MESSAGE FROM THE PRESIDENT

Spring has arrived! Flocks of patients are descending upon the emergency department needing antibiotics for “hay fever” and treatment for the various ailments of being a weekend warrior. I have come to realize education for our patients and potential patients as well as for our members is extremely important. Your NCCEP Chapter is very engaged in that process and one of the actions we have taken is to partner with Community Care of North Carolina on ways in which the health care system, and especially the Emergency Department, can function better. Currently, we are working on the Chronic Pain Initiative which you received an update on recently. I have seen in medicine where doing the right things seems counterintuitive to a business decision like our primary care colleagues promoting flu vaccinations and thus driving their office visit volume down. Thankfully, we are considering this value-based instead of volume-based medicine and will be paid in the future for delivering population management versus episodic healthcare. As a College we are embracing these new initiatives and hope that you will become involved so we can continue to be a leader not only in Emergency Medicine, but in health care policy and be a champion for our patients.

I wanted to recall something that happened this week that made me think. My son was introduced for senior night and they mentioned my wife and me from “the Wittenburg community.” The word “community” is a very powerful word. As I reflect on the many communities I am involved in, I begin to discover where I lack involvement.

(Continued on page 2)
Do you reach out to the State chapter for your specialty society - NCCEP? Have you considered serving on a State chapter committee for NCCEP? The list of questions of course could go on, but I ask that a nice Saturday afternoon when you are relaxing and not working a 12 hour shift that you reflect on your service to the Emergency Medicine community - simply reflect.

If you are moved to become more involved, then please consider running for a Board of Directors seat, serving on a committee, attending the annual meeting at June Jam, attending the Fall meeting or contributing to our Emergency Medicine Political Action Committee. Please feel free to contact any board member or Colleen Kochanek, our executive director, about any contribution that you would be willing to make.

Frank Smeeks, MD, FACEP
President

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**HIV, STIGMA AND CONFIDENTIALITY**

**WHAT WOULD YOU DO?**

You enter a patient room or curtained area in the emergency department to discuss the patient’s care. The patient is HIV positive. The patient has two visitors and they are having a calm, friendly conversation.

Do you?

A) Ask the patient if it is okay to speak about her care with others present.

B) Ask the visitors to leave the room before speaking to the patient.

C) Start talking about her HIV medications with the visitors present.

**HIV STIGMA IN 2012:**

For a physician, patients with HIV may seem like many other patients with a serious illness. But HIV is not just another serious disease. It carries with it a unique stigma. Most people with HIV keep their diagnosis a secret, hidden from employers, coworkers, members of their church, neighbors, family and friends.

The reasoning fueling HIV-related stigma is multi-faceted, complex, and fluid—often layered atop stigmas associated with homosexuals, prostitutes, intravenous drug-users and those who engage in casual sex. The interconnected nature of these stigmas deepens the prejudice against those with HIV.

**Current Misconceptions About HIV Transmission:**

Enduring public misconceptions about HIV transmission are at the root of much HIV stigmatization. Americans have learned a great deal since the beginning of the so-called “AIDS Epidemic.” But the learning curve flattened out in the early 1990s and many myths about modes of transmission stubbornly remain.
Consider this, in 2011:

• One in four Americans still believes that HIV can be transmitted by sharing drinking glasses with a person living with HIV.
• One in six believes HIV can be spread by toilet seats.
• 12% think HIV can be spread by swimming in a pool with someone with HIV.

Americans with lingering misconceptions about how HIV is transmitted are more likely to be uncomfortable working with someone with HIV/AIDS.

THE LAW PROTECTS HIV CONFIDENTIALITY:

N. C. law specifically protects HIV confidentiality. It is a crime to violate the NC HIV confidentiality law. Moreover, unauthorized disclosure of a patient’s confidential information constitutes medical malpractice.

North Carolina statutes limit disclosure to the following circumstances:

• When the person’s written consent was obtained;
• When necessary to protect the public health, as determined by public health officials;
• When made for research purposes as long as no identifying information is released; or
• When made pursuant to subpoena or court order.

HIPAA adds another layer. To be legal, any disclosure must satisfy North Carolina law, even if HIPAA seems to give the green light. HIPAA demands that “reasonable safeguards” be taken to protect privacy and that only the “minimum necessary” be disclosed. Naturally, disclosures for treatment or payment purposes are allowed. But HIPAA permits limited disclosures of “directly relevant” information to relatives or friends involved in the patient’s care or payment. Physicians can’t assume, however, that someone accompanying a patient to the ED is involved in the patient’s care.

