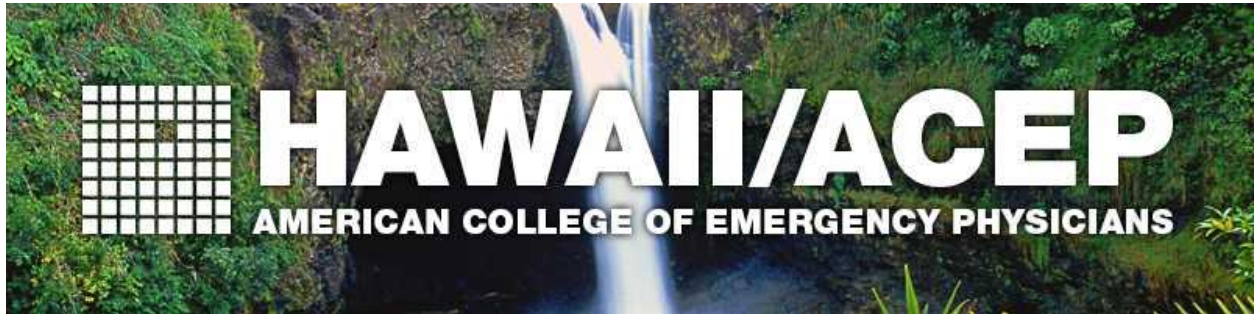


A Newsletter for the Members of the Hawaii Chapter - Summer 2019



Mark Baker, MD, FACEP
President

Debra Sanders
Executive Secretary
[Website](#)



President's Message

Mark Baker, MD, FACEP

We take care of everybody in our emergency departments. We can diagnose both common and rare conditions. We can treat a lot of things, but as we all know we cannot treat everything. Prevention is more important for things that we cannot really treat. If we step outside our box we have the opportunity to help prevent disease. Let's talk about meth, "ice." I don't feel like I'm doing anything in the Emergency Department to get those patients to stop. There must be something that we can do outside of the ED. I sent the below email to a number of non-ED people. If you are interested in joining me, please [contact me](#).

If you are getting this email, you are in a group interested in increasing efforts to combat the use of crystal methamphetamine in Hawaii. I created a new email (endmeth@gmail.com) to facilitate communication with this group. I would like to confirm your interest before I reveal emails to others in the group. We have broad representation, but it needs to be broader. I am on Oahu but know this problem extends well beyond Oahu and Hawaii. Please forward this email to anyone you think may have interest in fighting the "meth epidemic."

When Pali Momi Medical Center opened 30 years ago there were a **few** patients who were in and out of the ED struggling with their meth problem. The power of the addiction was apparent in the eyes of those patients who could not quit despite heart failure bad enough that a transplant was their only solution – but not possible because they could not quit. Those patients were few but memorable.

Now the problem is epidemic, so bad that I recently found myself looking at an EKG the paramedics sent before they called on the radio. The patient's age on the EKG was 41, there were signs of ventricular hypertrophy – so I knew what the problem was - "meth heart." And it was. A recent telling comment from a patient who wanted to stop using was "meth is like candy in Waipahu." I have worked weekend night shifts when a third of the patients in the department have problems stemming from meth use. We see cardiac and psychiatric problems affecting individuals, but the addiction impacts families and the communities in so many ways.

So, what steps can we take? I have listed some ideas and know there are more to come. While I am an advocate of taking things one step at a time, I fear that will not work fast enough to fight meth. The drug is gaining on society and we need to fight it in multiple ways. In considering my primary goal, I hesitantly state that I am not very hopeful we can help longtime users with their addiction, but we can try. **More importantly**, we must warn our community, especially our children, to never ever try this terrible drug.

Below is a list of potential actions we could take; all are up for discussion. I would like to have your input and know what focus you would like to have with this effort. This would be in preparation for a meeting, likely late summer:

- Organizational Websites: I registered these:
 - www.endmeth.org
 - www.deathtometh.org
 - www.crystalmethdeath.org
 - www.crystalmethkills.org

I intend for this group to have further discussion before building them. There could be two organizational websites, one for us and one for those addicted. One could include educational information. The other could have links to some of the many frightening videos already posted on the Internet.

- Advocacy
 - School educational efforts.
 - T-shirt campaign: "don't meth with me" or "ice no nice."
 - Recording interviews with users, this could be in hospitals or other sites including homeless camps.

