President’s Perspective

Suzanne White, MD, FACMT
President

The American College of Medical Toxicology is pleased to announce the results of its 2014 election to fill seats on the ACMT Board of Directors. Those top leadership ranks include returning Board members Russ Kerns, MD, FACMT from Carolinas Medical Center and Eric Lavonas, MD, FACMT from University of Colorado. Newly elected members include A. Nelson Avery, MD, FACMT from Texas A&M and Ziad Kazzi, MD, FACMT from Emory University. Members will begin their new terms of service following the board meeting at NACCT October 24, 2014.

The Board is indeed fortunate to have Drs. Kerns and Lavonas continue to serve with us. Their dedication over the past three years to the planning, promotion and coordination of all research activities at the Annual Scientific Meeting has been instrumental to our success. Beyond their research efforts, they found time to implement new MTF research awards, explore new grant opportunities, and further our guideline development efforts. Welcome back Russ and Eric, and thank you!

As the national voice for medical toxicology education and research, ACMT is at the forefront of transforming how physicians are educated and how patient care is delivered. I’m convinced that our new and returning Board members will help take ACMT to new heights. In an organization as vibrant and cutting edge as ours, the large volume of critical work at hand can only be accomplished through the collective efforts of leaders like those who serve on our Board. The Board’s efforts are in turn fully supported by our staff and our Executive Director who seem to have unlimited capacity. Frequently, I am in awe of this leadership team’s talent and level of commitment to ACMT’s mission and goals. It is truly a privilege to work with each member.

I know you will be interested in learning more about Drs. Avery and Kazzi, so we asked for their brief perspectives on joining the ACMT leadership team, found below. Please join me in congratulating our new and returning Board members.
A. Nelson Avery, MD, FACMT, FACOEM  
Associate Dean for Development, Office of Institutional Advancement  
Director of General Preventive Medicine Residency Program, Round Rock  
Professor, Instructional Administration, Office of the Dean  
Texas A&M Health Science Center, College of Medicine  

I am a product of continuously striving for my passion in medicine. Over the past four decades I have become boarded in Internal Medicine, Preventive Medicine (Occupational Medicine) and Medical Toxicology. I was in private practice for 20 years in Austin and served as the consulting medical director for multiple companies, largely trying to prevent toxic exposures. I was the senior consultant to the largest workers' compensation carrier in Texas and helped to set up its managed care division and system of peer reviews. The past 18 years I have been in academics, currently as Professor and Director of the Preventive Medicine Residency Program at the Texas A&M College of Medicine, and Associate Dean for Development. Over the past three decades, I also have had a successful career as an expert witness in toxic tort cases.

I have been a member of ACMT since 2002 and a Fellow since 2012. I have lectured at NACCT pre-meeting symposiums and the annual scientific meeting, and served on the Medical Toxicology Foundation advisory board. I served as a member of the Toxicology Sub-Board through the American Board of Preventive Medicine (2002-2007). I was also elected to serve on the national board of directors of ACOEM and the Semiconductor Safety Association.

It is an honor to serve on the ACMT Board. As a newly elected member I have two main goals. First, to increase interaction with physicians from occupational medicine and preventive medicine/public health; having served on the Board of ACOEM and being a residency director for 18 years should help in this regard. Second, with my background in philanthropy, I will try to increase donations for medical toxicology education and research.

Ziad N. Kazzi, MD, FACMT  
Medical Toxicologist, Radiation Studies Branch, National Center for Environmental Health, Centers for Disease Control and Prevention  
Assistant Professor, Department of Emergency Medicine, Emory University

I am very pleased to be elected to the ACMT Board of Directors. Members of this board are extremely dedicated and talented medical toxicologists who tirelessly strive for the advancement of our subspecialty. It is critically important to have a group of energetic, productive and creative representatives who can help us navigate through the present challenges facing the health care system.

