



NEWS

Newsletter of the National Association of EMS Physicians

Volume 10, No. 1

February 2001

A Summary of the QUIC Meeting PATIENT SAFETY AT THE CLINICAL INTERFACE IMPLICATIONS FOR EMS

Susan M. Nedza, MD, MBA*

Many of us have heard about the Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System*. Although we may argue with some of the statistics in the report, emergency medicine providers are truly concerned about the factors that lead to errors or breaches in patient safety in the emergency department. This is especially important as many of us are facing both financial and volume issues as we try to provide quality prehospital and emergency department care. Will this affect patient or provider safety? How can we guarantee quality care for our patients? These are important questions that we all are trying to answer.

As follow up to the above IOM report, the Quality Interagency Coordination (QUIC) Task Force recently held a meeting in Chicago; I attended on behalf of NAEMSP. The purpose of the meeting was to obtain feedback concerning their proposed Preliminary Research Agenda. (A full copy of the research agenda can be obtained from the Web site, www.quic.gov.) The following report will focus on the implications of their agenda and the opportunity to use this public policy juggernaut to fund EMS research. On the policy front, it may also give us the opportunity to bring issues, such as diversion, to the attention of policy makers.

Since the report appeared, the emergency medicine community has been encouraging the study of errors and

safety across clinical interfaces with emergency departments. One such important interface is between the hospital and prehospital arenas. After all, one of the criticisms of the initial report was that most of the data was from acute care hospitals. Therefore, we would like to position prehospital care as the essential link to the community and an integral site and partner for further research.

As I had the honor of being chosen to be a speaker at the meeting, I chose to comment on the topics of unexpected consequences and clinician buy-in. An important part of that discussion was with regard to EMS. One very simple example that I used was that of instituting nurse-staffing guidelines to decrease errors and improve care. This seems like a slam dunk solution. However, what if it caused the closure of beds due to lack of staff? This could lead to emergency department saturation and finally bypass and diversion. Consequently, an ambulance becomes out-of-system or tied up at an overcrowded emergency department. Finally, a patient with chest pain arrests and dies before the arrival of medics. How will that bad outcome be linked to the outcome and success of the initial safety measure? This example illustrates that it is imperative to undertake research that links an intervention to the unexpected consequences in the whole health care continuum.

Hopefully the inclusion of this example in the minds of the researchers and in the minutes will lead them to consider prehospital care as an important area to study.

As to clinician buy-in, we all know that few communities are the same. We in EMS know this, having frequently been expected to implement changes or create systems that don't fit our locations or resources. Data collected and analyzed at traditional tertiary care institutions or in large urban settings may not be transferable to rural settings or different cities. If clinicians are to buy into solutions, the relevant research must be generated close to home. That means in similar settings, by recognized individuals within their own fields, discussed at their scientific meetings and published in

continued on page 4

IN THIS ISSUE:

President's Corner	2
EMS Worldwide – Rallye Rejviz: International Ambulance Rally and Disaster Drill . . .	3
2000 NAEMSP Election Results	4
NAEMSP Thanks Exhibitors and Sponsors	5
OIG Issues Advisory Opinion Regarding No Charge for Restocking of Voluntary Ambulances	6
Standards and Clinical Practice Committee	7
Grants Update	9
News From the Executive Office	10
New Members	11
Job Placement	11
EMS Calendar	12

* Dr. Nedza, an NAEMSP member, is EMS medical consultant for the State of Illinois and chair of the ACEP Task Force on Patient Safety in the Emergency Department Environment.

2001 ... A New Beginning

"I have awfully big shoes to fill." That's what comes to mind as I write this first letter as president of the National Association of EMS Physicians. In our short history as an organization, we have undergone significant evolution. I am indebted to all of our past presidents in so many ways. As I think about leadership of this organization, I am especially thankful for Dr. Jon Krohmer's work. So many issues arose and were effectively dealt with over the past couple of years. Under Jon's leadership we participated or provided leadership in the following:

- The EMS Research Agenda for the Future
- The Medical Director's Curriculum Grant
- The Model Pediatric Protocols
- The Development of New ACLS Guidelines
- The HCFA Negotiating Rule Making for Ambulance Reimbursement

In addition, we established our Web site (www.naemsp.org). We published significant practice guidelines that have been used by our own members and many outside organizations. Our organization continues to grow and flourish

as do our annual meetings and journal. Requests from other EMS and government organizations to have NAEMSP "at the table" have grown dramatically. Finally, a new initiative joining the best minds of EMS and public health is underway.

Thank you, Jon. And, thank you to the NAEMSP Board of Directors for their work and commitment to our organization.

I am also thankful for the enormous amount of work produced by committee and task force chairs during Jon's tenure. Still, I have conscientiously decided, after reviewing input from leadership and staff, that my incoming term provides our organization with the opportunity to "tap" new talent. A turnover in our leadership is important to our growth and continued evolution.

I have chosen to add some new task forces to our organizational structure and initiatives as well. As a result of considerable interest in international EMS, I have appointed an International Affairs Task force to be chaired by Dr. Francis Mencl. Dr. Mike Sucher has agreed to serve as chair of the Industry Relations Task Force.

