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**View from the Top
K.J. Temple, MD, FACEP
North Dakota ACEP Chapter President**

Greetings to my fellow North Dakota emergency physicians!

I hope you are had a wonderful holiday season and happy new year! Winter is rapidly winding down and spring is upon us.

Before you know it, its time for our annual meeting. This year the annual meeting will be held on **Thursday, April 2nd**. We will be setting up a conference call line via Zoom for that those that cannot attend in person.

If you are a medical student and would like to get more involved with the chapter, we encourage you to attend the annual meeting this year.

Are you interested in a position on the North Dakota Chapter Board, send an [email](#) to Adriana Alvarez, our Chapter Executive and she can provide you with more details about any open positions.

Don't forget to [RSVP](#) for the annual meeting. I hope to see all of you there!

**Tips for Treating Immuno-Oncology Patients in the Emergency
Department**
Sarah McCullough, MD, FACEP
North Dakota ACEP Chapter Secretary/Treasurer

So many “abs” so much to know...where do I begin?

Immunotherapy is being used to treat multiple conditions including cancer, multiple sclerosis, migraine headaches, and multiple autoimmune diseases. Not all immunotherapy is the same. There are currently at least 7 FDA approved immunotherapy oncology drugs being used. (Opdivo-nivolumab, Keytruda-pembrolizumab, Libtayo-cemiplimab-rwlc, Tecentriq-atezolizumab, Bavencio-avelumab, Imfinzi-durvalumab, and Yervoy-ipilimumab). They are known as checkpoint inhibitors. They block either PD-1, PD-L1, or CTLA-4 proteins. These proteins are present on cells and they prevent an immune response to the tumor cells. When they are blocked, the T cell (immune system) is activated and the tumor is attacked. The activated immune system can affect any area in the body causing immune related adverse effects (irAEs). The more common effects are pulmonary, dermatologic, gastrointestinal, and endocrine related. IrAEs can occur any time during or after treatment is completed. It is possible to develop an irAEs a year after treatment or perhaps even longer. The medications have only been used for a limited time and the period for developing adverse effects is undetermined. So, at this point it is best to assume that irAEs could occur for the remainder of one's life.

The severity of irAEs ranges from Grade 1, asymptomatic with only lab changes, to grade 3/4 and refractory which are severe and may result in death. Treatment for irAEs above grade 1 is to discontinue immunotherapy and give steroids, methylprednisolone 0.5-2mg/kg/day. For refractory cases, additional immunosuppression with infliximab (Remicade), mycophenolate (CellCept), cyclosporin, or immunoglobulin may be needed. The difficulty is that the presentation of irAEs can be the same presentation as for all the other medical problems that we see in the emergency department, including, infections, pulmonary embolism, diabetes, cardiac disease, etc. It is most important to realize that irAEs are in the differential and that in addition to our usual work up and treatment, steroids need to be considered in these cases as they may be lifesaving treatment.

Everybody that receives these medications is given a card-just like a pacemaker card. They should carry the Immunotherapy Wallet Card with them at all times. It provides the name of the medication, cancer diagnosis, start date of treatment, and other cancer medications being given. The oncology provider and contact information as well as irAEs are listed. Be sure to ask for the card. Always contact the patient's oncology provider to discuss the presentation and treatment for immuno-oncology patient.

(excerpted from PeerView.com activity "Best Practices for Recognizing and Managing Immune-Related Adverse Events in the Emergency Department: Become Aware, Stay Alert, Change Your Practice, & Keep Patient's With Cancer Safe.")

FROM NATIONAL ACEP



Articles of Interest in *Annals of Emergency Medicine* - Winter 2020

Sam Shahid, MBBS, MPH

Practice Management Manager, ACEP

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

***Annals* Supplement: Social EM**

Want to know more on social determinants of health? Check out the special, open-access *Annals of Emergency Medicine* supplement "[Inventing Social Emergency Medicine: A Consensus Conference to Establish the Intellectual Underpinnings of Social Emergency Medicine](#)."

New Policy Statements and Information Papers

The following policy statements and information papers were recently approved by the ACEP Board. For a full list of the College's current policy statements, consult the [ACEP Policy Compendium](#).

New Policy Statements

[Pediatric Readiness in Emergency Medical Services Systems](#)
[Opposition to Copays for Medicaid Beneficiaries](#)

Revised Policy Statements

[Firearm Safety and Injury Prevention](#)
[The Role of Emergency Physicians in the Care of Children](#)

New Information and Resource Papers

[Information and Resources Addressing Falsification of Data in Research](#)
[Resources on Behavioral Health Crowding and Boarding in the Emergency Department](#)



Announcing the new ACEP Clinical Alert

Keep up with the latest physician guidance and clinical updates from the CDC with the [ACEP Clinical Alert](#) online.