- Research
 - Identifying the frequency of use.
 - Medical research could involve cardiac, psychiatric, pediatric, ED, anesthesia and more
- Liaison with Other Organizations:
 - Department of Health Liaison.
 - Police Department Liaison(s), Statewide
 - Homeless Shelter Liaison
 - Liaison to other community organizations
 - Opiate efforts: I believe that nationally (and locally) we should be piggybacking on efforts to curb opiate use. This takes advantage of existing infrastructure. There is funding available to combat opiate addiction; it may take legislation to allow communities to determine which addiction is their priority.
- Legislative efforts: both local and (if successful) it could be national. I have discussed the seriousness of the problem with staffers for Representative Ed Case.
- Media:
 - Social media campaign, radio, TV news, TV commercials, newspaper.
 - Medical, stories for the 'throwaway' journals.

I work at Pali Momi Medical Center and am very active with the Hawaii Chapter of the American College of Emergency Physicians, but this group will not be an HPH or ACEP group. And this effort is not meant to supersede existing efforts to combat this terrible problem. Please let me know if you would like to be part of this effort and if you have any focus you would like to be involved with. Let me know if you prefer a different email address. I will work on scheduling a meeting. By helping each other in this effort we can save some lives and save some families from the torment I see in the eyes of parents whose child is addicted.

Mahalo,
[Mark Baker, MD, FACEP](#)
 President, Hawaii Chapter ACEP

2019 Hawaii ACEP Emergency Department Leadership Summit

Reminder that the 6th annual Hawaii ACEP Emergency Department Leadership Summit will be held at the Queen's Conference Center on **Monday, September 9, 2019**, rooms 200 and 204. We are all leaders, and you are all invited. Our goal is to make this summit more interactive than last year, allowing participants to discuss both problems and potential solutions to drug problems in Hawaii, psychiatric holds, and more. We are hopeful that there will be an opportunity to meet with some of our legislators, either during or after the conference. Contact [Debbie Sanders](#) or [Mark Baker](#) for more information.

Additionally, *on September 10*, we will all have the opportunity to participate in an 8-hour DEA-approved waiver class, Buprenorphine Training for Physicians. This qualifies the participant to prescribe the medication. If you have any questions or suggestions for the ED Leadership Summit or the Waiver training, please contact [Mark Baker](#).



UH JABSOM Emergency Medicine Interest Group (EMIG)

by Gregory Suarez, MD, FACEP

This is the first in a series of quarterly newsletter articles about the University of Hawaii John A. Burns School of Medicine (UH JABSOM) and the Emergency Medicine Interest Group (EMIG). As the Clerkship Director, Department of Surgery, Division Chief of Emergency Medicine, my goal is to keep you up to date about our students and to encourage you to become involved in their education.

The required 4th year emergency medicine rotation at JABSOM continues to enjoy popularity and enthusiasm among students, 4 of whom have decided to pursue EM as a specialty. The rotation exposes students early to concepts that can help them, regardless of their career choice, and we try to achieve a level of comfort with acute pain management, an approach to the ABCs, simple airway maneuvers and breathing interventions, hemorrhage control, blood draws, and IV/CVC insertion. The students are also introduced to POCUS. To ensure that students are exposed to a spectrum of pathology, a day in the SIM lab runs the gamut of patient presentations/complaints.

Due to student interest, off-Oahu sites are being considered as locations for the rotation in the future, and we hope that Maui and Hilo (if not more) can be added to the roster starting next academic year.

The Emergency Medicine Interest Group (EMIG) continues to be active, and we should all be anticipating an invitation from the students to come and speak about EM as a career choice. The more people that can attend these informal gatherings the better so that students can learn about the variety of practice opportunities available to our specialty. EMIG also hosts a cadaver lab once a year, so anyone interested in assisting with invasive procedures is welcome to participate. Please contact me if you would like to be a part of this or other labs or lectures. Visit the [EMIG website](#) or contact the EMIG group [via email](#).

Mahalo, [Gregory Suarez, MD, FACEP](#)
Director, Hawaii Chapter ACEP

Save the Date: Annual Meeting and Dinner – May 20, 2020

Mark your calendars for the Hawaii ACEP Annual Meeting and Dinner, which will be held on **Wednesday, May 20, 2020**. Exciting news - next year, we will be returning to **Roy's Restaurant in Hawaii Kai, 6600 Kalaniana'ole Highway, Suite 110!** Our meeting and dinner will be from **5:00-9:30pm**. We are switching things up – this will primarily be a social event with time to talk story and share great dinner with good company. The keynote speakers are our local but nationally prominent lifeguards, who will discuss **big wave rescues**. The restaurant's beautiful private dining room overlooks Maunalua Bay, and the food and ambiance are excellent! Save that date for you and a guest! For information, contact [Debbie Sanders](#).