I have asked Dr. Krohmer, as immediate past president, to chair the EMS



Richard C. Hunt, MD, FACEP

Physician Certification Task Force. I have charged the EMS Physician Certification Task Force with the following: To recommend to the NAEMSP Board of Directors on or before June 30, 2001, whether or not NAEMSP should develop and implement an EMS Physician Certification program.

The issue of EMS Physician Certification has been a topic of dialog at every annual meeting I can remember. It is time our organization met this issue head on. In the evolution of our organization, we have become recognized internally and externally for our conferences, clinical practice guidelines, and our indexed journal, *Prehospital Emergency Care*. EMS Physician Certification by NAEMSP may be a natural evolutionary step in our organization's development.

Our organization has an opportunity to renew itself every two years with a new president. We have a wonderful and talented board of directors with which it is an honor to work. Additionally, we have a remarkable staff who have served our organization so well. Most importantly, we have a vital, productive and progressive membership.

Many thanks to all of you in NAEMSP. Your interest and contributions have made the organization much stronger than it would be without you. ★

We are deeply saddened to learn of Keith Neeley's death. We know he fought this valiant battle with courage and optimism, and the world, including our association, the National Association of EMS Physicians, is much the richer for Keith's presence. Please keep his family in your thoughts and prayers during this time of grief.

The National Association of EMS Physicians is an organization of physicians and other professionals who provide leadership and foster excellence in out-of-hospital emergency medical services.

The NAEMSP newsletter is designed to inform members of interesting developments in the field of EMS. Members are encouraged to send information which may be of interest to others reading this publication.

NAEMSP News is the official bimonthly newsletter of the National Association of EMS Physicians (NAEMSP).

Opinions expressed in articles in *NAEMSP News* are those of the authors and not necessarily those of NAEMSP nor the editor of *NAEMSP News*. Reproduction in whole or part is strictly forbidden without prior consent of the editor.

Copyright © 2001. The National Association of EMS Physicians.

Correspondence and inquiries should be sent directly to: **NAEMSP Executive Office**, P.O. Box 15945-281, Lenexa, KS 66285-5945; 913/492-5858; Fax: 913/541-0156, E-mail: info-naemsp@goAMP.com, Web site: www.naemsp.org

Articles for inclusion in the newsletter must be submitted by e-mail or on diskette (WordPerfect or Word). To submit material for publication, contact the editor by telephone or e-mail.

NAEMSP News

Cai Glushak, MD, Editor

773/702-9502 • Fax: 773/702-7182

E-mail: cglushak@medicine.bsd.uchicago.edu

Copy Deadlines

March/May 2001 issue: *March 19, 2001*

Rallye Rejviz: International Ambulance Rally and Disaster Drill

Francis Mencl, MD, International Affairs Task Force Chair
Associate EMS Director for Summa Health System, Akron, Ohio

This past May, several EMTs and nurses from Ohio traveled with me to the Czech Republic to observe and participate in the 4th Annual Rallye Rejviz (RR). This competition, started several years ago as a way to celebrate the local EMS system, has grown to be an eagerly awaited international event attracting active participation from many countries and observers from as far away as Spain, Argentina and Turkey. This past May, three Dutch teams, including an army unit, drove 12 hours and across half of Europe to participate!

The two-day event started with a comparative demonstration of case scenarios handled by physician-lead teams vs. all EMT-staffed teams. This is of interest because in many European countries physicians staff ambulances. Although the reasons for this are many, inevitably discussions regarding capabilities, competence and the level of care come up. Four sports-related scenarios were used. Each was introduced by a video clip on a large screen, followed by assessment and treatment of a live victim or mannequin. The USA or Dutch participants represented EMTs and the physician-lead teams were either Czech or Slovak.

The cases ranged from an airway obstruction in a basketball referee who aspirated his whistle, to a spectator who suffers an MI with 3rd degree heart block causing him to fall and fracture his hip. In another scenario a hockey player is checked and sustains a C-spine injury. The last case was that of an unruly and uncooperative "football" fan in police custody. In contrast to the physician-lead team, which sedated the patient, the U.S. medics returned him back to police custody after examining him and finding nothing "wrong" with him. This

earned them a tremendous round of applause, suggesting that the Saturday night drunk and unruly police drop-off to EMS or to the ED is a universal phenomenon! The American and Dutch EMTs did a fine job handling the cases during the demonstrations.

A large-scale disaster drill involving the collision of a passenger (large numbers of victims) and freight train (Hazmat) followed this demonstration. Rescuers from three different countries responded and the U.S. contingent provided several victims. Thus, it was truly an international exercise! Fire, along with search and rescue dogs, participated, as did a large Army rescue helicopter. It was gratifying to see that different levels of providers from different countries were able to work so well together. It was also wonderful to see that people took that drill very seriously and acted very realistically. Monitor leads were applied and monitors were turned on. ET tubes were pulled out and taped to people's faces. Patients were placed on cots, carried and loaded onto rigs and then actually driven away! Less gratifying however was seeing some of the same mistakes we see at some of our drills, here in the USA.

