



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 

# Board of Directors Candidates



Scientific Assembly

PHILADELPHIA, PA

23

## 2023 Board of Directors Candidates



**William B. Felegi, DO, FACEP**

- Written Questions
- Candidate Data Sheet
- Disclosure Statement
- Endorsement
- Campaign Message
- Campaign Flyer
- CV



**Abhi Mehrotra, MD, MBA, FACEP**

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**Robert J. Hancock, MD, FACEP**

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**Henry Z. Pitzele, MD, FACEP**

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**Chadd K. Kraus, DO, DrPH, FACEP**

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**James L. Shoemaker, Jr., MD, FACEP**

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## 2023 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

**William B. Felegi, DO, FACEP**

***Question #1: How can ACEP optimize its financial resources to ensure future stability?***

I was not a business or finance major in college, but my hospital CEO always reminds me that in order to balance the books and to remain financially viable, you either need to increase revenue or decrease expenses – simpler said than done! Our organization relies heavily on dues from our membership to remain solvent. **A strong membership is key to our financial survival.**

The landscape for the practice of emergency medicine has evolved over the last 30+ years where the priority was to have properly trained emergency physicians replace “rent a doc” and establish a foothold in ED’s. Practices changed and many “democratic” EM groups were successfully organized. For many reasons, the corporatization of medicine emerged and many of us now work as employees of hospitals, publicly traded national companies, or mega contract management groups owned by private equity. **Our college is no longer our grandfathers’ College.** The employee model has evolved and has changed the needs of many of our members. Physicians continue to be economically strapped. With some transitioned to the **employed model**, funds for dues and CME’s have been reduced and physicians are looking to reduce professional expenses.

We are not alone as many organized medical groups are also struggling and competing for membership. Gone are the days where the majority of physicians belong to the AMA or AOA, a state medical society, a county medical society and specialty organization. Quite frankly, it has gotten very expensive to continue membership in these groups. Some physicians have not had raises in years and others do not even receive a cost of living increase despite being an employee like other employed health care workers.

We are also experiencing early retirement of physicians from our work force or physicians pursuing alternatives outside of our specialty and I allude to some of those reasons in question #3. As money gets tighter, physicians are increasingly asking, “What am I getting for my dues?” The college must continue to advertise the benefits of membership. However, ACEP still has the resources to be able to address changes and ensure that **our members’ sustainability is just as important as our patients.** **We always do the right thing for our patients and we need to have the courage to do the right things for members and focus on emergency physicians and their immediate needs.** Physician wellness is not just about going to the gym for a workout. For some, wellness does not mean how much time he or she has at home but rather what the work environment is like. Do our colleagues even have enough energy left after their shift to enjoy so little free time, or are they sucked dry of all their vital juices every day because of difficult working conditions?

Physician burnout is a reflection of physicians’ job satisfaction— a vital exhaustion, characterized by loss of enthusiasm from work, depersonalization, lack of purpose, and low sense of accomplishment. We are all entitled to decent working conditions and to have the necessary resources to perform our jobs well to optimize patient care. We will either continue to lose members or fail to attract new graduates unless we continue to focus on physician burnout as a reflection of physician job satisfaction. **Our focus to attract more members is to change our mantra from “physician burnout” to “moral injury.” We are the victims and the term “physician burnout” connotes that what we did or do, is our fault! Burnout suggests that the problem resides within the individual, who is in some way deficient. Let’s place the blame where it belongs.**

Some residencies have had their members join unions. Unions clearly have advantages and disadvantages and historically have been organized to protect employees’ rights and improve the work environment. **Unless our college continues to focus on the individual physicians working conditions, we will lose members to other organizations or lead to the unionization for some of our members.** In fact, we are now seeing this trend.

**A part of continued financial success and fiscal responsibility is a strong and well-planned investment program.** The current status of the economy has made this difficult. I think many of us have had similar experience with our retirement plans, but we need to be cautious and avoid being frivolous in making the wrong investment decisions.

It is imperative that the college continue to recognize that in order to fulfill our important responsibilities in caring for this nation’s emergency needs, we must ensure that every emergency physician has a safe and secure working environment, adequate resources to perform our vital role, and fair compensation. ACEP needs to refocus our priorities and we need to say “No” to a project that does not take this into consideration as our financial resources are limited.

**Our CME conferences also need to focus on remote learning.** Where our national conference is important for networking, collegiality, and reinvigorating our work force, COVID has taught us that distant learning and meetings are successful.

**Any future service needs to demonstrate profitability including the ED accreditation program. Moving forward, serious consideration needs to be made whether to continue programs or services deemed to be “loss leaders.”**

**Question #2: Describe how your election to the Board of Directors would enhance ACEP's ability to speak for and represent all emergency physicians.**

The majority of my professional time was spent in the northeast as an emergency medicine faculty member and chairman in a high volume suburban tertiary care center for over 20 years. I then transitioned to a smaller non-teaching community hospital and practice, for the last 5 years, in a rural critical access hospital in an economically underserved area in the Midwest. I understand how demanding the volumes can be in a busy urban and suburban ED where the majority of EM trained physicians work, but I don't think the majority of EM physicians understand what it's like to work in a hospital that has very limited resources and no consultants available. I am referring to those rural and critical access hospitals that provide care to 40% of this nation's population. I refer to it as doing a fellowship in "**austere emergency medicine**."

For my first job, I was a partner in a democratic emergency physician group with multiple hospital contracts. We were led to believe that we may not survive given the resources of large CMG's so we sold out to a publicly traded mega-managed contract group which was then sold to a private equity firm. I currently work as a hospital employee and also as a private contractor (outside of emergency medicine). I have had exposure to many different employment models.

I have also held various leadership roles in organized medicine on the national, state, regional, and local levels. My interests have always been in political advocacy and grass roots campaigns. My experience for approximately the last 15-20 years in working with the Federal Governmental Affairs and State Legislative Committees has given me continued understand in our legislative successes and failures. I had the opportunity to complete a Health Care Policy Fellowship which has provided me great insight into overall national policy concerns.

ACEP needs to maintain its integrity with our membership. A long time ago, I learned at an ACEP leadership event that **integrity was doing the right thing at the right time for the right reasons**. Our college needs satisfied members and **physician satisfaction starts in the workplace** regardless of location – urban, suburban, rural and regardless of the physician model – independent contractor, locums, hospital – community or academic, contract management group owned by a democratic group, publicly traded company, or private equity firm. No one else in America has been given the privilege with dealing and caring for the sickest and most critically injured.

**Question #3: From your perspective, what would you do to ensure that emergency medicine remains an attractive specialty?**

With the decline in applicants for emergency medicine residencies, the number of physicians either retiring or deciding to leave our field to pursue other interests, and our aging work force, it is imperative that we **prioritize making emergency medicine attractive for a rewarding career**. We must focus on exploring why individuals have lost interest in our specialty and why practicing physicians have left to pursue other interests.