Wellness Hawaii

Go Outside and Soak up Some Vitamin D!

by Grace Chen O'Neil, MD, FACEP

Vitamin D is “the Sun Vitamin.” It might be hard to believe, but over a billion people in the world have Vitamin D deficiency. Naturally occurring dietary sources of vitamin D are limited, and food fortification can be inadequate or inconsistent. Therefore, most people obtain vitamin D by cutaneous exposure from the sun. Many variables influence the amount and efficacy of UVB from sunlight that reaches the skin including time of day, season, latitude, altitude, clothing, sunscreen use, pigmentation and age. Luckily, we have the advantage of latitude for getting our Vitamin D in Hawaii! But even people who reside in sunny climates can be deficient in vitamin D due to sunscreen, dress, or lack of exposure.

Daily exposure to sunlight allows the body to manufacture the necessary amount of vitamin D. However, a lot of people avoid sun exposure because they fear skin cancer. To prevent Vitamin D deficiency, spend 15-20 minutes daily outside in the sunlight with 40% of your skin exposed. People who are dark-skinned (due to higher concentration of melanin) have slower Vitamin D production. Also, elderly people produce less cutaneous D3 than young adults (75% less). Sunblock, window glass (in cars or homes), and clothing all block UVB radiation. Therefore, people who work indoors (such as in the Emergency Room), regularly wear sunscreen, cover up with ample clothing, are darker-skinned, are obese, are elderly, or avoid the sun are all at risk for vitamin D deficiency.

Vitamin D regulates the functions of more than 200 genes essential for growth and development. Vitamin D status depends on the production of D3 in the sun under the influence of UV radiation from sun and vitamin D intake through diet or supplements. Around 50-90% of Vitamin D is usually produced by sunshine exposure, and the rest comes from diet. Besides causing rickets and osteoporosis, Vitamin D deficiency can play a role in obesity, diabetes, hypertension, fibromyalgia, depression, chronic fatigue, osteoporosis and neuro-degenerative diseases like Alzheimer's. Other research reveals that Vitamin D deficiency may also play a role in causing seventeen different cancer varieties, heart disease, stroke, autoimmune disease, birth defects, and periodontal disease.

Make sure you soak up some rays and enjoy yourself this summer! On another note, Hawaii ACEP will be having a quarterly wellness article in every newsletter, and I would like to have other contributors besides members of the HACEP Board of Directors. Please submit contributions that relate to wellness to me [via email](#). We are looking for travel articles to interesting locations or whatever else you think is relevant. The contribution should be 2-3 paragraphs possibly with some pictures.

Aloha, [Grace Chen O'Neil, MD, FACEP](#)
Secretary-Treasurer, Hawaii Chapter ACEP



Hawaii ACEP Board Meetings

The Hawaii ACEP Board meetings are held every other month. Hawaii ACEP members are welcome to attend the Board meetings – *please contact us in advance* if you are interested. For more information on the meetings, contact [Debbie](#). Upcoming Board meetings will be held on the following dates: **Wednesday, September 4, 2019**; Wednesday, November 20, 2019; Wednesday, January 22, 2020; Wednesday, March 25, 2020.

Visit our [Hawaii ACEP website](#) where you can view or download past issues of our [Hawaii ACEP e-newsletter](#).

Welcome New Members!

Keisuke Abe
Christa Brown
Eric Brush, MD, FACEP
Daniel Cheng, MD
Colin F Coor, MD, FACEP
Victor Galson, MD
Thomas A Gill, MD
Kelcy Higa, MD
Alexis Kahanu
Jennifer G Lee, MD
Ryan Glenn McMorries, MD
Louis Paoella, MD
Kevin Omar Perez
Erica Warkus

FROM NATIONAL ACEP



Congress Needs to Hear from Emergency Physicians about Surprise Billing

The ACEP DC office hosted an ACEP members only Surprise Billing Advocacy townhall on August 5th. Laura Wooster, Associate Executive Director, ACEP Public Affairs, provided an update on Congressional activity and spoke about the importance of utilizing the August congressional recess while legislators are back home to advocate for emergency physicians and patients. ACEP offered tips to effectively engage your legislators and a toolkit with resources to facilitate effective outreach. A link to the archived townhall is available [here](#). And, you can [login here](#) to access the ACEP members-only surprise billing advocacy toolkit. Related resources are available to view and share [here](#). For updates on ACEP's federal advocacy activities, join the ACEP 911 Grassroots Network [here](#).

Explaining the AUC Exemption

We've heard that some of your hospitals are already implementing the 2020 AUC requirements, so we drafted a sample letter you can personalize to help you explain the emergency exemption to your administrators. Download it on the [AUC section of our EHR advocacy page](#).