Finally, that night the competition started. Forty-seven teams from three different countries competed in this cross-country ambulance rally. Guided only by a map showing major intersections and landmarks with the distances between them, the teams were forced to find their way. Although they were timed, most of the points were won or lost at various stations along the route. Here the teams had to perform a variety of tasks, which were similar to BTLIS or ACLS scenarios. However, they were more challenging because they were outside and some were at nighttime. In

addition, they were strictly timed! While the medical personnel managed the "patient" the drivers were often given problems such as backing up in the woods in the dark.

I had the chance to grade a scenario that I co-authored. Departing squads were told that they were going to the scene of a fire with one known victim. They arrived on the village square to find a smoking building in front of which lay a screaming woman. Closer inspection revealed that the woman had sustained an open tib-fib fracture while jumping from the window of the burning building. Within one minute of their arrival, a fireman in turnout gear emerged from the building with an infant mannequin screaming at the squad that the child was not breathing. The fireman then walked off to the side and collapsed from heat exhaustion. They had seven minutes before they had to move on. The results from this scenario were recently presented at the NAEMSP annual conference in Florida.

The 2000 RR was a success in showing that different squads with different levels of providers and from different countries can come together and compete directly. This can provide a meaningful comparison and is a useful tool for research into comparative systems as well as for education. Another possible use for this type of an ambulance rally is to trial various pieces of equipment under very realistic conditions. Lastly, it is a wonderful chance for people to get together and learn from each other. The event has proved so popular that the Spaniards and Slovaks have had their own rallies and the Dutch are planning one as well. We will go again next year and are currently talking to the Canadians who want to come, too! ★

2000 NAEMSP Election Results

We are pleased to announce the newly elected NAEMSP Board of Directors who will serve from January 2001-2003.

President-Elect: Robert Bass, MD, FACEP
Secretary/Treasurer: Robert O'Connor, MD, MPH
Physician Members-at-Large: Robert Domeier, MD

Greg Mears, MD
Professional Member-at-Large: Beth Adams Lothrop, MA, RN, NREMT-P

Appointed to the Board: Thomas Blackwell, MD, FACEP
As Program Chair for NAEMSP's January 2002 Annual Meeting,
Dr. Blackwell assumes the appointed position for a second term.

Ritu Sahni, MD, MPH
As Standards and Clinical Practice Committee Chair, Dr. Sahni
assumes the appointed position vacated by Dr. Robert M. Domeier.

2001 NAEMSP Board of Directors

President: Dr. Richard Hunt
huntr@upstate.edu

President-Elect: Dr. Robert Bass
rbass@mdems.umaryland.edu

Secretary-Treasurer: Dr. Robert O'Connor
roconnor@christianacare.org

Immediate Past President: Dr. Jon Krohmer
kcems1@aol.com

Members-at-Large: Dr. David Cone
david.cone@yale.edu

Dr. Robert Domeier
rdomeier@aol.com

Dr. Greg Mears
gdm@med.unc.edu

Dr. Michael Sayre
msayre@medicine.bsd.uchicago.edu

Professional Member-at-Large: Beth Adams Lothrop, MA, RN, NREMT-P
badams@gwu.edu

Appointed Members: Dr. Thomas Blackwell
tblackwell@carolinas.org

Dr. Ritu Sahni
sahnir@mail.ecu.edu

Executive Office Staff Listing

The NAEMSP Executive Office and staff e-mail address information is listed below for your reference:

General Address: info-naemsp@goAMP.com

Executive Director: Dede Gish-Panjada, MBA
dpanjada@goAMP.com

Association Manager: Stacie M. Beckwith, CMP
sbeckwith@goAMP.com

Meeting Planner/
Grants Project Director: Jennifer Kimzey
jkimzey@goAMP.com

Administrative Assistant: Heather Barry
hbarry@goAMP.com

Thank you to all our members who took the time to vote for your board of directors.

Farewell to NAEMSP Board Members Drs. Ted Delbridge, Keith Neely (deceased 1-28-01) and Bob Swor. NAEMSP wishes to thank these members for faithfully serving NAEMSP on the board of directors.

A Summary of the QUIC Meeting PATIENT SAFETY AT THE CLINICAL INTERFACE IMPLICATIONS FOR EMS

continued from page 1

their own journals. In order to accomplish this, the agency and the government were encouraged to fund innovative projects undertaken by non-traditional research partners. NAEMSP or EMS systems themselves might represent such non-traditional partners.

The good news was that throughout the meeting, QUIC was trying to facilitate communication and partnerships between some of these non-traditional partners. We must follow their example. The EMS community needs to look beyond itself (perhaps to the long-term care industry, for example) for our own partners. What are the EMS research implications? QUIC will be moving very quickly (no pun intended) to begin

the grant process. I would strongly urge the EMS community to take advantage of this opportunity and to begin to actively participate in this type of quality of care research.