Under HIPAA, if the patient is present, the provider must get the patient’s consent, give the patient an opportunity to object, or be able to “reasonably” infer, using “professional judgment” that the patient consents to having others present. If the patient can’t be consulted, disclosure must be in the patient’s “best interest.” Knowing how closely patients guard their HIV status, inferring consent is rarely if ever reasonable.

WHAT YOU CAN DO TO ENSURE THE CONFIDENTIALITY OF YOUR PATIENT’S HIV STATUS?

The devastating consequences of unauthorized disclosures can be avoided by taking these simple precautions:

• Always assume someone else can hear you in waiting rooms or other public areas.
• In semi-private or public areas, such as emergency departments or shared rooms, be discreet when discussing HIV or other sensitive diagnoses to prevent inadvertent disclosures to third parties.
• Always assume the patient has not disclosed his or her HIV status to anyone.
• Never discuss HIV status in front of family and friends without the patient’s explicit authorization.
• When sensitive health information must be discussed, ask family or friends to leave the room before talking to your patient.
• Whenever possible, have discussions in a private, soundproof room.
• If a soundproof room is unavailable, consider whether discussion of HIV is even necessary, and if it is.
• Make every effort to lower your voice so others cannot overhear.
• Do not include references to sensitive protected health information in phone messages.

1 By Carolyn McAllaster, Clinical Professor of Law, Director, Duke AIDS Legal Project, Duke University School of Law, Durham, North Carolina.
2 Answer: (B)
5 Ibid.

(Continued on page 4)
Members are cautioned that for the Board member and ACEP Councillor positions, each member must cast a vote for each open position.

**Note:**

All new NCCEP Board members must sign the ACEP Member Expert Witness Reaffirmation Statement.

All NCCEP Councillors are expected to attend, at a minimum, the September meeting and one additional Board meeting per year. Councillors may attend in person or participate by phone.

### Candidate for President-Elect

Stephen Small, MD, FACEP

Current Position: Assistant Medical Director, Presbyterian Matthews Emergency Dept., Matthews, NC; Chairman, MEMA PAC; Staff Emergency Physician and Board of Director member, Mid-Atlantic Emergency Medical Associates, Charlotte, NC.

Medical School: Emory University School of Medicine, Atlanta, Georgia

Residency: University of Virginia School of Medicine (Chief Resident 2004 - 5)

Professional Activities: Member NCCEP Board of Directors, 2007 - present; Former Chair, NCCEP Membership Committee 2007 - 2009; current NCCEP Secretary/Treasurer.

Candidate’s Statement: It has been both a privilege and an honor to serve as a member of the NCCEP Board of Directors for the past 5 years and as your current Secretary-Treasurer. (Continued on page 7)
23\textsuperscript{rd} Annual June Jam Scientific Sessions 2012 Registration Form

Please send your completed registration form with check (payable to NCCEP) to:

North Carolina College of Emergency Physicians  
Post Office Box 12946, Raleigh, NC 27605  
(919) 881-0872 (phone)  ·  (919) 882-1563 (fax)  
collen@kochaneklawgroup.com

Register online at www.nccep.org

Name/Title  
Preferred Name for Badge

Affiliation

Street Address

City/State/Zip

Phone  E-mail

Check if:  
☐ Emergency Physician  ☐ EM Resident  ☐ Medical Student  
☐ Physician Assistant  ☐ Nurse  ☐ Other

Registration Fees:  (Meal functions are included in registration for attendees.)  
$400 ACEP Members  
$450 Non-ACEP Members  
$250 Physician Assistants or Nurses  
$100 NC EM Residents (Registration must be accompanied by letter from Residency Director)  
$100 Retired Emergency Physicians  
$175 2012 LLSA Article Review & Test (Does not include ABEM testing fee)

Total Amount Enclosed $__________________________

Would you like a box lunch on Friday:  ☐ Yes  ☐ No

Please indicate whether you will be attending the:

Reception on Friday:  ☐ Yes  ☐ No  Number Attending __________ (Spouses/children welcome)  
Children’s Program:  Number of Children Attending ______  Names and Ages ____________________