We can make some assumptions as to why our specialty has become less attractive and why physicians are leaving or retiring early. Our work can be very rewarding whether we resuscitate a cardiac arrest patient who is discharged neurologically intact, save the life of a badly injured individual, or render pain control to a child with an earache. During COVID, we were heroes. But after COVID, many physicians felt physically and emotionally exhausted due to the volume of patients, high acuity, and the lack of supplies, medication, etc. **We are victims of moral injury not burnout**.

Post COVID, some of our partners left. More importantly, nurses and ancillary care professionals left which led to increased overcrowding, closure of inpatient beds, and a further lack of resources. I read an article where a physician thought that we could offer a fellowship in emergency "hallway" medicine. I did appreciate the satire, but the reality is, in many emergency departments, we do practice "hallway" medicine which frequently results in sub-optimal care and leads to poor patient outcomes and experience for not only the patient but also their families.

Evidence suggests that physicians would rather have better working conditions than additional income. Yes, fair reimbursement is important, but it may not be the primary driver for dissatisfaction. **Unless we focus on the quality of work life for all of us, more individuals will no longer want to practice our specialty**. Better work life equals better personal life where you can enjoy more personal freedom and rejuvenation.

**ACEP needs to continue to advocate for better working conditions**. We have always been the saviors because of a fragmented and broken health care delivery system but our specialty continues to suffer. We need to be more forceful and vocal in advocating for drastic reforms. Why do we think that long waits resulting in deaths and delay in care, "hallway" medicine, overcrowding, longer turnaround times, left without being seen rates, the lack of resources especially in rural hospitals, and the difficulty in finding a bed for a transfer patient is acceptable?

No elected official or VIP who comes to an ED would have to endure what our patients experience. VIP's always go to the front of the line. We need to stand firm and aggressively advocate for change. This is not an easy task, but I fear, **unless we improve our work life, we will lose more physicians to attrition and less students will join our specialty**. This will have an even greater impact on emergency medicine and lead to a further decrease in our membership which will ultimately make it harder for our organization to survive.



## CANDIDATE DATA SHEET

**William B. Felegi, DO, FACEP**

### Contact Information

731 Red Lion Way  
Bridgewater, New Jersey 08807-1668

**Phone:** 908-227-3484 (cell)

**E-Mail:** [William.felegi@ahsys.org](mailto:William.felegi@ahsys.org)

### Current and Past Professional Position(s)

- Chief Medical Officer Van Buren County Hospital
- Medical Director Van Buren County Hospital Emergency Department
- Medical Director Van Buren County Hospital Ambulance
- EMS Medical Director Farmington Ambulance
- Medical Director, Atlantic Health, Morristown Medical Center, Travel MD, Corporate Health
- Life Member Bound Brook Rescue Squad, Inc.
- American Board of Emergency Medicine Senior Board Examiner (Approximately 27 exams)
- Iowa Osteopathic Medical Association Board of Directors – Vice President 2023
- State of New Jersey Gubernatorial Commission Appointments
  - Rationalizing Health Care Resources, Subcommittee Hospital/Physician Relations & Practice Efficiency Commission (Gubernatorial Appointment), 2007-2008
  - Health Care Access Commission (Gubernatorial Appointment), 2006-2008
  - Advisory Council for Basic & Intermediate Life Support (EMTFF), (Gubernatorial Appointment), 2002-present
  - State of New Jersey Influenza Pandemic Action Committee, 1999-2006
- Assistant Clinical Professor Emergency Medicine, Sidney Kimmel Medical College - Thomas Jefferson University, Philadelphia, Pennsylvania, 2015-2018
- Assistant Clinical Professor Emergency Medicine, Mount Sinai School of Medicine, New York, New York 2008-2015
- Department of Emergency Medicine, Hackettstown Medical Center, Hackettstown, NJ, 2016-2017
- Morristown Medical Center Advisory Board, 2014-2016
- Department of Emergency Medicine, Morristown Medical Center, Morristown, NJ
  - Chairman, 2015-2016
  - Interim Chairman, 2014-2015
  - Vice Chairman, 2001-2013
  - Attending & Faculty Member, Residency in Emergency Medicine, 2001-2016
  - Associate Attending & Faculty Member, Residency in Emergency Medicine, 1996-2001
  - Assistant Attending & Faculty Member, Residency in Emergency Medicine, 1994-1996
  - Clinical Medical Director Fast Care & Work Med, 1995-2016
  - Medical Review Officer, Work Med, 1995-2016
  - Associate Director Emergency Department 1995-2014
  - Chairman, Trauma Quality Improvement Committee, 2002-2003, 2004 -2005
  - Member, Atlantic Health Sepsis Initiative Committee, 2011-2016
  - Member, Quality & Patient Safety Committee, 1998-2016
  - Member, Department of Cardiovascular Medicine, STEMI Team Committee, 2007-2016
  - Member, Radiology Task Force, 2005-2006
  - Member, ED Peer Review Committee, 2005-2016
  - Member, Clinical Resource Management Committee, 2001-2005
  - Member, CPR Committee 1994-1998

- Chairman, ED/Radiology Performance Improvement Team, 1998-2003
- Chairman, ED Performance Improvement Committee, 1996-1998
- Member, Hospital Wide Performance Improvement Committee, 1995-2008
- Member, MI Critical Pathway Committee, 1995-2003
- Chairman, CPR Committee, 1994-1998
- ACLS Course Medical Director, 1994-1997
- Member, Trauma Quality Improvement Committee, 1994-2002, 2003-2
- Trauma Liaison, Dept. EM to Dept. Surgery, Section of Trauma for Level I Designation, 1994-2016
- Member, Trauma/Radiology CQI committee, 1994
- New Jersey Association of Osteopathic Physicians & Surgeons (NJAOPS) Board of Directors, 2014-2017

### **Education (include internships and residency information)**

- Bachelor of Arts, Major: Psychology, Rutgers College of Rutgers University New Brunswick, New Jersey, 1979
- Internship, St. Michael's Medical Center Seton Hall University School of Graduate Medical Education Newark, New Jersey, July, 1989-90 (AOA approved rotational/transitional type)
- PGY 1 - Somerset Medical Center Residency in Family Practice Somerville, New Jersey, July, 1990-91
- PGY 1-3 - Morristown Memorial Hospital Residency in Emergency Medicine Morristown, New Jersey, July, 1991-94
- Chief Resident, Morristown Memorial Hospital Residency in Emergency Medicine Morristown, New Jersey, July, 1993-94
- American Osteopathic Association (AOA) Health Policy Fellowship, Ohio University College of Osteopathic Medicine, Athens, Ohio, September 2012-2013

Doctor of Osteopathic Medicine, University of New England College of Osteopathic Medicine Biddeford, Maine, May, 1989

### **Specialty Board Certifications (e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)**

- American Board of Emergency Medicine (ABEM) - Continuously certified since initial certification 1995

### **Professional Societies**

American College of Emergency Physicians (ACEP)