The other important message to QUIC was that funding must be available not only for research but for implementation. Unfunded mandates will not help improve quality. Compliance with new regulations that don't really improve care will only drain resources from the system. In addition, any regulations or reporting of these errors need to be linked to a system that improves care and not one that is designed to punish providers. This is a message that we must continue to put forth in all discussions with the government, regulatory bodies, legislators, and federal and state agencies. This is a complex issue and there is no easy or inexpensive fix.

Thanks for the opportunity to represent NAEMSP at the meeting. If you have any further questions, please feel free to contact me at Drntropy@aol.com. ★

OIG Issues Advisory Opinion Regarding No Charge for Restocking of Voluntary Ambulances

Editor's Note: The following contains excerpts of Advisory Opinion 00-9 issued by the Office of the Inspector General (OIG) of the Department of Health and Human Services on December 21, 2000. Note that it applies to an individual hospital that does not charge voluntary ambulances for restocking supplies, but does bill all other providers, including non-voluntary municipal providers. The Opinion notes that this practice technically violates anti-kickback statutes, but since the practice is performed in the best interest of the EMS system, the hospital will not be subject to sanctions. They caution that the opinion only pertains to this particular hospital and assumes the validity of the facts provided by the hospital to the OIG. The complete document can be found at <http://oig.hhs.gov/new.html>.

I. FACTUAL BACKGROUND

Hospital A (the "Hospital") is a non-profit, tax-exempt corporation organized under the laws of the State of Y. The Hospital is located in City X, State Y, and is the only hospital in the greater City X area. Emergency medical services ("EMS") ambulances in the greater City X area transport the majority of their patients - in excess of 85 percent - to the Hospital due to the Hospital's proximity to area towns. The Z Region is the largest in the State, covering 43 towns and six hospitals. The EMS Council's mission is, among other things, to coordinate the various levels of EMS, educational programs, and interaction between pre-hospital care providers and other health care providers in the region and to encourage the implementation of EMS standards and criteria pursuant to local, state and national guidelines. The EMS Council is composed of representatives from EMS providers, health care entities and consumers and has oversight responsibilities for the provision of EMS in the region. As part of its oversight responsibilities, the EMS Council reviews protocols for EMS developed by each hospital in the region. The EMS Council has established a Medical Advisory Committee with representatives from each hospital in the region, including the Hospital. In addition, the Hospital serves as the "sponsor hospital" for 12 area EMS services pursuant to an agreement with the State of Connecticut. In this capacity, the Hospital provides medical control for the EMS providers and helps to ensure a well-structured EMS system in the greater City X area.

To further its mission to promote quality EMS, the EMS Council is working to coordinate a region-wide ambulance restocking program to ensure timely and appropriate restocking throughout its jurisdiction. Four of the eleven EMS transport services that convey patients to the Hospital are volunteer ambulance services that do not charge insurers or patients for transport services (the "Non-Billing Volunteer Services"). 1) Under the Proposed Arrangement, the Hospital will restock the Non-Billing Volunteer Services ambulances with certain medical supplies, 2) and pharmaceuticals used in connection with emergency prehospital services provided by the Non-Billing Volunteer Services. The Non-Billing Volunteer Services will not be charged and will not pay for the restocked items, and neither the Non-Billing Volunteer Services nor the Hospital will bill or otherwise seek reimbursement, directly or indirectly, from any federal health care program or other party for restocked items. To qualify for exchanges of pharmaceuticals, the Non-Billing Volunteer Services must provide documentation of the drugs used during emergency ambulance runs. Restocked supplies will also be documented. The

Proposed Arrangement seeks to ensure that the Non-Billing Volunteer Services' ambulances are fully stocked with a standard complement of the supplies and drugs covered by the Proposed Arrangement. This will make it easier, for example, for patients arriving by emergency ambulance to be connected to the Hospital's emergency room systems without interruption. The Proposed Arrangement will be consistent with the restocking practices promoted by the EMS Council. The Hospital restocks, and will continue to restock, other ambulance services with supplies and medications used during emergency prehospital transports, but those ambulance services must pay fair market value for the restocked items.

II. LEGAL ANALYSIS

The anti-kickback statute makes it a criminal offense knowingly and willfully to offer, pay, solicit or receive any remuneration to induce referrals of items or services reimbursable by any federal health care program. See section 1128B(b) of the Act. Where remuneration is paid purposefully to induce referrals of items or services for which payment may be made by a federal health care program, the anti-kickback statute is violated. By its terms, the statute ascribes criminal liability to parties on both sides of an impermissible "kickback" transaction. For purposes of the anti-kickback statute, "remuneration" includes the transfer of anything of value, in cash or in kind, directly or indirectly, covertly or overtly.

The statute has been interpreted to cover any arrangement where one purpose of the remuneration was to obtain money for the referral of services or to induce further referrals. *United States v. Kats*, 871 F.2d 105 (9th Cir. 1989); *United States v. Greber*, 760 F.2d 68 (3d Cir.), cert. denied, 474 U.S. 988 (1985). Violation of the statute constitutes a felony punishable by a maximum fine of \$25,000, imprisonment up to five years, or both. Conviction will also lead to automatic exclusion from federal health care programs, including Medicare and Medicaid. This Office may also initiate administrative proceedings to exclude persons from federal and state health care programs or to impose civil monetary penalties for fraud, kickbacks and other prohibited activities under sections 1128(b)(7) and 1128A(a)(7) of the Act.