I completed my medical school education at the American University of Beirut, an Emergency Medicine residency at Emory University and a Medical Toxicology residency at the Emory University-Centers for Disease Control and Prevention (CDC)-Georgia Poison Center joint Medical Toxicology Residency Program. Following my graduation from fellowship, I spent three years as a faculty member at the University of Alabama-Birmingham, and the Alabama Poison Centers. In 2008, I returned to Emory where I am an Assistant Professor of Emergency Medicine, an Assistant Medical Director of the Georgia Poison Center and the Director of the Emory International Toxicology Post-Doctoral Program. Since its inception in 2007, the program has trained 6 fellows from around the world. I also serve as a radiation/medical toxicology subject matter expert at the CDC National Center for Environmental Health, Radiation Studies Branch. At CDC, I teach radiation preparedness, develop training materials, and was involved with the United States National emergency response to the nuclear power plant accident in Fukushima.

Over the past decade, I have dedicated the greater part of my work towards radiation medicine, emergency preparedness and international toxicology. I have served the College through my involvement in the delivery of the Agents of Opportunity for Terrorism course on 8 different occasions, and through the ACMT Government Section as well as the International and Practice Committees. Through the International committee, I participated and organized ACMT-sponsored educational programs in Vietnam and Mexico.

As a new Board member, I plan to promote the interests of our members by providing them with valuable products and resources that enhance their practice. I will also develop an expanded role for medical toxicology in the areas of environmental public health, radiation safety, preparedness and response, and international capacity building. I will also participate in the effort to reinforce the recognition of medical toxicologists nationally and internationally as integral participants in the Global house of medicine and emergency preparedness.
ACMT Educates
Michele Burns, MD, MPH, FACMT and Louise Kao, MD, FACMT

We are looking forward to a productive summer and fall! This year, NACCT will be held in New Orleans from October 17-21, 2014. The ACMT Pre-Meeting is titled “At the Precipice of Quality Health Care: The Role of the Toxicologist in Enhancing Patient and Medication Safety”. The Scientific Symposium will cover ion channels and analgesia and the Practice Symposium will cover creation and preservation of a medical toxicology service. Registration is now open for NACCT.

This year’s Medical Toxicology Board Review Course will be held in Salt Lake City from September 19-22, 2014. Click here to register now.

Don’t miss the ACMT Grand Rounds webinar, held every second Tuesday on months opposite National Journal Club. This newly created series highlights speakers outside of medical toxicology sharing their expertise on a diverse array of topics. If you have a suggested speaker, please contact J.J. Rasimas, MD, PhD at joseph.j.rasimas@healthpartners.com. Also the National Journal Club and National Case Conference webinars continue to provide stimulating discussion of our toxicology literature and fascinating cases. In general, National Case Conference occurs on the third Thursday each month, and National Journal Club occurs on the second Tuesday of odd numbered months.

Our Annual Scientific Meeting will be held in Clearwater, FL from March 27-29, 2015. The topic is “Toxicoprevention: Good intentions, important advances, and unintended consequences.” A Request for Proposal (RFP) has been distributed for the satellite for 2015 with a due date of June 30, 2014. We look forward to hearing your great ideas! For NACCT 2015, we will also be soliciting ideas from the membership regarding topics of interest. An RFP for this will be distributed over the summer.

This summer, the Education Committee will be restructuring into working groups, as our missions and programs have grown. These working groups will be: Annual Scientific Meeting, NACCT, Board Review Course, Forensic Course, Webinars, Evaluations, Needs Assessment/CME, and The Next Big Thing. All committee members will be receiving an invitation to lead or join these groups. We anticipate that this restructuring will allow us to improve our efficiency and enhance our overall educational mission.

Thank you and have a great summer!
Telephone Consults, Prolonged Services and Tox Billing

Tim Wiegand, MD, FACMT
Director of Toxicology – University of Rochester Medicine

Each year a new edition of CPT (Current Procedural Terminology) is published. CPT codes encompass a coding system that is used for medical ‘procedures’ (visits, consultations, counseling, procedures, subsequent visits, all ‘things’ we do as physicians) that allows for comparability in pricing, billing and utilization review.

Toxicologists that are billing for their services need to become familiar with the CPT codes and the specific opportunities available to them or risk losing reimbursement. Many of us perform billable ‘procedures’ that go unrecognized by ourselves and our department on a daily basis.

