

**Rural Section Call**  
**April 17, 2014**  
**8:00 CDT**

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Attendance: Darrell Carter, MD, FACEP; Ken Gramyk MD; Ken Milne, MD; John J. Rogers, MD, CPE, FACS, FACEP; Chris Carpenter, MD, FACEP; Hans House MD, FACEP; Harry (Tripp) Wingate, MD, FACEP and Cathey Wise

Dr. Carter welcomed attendees to the call at 8:00 CDT and asked each to self introduce. Ms. Wise informed the group that she will no longer serve as the Rural Section Staff Liaison because she accepted the executive director of EMRA position. Jess Heid, ACEP Senior Marketing Manager, will now serve as the section staff liaison.

Dr. Carter mentioned that there seems to be about 15,000 physicians who practice rural emergency medicine. The high majority of these physicians are not ACEP members and it is hard for ACEP to connect with these physicians.

Dr. Carter asked Dr. Wingate to update the group on their progress. Dr Wingate mentioned that Dr. Chapman resigned from his efforts as Editor in Chief because he is leaving University of Missouri. We must search for a new editor in chief for the Journal of Rural Emergency Medicine (JREM).

Dr. Carpenter reminded the group that the original concept was to create a rural emergency medicine textbook. The idea evolved into a JREM. After conversations with ACEP and Dan Sullivan, Editor of the *Annals of Emergency Medicine*, the group realized that more due diligence is needed to address the questions posed by ACEP.

Dr. Carter asked Drs. Rogers and House about the ACEP Board of Directors expectations for their June presentation. Dr. House explained that the ACEP Board supports innovation, yet they are usually not inclined to designate funds for these kinds of projects. Dr. Wingate suggested that they ask ACEP State Chapters to support the JREM effort with financial contributions and planned to ask the ACEP leadership to write letters of support for the project.

Dr. Carter asked the group to formally decide on the official name of the *Journal of Rural Emergency Medicine*. The group selected JREM as the official acronym moving forward.

Dr. Milne shared his vision of using social media to support this REME project. He added that it's a low cost effort to expand the support and brand of JREM. Content is needed before a social media strategy can be implemented. Dr. Wingate suggested that the JREM could also use aggregators to collect relevant articles to include in JREM's social media efforts.

Dr. Rogers reported that the CALS program review by ACEP is overall positive and found value in the course, but some changes or modifications will need to be discussed before the review process is completed.

Expansion of the number of non-ACEP member subscribers to the Rural Section was discussed. Dr. Rogers advised the group not to use the word “members” for this effort because of its definition in the association. He recommended the group use the word “subscribers.”

Dr Rogers also suggested that the REME Strategic Plan articulate the perceived gaps in skill and knowledge in rural emergency medicine. In explaining the unique needs of the rural EM providers, we need to define what we mean by there being an article gap between rural and urban EM. Specifically, rural EM providers need educational materials which are written to help them cope with the emergencies they encounter in their resource limited environments. We need to define what problems exist in rural EM care that needs to be corrected. We also need to define how there is an education gap for rural EM providers.

The presentation to the ACEP Board should include clear asks and actions so that the Board can proactively act. We must articulate what we want the ACEP Board to do for us. We need tangible products for the BOD to review for the June Board meeting.

Some of the more tangible actions we may ask the board to take include:

- We want the ACEP Board to endorse or write a letter of support for the components of the REME Program.
- We ask that ACEP encourage the State Chapters to set up rural sections and find ways of including rural EM providers, even those who are not ACEP members, in chapter education and other activities.
- We need to define other specific actions we want the Board to consider doing in support of the rural section efforts.
- We want the blessing of the Board and their support to move forward with the projects we are defining in the REME Program Strategic Plan.

In every opportunity, connect the Rural Section plan with the ACEP Strategic Plan to strengthen the proposal. Dr. House reinforced the recommendation to connect the proposal to the ACEP Strategic Plan.

Dr Rogers suggested that we need to clearly define the goals and the tactics of attaining the goals.