This Office's concern with the provision of goods and services for free or at below-market rates to actual or potential referral sources is longstanding and clear: such arrangements are suspect and may violate the anti-kickback statute if one purpose is to induce or reward referrals of federal health care program business. The provision by a hospital of free supplies



Standards and Clinical
Practice Update

January 2001

Robert M. Domeier, MD, Outgoing Chair

January 2001 Annual Meeting Standards and Clinical Practice Committee Activities

January 2001 was a moment of transition for the NAEMSP Standards and Clinical Practice (S&P) Committee. Dr. Ritu Sahni from East Carolina University has taken over as the chair of the committee. The NAEMSP Board had recently approved three position papers that will soon be published in *Prehospital Emergency Care (PEC)*. They include: ***Prehospital Triage of Chest Pain Patients*** authored by Drs. Crocco, Sayre and Aufderheide, and the joint American College of Emergency Physicians/NAEMSP position statements ***Alternate Ambulance Transportation and Destination and Patient Nontransport***.

The committee continues to be active in position paper development. Two well attended position development forums were presented at the 2001 annual meeting. Dr. Hector Alonso-Serra presented ***Prehospital Pain Management*** and discussed issues relating to strategies to improve field pain control. Dr. Laura Hopson presented ***Termination of Resuscitation in Prehospital Traumatic Cardiopulmonary Arrest*** presenting a proposed position statement on when to withhold and when to terminate resuscitation in traumatic arrest. Both forums elicited valuable member input into the proposed position statements. Both topics were also reviewed as draft position statements by the S&P at the January 2001 meeting. Revisions based on member input will be reviewed by the S&P and the NAEMSP Board meeting.

The committee continues to work on several other position statements for NAEMSP. Draft position statements that were reviewed at the January 2001 meeting included: ***Prehospital Triage of Stroke Patients*** by Drs. Crocco, Sayre and Jauch; ***Considerations in Establishing Response Times*** by Drs. Bailey and Sweeney; and ***Patient Restraint in EMS*** by Drs. Kupas and Wydro. A position statement developed by the Tactical EMS Sub-group of the Operational EMS Task Force is also being reviewed.

Additional topics in the pre-draft stage include: ***Physician Direction of EMD, Prehospital Triage of Trauma Patient, and Care of Spine Injured Athletes***. S&P has also started a process to review past position statements to assure they are up to date positions of the organization.

Call for New Position Statement Topics and Standards and Clinical Practice Members

As the new S&P Chair, Dr. Sahni (sahnir@mail.ecu.edu) is soliciting ideas for new position statements for NAEMSP. The committee is also looking for topics to use as position development forums for the January 2002 Annual Meeting. Finally, if there are NAEMSP members interested in participating as members of the Standards and Clinical Practice Committee please contact Dr. Sahni. *The S&P continues to be one of the most active and exciting committees of NAEMSP!*

and medications to an ambulance provider fits squarely within the meaning of remuneration for purposes of the anti-kickback statute.

Under certain circumstances, an inference may be drawn that one purpose of such remuneration is to induce the ambulance provider to bring patients to that particular hospital. However, the strength of that inference may vary with the circumstances of the specific arrangement. Based on the totality of facts and circumstances presented, we conclude that the OIG would not subject the Hospital to sanctions in connection with the Proposed Arrangement under sections 1128(b)(7) or 1128A(a)(7) of the Act. The relationship of the Proposed Arrangement to the overall EMS system in the community provides adequate assurance that the Proposed Arrangement is designed to improve and enhance the delivery of EMS for the benefit of the entire community and will not be undertaken solely for the benefit of a single provider or group of providers. Regional and local programs to improve and coordinate the delivery of quality EMS are consistent with longstanding federal policy. The Proposed Arrangement will be limited to free restocking of supplies and drugs related to emergency transports.

In the circumstances presented, the fact that the Hospital offers free restocking only to volunteer emergency ambulance companies that do not bill for their services does not change our analysis. The Hospital has a legitimate interest in containing the cost of its ambulance restocking program. Limiting the scope of free restocking to the Non-Billing Volunteer Services represents a reasonable distinction drawn by the Hospital that is not related to the volume or value of referrals or other business generated for the Hospital.