One of the most recent additions to the current CPT armamentarium is the addition of codes for telephone consultation recent when a bedside encounter hasn’t occurred. Unfortunately, at least for the time being, most insurers haven’t recognized these CPT codes because despite defining the telephone consultation encounter The Center for Medicare and Medicaid Services (CMS) didn’t provide them with specific Relative Value Unit (RVU) denominations.

Before you sigh and write the phone calls off however, whether these are covered is up to individual carriers. In the Upstate New York area there are several insurers that have accepted these CPT codes. The new telephone consult codes are called interprofessional telephone/internet consultation codes and they went into effect on January 1st of 2014. Private insurers are more likely to reimburse these codes (99446-99449) than Medicaid providers.

Another way to turn phone management time into billable services is to bundle it with another encounter or add it to an existing series of codes. In the following example a patient was seen for a subsequent visit in the hospital for 35 minutes (99233) and additional time with prolonged indirect services involving phone discussion with family and other individuals (law enforcement that were assisting with forensic aspect of patient’s case). The patient was critically ill from ingesting bitter almonds resulting in cyanide toxicity. She had done this at school and law enforcement was involved with aspects of the case. The care at the bedside entailed 35 minutes (99233). 30 minutes was spent then on the phone to family, the school as well as contact to/from law enforcement (99358).

The 99233 was charged at 295.00 and reimbursed at 113.50 and the 99358 was charged at 315.00 and reimbursed at 120.95. Total reimbursed for 65 minutes -35 at bedside and 30 on phone- was 234.45.

I’ve included the original note with redacted personal information used to document these services for 5/23/2014. The original note was written by the R1 toxicology resident (EM R1) and you can see the cosign phrase used and additional supplementary documentation. Click here to review information on CMS telephone consult codes. Additional information on prolonged service codes (99354-99357) is included here.

A brief summary of prolonged services telephone codes can be found on the following page:
99354 Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)

99355 Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour

99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

99446 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

99447 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review

99448 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review

99449 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review

If any questions or comments, please email Timothy Wiegand at timothy_wiegand@urmc.rochester.edu.

ACMT Attends White House Summit on Heroin and Prescription Drug Abuse
Paul Wax, MD, FACMT

ACMT had the opportunity to attend the White House “Summit on Heroin and Prescription Drugs: Federal, State and Community Responses” on June 19, 2014 which was convened by the Office of National Drug Control Policy (ONDCP) and was held at the Eisenhower Executive Office Building that adjoins the White House. Represented by our Executive Director Paul Wax, MD, FACMT, the summit found a general consensus among attendees that greater availability of naloxone for first responders, police, families, and drug users was a positive development and saves lives. Presenters emphasized that the public needs more education on what to do if they encounter a drug overdose and that physicians need more education on opioid prescribing.

There was much positive attention about the importance of medication assisted treatment with both methadone and buprenorphine and that 3rd party payers are finally paying for these treatments.

Here was the Agenda and Overview.

Attorney General Holder gave the opening address as did NIDA Director Nora Volkow.
Joselito S. Ignacio, MA, MPH and Paul Wax, MD, FACMT
United States Attorney General Eric Holder
NIDA Director Nora Volkow, MD
ACMT International Committee
Rais Vohra, MD, FACEP, FACMT, ACMT International Committee Chair
Anselm Wong, MBBS, FACEM, Project Director for GETUP

The Global Educational Toxicology Uniting Project (GETUP)
Are you interested in global toxicology and education?
Do you find it difficult to attend conferences, but want to stay involved with the global toxicology and EM community? Would you like to learn about poisoning cases and toxicology-related issues from around the world?

GETUP is aimed at connecting countries with established clinical toxicology services and countries without clinical toxicologists around the globe. Since official launch of the project in February 2014, we now have 20+ sites with the majority matched and started conferencing, connecting and learning together as they share their great cases and work through practical issues in medical toxicology.