Luncheon on Saturday:  ☐ Yes  ☐ No

**Please note that there will be no printed syllabus books given out at the conference. Conference materials will be distributed on a USB flash drive to all participants in attendance. Please bring a laptop if you would like to follow along with the lecturer.**
As a member of MEMA, Mid-Atlantic Emergency Medical Associates, I represent the voice of almost 50 ED physicians in the Charlotte area. We are committed to being an integral part of the emergency medicine legislative process and landscape. Through my involvement in NCCEP I have been able to be a conduit of information between the Charlotte physicians and NCCEP. In addition, I firmly believe that only through active participation in the political process can we both stay informed and ensure that we have a seat at the table in matters concerning emergency medicine. As the former chairman of the NCCEP membership committee, I helped to raise our statewide membership to over 800 thus granting NCCEP an additional councillor position at the national level. As your Secretary-Treasurer, I was part of the team that helped to push through North Carolina's tort reform legislation. I am interested in furthering my involvement with NCCEP by running for the President-Elect position. I hope to have your vote so that I can continue to support North Carolina ED physicians.

Candidate for Secretary-Treasurer
Abhi Mehrotra, MD, FACEP

Dear NCCEP member – thank you for considering me for the Secretary-Treasurer of the NCCEP Board of Directors as well as for a Councillor position. I have had the opportunity to be involved in NCCEP & ACEP since my residency and have continued that involvement as faculty at UNC. Over the past two years, I have served as a Councillor from North Carolina, having the privilege of representing NCCEP at the annual ACEP Council meeting. That involvement has been recognized by being appointed to the Council Steering Committee as well as multiple ACEP Committees and Task Forces. At the state level, I have been and am currently Program Chair for June Jam, NCCEP committees and been actively involved in lobbying our legislators for issues affecting our practices.

As demonstrated above, I have had the fortune of finding leadership opportunities within NCCEP and ACEP. If elected, I would continue the work of prior officers to find innovative avenues for emerging leaders and young physicians to be involved. Some ideas to pursue include: developing a leadership academy (as other chapters have successfully implemented), specific sessions at conferences for residents within our state, and furthering opportunities to interact with our legislators. I would appreciate the opportunity to continue serving emergency physicians and emergency medicine in our state and at the national level. Please e-mail me if I can answer any questions about my candiday at Abhi@med.unc.edu. Thank you for your vote.

Candidates for Board of Directors
Jill Benson, MD, FACEP

I have served as a member of the NCCEP Board of Directors since 2010 and hope that you will consider me for re-election for an additional two-year term. I have worked as an Emergency Physician with Wake Emergency Physicians, PA in Raleigh, NC, a large multi-hospital democratic group practice, since 2002. I am currently the Vice-Chair of Emergency Department at WakeMed Cary Hospital, which includes serving as the Quality Improvement Chair for WakeMed Cary Hospital Emergency Department, and have served in this position since 2008. In addition, I have served as the Pharmacy & Therapeutics Committee Chair at WakeMed Cary Hospital since 2009, and on the committee since 2008. I have pursued the ACEP's ED Director's Academy, and completed Phase I and Phase II. I completed my undergraduate and medical education at the University of Illinois and attended residency at Hennepin County Medical Center in Minneapolis, MN. I then completed a one year fellowship in Undersea and Hyperbaric Medicine after residency, also at HCMC in MN. I have enjoyed serving on the NCCEP Board of Directors. Serving on the Board and attending these meetings has broadened my appreciation for the scope of NCCEP’s duties and objectives. It is my hope that my administrative skills and experience will further enhance the College’s mission of promoting excellence in Emergency Medicine in North Carolina.
Michael Ghim, MD, FACEP

I hope this newsletter finds you all well. In the midst of ever changing health policies including debates on national health care, the eve of the possible end of “the doc fix,” and a serious scare in the way Washington state proposed to restrict emergency visits of Medicaid patients made for a very eventful start to 2012. And I think this is only the beginning of a new era in which health care is perceived. Continued political action will be required to protect patients and their access to continued quality medical care in our emergency departments. On a state level, we have seen major changes politically such as TORT reform law pass, and at the hospital level, we have had two new hospitals become approved Level III Trauma Centers, and yet we’re slated to also see the closing of Dorothea Dix. These developments have large repercussions on how we practice emergency medicine across the state and shows how political activism is necessary to continue to institute needed changes for the growth of our individual practices and our specialty as a whole.