III. CONCLUSION

The advisory opinion process is a “means of relating the anti-kickback statute to the particular facts of a specific arrangement.” 62 Fed. Reg. 7350, 7351 (Feb. 19, 1997). The issuance of an advisory opinion is not necessarily indicative of a government enforcement priority, nor does it mean that we consider the subject matter of the opinion to represent a significant area of fraud and abuse. In evaluating an arrangement’s potential to lead to fraud or abuse of federal health care programs, no one fact or element is necessarily dispositive. We are persuaded that, taken as a whole, the aspects of the Proposed Arrangement described above – including but not limited to, the Hospital’s relationship with a coordinated regional EMS system, the role of the regional EMS council, and the fact that free restocking will be offered only for emergency transports – create sufficient limitations, requirements, or controls so as to give adequate assurance that the Proposed Arrangement will not lead to program abuse under the anti-kickback statute.⁵ Accordingly, we conclude that while the Proposed Arrangement might technically violate the anti-kickback statute if the requisite intent to induce referrals were present, the OIG will not impose sanctions on the Hospital in connection with the Proposed Arrangement under sections 1128(b)(7) (as it relates to kickbacks) or 1128A(a)(7) of the Act, based on the facts certified in the Hospital’s request for an advisory opinion and supplemental submissions. ★



When Seconds Count...

... your patients count on you to check for the Global MED-NET™ membership symbol.

Here's How It Works

1. IDENTIFY

ASK THE PATIENT IF HE/SHE IS A GLOBAL MED-NET MEMBER, OR LOOK FOR THE GLOBAL MED-NET SYMBOL.



2. CALL

IMMEDIATELY CALL GLOBAL MED-NET AT 1-800-650-0409 AND PROVIDE THE OPERATOR WITH THE PATIENT'S GLOBAL MED-NET ID NUMBER.

3. RECEIVE

WITHIN SECONDS, YOUR EMERGENCY DEPARTMENT WILL RECEIVE THE MEMBER'S MEDICAL PROFILE VIA FAX, AT NO CHARGE.

FOR MORE INFORMATION AND A FREE MEDICAL PROVIDER KIT,
PLEASE CONTACT OUR PROVIDER RELATIONS DEPARTMENT
TOLL-FREE AT **1-800-792-5279**.

www.globalmednet.net • E-mail: providerrelations@goeken.com

Update GRANTS

Medical Direction: National Standard Curriculum

The curriculum for a standardized medical directors course was approved by the NAEMSP Board of Directors and the American College of Emergency Physician (ACEP) Board of Directors. The complete curriculum was submitted to National Highway Traffic Safety Administration (NHTSA) for approval and distribution. Congratulations to Jon Krohmer, MD, and Debra Perina, MD, who served as the Principal Investigator and Co-Principal Investigator for the project. Thank you to NHTSA, the Writing Team and the National Review Team for their efforts in shaping and refining the curriculum. Once approved by NHTSA, the curriculum will be available on the NAEMSP Web site.

EMS and Public Health Roundtable Meetings

The second EMS and Public Health Meeting was held November 15, 2000, in Boston, Massachusetts, in conjunction with the American Public Health Association (APHA) Annual Meeting. The EMS and Public Health Bulletin detailing the outcomes of the first meeting between NAEMSP and APHA is available through NHTSA. A second bulletin summarizing the outcomes of the second meeting will be available in early spring. The third meeting was held Wednesday, January 17, 2001, in conjunction with the NAEMSP Annual Meeting in Fort Myers, Florida.

NATIONAL ASSOCIATION OF EMS PHYSICIANS (NAEMSP) MERCHANDISE ORDER FORM

Return order form to:
NAEMSP, P.O. Box 15945-281, Lenexa, KS 66285-5945
(913) 492-5858, fax (913) 541-0156

GOLF SHIRTS

Sizes m, l, xl, xxl \$22.00
Available in black, white or navy • 100% cotton
NAEMSP logo on black and white shirts is turquoise, gray & white; logo on navy shirt is navy, red & gray; logo is embroidered on left breast

SWEATSHIRTS \$18.00

Lightweight ash crewneck sweatshirt
Sizes m, l, xl, xxl
NAEMSP logo is turquoise, gray & white OR navy, red & gray (orders filled as available); logo is embroidered on left breast

DENIM SHIRTS \$36.00

Sizes m, l, xl, xxl • 100% cotton
NAEMSP logo is turquoise, gray & white; logo is embroidered on left breast

ATHLETIC SHORTS \$15.00

Ash gray • Sizes m, l, xl • 100% cotton
NAEMSP logo is white; logo is screen-printed on left leg

T-SHIRTS

Size Adult m, l, xl \$10.00
Children s, m, l \$8.00
Short sleeve, 100% cotton
Available in ash and navy

PINS

Logo pin \$5.00
Measures approximately 1/2" x 1/2"
Gold metal
NAEMSP logo is turquoise & gold

LOW-BRIM HATS \$15.00

Khaki w/Forest Brim • Khaki w/Khaki Brim

Name: _____

Preferred phone: _____ E-mail: _____

Address: _____

City, State, Zip: _____

Methods of payment include check, money order or credit card. Payment must be included with order.