Traditional boundaries to medical education are becoming less marked as new technologies such as multiuser videoconferencing allow all of us more access to help bridge gaps, to stay in touch with colleagues, and to share our expertise with remote locations where toxicology may not be a readily available specialty. The GETUP Project thus represents a way to help broaden the education of fellows, registrars, and residents in toxicology and emergency medicine training programs worldwide.

To register, click here or through the ACMT webpage under physicians resources > GETUP. Case conference videos and notes from prior case discussions are available on the website. Hope to see you online!

The 5th World Congress on Emergency Medicine, November 2014
ACMT members will present a symposium on management of acute poisoning at the World Congress of Emergency Medicine, November 19-22, 2014 in Guadalajara, Mexico. Please contact Ziad Kazzi, MD, FACMT at Zkazzi@emory.edu if you are interested in speaking about toxicology updates/emergencies.

Methanol Poisoning Outbreak: A Report from Kenya
Knut Erik Hovda, MD PhD, Norwegian CBRNe Centre of Medicine, Oslo Norway

During a short period of time in the beginning of May, another methanol outbreak took place in Kenya. The majority of the patients were thought to have been drinking on Sunday, May 4th. In spite of a large number of patients falling ill, there were no clinical reports about the outbreak until Wednesday, May 7th. I am not aware of the source of the liquor ever being officially confirmed, but it was said to have its origin in Nairobi. The majority of the patients were from small villages or slum areas, and the contaminated liquor was allegedly a Kenyan brand named “Country Man”, but methanol was also reportedly found in various other liquors as well as a locally made beverage called “Chang’aa.”

There was a general lack of availability of diagnostic tests and treatments in most places. Some patients received ethanol, bicarbonate and/or folic acid. No ICU beds, ventilators or dialysis machines were available, except at the University Hospital in Kenyatta, Nairobi, which received about a dozen patients. The non-governmental organization Medecins Sans Frontieres (MSF, meaning “Doctors Without Borders”) has a wide variety of appointments in Kenya, especially in the poor areas of Nairobi, but also on the borders of Kenya supporting some of the refugee camps. They did not have experience in - or preparedness for – any kind of clinical toxicology issues that could arise, but based on information from the operational center in Brussels (MSF OCB), they were aware of a collaboration with MSF Brussels/MSF Norway and Oslo University Hospital in Norway, called “The Methanol Initiative.” Therefore, a small group of us left for Kenya on Friday afternoon, arriving on Saturday morning in Nairobi.

It was a challenge to get an overview of the situation as the information through the media was inconsistent in terms of numbers of patients, arrival time of new patients, severity of poisoning etc. MSF initiated a contact with the national poison control center in Nairobi immediately after the arrival of the team, resulting in a very fruitful collaboration. The PCC had already been training a hospital in a town nearby Nairobi, and the level of knowledge was clearly higher there compared to the other hospitals. MSF decided to start the intervention in Makueni, which according to the news had several recent admissions of patients. When the MSF team arrived there on Sunday, there were more than 30 patients hospitalized, about a handful blind, but none of them had been drinking the last six days. The focus therefore shifted to training sessions (including visits and evaluations of the laboratory facilities), whereupon surrounding hospitals were invited and showed up. Local clinicians were advised about the availability of the PCC having a 24/7 service for the whole country. Following the training, a variety of IV fluids, bicarbonate and ethanol were donated by MSF.
where a similar situation was found, but this area was more affected: The day before the arrival of MSF, a ceremony with 44 coffins placed in the middle of the stadium took place, reflecting just how hard this area was hit. About 100 patients were ultimately identified. Again, a focused training session was arranged along with distributions of donated medicines. The last stop for the intervention was Nairobi, where a large workshop was arranged at the University Hospital for students, house staff, and MSF personnel.

The largest problem we encountered was the lack of diagnostic facilities. Therefore, in addition to the other donations made by MSF, enzymes for a formate assay were donated for each of the visited areas. However, only Kenyatta hospital in Nairobi had both the spectrophotometers and refrigerator equipment needed for these laboratory materials to be utilized, so the donated items were left with MSF to distribute once the apparatus could be secured in place elsewhere. The importance of infrastructure in the effective response to a given disaster was highlighted by this logistical reality.