FACEP Deadline Extended to Sept. 1

More than 4,000 ACEP members meet minimum membership requirements – three years of continuous membership post-training – to become a Fellow of the College. Is that you? Apply today, and be recognized at a ceremony on Oct. 26, the day before ACEP19 in Denver. If you can't make it to ACEP19, no worries. You will be included in the program and can start using your new FACEP credential immediately. [Learn More Here!](#)

Point-of-Care Tools - 3 New Smart Phrases

3 new Smart Phrases are available on the ACEP Website on **Suicide Prevention, Tobacco Cessation** and **Why Antibiotics Were Not Prescribed for a Viral Infection**. Smart Phrases are blocks of text that can be copied and pasted into a hospital's electronic health record (EHR) system to automatically create discharge papers for common ED presentations. We've created these smart phrases to help you seamlessly disseminate the most important information your patients will need to manage their conditions after leaving the ED. [View all Smart Phrases](#).

Articles of Interest in *Annals of Emergency Medicine* - Summer 2019

Sam Shahid, MBBS, MPH

Practice Management Manager, ACEP

ACEP would like to provide you with very brief synopses of the latest articles and articles coming soon to *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. [View synopses here](#).

New Policy Statements and Information Papers

During their June 2019 meeting, the ACEP Board of Directors approved the following new policy statements and Information papers. For a full list of the College's current policy statements, consult the [ACEP Policy Compendium](#).

New Policy Statements:

[Advanced Practice Provider Point-of-Care Ultrasound Guidelines](#)

[Compensated Time for Faculty Academic Administration and Teaching Involvement](#)

[Medical Cannabis](#)

[Safe Discharge from the Emergency Department](#)

[Separation of Children from Caregivers](#)

[The Role of Emergency Physicians in the Completion of Death Certificates](#)

New Information Papers:

[Best Practices in Testing Adults and Adolescents for Chlamydia and Gonorrhea in the Emergency Department](#)

[Models for Addressing Transitions of Care for Patients with Opioid Use Disorder](#)



October 27-30
acep.org/acep19

Care Under Fire: EDs, Gun Violence and Threat Assessment

ACEP19 Pre-Conference

Saturday October 26th from 1:00 – 5:00 PM

Threat management is an evidence-based, multidisciplinary team approach to identifying people at risk of engaging in targeted violence – including mass shootings – and intervening before they attack. Cost: \$250. [Learn More Here!](#)

Approved for *AMA PRA Category 1 Credit*[™]

ACEP EM Specific X-Waiver COURSE

ACEP19 Pre-Conference

Saturday October 26th from 8:00 AM – 5:30 PM

This course will provide the tools to turn lives around with best practice addiction treatments and satisfies 8 hours of training required by federal law to prescribe buprenorphine, the most effective treatment for opioid use disorder.

While most “X Waiver” training courses are developed for and led by psychiatrists and office-based addiction specialists, **this recently approved version of the course was written by a team of EM docs, specifically for EM Docs.** The MAT-EM course minimizes lecture in favor of case-based discussion and participants will emerge from the course not only credentialed to register for their DATA 2000 (X) waiver but prepared to manage all aspects of emergency care of OUD patients.

Approved for *AMA PRA Category 1 Credit™*

ACEP Members: \$70 | Residents: \$50 | Non-Members: \$100. [Register Here.](#)

Funding for this initiative was made possible (in part) by grant no. 1H79TI081968 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

FACULTY



Dr. Gail
D'Onofrio



Dr. Kathryn
Hawk



Dr. Eric
Ketcham



Dr. Reuben
Strayer



December 2-7, 2019 | April 14-16, 2020

Registration Open for the EMBRS Course

Interested in research but not sure where to start? The Emergency Medicine Basic Research Skills (EMBRs) is a 9-day, 2-session program where participants learn how to identify clinical research opportunities and become familiar with clinical research and outcomes. Participants are also eligible to receive an EMF/EMBRs grant based on their research grant application. This course targets: Junior faculty with limited research experience; Physicians in academic and community centers who are interested in research basics; Physicians who have as part of their duties involvement in research, including mentoring young researchers; Fellows in non-research fellowships. [Click here to learn more](#) and to register. The next course will take place Dec. 2-7th, 2019 (session 1) and April 14-16, 2020 (session 2).

News from the American Board of Emergency Medicine

August 2010

ABEM Security Systems Enhancements

ABEM takes the protection of all our users' data and information seriously. We will soon be undertaking system enhancements to help maintain the security of your data. The change most users will notice is **the need to reset their password** the first time they sign in.

See You at ACEP19!

ABEM will be attending ACEP19, and will have a booth in the exhibit hall. Visit booth # 2012 and have an ABEM director or staff member answer your questions. Hope to see you there!



American Board of Emergency Medicine

Nominations to the Board of Directors

Do you know someone who would be a great addition to the ABEM Board of Directors? Then nominate the ABEM-certified physician of your choice! The physician must be clinically active. [Click here](#) to view nominee requirements and required documentation. Nominations are due December 1, 2019, and the Board will elect two new members at its February 2020 meeting.

**Hawaii Chapter ACEP
3215 -A Pawale Place
Honolulu, HI**

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