WACEP President’s Message, May 2019
Jeffrey Pothof, MD, FACEP

We as emergency physicians have chosen a demanding career. Not only do we work days, nights, weekends and holidays, we also play witness to some of the best, and often the worst experiences people and families go through. Being the ever-present patient advocate can also be an exhausting activity, almost daily having to think outside the box to get patients what they need in a system and society that at times just seems broken. At the same time the ratio of value-added to non-value-added work seems to be going in the wrong direction. It’s no surprise that in a recent Medscape survey 48 percent of us reported burnout.

Lately there has been more attention to this issue. Many have been exploring the “why” and others have been offering suggestions on “what” to do about it. I’m no expert in wellness and I can’t really tell you how much you should exercise or how you’ll find the time to sleep a little more. Everyone is a bit different when it comes to connecting with other people and many of us have different ideas of how what we do is part of something bigger than any one of us. I sometimes struggle to use my electronic health record, so I don’t think I’d be the right one to show you how to use yours. Read more.

Emergency Physicians Make Strong Showing at Doctor Day

Bradley Burmeister, MD

On May 1st, over 20 Emergency physicians were among the more than 300 physicians from across Wisconsin to participate in Doctor Day in Madison.
The two main policy issues for this year focused on Medicaid reimbursement and the personal conviction waiver for immunizations.

As you know, Wisconsin continues to be at or near the bottom for Medicaid reimbursement. In fact, for most Emergency Department levels of service, Wisconsin is dead last for reimbursement often at rates far below overhead costs. Adequate and fair Medicaid reimbursement is important in order for patients to have access to both primary and specialty physicians.

In general, legislators provided feedback that they understand the Medicaid issue is regarding access. Many had a very strong understanding, and realize the issue is not just about the bottom line for physicians. Read more.

**WACEP Leaders Travel to DC to Advocate for Emergency Medicine in Wisconsin**

*Lisa Maurer, MD, FACEP*

In early May, WACEP board members, Drs. Lisa Maurer, Bill Falco and Brad Burmeister [pictured at left with U.S. Representative Bryan Steil (R-WI-01)] traveled to Washington DC for the annual Leadership and Advocacy Conference and the ACEP-coordinated visits with Wisconsin’s legislators.

The conference began with outstanding speakers and breakout sessions on leadership and how leadership might intersect with violence prevention, diversity in medicine, civic duties of physicians as community leaders, and practical tips on how to be an effective advocate for your patients and colleagues. Wisconsin emergency medicine will certainly benefit from lessons learned.

As the focus narrowed a bit at the conference to legislative advocacy, Drs Falco, Burmeister and Maurer met personally with staff and legislators from five different offices, including both Senate offices, and informed staff for many other offices from around Wisconsin. Read more.

**May 23 SPOTS Webinar on Opioid Prescribing in the ED**

Prescribed pain medication after surgery and traumatic injury is among the most common first exposures to opioids. SPOTS offers an opportunity for collaborative learning with experts about best practices in opioid prescribing, and with other
providers around the state about the current challenges and opportunities in treating our injured patients’ pain.

Between March and September, the program offers a monthly session hosted from the teleconference facilities at the University of Wisconsin. Each are hour-long sessions will start with a 15-20 minute didactic presentation from an expert in the field, followed by an open conversation between our expert presenters and the participants. Read more.

**Share your Attitude toward Initiating Suboxone in the ED**

WACEP members are invited to collaborate on an AACT grant-funded project initiated by Colorado ACEP to examine providers attitudes toward treating opioid use disorder and initiating buprenorphine/naloxone treatment in the ED. Survey respondents will be entered in a drawing for a chance to win a $100 Amazon gift card.

On many shifts we see patients whose lives have been negatively impacted by the opioid crisis. Some have overdosed, some have abscesses, and others are requesting opioid pain medications in the ED yet again. We do a great job of treating their acute issue, knowing their addiction will make a repeat visit inevitable. These are the names we recognize as soon as we pick up the chart; the PDMP’s we’ve checked multiple times before. We’re hoping you can help us develop some options.

We are surveying ED providers to determine their experience with and attitudes toward initiating suboxone in the ED. Please head to [https://is.gd/EDbuped](https://is.gd/EDbuped) to participate in the quick, voluntary and anonymous survey.

COMIRB# 19-0088 PI: Matthew Zuckerman
Study Title: Attitudes to Emergency Department Medication Assisted Therapy