In the weeks since this incident, there have been no new cases to my knowledge, but a large amount of the toxic liquor was said to be buried and hidden away in the wake of this epidemic. Given the frequent reports of outbreaks due to accidental or deliberate contamination of beverages with methanol, new exposures are likely to happen again in the weeks, months or years to come. We are hoping this may be a turning point for MSF to get more involved in Toxicology (they were also involved in the lead outbreak in Nigeria in 2009). The best-case scenario which could result from this tragic episode is that future collaborations are strengthened between the Ministry of Health, the PCC, local hospitals, and MSF in Kenya and elsewhere in Africa. Building bridges across the institutions, utilizing one another's capacities, and adding simple diagnostic tools to vulnerable areas would make a difference for thousands of people in the years to come.

One long-term goal for the Methanol Initiative is to develop a network of toxicologists to get engaged with MSF, both to intervene on short notice and to contribute to regular training sessions worldwide. There has been a tremendously positive response from the whole world, including several ACMT members, to help MSF. From my own experience, working with this former Nobel Peace Prize winner is not only educational, but a great honor.

In summary, here are some lessons learned: basic knowledge and simple diagnostic assays can make a tremendous impact on the early discovery and initiation of treatment in methanol outbreaks. Some NGOs (such as MSF) are situated in areas being endemic for methanol poisonings, and they have a unique experience and infrastructure that can fit very well into simple low-budget interventions.

JMT Update
Rebecca Brucoleri, MD, JMT Editorial Board Intern

After a long and brutal winter for many of us, the signs of summer are finally here!

To help welcome summer, we have an exciting issue planned for June 2014 addressing many cutting-edge topics. For starters, Cave et al author the LIPAEMIC report and discuss the use of lipid emulsion for treatment of both local anesthetic and non-local anesthetic toxicities. Additionally, the authors review the use of lipid emulsion as a treatment for central nervous system depression. To continue the discussion on use of lipid emulsion therapy in the overdose setting, Agarwala et al describe a low dose infusion of intravenous lipid emulsion as treatment for severe tricyclic antidepressant toxicity. This issue also covers the use of flumazenil to treat benzodiazepine associated delirium in patients undergoing treatment for alcohol withdrawal with no serious adverse effects. Lewis Nelson, MD, FACMT responds to this article in his editorial “Alcohol withdrawal and flumazenil: not for the faint of heart,” raising important questions regarding the implications of this study in our recommendations regarding treatment of alcohol withdrawal. Thornton et al describe a case of a lethal injection of nicotine from a refill for an electronic nicotine delivery system, a timely article given the recent mainstream media coverage of potential dangers associated with electronic cigarettes.3 A few of the other topics covered in this issue include a review of the FDA’s use of the Risk Evaluation and Mitigation Strategies, retrospective studies of both nutmeg toxicity and warfarin overdoses, and an article comparing current recommendations for atropinization in organophosphate poisoning. We hope you enjoy reading these and the other articles in this issue, but if you don’t have time to scour every page, don’t forget about the JMT Podcast. Hosted by Dan Rusyniak, MD, FACMT and Howard Greller, MD, FACMT, the JMT Podcast is available on iTunes, and is the perfect way to catch the highlights of each issue!

Lastly, and most importantly, we would like to extend our sincerest thanks to Leslie R. Dye, MD, FACMT for her tenure as JMT Editor-in-Chief. She became editor-in-chief in 2011 and JMT has experienced significant growth under her leadership. We wish her the best in her new position at Elsevier as the Editor-in-Chief of Smart Content. Mark Mycyk, MD, FACMT will be interim Editor-in-Chief.

References:
2015 ACMT Award and Travel Scholarship Opportunities

The American College of Medical Toxicology (ACMT) and Medical Toxicology Foundation (MTF) are now accepting nominations for the following awards. The nomination and application deadline for these awards is Tuesday, July 15, 2014.

MTF MATTHEW J. ELLENHORN AWARD
This award is to honor an individual who has had a distinguished career and has made extraordinary contributions to the field of medical toxicology. Details and nomination procedures can be found here.

