: Is there a list of the types of facilities: On website there is a list of regional treatment centers, but the others are not fully published yet. Are these working with the state plans? Some states have their own plans for special pathogens. There has been some work of coordinating these plans with the state and local level.

What barriers that are keeping the implementation: funding. Lots of current ongoing collaboration

EMRA: not present

National Disaster Life Support Foundation: Dr. Williams. Director for national disaster life support foundation. Disaster educational preparedness courses. Non-profit. 250000, 120 training centers around the globe. NDLS training center in the US and around the globe. Updates: about the same participation this year as last year, 150 coursed, 4100 students taught. 5-6K student certified in NDLS course. See website for trainings.

National Center for Disaster Medicine and Public Health (NCDMPH): Dr. Unruh: Opportunities to be involved with NCDMPH through involvement with the Ecosystem, and also with Core curriculum development. Contact Dr. Unruh @ larissa.unruh@usuhs.edu

Winner for the DM science award is Dr. Eric Goralnik and will be

Future Goals: Continue work on education. How can we make the time we spend in section better for CEP membership? Tried to have achievement within the changes that ACEP has implemented. 1) We can now apply for non-CME lectures to expand the number of lectures related to disaster medicine. 2) We are shooting for next year to bring a scientific component to the scientific assembly in general. Plan for a WADDEM-inspired presentation format at next meeting. Real disaster science was provided to the audience. Whether we have to bring this into the section meeting or get isolated time we can get a science of DM lecture series. We can continue that effort this year. 3) Section crawl event. This is a new event where every section within ACEP will have a booth set up 6p-8p there will be drinks, and you can go booth to booth to explore your interests. 4) All section meetings are happening now. Perhaps in the future the crawl will be before the section meetings. We will be highlighting DM fellowships and other information. Exciting to see ACEP making changes.

ACEP disaster leadership conference originally done by ASPR in Feb, highlight a lot of great innovations and hot topics. Crisis standards of care and implementation. Target medical professions rather than EM that dominates the area. Started planning conference for next year. Feb 5, 6 starting in afternoon eastern standard time. Get a lot of great speakers on legal and ethics as well as the operational considerations. Will be a good conference. This year is a joint effort. This will be moved to hybrid with in-person and online options. Mission and focus on DM in the US. Registration opens in November. Messaging through Engaged with updates.

Subcommittees were regrouped and there is a steering committee on education and all educational ideas can be sent to the steering (Ira Nemeth).

Next step who will pay for the ABEM sub specialty. EMS realizes that you can't bill for out of hospital care. How is compensation going to be coming to physicians' people who are board certified for DM. ACEP study on uncompensated care. Worthwhile to look at DM physicians provide and figure out who should be paying for it?

John Olsen, US department of congress update. The board of directed 10 year. 8B bring network up to the latest standards. 120 deployments to support the assets in the southeast. There are many deployed in North Carolina. There are 12 USAR asset. If you want to hear more about First net booth 1413 downstairs.

With the board certification have they discussed how to become eligible for board certification. Multiple models to accommodate the different types of DM physicians.

With no more business to discuss, the meeting was adjourned.