Goals include:

1. Develop and distribute a variety of educational programs of specific use to the rural EM provider.
2. Determine what needs or gaps in knowledge and skills exist for rural providers and what needs to be accomplished to address these needs so as to improve rural emergency care.
3. Increase the membership/subscribers of the ACEP Rural Section

4. Work with the Telemedicine Section to advance the availability and use of telemedicine to help support and improve rural emergency care
5. Increase the State Chapter involvement in rural emergency care and the education of the rural EM providers.

Tactics to accomplish the goals:

1. Develop and distribute the JREM (Journal of Rural Emergency Medicine)
2. Increase the distribution of the CALS (Comprehensive Advanced Life Support) Program education and encourage CALS training be accepted as the advanced life support course of choice for rural and remote hospital emergency providers, especially in the critical access hospitals (CAHs).
  - ❖ To help facilitate a wider distribution of the CALS Program, we ask that the ACEP Board recognize CALS training as an exceptional training program for the rural emergency team and as such can take the place of recertification in ACLS, ATLS, PALS, and NRP.
  - ❖ ACEP recognizes that CALS fulfills the training requirements for physicians, physician extenders (PAs, NPs), RNs, and EMTs for level IV Trauma Center certification.
3. Encourage the further development and distribution of E-learning designed to specially meet the needs of rural emergency care providers.
4. The development of a Textbook of Rural Emergency Care, designed to meet the needs of rural providers practicing in institutions with limited medical and personnel resources.
5. Encourage the further development and distribution of emergency medicine educational programs designed to meet the unique needs of the rural care provider.
6. Develop connections by Social Media to distribute state-of-the-art and current medical knowledge to rural emergency providers.
7. Find ways to better connect non-ACEP member rural EM providers to ACEP and ACEP sponsored or endorsed education programs.

We want to augment the value for ACEP members being members of the Rural Section and for non-ACEP members being subscribers to the Rural Section.

- We will need help from Bobby Heard on what form of educational meeting discounts may be able to be proposed for non-ACEP members who become rural section subscribers.
- We need to better define member benefits for subscribing to the rural section.
- Note that most of the fees paid for section membership/subscription go to the section to off-set some of their expenses.

Dr. Carter reported on the studies that support the need of additional resources for rural emergency physicians. He then asked the group to help revise components of the strategic plan. He also reminded the group that the due diligence questions forwarded by Dan Sullivan has not yet been fully addressed and ready to present to the ACEP Board of Directors in June.

The REME Strategic Plan needs to be edited down with details being placed in a document of Strategic Plan details which can be added as an appendix. Never-the-less, it is important that the ACEP Board understand the vision of the REME Program or the Big Picture which is really a decade long project.

**ACTION:** Dr. Carpenter volunteered to create a draft JREM and include 5-7 articles to present to the ACEP Board

**ACTION:** Dr. Carter asked Dr. Wingate to work on the due diligence document suggested by Dr Sullivan.

**ACTION:** Dr. Carter will work on the next draft of the Rural Section Strategic Plan and will ask for input from the group.

Dr. Carter informed that materials to present to the Board should be ready mid-May. The group will work on their projects and host a call in about four weeks.

Dr. Wingate is working on the Rural Section newsletter (due May 1) and asked Dr. Gramyk to write an article about the Idaho perspective on rural emergency medicine to highlight the unique needs, challenges and approaches in emergency medicine. The group also brainstormed ideas to promote the JREM.

**ACTION:** Dr. Milne will write a section for the Strategic Plan on Social Networking and rural EM.

**ACTION:** Dr. Gramyk will write an article, and possibly contribute pictures on the unique nature of rural EM in Idaho either for the first issue of JREM or the Rural Section Newsletter Tripp is putting together.

**ACTION:** Dr. Wingate will create the Rural Section Newsletter by May 1

**ACTION:** Consider featuring a different state in each issue of JREM regarding their Rural EM.

**ACTION:** Tripp and Chris will search for a new Editor in Chief for the JREM.

Dr. Carter thanked the group for their diligent and passionate work.

The call adjourned at 9:10pm CDT.