I have been a member of ACEP since 2001 as a medical student whose interest stretched from emergency care to pre-hospital disaster preparedness. I am currently a practicing emergency physician with Wake Forest Baptist Health working in the Cone Health System in the Greensboro area since 2006. I am also the EMS Medical Director for both Person and Guilford counties and serve as an advisor to the State EMS Advisory Council of the North Carolina Office of Emergency Medical Services. Serving in these roles, I have many administrative duties and experience in the management of various health providers and am actively involved in accident prevention, disaster preparedness and public health. Other responsibilities include advising local community colleges on paramedic education, supervising the continuing education of various health providers, and participation on local disaster preparedness for emergency responses in my community. I hope to utilize my experience to offer both an emergency as well as pre-hospital medical perspective to the NCCEP Board of Directors, if elected, and to continue to listen to and push forward, your political concerns for the continued, effective practice of emergency medicine in North Carolina.

Daniel Minior, MD, FACEP

Current Position: Medical Director and Department Chair, Staff Physician, Nash General Hospital, Rocky Mount, NC, Medical Director and Department Chair, Staff Physician, Betsy Johnson Regional Hospital, Dunn, NC

Medical School: Tufts University, Boston, MA
Residency: Lincoln Medical and Mental Health Center, Bronx, NY (Chief Resident 2004)
Professional Activities: Member NCCEP, Member ACEP

I am pursuing a position on the NCCEP board. I would like to join our state’s emergency physicians in their ongoing efforts to establish fair tort practices and just representation in our nation’s current health care debate. I would also like to bolster the strategic efforts to rectify the numerous day-to-day issues we face, such as prolonged boarding, dwindling specialty coverage, and unreasonable societal expectations. I hope to offer my humble perspective, energy, and practical field experience to the college to help fix our many problems.

Bret Nicks, MD, FACEP

We, as Emergency Medicine Specialists, face incredible challenges everyday as part of our medical service to the community. Often, many of the undercurrents that impact our ability to provide quality care and maintain a laudable career go unrecognized. This has become increasingly evident during my past 4 years serving through the North Carolina College of Emergency Physicians (NCCEP) – initially as a Councillor and then as a Board Member. Amplified by the economic downturn and the uncertainty of the future issues within medicine, change is certain. As an integral part of the NCCEP Board, I believe I am able to understand
the intricacies of the political environment in which many of the decisions impacting our specialty are made. Concurrently, as the current Chair of the Practice Management Committee, I continue to foster education and change in the areas of ED management, operations, and reimbursement within our specialty. Combining these experiences with my ongoing clinical, medical director, and educator roles at Wake Forest, I believe I will represent the interests and concerns of emergency physicians well as a continued member of the NCCEP Board. We must continue to promote the incredible value of our work and integral capstone that our specialty represents in our health system. Thank you for your consideration.

D. Matthew Sullivan, MD, FACEP

Institution: Carolinas Medical Center
Member Since: 1996

Current Academic Position(s): Associate Director of Operations, Director of Reimbursement and Productivity, Director of Observation, Clinical Associate Professor
Elected NCCEP Position(s): Board of Directors
NCCEP committee(s): Communications Committee, Education Committee, Reimbursement Committee

Personal Statement: I am thankful for the opportunity to serve Emergency Medicine on a statewide level. Having served on the NCCEP Board, dedicated to the various supporting committees, and participating in the activities of NCCEP for the last 15 years, I feel that I can continue to be a strong participant member. If re-elected to the board, I am interested in continuing to support efforts that ensure fair reimbursement for work done by emergency physicians, and continue to support Emergency Physicians in North Carolina via the development of top notch networking and educational conferences. I believe that my dedication to Emergency Medicine and my drive to ensure positive change are valuable assets for our society. I would be pleased to represent you on the Board if given the opportunity.

Candidates for Councillor

Matthew Bitner, MD

I attended the University of Miami School of Medicine, completed my residency in Emergency Medicine and fellowship in pre-hospital and Disaster Medicine at Emory University in Atlanta, GA, where I also served as a member of the Board of Directors for the Georgia College of Emergency Physicians. I currently practice as an Emergency Physician at Duke University Hospital and serve as the NCCEP Education Committee Chair and as a member of the NCCEP EMS Committee.