Method of Payment

Check or Money Order (*made payable to NAEMSP*)

Credit Card: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Signature (*required for credit card payment*): _____

Quantity	Item Description	Size	Item Color	Logo Color	Unit Price	Total
Shipping will be by UPS Ground Service. If you would like information on other shipping options, please contact the NAEMSP Executive Office. We can ship through certified mail or FedEx, at the customer's expense.					Subtotal	
					Add shipping & handling (\$4.00)	
					Kansas residents must add 6.875% sales tax	
					TOTAL	

National EMS Research Agenda The draft National EMS Research Agenda will be sent for comment to the Writing Team, National Review Team and select peer reviewers on February 22, 2001. In addition, a draft of the National EMS Research Agenda will be available February 22, 2001, for review on the Web site at www.ResearchAgenda.org for members who would like to submit comments. Comments must be submitted prior to April 2, 2001.

News From the Executive Office

Dede Gish-Panjada, Executive Director, and Stacie Beckwith, Association Manager

2002 Annual Meeting

We hope the New Year finds you well and energized for 2001! By the time you receive this newsletter, NAEMSP will have kicked off the New Year with a very productive and educational annual meeting! We had a great turnout at the breathtaking Sanibel Harbour Resort & Spa, in Fort Myers, Florida. The March/May issue of *NAEMSP News* will contain complete information about the critical issues that came forth or were presented at the conference if you were unable to join us.

2002 Program Committee Chair Dr. Tom Blackwell and staff are in *full gear* with plans for the NAEMSP 2002 Annual Meeting to be held January 10-12, at the Westin La Paloma in Tucson, Arizona. We encourage you to forward your suggested program ideas and speakers for this conference to Dr. Tom Blackwell at tblackwell@carolinas.org. We greatly appreciate your input and want to ensure our educational programs are meeting your learning needs and give you the *cutting-edge* information our members need in technology, pharmaceuticals, systems and management breakthroughs. You can visit Westin's Web site at www.westin.com (quick search for Tucson, AZ properties and enter the name of the hotel: Westin La Paloma) to see for yourself this outstanding location's many activities and nearby tourist attractions.

Board Election Results

As noted on page 4, Drs. Robert Bass, Robert O'Connor, and Robert Domeier were re-elected to the NAEMSP Board as President-Elect, Secretary/Treasurer and Physician Member-at-Large respectively. We would also like to welcome to the board Dr. Greg Mears, elected to serve as one of our Physician Members-at-Large; Beth Adams, elected to serve as our Professional Member-at-Large; and Drs. Thomas Blackwell and Ritu Sahni, elected to serve as our 2002 Program Chair and Standards and Clinical Practice (S&P) Chair respectively. We look forward to working with these exceptional individuals, as well as the entire NAEMSP

Board of Directors and Committee Chairs. A complete list of the 2001 board is on page 4.

Member-Get-A-Member Campaign

This year's lucky winner of the 2000 "Member-Get-A-Member Campaign," drawn at the 2001 conference, was Paula Willoughby, DO. She will have a choice of either 1) complimentary registration to the annual meeting (a \$455 value) or 2) complimentary membership for one year (a \$250 value). Although NAEMSP has discontinued the "Member-Get-A-Member Campaign," we strongly encourage all of you to continue to refer your colleagues to NAEMSP for membership. A membership application can be found on our web site at www.naemsp.org. We are always happy to send a membership application in the mail or via fax. We wish to strengthen our organization and the pre-hospital practice of EMS by involving more physician and professional member practitioners.

We hope all of you have had a chance to visit the newly designed NAEMSP Web site at www.naemsp.org. Again, special thanks to the Technology Committee Chair and member Dr. Ed Michelson and Dr. Steve Weiss, and the NAEMSP Board of Directors for their input and guidance on the Web site. Please give us any comments you have on the content and functionality that would improve the site. E-commerce is now available on the site and operational. This service allows our members to renew their membership, register for an annual meeting, and order merchandise online. We believe this feature will provide a more convenient and efficient way for you to register and pay for these activities.

As you may recall from our last report, Beth Panther resigned effective September 2000 as NAEMSP's association manager with the coming of her third child. Beth has since given birth to a healthy baby girl, Rachel McGovern Panther, at 7 lbs., 12 oz. on November 17, 2000. In closing, the NAEMSP Executive Office staff hope you had a happy and healthy holiday season and wish you the best in 2001!

*Expose your peers to your scientific research! Look for the "Call for Abstracts" in future issues for complete submission details. The abstract deadline date is **Friday, September 7, 2001.***

NAEMSP Welcomes New Members



Donald Alves, MD
Beverly Brown, MD
Catherine Carrubba, MD, MPH
Richard Cherry, MS, NREMT-P
Allen Cherson, DO
Javier Cortinas, MD
Darren Figgis, EMT-P
David Glorius, DO, RN, BSN, EMT, FACEP
Wayne Goodlett, MD
Réed Hijazi, MD
Kristi Hunter, MD
Ray Jennings, EMT-P
Russell Kay, MD
Randy King, MD, FACEP
Natasha Kolb, MD
Pete Kwan, MD, CCFP.GM