The awardee will be announced at the 2015 ACMT Annual Scientific Meeting in Clearwater Beach, FL – March 27-29, 2015 and will be recognized at the 2015 North American Congress of Clinical Toxicology in San Francisco, CA.

DEADLINE FOR NOMINATIONS: JULY 15, 2014.

MTF MICHAEL P. SPADAFFORA, MD RESIDENT TRAVEL AWARD
This development award is designed to encourage residents to pursue Medical Toxicology fellowship training by providing them the opportunity to attend the ACMT Annual Scientific Meeting. Details and nomination procedures can be found here.

Any PGY-1 or PGY-2 (or a PGY-3 in a 4 year program) member of an ACGME or AOA accredited residency program is eligible to receive the award. The awardee will be recognized at the 2015 ACMT Annual Scientific Meeting in Clearwater Beach, FL – March 27-29, 2015. The award of $1,500 will provide funds to support travel, meeting registration, meals and lodging. Please pass this information along to interested and potentially qualified residents.

DEADLINE FOR APPLICATIONS: JULY 15, 2014.

MTF TRAVEL SCHOLARSHIP FOR UNDERREPRESENTED MINORITY MEDICAL TRAINEES
This award was established to encourage underrepresented minority medical trainees (medical students or residents) to attend the annual ACMT Annual Scientific Meeting. Details and nomination procedures can be found here.

The awardee will be recognized at the 2015 ACMT Annual Scientific Meeting in Clearwater Beach, FL – March 27-29, 2015. The award of $1,500 will provide funds to support travel, meeting registration, meals and lodging. Please pass this information along to interested and potentially qualified residents/students.

DEADLINE FOR APPLICATIONS: JULY 15, 2014.

ACMT RECOGNITION AWARDS
These awards are to honor ACMT members who have made significant contributions to the College or to the specialty of Medical Toxicology. There are numerous ACMT members that are deserving of these honors and recognition, please send your nominations today.

1. Outstanding Service to the College
2. Outstanding Contribution to Medical Toxicology Education
3. Outstanding Contribution to Medical Toxicology Research

Details and nomination procedures can be found by clicking on links above. Awards will be presented at the 2015 ACMT Annual Scientific Meeting in Clearwater Beach, FL – March 27-29, 2015.

DEADLINE FOR NOMINATIONS: JULY 15, 2014.
Public Affairs Committee
Michelle Ruha, MD, FACMT, ACMT Public Affairs Committee Chair

ACMT, AACT and Choosing Wisely®:
The Choosing Wisely® campaign is an initiative of the ABIM Foundation that aims to help physicians and patients engage in conversations about the overuse of tests and procedures. It supports physician efforts to help patients make smart and effective care choices. In September 2013, ACMT and AACT joined more than 50 medical societies participating in this campaign. Our list and more information about the campaign can be found at www.ChoosingWisely.org.

Following this success, ACMT and AACT have been invited to develop a second list of items that physicians and patients should question. The Choosing Wisely Work Group has created a preliminary list that will be narrowed to five items that are intended to provide specific, evidence-based recommendations that physicians and patients should discuss to help make wise decisions about the most appropriate care based on their individual situation.

The Work Group requests your feedback on the preliminary list. We also welcome suggestions for additional items. Click here to take the survey and please share your thoughts with us.

Public Outreach:
Over the past two years the Public Affairs Committee has engaged the public through social media, regular press releases, and by posting information about specific toxins on the public section of the ACMT website. Our number of Twitter followers continues to grow and our press releases reach thousands of people each month. We encourage members to follow ACMT on Twitter to keep abreast of ACMT events and other toxicology-related news and discussions and also to like us on Facebook to keep up with fascinating toxicology happenings around the world.

One of the most popular pages on the ACMT website is the ‘Toxicology FAQs’, found in the Public/Media section. Another feature to which we receive many inquiries from the public is the ‘Ask A Toxicologist’ page. The Public Affairs Committee is seeking ACMT members to provide content for both of these sections. Going forward, answers to questions submitted to ‘Ask A Toxicologist’ will be answered by ‘The Ask A Toxicologist Team’. Please contact michelle.ruha@acmt.net if you are interested in participating in writing FAQs or answering toxicity questions posed by the public. These are great ways to become involved with our organization and to make an impact by contributing to a reliable source of toxicology information for the public.