From the time I was a resident serving on ACEP committees to my current participation with the North Carolina College, its Board of Directors and committees, I have experienced first-hand the power of collaboration and advocacy.

The role of Emergency Physicians is evolving from the front doors of the ED to the floor of the council and the steps of capitol hill. From bedside care to policy decisions, we must remain engaged. Advocacy is the best way to prevent complacency. As a councillor, I would represent our college on a local, regional and national level through my continued work with other organizations and the national ACEP.

Thank you for your consideration and I look forward to the year ahead with the North Carolina College of Emergency Physicians.

Charles A. Bregier Jr., MD, FACEP

I have served NCCEP as Immediate Past President, Councillor, Reimbursement Committee Chair, and Access to Care Committee Chair over the last 8 years. We have identified many issues that are critical to the care of our patients in our Emergency Departments, and worked together to serve our patients and members on multiple fronts especially regarding reimbursement, access to care, liability, mental health patient care, and boarding to name a few. We had a great win last year with the
Bregier continued...) successful passage of medical malpractice reform last year, and we need to continue to work to continue to be able to deliver great care for our patients in a safe and financially viable emergency department. I will continue to advocate for NCCEP and our needs and interests at the national level with your support as a member of the NCCEP delegation.

Jennifer Casaletto, MD

Dr. Jennifer Casaletto is a Washington, D.C. native who escaped the city bustle for an undergraduate education in biochemistry and theology at the University of Notre Dame. She completed her medical education at Vanderbilt and emergency medicine training at Carolinas Medical Center. She enjoyed the first six years of her career at Maricopa Medical Center in Phoenix, Arizona, caring for a largely underserved patient population and serving as the Associate Residency Program Director and is excited to have been able to return to Charlotte to join EMP of Gaston. While in Arizona, she served AZCEP as councillor, secretary, and president in addition to serving her patients as chairwoman of the Arizona Governor’s Domestic Violence Council’s Health Cares About Family Violence Subcommittee and via an appointment to Arizona’s Committee on the Impact of Domestic Violence and the Courts. She is currently chair of ACEP’s Academic Affairs Committee, a member of ACEP’s Emergency Medicine Continuous Certification Committee, and chair-elect of ACEP’s Young Physician’s Section. Outside of medicine, Dr. Casaletto spends time playing on the lake with her husband, Jake, toddler son, Jackson, and labrador retriever, Jedi. She looks forward to the opportunity to become an active member of NCCEP.

Jeff A. Klein, MD


Medical School: University of North Carolina at Chapel Hill

Residency: Northwestern University Hospital, Chicago, IL

Professional Activities: Member NCCEP, Member ACEP

Candidates Statement: I am currently pursuing a councillor position. Over the past three years I have had the opportunity to serve as board member of NCCEP. During this time I have enjoyed meeting with legislators such as Bob Rucho and Thom Tillis. I was honored to be part of the team effort when we passed our great tort reform bill in both the Senate and House last year. I have also been part of the reimbursement committee, focusing on protecting Medicaid rates as well as other issues vital to our reimbursement.

David Kammer, MD

Thank you for taking the time to vote for this year’s council candidates. I have had the privilege of serving on the NCCEP Board as a resident Board Member from 2010 to 2012, with the position of voting member during the last year. As I graduate from residency in Charlotte to take a potion in Raleigh with WEPPA, I am honored to be nominated to represent our College in the position of Councillor. Prior to returning to medical school, I was a software engineer at a prominent technology company and as a Board Member have been able to help NCCEP update its technology strategies. With the mandated introduction of the EMR I believe our savvy around technology policy must increase or we risk being held to standards of technology use that are more beneficial to billers and legal counsel than to our patients’ health and safety. I hope that my technology background can bring a useful additional body of knowledge to the council.
Thomas L. Mason, MD, FACEP
Cornelius, NC
Partner, Mid-Atlantic Emergency Medical Associates since 1995

I have been an ACEP member since 1988. I was elected to the NCCEP Board as the Resident Representative in 1993 and I have served on the Board and/or as a Councillor since then. I have enjoyed this association and I have been honored to represent our members at the Council since 2000. I would be honored to continue as one of your Councillors for our College.