Charles Lick, MD
Lewis Marshall, MD, JD
Thom Mayer, MD, FACEP, FAAP
Ehren Ngo, NREMT-P
Mark Penner, DO
Paul Phrampus, MD
Franklin Pratt, MD, FACEP
James Quinn, MD
Curtis Sandy, MD, EMT-P
Robert Sapien, MD, FAAP
Irvin Smith, MD, FACA
Mitchell Strand, MD
Arasi Thangavelu-Veluswamy, MD
Carin Van Gelder, MD
Nina Ward, MD

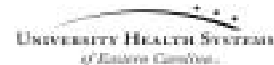
EMS Fellowship Position

The University of Chicago Section of Emergency Medicine is accepting applications to its EMS Fellowship program for one or two year terms. The Fellowship will be conducted in an academic setting affiliated with the 3rd largest EMS provider in the country. Abundant scholarly and field opportunities. Please contact:

Cai Glushak, MD
EMS Medical/Fellowship Director
773/702-9502
cglushak@medicine.bsd.uchicago.edu.



BRODY
SCHOOL OF MEDICINE



Here is the chance for you and your family to move to a rapidly growing small city in eastern North Carolina, the state everyone seems to be moving to!

The Brody School of Medicine at East Carolina University has immediate openings available for emergency physicians at the rank of assistant professor or above, depending upon the candidate's qualifications. Physicians must have emergency medicine residency training or ABEM/AOBEM certification. The emergency medicine residency program has been fully accredited since 1982. Many faculty are extensively involved in state and national activities. Pitt County Memorial Hospital is a 740-bed Level I trauma center, with 55,000 ED visits per year. Greenville has the benefits of being a very family-oriented community and a college town, located 90 minutes from the coast and three hours from the mountains. Compensation is competitive and commensurate with qualifications; an excellent fringe benefits program is provided. Screening begins December 1, 2000, and will remain open until filled.

Please submit letter of interest and curriculum vitae to:

Nicholas Benson, MD, MBA
Professor and Chair
Department of Emergency Medicine
The Brody School of Medicine at East Carolina University
600 Moye Boulevard
Greenville, North Carolina, 27858-4354
Phone 252-816-4757; Fax 252-816-5014

ECU is an EEO/AA employer and accommodated individuals with disabilities. Applicants must comply with the Immigration Reform and Control Act. Proper documentation of identity and employability required at the time of employment. Current references must be provided upon request.

www.med.ecu.edu

www.uhseast.com

EMS Calendar

March 13-17, 2001: EMS Today 2001. Location: Baltimore, Maryland. Contact: (760) 431-9797.

March 28-April 1, 2001: Commanding Solutions, 22nd International Disaster Management Conference, Florida Emergency Medicine Foundation. Location: Tampa, Florida. Contact: (800) 766-6335.

March 29-April 1, 2001: Commanding Solutions: 22nd Annual International Disaster Management Conference; Florida Emergency Medicine Foundation. Location: Tampa, Florida. Contact: (800) 766-6335; www.fcep.org.

April 8-11, 2001: The XIIth Global Warming International Conference & Expo (GWXII). Contact: Prof. Sinyan Shen at <http://globalwarming.net>

April 9-11, 2001: Fire-Rescue Med 2001: Management Issues for Fire Service-based EMS, Int'l Assn of Fire Chiefs. Location: Las Vegas, Nevada. Contact: (703) 273-0911.

April 25, 2001: The 13th Annual Fire and Emergency Services Dinner and Seminars. Location: Washington Hilton and Towers, Washington, DC. Contact: Jori Wilmoth, CFSI Director of Events, at (202) 371-1277 or www.cfsi.org.

May 6-9, 2001: Society for Academic Emergency Medicine (SAEM) Annual Meeting. Location: Atlanta Hilton and Towers, Atlanta, Georgia. Contact: SAEM at saem@saem.org or via fax at (517) 485-0801.

May 20-23, 2001: American College of Surgeons (ACS) Trauma and Critical Care 2001: Advances in Techniques and Technology. Location: Atlantic City, New Jersey. Contact: (800) 825-8888.

May 25-27, 2001: 5th Rallye Rejviz International Ambulance Rally. Location: Jesenik, Czech Republic. Contact: Dr. Francis Mencl at <http://www.rallye-rejviz.cz/> or fran@lek.net.

June 6-9, 2001: Effective Strategies for Tomorrow's EMS Systems, Int'l Assn of Fire Fighters. Location: Minneapolis, Minnesota. Contact: (202) 737-8484.

October 15-18, 2001: American College of Emergency Physicians (ACEP) Scientific Assembly. Location: Chicago, Illinois. Contact: ACEP at www.acep.org.

January 10-12, 2002: NAEMSP Annual Meeting. Location: Westin La Paloma, Tucson, Arizona. Contact: (913) 492-5858, ext. 448, or e-mail hbarry@goAMP.com.

April 15-17, 2002: National Congress on Childhood Emergencies Overview. Location: Dallas, Texas.

The deadline for article and advertisement submissions for a combined March/May 2001 issue of [NAEMSP News](#) is March 19, 2001.



NAEMSP Executive Office
P.O. Box 15945-281
Lenexa, KS 66285-5945

First-Class
U.S. Postage Paid
Shawnee Mission, KS
Permit #680