- New Jersey Chapter of ACEP
- Iowa Chapter ACEP

American College of Osteopathic Emergency Physicians (ACOEPE)

American Medical Association (AMA)

American Osteopathic Association (AOA)

Iowa Osteopathic Medical Association (IOMA)

International Society of Travel Medicine (ISTM)

American Association for Physician Leadership (AAPL) formerly ACPE

### **National ACEP Activities – List your most significant accomplishments**

- Member, Council Reference Committee B 2016 Council Meeting
- Board of Governors, Emergency Medicine Action Committee (EMAF), 2011-13
- Chairperson, Federal Governmental Affairs Committee (FGA), 2011-14
- Team Captain, 911 Legislative Network, 2007-present
- Member, Federal Governmental Affairs Committee (FGA), 2003-present
- 911 Legislative Network, 2003-present.
- Board of Directors National Emergency Medicine Political Action Committee (NEMPAC), 2003-2008
- Member, State Legislative/Regulatory Committee, 2006-present
- ACEP National Awards - During the last 16 years serving with national ACEP, my time has been devoted to becoming well versed in national and state political agendas and the art of political advocacy working with numerous groups and our members. We have achieved many wins and assisted other

chapters, I have always felt that just because one is a leader, the credit goes to the group of individuals that you work with in the committees and subgroups since leadership and emergency medicine are a team effort. No one person can be credited with our success stories. That's why when your peers honor you with a prestigious award one does feel that in some way, they have made a significant accomplishment on behalf of the group.

- ACEP 2009 911 Legislative Network Member of the Year
- ACEP 2008 911 Legislative Network Member of the Year

**ACEP Chapter Activities – List your most significant accomplishments**

**NJ ACEP**

- Immediate Past Present, 2006
- President, 2005-2006
- President-Elect, 2004-2005
- Secretary/Treasurer, 2003-2004
- Councilor or Alternate Councilor, 2003-present
- Treasurer, 2002-2003
- Board of Directors, 1999-2006
- Chairman, Political Action Committee, STATPAC, 2002-2013
- Government Affairs/STATPAC, 2001-2003
- Co-Chair, Government Affairs STATPAC, 2000-2001
- NJ ACEP State Awards - During the last 22 years serving with NJACEP, my time has been devoted to becoming well versed in the state political agendas and the art of political advocacy working with numerous groups and members including our state Political Action Committee - STATPAC. Whether it was collecting record breaking PAC donations or achieving exemption from ACLS for board certified emergency medicine physicians to perform procedural sedation, we have achieved many wins. I have always felt that just because one is a leader, the credit goes to the group of individuals that you work with in the committees and subgroups since leadership and emergency medicine is a team effort. No one person can be credited with our success stories. That's why when your peers honor you with prestigious awards one does feel that in some way, they have made a significant accomplishment on behalf of the group.
  - NJ ACEP Distinguished Service Award, 2009
  - NJ ACEP Good Government Award, 2003

**Practice Profile**

**Total hours devoted to emergency medicine practice per year:** 2496\* Total Hours/Year\*includes paid on-call time

**Individual % breakdown the following areas of practice. Total = 100%.**

Direct Patient Care 80 %    Research 0 %    Teaching 5 %    Administration 15 %

Other: \_\_\_\_\_ %

***Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)***

I practice full time rural emergency medicine for the last five years at a small independent 25 bed licensed critical access hospital in Southeast Iowa. The nearest tertiary care facility is 90 minutes away and the ED has four beds. I am a full-time salaried employee working for the hospital and the only residency trained, board certified emergency medicine physician who works in the Emergency Department in a 500 square mile county of 7,203 residents. The remainder of the time, the ED is staffed with either a board-certified family medicine physician, AP, or PA and either me or another family medicine trained physician who is on call for back-up as needed. We also have the 24/7 availability of a telemedicine service staffed by board certified emergency physicians 24/7 and tele-psychiatry consultation provided by an independent third party paid for by the hospital.

The remainder of my career was spent at a level one trauma center (ACS Designated), regional pediatric hospital, cardiac center and emergency medicine residency training program with 25 years' experience as a faculty member,

attending, and various administrative rules including the Chairperson of the Department of Emergency Medicine. Originally a physician shareholder in an emergency medicine owned group at multiple hospitals in the tristate area in the Northeast, our company was sold to a large national contract management group which was then purchased by a multi-specialty private equity firm.

***Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)***

Van Buren County Hospital, Keosauqua, Iowa  
Chief Medical Officer  
Emergency Department Medical Director  
Medical Staff Secretary, 2019-2020  
Quality & Patient Safety Committee, 2018-present  
Pharmacy & Therapeutics Committee, 2018-present  
Trauma Committee, 2018-present  
Utilization Review Committee, 2018-present

**Expert Witness Experience**

*If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.*

<b>Defense Expert</b>	<b>0</b>	<b>Cases</b>	<b>Plaintiff Expert</b>	<b>0 Cases</b>
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## CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

**William B. Felegi, DO, FACEP**

1. Employment – *List current employers with addresses, position held and type of organization.*

Employer: Van Buren County Hospital

Address: 304 Franklin Street

Keosauqua, Iowa 52565

Position Held: Chief Medical Officer, Emergency Department and Ambulance Medical Director

Type of Organization: Critical Access Hospital

Employer: Atlantic Health (as an independent contractor)

Address: 101 Madison Avenue, Suite 202

Morristown, New Jersey 07960

Position Held: Medical Director, Travel MD®, Corporate Health

Type of Organization: Non-Profit Hospital System

Employer: Envision Physician Services formerly EmCare's Partners Group, formerly  
Emergency Medical Associates

Address: 3 Century Drive

Parsippany, New Jersey 07054

Position Held: Per diem contract employee with privileges at Hackettstown & Morristown  
Medical Centers, NJ. No income generated for the last 5 years

Type of Organization: Private equity owned physician management organization

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: Iowa Osteopathic Medical Association

Address: 6919 Vista Drive

West Des Moines, Iowa 50266

Type of Organization: State organized medical society

Duration on the Board: 2011-present, Vice President 2023

Organization: New Jersey Association of Physicians & Surgeons (NJAOPS)  
Address: 666 Plainsboro Road, Suite 356  
Plainsboro, New Jersey 08536  
Type of Organization: State organized medical society  
Duration on the Board: 2014-2017

Organization: Morristown Medical Center Advisory Board  
Address: 100 Madison Avenue  
Morristown, New Jersey 07960  
Type of Organization: Non-Profit Hospital  
Duration on the Board: 2014-2016

Organization: Board of Governors Emergency Medicine Action Committee (EMAF)  
Address: 1125 Executive Circle  
Irving, Texas 75038-2522  
Type of Organization: Nationally organized group to financially support advocacy efforts for ACEP  
Duration on the Board: 2011-2013

Organization: Board of Directors National Emergency Medical Political Action Committee (NEMPAC)  
Address: 2121 K Street, Suite 325  
Washington, DC 20037  
Type of Organization: Physician National Political Action Committee  
Duration on the Board: 2003-2008