Ed McCutcheon, MD, FACEP

After considerable thought on becoming actively involved within the specialty of Emergency Medicine, I am willing to take the next step in participating on a state level with the NC ACEP. As I am entering my tenth year practicing Emergency Medicine in North Carolina, the more I am fully dedicated to the representation of Emergency Medicine in our state.

I have been actively involved with administrative roles within my Emergency Medicine group since joining in 2002. I work full-time clinically for Emergency Medicine Physicians (EMP) in the greater Charlotte area and serve as Medical Director at CMC Huntersville. I am partnered with over 130 Emergency Medicine physicians of EMP in the state of North Carolina.

If I am to be elected, I would be honored to serve with the utmost personal sacrifice as I know the time commitment is necessary. With this submitted letter of interest, I hope to be considered seriously in highest contentions with my peers.

Abhi Mehrotra, MD, FACEP

(See candidate statement above)

Emergency Medicine Management IQ:

Bret A Nicks, MD, MHA, FACEP
Abhi Mehrotra, MD, FACEP

In a specialty as dynamic as Emergency Medicine, staying at the forefront of the changes and approaches to patient care is of paramount importance - and a given expectation of any management group. However, trends over the past decade and into the foreseeable future will require every provider to enhance their ‘Management IQ’. This idea encompasses areas such as quality documentation, core measure compliance, throughput/operational benchmarks, 72 hour returns/unplanned returns, patient satisfaction, medical system/staff perspective of ED, and medical system collaboration amongst others.

While the clinical purist may want to solely focus on providing the best in medical care, all must recognize that these other areas are integral to success of the EM group, medical center, and individual career. Over the coming issues of EPIC, many of the essential aspects of these areas will be further delineated and discussed. The most recent issue of EPIC addressed the 2012 CMS core measures germane to Emergency Medicine - if uncertainty remains in this area, reviewing this article may be value added. Within the entire ED visit, every aspect of the patient care course can be divided into its underlying but often overlapping sections. This may include the arrival period, triage period, bed placement period, provider examination period, consultation period, and admission or discharge period. In addition, the 2012 core measures (and likely increasing in the future) include ED throughput benchmarks. Having a clear understanding of these benchmarks both in terminology and operational impact enhances identification of focus areas for improvement, current successes, and trend opportunities.

While not a complete listing of benchmarks, the following delineate common benchmarks and information related to each:

(Continued on page 12)
NC College of Emergency Physicians Annual Conference and CME!

It’s that time of year again – time to register for the NC College of Emergency Physicians annual conference and CME! You may register online at www.nccep.org or by fax or mail using the registration form on page 5. This year’s 23rd Annual June Jam Scientific Sessions will be held Friday, June 15th – Sunday, June 17th at the Embassy Suites at Kingston Plantation in Myrtle Beach, SC. Bring the family, earn CME credit, and have some fun in the sun at beautiful Myrtle Beach!

This year’s program has been approved for 14.25 hours of CME and some of the highlights include:

- Luncheon with presentation by ACEP Board member Dr. Robert O’Connor on Saturday afternoon;
- Annual Lifesaver’s Quiz Bowl competition among the state’s emergency medicine residency programs;
- Reception on Friday evening with separate children’s program;
- LLSA Article Review; and
- Many exciting and outstanding presentations on important emergency medicine issues.

Important Note: Reservations must be made by directly with the hotel by May 19, 2012. (Use Group Code “NCE” – (843) 497-1778). You may also go to the following link to access NCCEP’s personalized registration page: http://embassysuites.hilton.com/en/es/groups/personalized/M/MYRESES-NCE-20120614/index.jhtml?WT.mc_id=POG

We look forward to seeing you and hope that you will be able to join us at Myrtle Beach in June!

Best regards,
Colleen Kochanek
Executive Director

Moved?
Be sure to send us your new email and snail-mail address.

EPIC newsletter:
Available on-line at www.nccep.org
August 9-12, 2012

PaACEP Board Review

If you are taking the Board Certification Exam for the first time or taking it for recertification, PaACEP’s Board Review will meet your needs

- A focused 3 ½ day course—shorter than most review courses but provides the information needed to pass the exam!
- Nationally recognized faculty, all recertified within the last four years
- Peer recommended
- Free practice book with 1,300 questions*—Mirrors the format of the exam for extra preparation (*newly revised for 2012)
- A great final review for those taking the recertification exam—get a last minute core content review

More information available online at www.paacep.org. Contact Nancy Miller toll-free at (877) 373-6272, or email nmiller@pamedsoc.org.