Toxicology Investigators Consortium (ToxIC) Update
Jeffrey Brent, MD, PhD, FACMT and Paul Wax, MD, FACMT

Since the last Newsletter we have been pretty busy at ToxIC as it continues to grow and flourish. We achieved a major milestone as we whizzed passed the 30,000 case mark, and we are still going strong. This means that there is a wealth of data and an untold number of research opportunities for ToxIC participants.

The ToxIC research opportunities span the gamut of projects that fit well for the early career or inexperienced researcher (and for those of you who find yourself desperate for a meeting abstract and waited until the deadline was almost upon you – not a behavior we want to encourage, but we know it happens) to sophisticated and controlled observational studies. These can be done by experienced researchers or investigators who may need some assistance. ToxIC is prepared to provide any assistance in the design and execution of studies.

As many of you know, we have brought on grant writer/procurer specifically to help ToxIC, or its investigators, find and obtain grant support. Her name is Chrissy McNaughton, Ph.D., and she is very experienced and competent in the grant writing arts. Please contact us if you have any ideas for grants you might like to apply for using ToxIC. Unless she is already tied up with another grant, we will be glad to have Chrissy help you and undertake a substantial component of the writing duties.

The ToxIC experience at the Phoenix meeting was terrific. We had 11 ToxIC abstracts presented and an excellent ToxIC Investigators meeting. There was also an organizational meeting of ToxIC researchers specifically interested in pediatric cases. That effort, led by Yaron Finkelstein, MD will involve a multi-component pediatric sub-Registry. Embedded in that sub-Registry will be individual projects led by individual investigators. If you are interested in being involved in pediatric projects please contact Yaron at: yaron.finkelstein@sickkids.ca. Yaron is a very experienced researcher and has, among other things, been responsible for a number of important ToxIC–based studies.

Starting next month ToxIC Investigators will begin to receive a separate newsletter just for them. That newsletter, developed by Norma Barton, our ToxIC administrator, will provide more details into ToxIC’s activities.
Starting on July 1, there will be some minor updates to the ToxIC database. Specifically, in order to comply with NIH requirements we will be collecting racial and some ethnic data. These are data we probably should have been accumulating from the beginning of the database and we feel it is important to add it now. There are no HIPAA issues associated with the addition of these fields.

The 2013 ToxIC annual report has been submitted to the Journal of Medical Toxicology. Our great thanks to Sean Rhyee, MD who did an outstanding job leading the team that put together the report.

**ACMT Website Update**

Thank you to everyone who participated in the ACMT Website and Forum Survey last December. We had a great response rate to the survey and appreciate all the comments. As a result of your feedback and suggestions, we’ve recently made some updates to the ACMT homepage for better navigation and communication with our members. If you haven’t checked it out yet, visit us here! You will see that we’ve added tiles to help navigate through current topics of interest and we’ve made it easier to stay connected with ACMT through our social media chains.

In response to some of the questions and concerns that were submitted through the survey, we’ve put together the following list of tips to help enhance your ACMT website experience.

* **Forum Immediate Notification**
  Did you know that you can sign up to receive immediate notification every time something is posted to the ACMT Forum, instead of waiting for the Daily Digest email? It’s easy. From the ACMT Homepage, select ‘My Subscriptions’ under The Forum in the main menu. Complete the form and click Submit.

* **Change Your Password or Update Your Membership Profile**
  Select ‘My Profile’ under the Member Center on the main menu. From here, you can update your profile, change your address, add a photo, change your password, and pull up receipts from previous ACMT transactions.

* **Remember Your Password**
  If you are not visiting us from a public computer, be sure to click ‘Remember me on this computer’ on the login page next time you visit. And if you’ve forgotten your password, click the link at the bottom of the login page to have it sent to your email inbox.
**Membership Directory**

When updating your profile, be sure to make your profile ‘Visible’. This means your information will show in the ACMT Member Directory. (Your membership profile will not be publicly available and will be viewable by members only.)