Organization: NJACEP Board of Directors  
Address: c/o 201 East Main Street  
Lexington, Kentucky 40507  
Type of Organization: State organized medical society  
Duration on the Board: 1999-2006

Organization: Office of the New Jersey Governor  
Address: 125 West State Street  
Trenton, New Jersey 08608  
Type of Organization: State of New Jersey Rationalizing Health Care Resources, Subcommittee  
Hospital/Physician Relations & Practice Efficiency Commission  
Duration on the Board: 2007-2008

Organization: Office of the New Jersey Governor  
Address: 125 West State Street  
Trenton, New Jersey 08608  
Type of Organization: Health Care Access Commission  
Duration on the Board: 2006-2008

Organization: Office of the New Jersey Governor  
Address: 125 West State Street  
Trenton, New Jersey 08608  
Type of Organization: Advisory Council for Basic & Intermediate Life Support (EMTFF)  
Duration on the Board: 2002-present

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

**William B. Felegi, DO, FACEP**

Date 06/19/2023





Monday, August 14, 2023

Dear Council,

The New Jersey Chapter of the American College of Emergency Physicians (NJ-ACEP) again supports William B. Felegi, D.O., FACEP for the national ACEP Board of Directors. Our chapter enthusiastically endorses Bill's candidacy. His presence on the Board will immensely benefit our college for years to come.

Bill's career spans over 30 years ranging from attending the first state run EMT class as a volunteer rescue squad member at the age of 16, to Chairman and Assistant Clinical Professor of Emergency Medicine at a tertiary care center and trauma center with the oldest emergency medicine residency in NJ.

Bill began his relationship with the NJ Chapter as a resident when he attended our board meetings. He participated in the chapter as an elected board member for two terms and then in the leadership tract holding all leadership offices including **Chapter President**. He decided not to re-run for the Board to allow younger physicians the opportunity to participate in the chapter mentoring future leaders. He has served either as Councilor or Alternate for 18 years.

He has been an ACEP member since 1991 and has embraced service to ACEP with passion and determination over the last 3 decades. For over 15 years he has served on two important national committees - State Regulatory & Legislative Affairs and the Federal Government Affairs Committee where he served as the Chair for 3 years. He has helped guide not only ACEP's positions on critical issues but also many members with similar interests.

Bill has been a fixture at ACEP's annual Leadership & Legislative Conference for over 25 years mentoring young or inexperienced physicians when lobbying with our annual hill visits. For his continued national efforts, he was **twice awarded ACEP's prestigious 911 Member of the Year**.

In NJ, Bill is credited with protecting emergency physicians when he championed a campaign to lobby against regulations that mandated all physicians who provided procedural sedation to have ACLS training well before ABEM publicly supported the "no merit badges" for board certified emergency physicians. In NJ, even anesthesiologists must take

**NEW JERSEY ACEP CHAPTER**

c/o National ACEP  
4950 West Royal Lane  
Irving, Texas 75063-2524  
**ACEP Direct:** 469-499-0177  
800-798-1822  
[www.njacep.org](http://www.njacep.org)

**BOARD OF DIRECTORS**

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Director

ACLS. Due to his perseverance, emergency physicians are the only specialty exempt from the regulation.

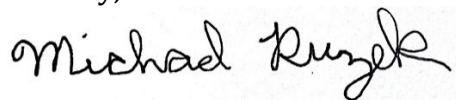
Another accomplishment was his championship to lobby for the contemporaneous reading of CTs for suspected stroke patients with a radiology attending and radiology resident. Prior readings were only offered by residents at hospitals with a radiology residency and often lead to re-reads the following day when an attending was available. Stroke care was compromised. He engaged in a successful grass roots letter writing campaign to the Commissioner of Health to accomplish the change in the regulations.

Bill served as the Chair of our PAC, NJ STATPAC, and under his leadership, was able to collect a record amount donated per election cycle. Our chapter also has recognized his accomplishments with our **NJ-ACEP “Distinguished Service” Award and our “Good Government” Award.**

Bill's strongest qualities are his highly collaborate management style, a desire and willingness to engage physicians and to improve working environment, and a passion for our specialty. Perhaps one of his greatest attributes are his **humor, honesty, and integrity**. His greatest asset is his ability to participate in a discussion of a critical issue with a group, synthesize the discussion, summarize the important elements, and then offer a broad review of the pros and cons. It is not uncommon for a group to change their decision based on his synopsis of **unintended consequences** which are often overlooked.

Our proud chapter stands behind Dr. Felegi as he seeks to advance emergency medicine through our vital organization.

Sincerely,

A handwritten signature in black ink that reads "Michael Ruzek". The signature is fluid and cursive, with the first name "Michael" and last name "Ruzek" clearly distinguishable.

Michael Ruzek, DO, FACEP  
President  
New Jersey ACEP Chapter

## William B. Felegi, DO, FACEP

My Fellow Councillors:

The foundation of our College is strengthened with satisfied physicians contributing to our robustness and diversification. Our work has become more difficult because of changes in employment models; inadequate compensation and staffing resources; and, a complex and dangerous environment.

Recently, we experienced COVID-19 and the vulnerability and frailty of our health care system and staff. Most of us have suffered...**better work life equates to better personal life** where you can enjoy personal freedom and opportunity for rejuvenation.

**Physician satisfaction starts in the workplace** regardless of location - urban, suburban, rural; regardless of physician model - independent contractor, locums, hospital – critical access, community or academic; or, contract management group owned by a democratic group, publicly traded company, or private equity firm. No one else has been given the privilege to care for the sickest and most critically injured. Many have not been treated fairly by our employers. Democratic physician run companies are becoming sparse.

Physician burnout reflects physicians' job satisfaction – a final exhaustion, characterized by loss of enthusiasm from work, depersonalization, lack of purpose, and low sense of accomplishment. We are entitled to decent working conditions and to have the necessary resources to perform our jobs well for the benefits of our patients.

We will fail to attract students to our specialty, attract new graduates to the College, or continue to lose members unless we **focus on OUR EXPLOITATION as a reflection of the “moral injury” we have all suffered.** We need to **change our mantra from “physician burnout” to “moral injury.”** We are the victims, and the term physician burnout connotes that what we did or do is our fault! Burnout suggests that the problem resides within the individual who is in some way deficient. Let's place the blame where it belongs!

**ACEP must focus on the individual physician and a “Physician Bill of Rights” for adequate and safe working conditions.** If hospitals and managed contract groups cannot treat physicians fairly despite our dedication to our patients, then we need a better organized approach to focus on these inequities. Decades ago, unions were established because employees were mistreated. Should a viable alternative be available, members will leave unless ACEP does more. Physician union membership is growing.