The American College of Emergency Physicians designates this live activity for a maximum of 52.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved by the American College of Emergency Physicians for a maximum of 52.75 hour(s) of ACEP Category I credit.

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North Carolina College of Emergency Physicians
2012 Elections

Election Rules:

• Regardless of the method of voting, you must vote for the specified number of candidates for each position. 
  *Ballots submitted without the correct number of votes for each position will be voided.*

• Your NCCEP membership must be current (dues paid through ACEP).

For Absentee Ballots:

• You may fax your absentee ballot to: (919) 882-1563.
• You may mail your absentee ballot to: Post Office Box 12946, Raleigh, NC 27605.
• Absentee Ballots must include your name and address from the mailing panel.
• Absentee Ballots must be received **no later than 5pm June 10, 2012** to be considered.
• If you are unsure if you will be able to cast your ballot at the Annual meeting, complete the absentee ballot. 
  Your absentee ballot will be pulled if you are present and vote at the Annual meeting.

Note

• All new NCCEP Board members must sign the ACEP Member Expert Witness Reaffirmation Statements.
• All NCCEP Councilors are expected to attend, at a minimum, the September meeting and 
  one additional Board meeting per year. Councillors may attend in person or participate by phone.

**President-Elect (Vote for 1 candidate)**

_____ Stephen Small, MD

**Secretary-Treasurer (Vote for 1 candidate)**

_____ Abhi Mehrotra, MD

**Board of Directors (vote for 5 candidates)**

_____ Jill Benson, MD (I)
_____ Michael Ghim, MD
_____ Daniel Minior, MD
_____ Bret Nicks, MD (I)
_____ D. Matthew Sullivan, MD (I)

**ACEP Councillors (vote for 4 candidates)**

_____ Matthew Bitner, MD
_____ Charles Bregier, Jr., MD (I)
_____ Jennifer Casaletto, MD
_____ David Kammer, MD
_____ Jeff A. Klein, MD
_____ Tommy Mason, MD (I)
_____ Ed McCutcheon, MD
_____ Abhi Mehrotra, MD (I)

*(I) = Incumbent

Name:  
______________________________

Address:  
______________________________


DOES YOUR WORKLOAD RESEMBLE RAGING BULLS?

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If your day-to-day operations are chaotic, Medical Management Professionals (MMP) can deliver state-of-the-art billing processes, sophisticated chart reconciliation, denial management and payor specific coding services to your practice. In fact, it has billed over 93 million visits since its inception. The results for emergency medicine practices are increased revenues, reduced compliance risk and reduced stress for administrators and physicians.

Counter your chaos with a calming force.
Proposed NCCEP Bylaws Amendment

The NCCEP Board of Directors has recommended a change to the bylaws to designate the NCCEP Secretary-Treasurer to serve as an Alternate Councillor, which must be submitted to the membership for approval. The bylaws may be amended by a two-thirds vote of the membership present at the annual meeting in June.

The sections of the bylaws proposed to be amended are as follows (see text in red):

**ARTICLE VII**

**Officers**

*Section 1.* The officers of the Chapter shall be the president, the president-elect, the secretary-treasurer and the immediate past president. The president-elect and secretary-treasurer shall be elected by a majority vote of those members voting at the annual meeting of the Chapter. The president and immediate past president shall succeed to office by virtue of their prior office. The president, president-elect and immediate past president shall serve a maximum term of one (1) year for each office. The secretary-treasurer shall be eligible to serve a maximum of two (2) consecutive terms of one (1) year. The term of each officer shall begin at the conclusion of the meeting at which the election occurs.

*Section 2.* Each officer shall serve with voting privileges on the Board of Directors.

*Section 3.* The duties of the president shall be as follows:

  a. The president shall be the executive officer of the Board of Directors.
  b. The president shall preside over all meetings of the Chapter and Board of Directors.
  c. The president shall be responsible for ensuring that all Chapter contracts with third parties contain a provision disclosing the fact that the Chapter is an entity separate and distinct from the College.
  d. The president shall be responsible for ensuring that the Chapter adheres to the policy governing the use of the mark of the American College of Emergency Physicians.
  e. The president shall serve a one-year term as a councillor.

