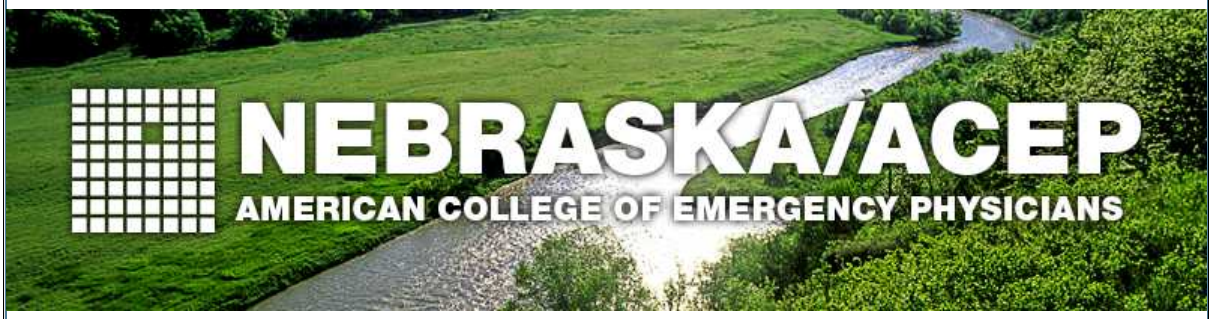
A Newsletter for the Members of the Nebraska Chapter

Winter 2017



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From the President
Laura Millemon, MD, FACEP

The 2017 Nebraska Legislature is in full action and even though it is too early to anticipate all of the possible legislation to be introduced, we have already been told the bill to repeal the Nebraska required helmet law will be prioritized. Nebraska Medical Association and the Nebraska Hospital Association has led the fight to keep this legislation each year for the past 10 plus year. Each year the vote has been close and it is anticipated this year will be the year the repeal has an excellent chance of passing. That being said it does not mean we should not continue our effort to educate the Senators about the impact this would have on the costs of life and healthcare costs. ACEP has always supported helmet bills and listed below are some facts you can use when you contact your senators

According to a 2012 Government Accountability Office (GAO) report, “laws requiring all motorcyclists to wear helmets are the only strategy proved to be effective in reducing motorcyclist fatalities. In states without an all-rider helmet law 59% of the motorcyclists killed were not wearing helmets, as opposed to only 8% in states with all-rider helmet laws in 2013.

Annually, motorcycle crashes cost $12.9 billion in economic impacts, and $66 billion in societal harm as measured by comprehensive costs based on 2010 data. Compared to other motor vehicle crashes, these costs are disproportionately caused by fatalities and serious injuries.

Motorcycle helmets are currently preventing $17 billion in societal harm annually, but another $8 billion in harm could be prevented if all motorcyclists wore helmets.

Per vehicle mile traveled, motorcyclists were more than 26 times more likely to die in a traffic crash than occupants of passenger cars.

In Michigan, which repealed its all-rider law in 2012, there would have been 26 fewer motorcycle crash deaths (a 21% reduction) if the helmet mandate was still in place, according to the University of Michigan Transportation Research Institute. Additionally, in the remainder of the year after the helmet repeal was enacted (April of 2012), only 74% of motorcyclists involved in crashes were helmeted, compared to 98% in the same time period of the previous four years’

In states with an all-rider helmet law, use of a helmet resulted in economic costs saved to society of $725 per registered motorcycle, compared with $198 per registered motorcycle in states without such a law.

Helmets are currently saving $2.7 billion in economic costs annually.

Motorcycle helmets reduce the risk of head injury by 69% and reduce the risk of death by 42%.

Clearly helmets save lives and healthcare cost. Please contact your senators and urge them to retain the helmet law.

NEACP 2017 Annual Meeting

Date: Tuesday June 20th
Time: 6:00 p.m.
Location: Spezia Restaurant 3125 S 72nd street Omaha Nebraska
Keynote Speaker: Dr. John Rogers, current Chairman of the ACEP Board of Directors. He will present an update on National ACEP goals and objectives.

Please mark your calendar

Clinical News

CT Can Indicate Mortality Risk in Elderly with Trauma
NEW YORK (Reuters Health) – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.
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HCV Infections Less Prevalent than Previously Estimated
NEW YORK (Reuters Health) – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.
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Diversity and Inclusion: Our Chapters, Our Duty
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Chair, ACEP Chapter Executives Forum
Member, ACEP Diversity & Inclusion Task Force

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read “diversity” and “inclusion” because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty’s diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at

our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

New Congress, New Administration, New Challenges

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

Join the **ACEP 911 Grassroots Legislative Network** today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

Go to the **ACEP Grassroots Advocacy Center** for detailed information on how to join the program and start engaging with legislators today!

Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click **here** to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more!

This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

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