We can no longer try to do the right thing because of fear from political consequences. **By choosing the easy way out, we avoid conflicts with others but create conflicts within. It's time we pay attention and heal the healers, we cannot continue to neglect ourselves.**

Huge health care disparities exist in rural America. Where it is ideal to have a residency trained emergency physician in every ED, it may not be practical. ACEP needs to continue to advocate for EM physician lead teams and to **aggressively question the training of any advanced practitioner who works in any ED.** Many rural hospitals are not accredited by the Joint Commission and CMS has no desire to police the care in rural America. We need to advocate for our profession and **all** our patients.

We know that the majority of residents attend a program where they want to practice or choose to practice in bigger cities or suburban areas. **We will continue to have a mismatch in the concentration of EM physicians regardless of any surplus of physicians. We need to explore the reasons behind residents' choices to practice and work on viable solutions.**

We always do the right thing for our patients. We need to maintain our integrity and courage and **focus on emergency physician's issues and work needs.**

I look forward to further discussion with you.

# ***William B. Felegi, D.O, FACEP***

## ***Board of Directors Candidate***

### ***Clinical Practice***

- Residency trained Board Certified Attending & Faculty Member EM Residency 24 years in NJ
- Past Chairman, EM tertiary care hospital, trauma center & pediatric hospital in NJ
- Currently at Rural Critical Access Hospital in Iowa as ED & Ambulance Service Medical Director
- Travel MD® Medical Director

### ***State Leadership***

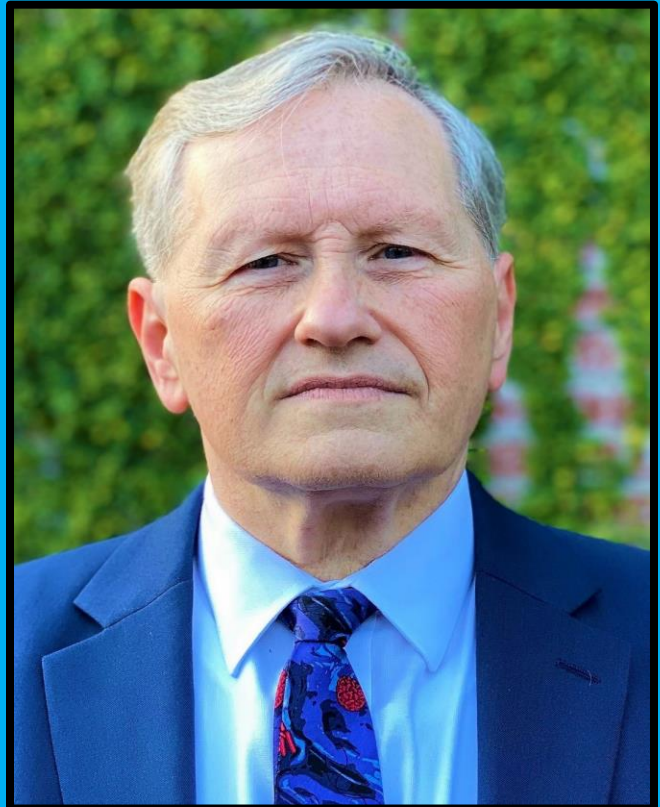
- NJACEP Past Board Member
- Past President NJ ACEP
- Councilor or Alternate 19 years
- Past Chairman NJACEP STATPAC
- Past Chairman NJACEP Government Affairs
- Board Member Iowa Osteopathic Medical Society & Current VP

### ***National Activities & Leadership***

- Past Chairman FGA
- Member FGA & State Legislative/Regulatory Committees
- Past Board of Governors EMAF
- Past Board of Directors member NEMPAC
- ABEM Board Examiner – 29 Exams

### ***Awards***

- ACEP 911 Legislative Network Member of the Year 2008 & 2009
- NJACEP Distinguished Service Award
- NJACEP Good Government Award
- 5 Faculty Teaching awards



### ***Work Experience***

- Morristown Medical Center, NJ – Envision Physician Services formerly– EmCare’s Partners group formerly Emergency Medicine Associates of NJ (Prior 24 years)
- Van Buren County Hospital, Iowa – current for the last 5 years

### ***About Me***

- Extensive experience with regulatory and federal issues germane to EM
- Health Care Policy Fellowship
- No longer on the payroll of a CMG
- Exclusive fulltime rural ED work



### ***Strengths***

- Integrity – doing the right thing at the right time for the right reason
- Collaboration
- Consensus building
- Examining unintended consequences

### ***Reasons for Seeking Election***

- **We have inadequately protected our members. You are the most important patient** and we cannot neglect the fact that physicians who are employed providers are entitled to basic employment rights and safe working conditions just like any other employee.
- With so many physicians employed by either a hospital or managed contract group the **membership of ACEP has changed to the employed physician model in the majority and we need to recognize that this has changed the landscape of our membership and priorities.**
- **Disparity exists in rural America and care models in emergency medicine must adapt to the rural environment. Once size does not fit all.** Where I spent the majority of my career in an academic program, I now practice full time in a small rural critical access hospital and the only board-certified emergency physician in a county of 9,000.

### ***Significant Issues & ACEP Mission***

- **ACEP needs to develop an EM physician's "Bill of Rights" that encompasses a fair and safe employment environment.** We have rights spelled out for contracts and billing practices but not basic rights for fair working benefits and safety like many other employees. Unions were developed to protect workers who were being abused. ACEP needs to advocate for our physicians.
- **We need to focus on physician satisfaction with the work environment just like we have focused on patient satisfaction.** We too need to be satisfied with our jobs and workplace.
- **Recognize that many of us have been exploited as reflected by the "moral injury" suffered. Our mantra needs to change from "physician burnout" to "moral injury."** We are the victims, and burnout connotes that what we did or do is our fault! Burnout suggests that the problem resides within the individual who is in some way deficient. Let's place the blame where it belongs!
- **Disparities in rural America need to be addressed.** Many ED's are staffed by AP's and we need to question their training and advocate for physician lead teams with emergency physician oversight. AP training programs must be held accountable.
- **Work force issues are paramount and need viable and reasonable solutions.** Regardless, we will continue to experience a mismatch in the concentration of EM physicians regardless of any surplus of EM physicians. We need to explore the reasons behind residents' choices to practice and work on viable solutions.

## *Curriculum Vitae*

**William B. Felegi, D.O., FACEP**  
**731 Red Lion Way**  
**Bridgewater, New Jersey 08807**  
**908.227.3484 (Cell)**  
**william.felegi@ahsys.org**

### **RESIDENCIES**

**Chief Resident**, Morristown Memorial Hospital Residency in Emergency Medicine Morristown, New Jersey, July, 1993-94

**PGY 1-3** - Morristown Memorial Hospital Residency in Emergency Medicine Morristown, New Jersey, July, 1991-94

**PGY 1** - Somerset Medical Center Residency in Family Practice Somerville, New Jersey, July, 1990-91

**Internship**, St. Michael's Medical Center Seton Hall University School of Graduate Medical Education Newark, New Jersey, July, 1989-90  
(A.O.A. approved rotational/transitional type)

### **EDUCATION**

**American Osteopathic Association (AOA) Health Policy Fellowship**, Ohio University College of Osteopathic Medicine, Athens, Ohio, September 2012-13

**Emergency Medicine Foundation (EMF) & American College of Emergency Physicians (ACEP) Teaching Fellowship Program**, Dallas, Texas, 2002

**Doctor of Osteopathic Medicine**, University of New England College of Osteopathic Medicine Biddeford, Maine, May, 1989

University of New England College of Osteopathic Medicine Dean's Summer **Research Fellowship**, 1986, "Gastric Laceration and Rupture As a Complication of Cardiopulmonary Resuscitation."