ACEP Introduces Citizen First Responder Program

ACEP's new first responder training program, Until Help Arrives, was officially unveiled during ACEP19 in Denver with a series of events to highlight how emergency physicians can positively impact their communities by conducting training sessions to teach the public basic life-saving skills. [Read more.](#)

NEMPAC has your back in the 2020 Elections

2020 is an important election year. This is no time to sit on the sidelines! NEMPAC is working hard to ensure the concerns of emergency medicine and patients are front and center with candidates running for federal office. Your support this year will make our voice stronger to help elect emergency medicine supporters in Congress and identify and cultivate future champions. The NEMPAC Board of Trustees and staff have put together an informative presentation on NEMPAC's role in the 2020 elections and how decisions are made to support candidates. [Click here](#) to view the presentation and [click here](#) to support NEMPAC today.

Update on ACEP's APM Strategic Initiative

ACEP has an exciting update on our Alternative Payment Model (APM) Strategic Initiative. As background, a couple years ago, ACEP created the Acute Unscheduled Care Model (AUCM), a Medicare APM specifically designed for emergency physicians. Currently, individual emergency physicians and emergency medicine groups do not have any opportunities to directly participate in "Advanced APMs." Under Medicare, participation in an Advanced APM could result in a five percent payment bonus through 2024 and a higher payment fee schedule update starting in 2026. The AUCM has been endorsed by the Secretary of Health and Human Services (HHS), but not yet implemented by the Centers for Medicare & Medicaid Services (CMS).

As ACEP waits to see how CMS may implement the AUCM in Medicare, we are simultaneously pursuing model implementation by other payors, including Medicaid and private payors. More and more state Medicaid agencies and private payors are moving away from fee-for-service (FFS) contracts with physicians and other health care practitioners towards value-based payment arrangements, and the AUCM is an ideal APM construct for these payors to pursue for emergency medicine.

Through the APM Strategic Initiative, ACEP is continually providing information and resources to emergency medicine groups, state Medicaid agencies, private payors, and other stakeholders about how to structure and participate in emergency-medicine focused APMs that use the AUCM as a framework. We are happy to announce that we have updated our [APM Strategic Initiative website](#) with additional resources that provide a more detailed overview of the AUCM and its potential for improving emergency care and reducing costs.

While these resources are mainly background materials for you to learn more about the AUCM, ACEP is in the process of developing targeted tool kits that you can use to engage in discussions with state Medicaid agencies and private payors on emergency-medicine focused APMs. Stay tuned for this next phase of the initiative.

Concerned About Opioid Use? \$500k ALTO Demonstration Grants for EDs
SAMSHA released a grant opportunity for the Emergency Department Alternatives to Opioids (ALTO) Demonstration Program designed to expand non-opioid treatment protocols in emergency departments throughout the country. [Applications are due March 17.](#)

Nominate Your Peers

Nominations are open for the 2020 ACEP Leadership & Excellence Awards, honoring members who distinguish themselves for leadership and excellence in EM. Submit nominations in one or more award categories by March 1. [Learn more.](#)

Until Help Arrives

The first few minutes after a major medical emergency are critical for survival, and emergency personnel aren't always the first ones on the scene. To educate the general public on basic life-saving skills, the American College of Emergency Physicians (ACEP) created ***Until Help Arrives***, a one-hour training course taught by emergency physicians in their local communities. [Learn more.](#)

Free Counseling Available for ACEP Members

Receive exclusive access to 3 free counseling sessions through ACEP's new Wellness & Assistance Program. Support is available 24/7, & you can conduct your sessions over the phone, face-to-face, via text message or through online chat. [Learn more.](#)

Be Accredited to Provide Pain & Addiction Care in the ED

Show your community that your ED is part of the solution. ACEP will soon launch the [Pain & Addiction Care in the ED \(PACED\) Accreditation Program](#), developed for EM physicians by EM physicians. It will provide the education, tools & resources you need to provide better care for patients in pain & those with substance misuse.

Registration Is Now Open for ACEP's 2020 Leadership and Advocacy Conference

Advocate for your specialty, engage with new Members of Congress and connect with EM leaders at ACEP's Leadership & Advocacy Conference (LAC) - April 26-28, 2020 in Washington, DC. Register today with promo code CAPITOL to save \$75* and make your voice heard! Hurry – the hotel always sells out fast.

<https://www.acep.org/LAC>

Is Your ED Pediatric Ready?



All EDs need to have the appropriate resources and capable staff to stand ready to care for children of all ages, yet every day in the United States, children are treated in EDs with varying levels of pediatric readiness. Start now to be **PedsReady** before taking the assessment starting **June 2020**.



For more information and resources to be PedsReady:



Bookmark the **PedsReady.org** website

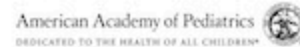


Download the 2018 guidelines: <https://tinyurl.com/PedsReady>



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Supported by:



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