**Publicly Promote Your Practice**

If you have an inpatient or outpatient practice that you’d like us to share with the public, make sure it’s listed in our Find-A-Toxicologist Directory. If your practice is not listed, email us at info@acmt.net and we’ll get you in there!

**Staying Up-To-Date With ACMT Educational Events**

Visit the Conference Calendar for a full listing of ACMT conferences, courses, and webinars. Also included in the calendar are listings of other upcoming toxicology conferences that may be of interest. From the ACMT homepage, click ‘Conference Calendar’ under the Education menu. Don’t forget to log in to see listings of Member-Only events.

**Recorded Webinars On Demand**

All ACMT webinars are recorded and posted on the ACMT website for all members to enjoy at your convenience. From the Education menu, select ‘ACMT Webinar Page’ and drill down to your desired webinar.

**Electronic Access to JMT**

Did you know that you have full access to the electronic version of JMT? You can even read articles online that haven’t been printed yet. Just click the JMT box at the bottom of the ACMT homepage. From there, click ‘Online First’ in the left-side menu.

For any website questions, problems, issues or suggestions, please contact web@acmt.net. Or, give us your thoughts on the feedback page.
Toxicology in the News

U.S. Supreme Court: not terrorism, just a love triangle

FBI: Chamberlain bought lethal poisons online

Death in the long grass: Myanmar's snake bite menace

Watch John Oliver Verbally Pants Dr. Oz Over Dietary Supplements

FDA, in a turnaround, says pregnant women should eat more fish

Calendar of Events

2014

Sept 12-14  APAMT International Scientific Congress
            Sofitel Shenyang Lido
            Shenyang, China
            More Information

Sept 20-22  ACMT Medical Toxicology Board Review Course
            Hilton Salt Lake City Center
            Salt Lake City, Utah
            More Information
            Register Now

October 17-21  North American Congress of Clinical Toxicology
              Sheraton New Orleans Hotel
              New Orleans, LA
              More Information

2015

March 27-29  ACMT Annual Scientific Meeting
            Toxicoprevention: Good Intentions, Important Advances, and Unintended Consequences
            Hilton Clearwater Beach
            Clearwater Beach, FL
            Registration Opens September 1, 2014

We want to hear from you! Please share with us any news of yourself or ACMT colleagues and we'll include it in the next ACMT newsletter. We also welcome comments and suggestions for future newsletters. Send information to newsletter@acmt.net.

Thank you - The Editors
Josef Thundiyil, MD, FACMT (joseft@mindspring.com)
Lewis Nelson, MD, FACMT (lewis.nelson@acmt.net)
Craig Smollin, MD (csmollin@gmail.com)
Andrew Stolbach, MD (andrewstolbach@hotmail.com)

ACMT Board of Directors
Suzanne White, MD, FACMT - President
Lewis Nelson, MD, FACMT - Past President
Leslie Dye, MD, FACMT - Vice President
Charles McKay, MD, FACMT - Secretary-Treasurer
Steve Aks, DO, FACMT
Michele Burns Ewald, MD, FACMT
G. Patrick Daubert, MD, FACMT
Howard Greller, MD, FACMT
Louise Kao, MD, FACMT
William Russ Kerns, MD, FACMT
Eric Lavonas, MD, FACMT
Stephen Munday, MD, FACMT
Michelle Ruha, MD, FACMT

ACMT Staff
Paul Wax, MD, FACMT - Executive Director
Tricia Steffey - Executive Assistant
Jim Wiggins, MPH - Educational Coordinator
Lynn Lancaster, MS - Grant Manager/Grant Writer
Eric Smith - Information Technology Administrator
Tara Frutkin - Administrative Assistant
Norma Barton, BS Pharm - ToxIC Administrator
Christina McNaughton, PhD - Grant Writer

Our members are the lifeblood of our organization and you are always invited to become a more active member by joining a Committee or Section.

Email info@acmt.net if you are interested in joining one.