**Bachelor of Arts**, Major: Psychology, Rutgers College of Rutgers University New Brunswick, New Jersey, May, 1979

### **LICENSE & CERTIFICATION**

**State of New Jersey** 10/26/90, No. 25MB05562100, Expiration: 6/30/2023

**State of Iowa** 2/13/2018, No. DO-05145, Expiration: 1/01/2024

**NJ DEA Registration**, No. FF7427188, Expiration: 9/30/2023

**IA DEA Registration**, No. BF2583690, Expiration: 9/30/2023

**NJ CDS Registration**, No. DO53599, Expiration: 10/31/2023

**LICENSE &  
CERTIFICATION**  
(con't.)

**IA CSA Registration**, No. 1307596. Expiration 9/30/2023

**Diplomate** National Board of Osteo. Medical Examiners, No. 18031, 7/1/1990

**Diplomate** American Board of Emergency Medicine, No. 23557, 12/31/2025

**Diplomate** Amer. Osteo. Board of Emergency Medicine, No. 4448, 12/31/2022

**Fellow**, American College of Emergency Physicians, 1997

**Certificate in Travel Health™**, International Society of Travel Medicine, 20011-present

**Fundamental Critical Care Support Instructor**, Society of Critical Care, 9/04

**Civil Defense Radiological Monitor**, United States Department of Defense

**PROFESSIONAL  
ORGANIZATIONS**

American College of Emergency Physicians (**ACEP**), No. 360717, 1991-present  
New Jersey Chapter (**NJACEP**), 1991-present  
Iowa Chapter (**Iowa ACEP**), 2018-present

American Medical Association, (**AMA**), 2011-present

American Association for Physician Leadership (**AAPL**) formerly **ACPE**, 2011-present

International Society of Travel Medicine (**ISTM**), 2003-present

American Osteopathic Association (**AOA**), No. 52018, 1989-present

American College of Osteopathic Family Practitioners (**ACOFP**), No. 52018, 1989-2016

Iowa Osteopathic Medical Association (**IOMA**), 2017-present

New Jersey Association of Osteopathic Physicians and Surgeons (**NJAOPS**), 1989-2017

Medical Society of New Jersey (**MSNJ**), 1990-2017

Morris County Medical Society, 2004-2017

Somerset County Medical Society, 1990-2004

Morris & Sussex County Society of Osteopathic Physicians, 2002-2017

Member Emergency Medical Associates Research Foundation, 1997-2017

Psi Sigma Alpha Society (National Osteopathic Scholastic Honorary Society), 1989-present

**PROFESSIONAL  
ORGANIZATIONS**  
(con't.)

Sigma Sigma Phi, Grand Chapter (National Honorary Osteopathic Fraternity),  
1989-present

Life Member, University of New England College of Osteopathic Medicine  
Alumni Association, 1989-present

**AWARDS**

Morristown Memorial Hospital Residency in Emergency Medicine, **Most  
Valuable Contributor, 2009-10**

American College of Emergency Physicians – **2009 911 Legislative Network  
Member of the Year**

NJ ACEP **Distinguished Service Award**, 2009

American College of Emergency Physicians – **2008 911 Legislative Network  
Member of the Year**

Morristown Memorial Hospital Residency in Emergency Medicine, **Clinical  
Instructor of the Year, 2005-06**

Morristown Memorial Hospital Residency in Emergency Medicine, **Most  
Valued Contributor to the Residency Program, 2004-05**

NJ ACEP **Good Government Award**, 2003

Morristown Memorial Hospital Residency in Emergency Medicine, **Most  
Valued Contributor to the Residency Program, 2001-02**

Morristown Memorial Hospital Residency in Emergency Medicine, **Teacher of  
the Year, 2000-01**

**Special Advisor**, The Advisory Board, Clinical Initiatives Center, "The  
Clockwork ED - Expediting Diagnosis," 1999

Morristown Memorial Hospital Residency in Emergency Medicine, **Most  
Valuable Contributor, 1997-98**

Psi Sigma Alpha Society (National Osteopathic Scholastic Honorary Society)

Sigma Sigma Phi, Grand Chapter (National Honorary Osteopathic Fraternity)

Student Osteopathic Medical Association (SOMA) Scholarship, 1987

Howard G. Lapsley Memorial Scholarship, Muhlenberg Hospital, Plainfield,  
New Jersey, 1987

New Jersey State First Aid Council State Championship - First Aid Competition,  
Youth Group, 1976

Commendation from N. J. State First Aid Council 5<sup>th</sup> District - 5/19/91 for  
service to first aid & rescue squads



**NATIONAL  
ACTIVITIES**

American Board of Emergency Medicine (**ABEM**):  
Oral Board Examiner, 2002-2013 (4 Terms)  
Senior Oral Board Examiner, 2014–present (30 Exams)

American College of Emergency Physicians (**ACEP**):  
Board of Governors, Emergency Medicine Action Fund (**EMAF**),  
2011-2013  
Chairman, Federal Governmental Affairs Committee (**FGA**), 2011-  
2014  
Team Captain, 911 Legislative Network, 2007-present  
Federal Governmental Affairs Committee (**FGA**), 2005-present  
911 Legislative Network, 2003-present  
Board of Directors National Emergency Medicine Political Action  
Committee (**NEMPAC**), 2003-08.  
State Legislative/Regulatory Committee, 2006-present

**STATE ACTIVITIES**

American College of Emergency Physicians, New Jersey Chapter (**NJACEP**):  
Immediate Past President, 2006  
President, 2005-06  
President-Elect, 2004-05  
Secretary/Treasurer, 2003-04  
Councilor or Alternate Council, 2003-present  
Treasurer, 2002-03  
Board of Directors, 1999-2006  
Chairman, Political Action Committee, **STATPAC**, 2002-2013  
Government Affairs/STATPAC, 2001-2003  
Co-Chair, Government Affairs/STATPAC, 2000-01

Iowa Osteopathic Medical Association  
Board of Trustees, 2021-present

New Jersey Association of Osteopathic Physicians and Surgeons (**NJAOPS**):  
Board of Directors, 2014-2018  
Government Affairs Committee, 2014-2018  
Grassroots Committee, 2014-2018

State of New Jersey Commission on Rationalizing Health Care Resources,  
Subcommittee Hospital/Physician Relations & Practice Efficiency Commission  
(Gubernatorial Appointment), 2007-08

State of New Jersey Health Care Access Commission (Gubernatorial  
Appointment), 2006-08