*Section 4.* The duties of the president-elect shall be as follows:

  a. In the event of vacancy of the office of president, the president-elect shall perform all duties of the president and shall perform such other duties and have such power as the Board of Directors shall prescribe for both the president’s unexpired term and the president-elect’s full term.
  b. The president-elect shall serve a one-year term as a councillor.
  c. The president-elect shall succeed to the office of president at the end of the president’s elected term of office.
  d. The president-elect shall preside over meetings of the Chapter and Board of Directors in the absence of the president.

*Section 5.* The duties of the secretary-treasurer shall be as follows:

  a. The secretary-treasurer shall keep or cause to be kept a book of minutes at the principal office of the Corporation, or at such other place as the Board of Directors may order, of all meetings of the Board of Directors and membership, with the time and place of holding, whether special or regular, the names of those present, the number of members at the meeting, and the proceedings thereof.
  b. The secretary-treasurer shall keep and maintain the membership register of the Corporation and attend to the necessary correspondence and clerical needs of the Corporation.
  c. The secretary-treasurer shall have general charge of the corporate books and records and of the
corporate seal.

d. The secretary-treasurer shall sign such instruments as may require his or her signature and shall perform all duties incident to the office.

e. The secretary-treasurer shall keep and maintain or cause to be kept and maintained adequate and correct accounts of the business transactions of the Corporation including accounts of its assets, liabilities, receipts, disbursements, gains and losses.

f. The secretary-treasurer shall deposit all monies and other valuables in the name and to the credit of the Corporation with such depositories as may be ordered by the Board of Directors.

g. An acting secretary-treasurer may be appointed by the Board of Directors to assume the functions of the secretary-treasurer in the absence or disability of the secretary-treasurer until such time as that absence or disability is ended or concluded except as provided elsewhere in these Bylaws.

h. The secretary-treasurer shall serve a one-year term as an alternate councillor. A candidate is not prohibited from running for secretary-treasurer and for an elected term as councillor in the same election. If the secretary-treasurer is elected councillor in the same election as election to secretary-treasurer, the secretary-treasurer will serve the full two-year term as a councillor while also serving as secretary-treasurer for a one-year term. If the secretary-treasurer is serving a two-year term as an elected councillor and is subsequently elected to an office with ex officio service as a councillor, the second year of the elected term as councillor will be vacated and filled in accordance with these bylaws. If the secretary-treasurer has a second year remaining in an elected term as councillor, then the secretary-treasurer will serve a one-year term as a councillor while secretary-treasurer.

ARTICLE VIII
Councillors

One councillor to the College, and one additional councillor for each additional 100 members of the Chapter, shall be elected by the Chapter to a two-year term; the president, immediate past president, and president-elect shall serve ex-officio as councillors with terms of one year each. The secretary-treasurer shall serve ex-officio as an alternate councillor with a term of one year or as a councillor as governed by Article VII, Section 5 of these bylaws. The Chapter shall elect alternate councillors (to serve one-year terms) who will be available for seating if a councillor or the secretary-treasurer is not present. Election of councillors and alternates shall be by plurality vote of those members voting at the annual meeting of the Chapter (with the highest vote-getters being elected to the available positions). Alternate councillors elected in this manner shall be designated first alternate councillor, second alternate councillor, third alternate councillor, etc. as determined by the decreasing number of votes they received during the election after the positions for councillors are filled. Those elected assume their roles as councillors and alternate councillors at the conclusion of the meeting at which the election occurs. If necessary, the term of one or more councillors may be adjusted to assure staggered terms. Councillors and alternate councillors may serve unlimited consecutive terms. Vacancies that occur in councillor positions other than by recall shall be filled sequentially by the alternate councillors starting with the secretary-treasurer and then the first alternate councillor, etc. Prior to the Council meeting, the Board of Directors may appoint additional members to serve as alternate councillors as needed. At the Council meeting, the president (or in the president’s absence, any member of the executive committee or the chapter executive director) may propose members to be credentialed as councillors/alternates as needed.

Section 1. If the Chapter is allotted an additional councillor or councillors by the College due to growth of the Chapter after the annual elections, then the secretary-treasurer followed by the first alternate councillor, etc. shall become the additional councillor(s) until the next annual election.
Moved?
Be sure to send us your new email and snailmail address.
EPIC newsletter available on-line at www.nccep.org