State of New Jersey Advisory Council for Basic & Intermediate Life Support  
(EMTTF), (Gubernatorial Appointment), 2002-present

State of New Jersey, Influenza Pandemic Action Committee, 1999-2006

**EMPLOYMENT  
EXPERIENCE**

Van Buren County Hospital, Keosauqua, Iowa, 2016-present

Envision Physician Services, formerly EmCare (EmCare's Partners Group-EPG), formerly Emergency Medical Associates (EMA), Parsippany, NJ –  
Employed Physician, 1994-present

Current Base Hospital – Hackettstown Medical Center, Hackettstown  
NJ, 2016-present

Prior Base Hospital - Morristown Medical Center, Morristown, NJ,  
1994-2016

Atlantic Health, Morristown Medical Center, Travel MD™, Corporate Health -  
Clinical Medical Director, 1995-present (Independent Contractor Status)

**PROFESSIONAL  
EXPERIENCE**

Emergency Department, Van Buren County Hospital (**VBCH**), Keosauqua, IA  
Emergency Department Director  
Medical Director VBCH Ambulance

Department of Emergency Medicine, Morristown Medical Center,  
Morristown, NJ:

Chairman, Department of Emergency Medicine 2015-2016  
Interim Chairman, Department of Emergency Medicine 2014-2015  
Vice Chairman, Department of Emergency Medicine 2001-2013  
Attending & Faculty Member, Residency in Emergency Medicine,  
2001-2016  
Associate Attending & Faculty Member, Residency in Emergency  
Medicine, 1996-2001  
Assistant Attending & Faculty Member, Residency in Emergency  
Medicine, 1994-96  
Clinical Medical Director Fast Care & Work Med, 1995-2016  
Medical Review Officer, Work Med, 1995-2016  
Associate Director Emergency Department, 1995-2014

Staff Physician - Your Doctor's Care, Somerville, NJ, 1994

Team Physician Sports Coverage Parsippany-Troy Hills High School,  
Parsippany, NJ 1993

Morristown Memorial Hospital Mt. Kimball Division Work Med - Occupational  
Medicine Clinic Morristown, NJ, 1993-94

**HOSPITAL  
ACTIVITIES**

Van Buren County Hospital, Keosauqua, IA  
Medical Staff Secretary, 2019-2020  
Member, Quality and Patient Safety Committee, 2018-present  
Member, P&T Committee, 2018-present  
Member, Trauma Committee, 2018-present

Morristown Medical Center, Morristown, NJ:

Morristown Medical Center Advisory Board Member, 2014-2016  
Member, Atlantic Health Sepsis Initiative Committee, 2011-2016  
Member, Quality and Patient Safety Committee, 2008-2016

**HOSPITAL  
ACTIVITIES**  
(con't.)

Member, Department of Cardiovascular Medicine, STEMI Team Committee, 2007-2016  
Member, Radiology Task Force, 2005-06  
Member, ED Peer Review Committee, 2005-2016  
Member, Clinical Resource Management Committee, 2001-05  
Co-Chairman, Trauma Quality Improvement Committee, 2005-2016  
Chairman, Trauma Quality Improvement Committee, 2002-03, 04-05  
Member, CPR Committee, 1999-2013  
Chairman, ED/Radiology Performance Improvement Team, 1998-2003  
Chairman, ED Performance Improvement Committee, 1996-98  
Member, Hospital Wide Performance Improvement Committee, 1995-2008  
Member, MI Critical Care Pathway Committee, 1995-2003  
Chairman, CPR Committee, 1994-98  
ACLS Course Medical Director, Advanced Cardiac Life Support American Heart Association, 1994-97  
Member, Trauma Quality Improvement Committee, 1994-2002, 2003-2004  
Trauma Liaison, Department of Emergency Medicine to Department of Surgery, Section of Trauma for Level I Trauma Center designation, 1994-2016  
Member, Trauma/Radiology CQI Committee, 1994

**ACADEMIC  
APPOINTMENTS**

**Assistant Clinical Professor Emergency Medicine**, Sidney Kimmel Medical College – Thomas Jefferson University, Philadelphia, Pennsylvania, 2015-2018  
  
**Assistant Clinical Professor Emergency Medicine**, Mount Sinai School of Medicine, New York, New York, 2008-2015

**FUNDED  
RESEARCH**

**Program Title:** Expanded Access IND Program to Provide Stamaril® Vaccine to Persons in the United States for Vaccination Against Yellow Fever  
**Program #:** STA00011  
**Sponsor:** Sanofi Pasteur  
**Sponsor's Primary Investigator:** Dr. Riyadh Muhammad  
**Sub-Investigator:** William B. Felegi, D.O.

**PUBLICATIONS**

Felegi WB, Silverman M, Allegra, J. (2003). Does the distribution of written guidelines with accompanying educational information for appropriate use of meperidine change emergency department physicians' prescribing habits? *Annals of Emergency Medicine* (abstract), 42, s101.

Felegi, W.B., Lavery, W.B., Oh, D., Tortella, B.J.: **Does Point-of-Care Testing in the Out-of-Hospital Setting Influence Patient Care?** (Abstract). *Prehospital Emergency Care*, 1(3): 179.

Lavery, R.L., Felegi, W.B., Oh, D., Tortella, B.J.: **Does Point-of-Care Testing in the Out-of-Hospital Setting Influence Patient Care?** (Abstract). *Academic Emergency Medicine*, 4(5): 436.

Felegi, W.B, Doolittle, R.L., Conston, A.S., Chandler, S.V.: **Gastric Trauma and Pulmonary Aspiration at Autopsy After Cardiopulmonary Resuscitation** (Abstract). *Prehospital and Disaster Medicine*, 1996, 11(3): 103.



**PRESENTATIONS**  
(con't.)

Felegi, W.B., Doolittle, R.L., Conston, A.S., Chandler, S.V.: **Gastric Trauma and Pulmonary Aspiration at Autopsy After Cardiopulmonary Resuscitation** (Abstract). Academic Emergency Medicine, 1996, 3(5).

Allegra, J.R., Brennan, J., Felegi, B., Fields, L., Grubiner, F., Kiss, G., Lavery, B., Pruzik, T.: **Use of Time-Temperature Indicators to Monitor the Storage Temperature of Medications in the Prehospital Setting** (Abstract). Annals of Emergency Medicine, 1996, 27(1): 147.

Felegi, W.B.: **The Silent Killers, Part II - Methane**. Emergency Medical Services, 1983, 12(3):62-64.

Felegi, W.B.: **The Silent Killers, Part I - Carbon Monoxide**. Emergency Medical Services, 1983, 12(2):54-59.

Nirmala, A., W. Felegi, J.M. Stern: ***In Utero* Alcohol Heightens Juvenile Reactivity**. Pharmacology, Biochemistry & Behavior, 1980, 13:531-535.

Arizona College of Osteopathic Medicine, Phoenix, AZ, **"Escape Fire"** – Panel Discussion with Questions and Answers by the 2012-13 AOA Health Policy Fellows, March 14, 2013

Givaudan Fragrances, Ridgedale Site, East Hanover, NJ, **"International Travel Medicine – Protect Your Health Before You Go,"** October 16, 2012

Schindler Elevator, Randolph, Morristown, NJ, **"'Hot' Tips for the Prevention and Treatment of Heat Emergencies,"** August 14, 2012

Schindler Elevator, Morristown, NJ, **"'Hot' Tips for the Prevention and Treatment of Heat Emergencies,"** June 28, 2012

Bi-Annual Overlook Family Medicine Reunion and Update, "Global Health and Medical Volunteerism" - Overlook Hospital, Summit, NJ, **"Don't Become a Patient: Preparation for International Travel,"** May 16, 2008

Grand Rounds/Visiting Professor Lecture Series, Department of Emergency Medicine, SUNY – Stony Brook, **"Emergency Medicine Billing & Reimbursement,"** June 5, 2007

American College of Emergency Physicians 2006 Leadership & Advocacy Conference, **"Leveraging the ACEP State Report Card to Advance Your State Advocacy Agenda"** with Panel Discussion, May 23, 2006

American College of Emergency Physicians 2006 Leadership & Advocacy Conference, **"Power-Packed Ideas to Empower Your State PAC"** with Panel Discussion, May 23, 2006

NJ Emergency Nurses' Association (ENA) Emergency care Conference, **"Illness in unexpected places – Travel Related Medicine in the ED,"** May 17, 2006

St. Joseph's Regional Medical Center Emergency Medicine Residency Governmental Affairs Conference Day, **"State Liability Issues and Update"** with Panel Discussion, August 11, 2004

**PRESENTATIONS**  
(con't.)

2004 Bridgewater Township Middle School Career Day, **"Emergency Medicine & Osteopathic Medical Education."**

2003 American College of Emergency Physicians Research Forum, Boston, Massachusetts, abstract poster presentation entitled: **"Does the Distribution of Written Guidelines with Accompanying Educational Information for Appropriate Use of Meperidine Change ED Physicians' Prescribing Habits?"**: W.B. Felegi, M.E. Silverman, J.R. Allegra Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey, October, 2003

2003 Atlantic Health System Annual Research Day abstract poster presentation entitled: **"Does the Distribution of Written Guidelines with Accompanying Educational Information for Appropriate Use of Meperidine Change ED Physicians' Prescribing Habits?"** W.B. Felegi, M.E. Silverman, J.R. Allegra Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey, June, 2003

2003 New Jersey Chapter of the American College of Emergency Physicians Scientific Assembly, Woodbridge, New Jersey abstract poster presentation entitled: **"Does the Distribution of Written Guidelines with Accompanying Educational Information for Appropriate Use of Meperidine Change ED Physicians' Prescribing Habits?"** W.B. Felegi, M.E. Silverman, J.R. Allegra Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey, May, 2003

2003 7<sup>th</sup> Annual New England Regional Society for Academic Emergency Medicine, Shrewsbury, Massachusetts, abstract poster presentation entitled: **"Does the Distribution of Written Guidelines with Accompanying Educational Information for Appropriate Use of Meperidine Change ED Physicians' Prescribing Habits?"** W.B. Felegi, M.E. Silverman, J.R. Allegra Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey, April, 2003

2003 6<sup>th</sup> Annual Mid-Atlantic Regional Society for Academic Emergency Medicine, Washington, DC, abstract poster presentation entitled: **"Does the Distribution of Written Guidelines with Accompanying Educational Information for Appropriate Use of Meperidine Change ED Physicians' Prescribing Habits?"** W.B. Felegi, M.E. Silverman, J.R. Allegra Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey, March, 2003

1999 Institute for Health Care Improvement 11<sup>th</sup> Annual National Forum on Quality Improvement & Health Care storyboard entitled **"Decreasing X-Ray Turnaround Time in the Emergency Department"**: W.B. Felegi, Department of Emergency Medicine, Morristown Memorial Hospital, December, 1999

1998 Institute for Healthcare Improvement, National Congress on Reducing Waits & Delays & Improving Patient Satisfaction in the Emergency Department, Orlando, Florida, oral lecture entitled, **"Reducing X-Ray Times in the Emergency Department,"** W.B. Felegi, Department of Emergency Medicine, Morristown Memorial Hospital, November, 1998

## **PRESENTATIONS**

(con't.)

1998 Morristown Memorial Hospital Annual Research Day Competition, abstract poster presentation entitled, **"Does Point-of-Care Testing in the Out-of-Hospital Setting Influence Patient Care?"**: R. Lavery, W.B. Felegi, D. Oh, B. Tortella, Department of Emergency Medicine, Morristown Memorial Hospital, Morristown; Department of Surgery, University of Medicine & Dentistry, Newark, New Jersey, June, 1998

1998 Emergency Medicine Clinical Pathological Conference (CPC) Region D (Central Region) Competition, Society of Academic Emergency Medicine, Chicago, Illinois, May, 1998

1997 National Association of Emergency Medical Services Physicians Mid-Year Meeting and Scientific Assembly, Incline Village, Nevada, abstract oral presentation entitled, **"Does Point-of-Care Testing in the Out-of-Hospital Setting Influence Patient Care?"**: R. Lavery, W.B. Felegi, D. Oh, B. Tortella, Department of Emergency Medicine, Morristown Memorial Hospital, Morristown; Department of Surgery, University of Medicine & Dentistry, Newark, New Jersey, July, 1997

1997 Annual Meeting Society for Academic Emergency Medicine, Washington, D.C., oral poster presentation entitled, **"Does Point-of-Care Testing in the Out-of-Hospital Setting Influence Patient Care?"**: R. Lavery, W.B. Felegi, D. Oh, B. Tortella, Department of Emergency Medicine, Morristown Memorial Hospital, Morristown; Department of Surgery, University of Medicine & Dentistry, Newark, New Jersey, May, 1997

1997 1<sup>st</sup> Annual New England Regional Society for Academic Emergency Medicine Conference & Brown University School of Medicine, Providence, Rhode Island, abstract poster presentation entitled, **"Does Point-of-**

**Care Testing in the Out-of-Hospital Setting Influence Patient Care?"** R. Lavery, W.B. Felegi, D. Oh, B. Tortella, Department of Emergency Medicine, Morristown Memorial Hospital, Morristown; Department of Surgery, University of Medicine & Dentistry, Newark, New Jersey, April, 1997

1996 Special Guest Speaker for Emergency Medical Services Paramedics **"Gynecological, Obstetrical & Neonatal Emergencies"** - New Jersey State First Aid Council 68<sup>th</sup> Annual Convention, Educational Symposium & Trade Show, Lake Kiamesa, New York, October, 1996

1996 American College of Emergency Physicians Research Forum, Cincinnati Ohio, abstract presentation entitled **"Use of Time - Temperature Indicators to Monitor the Storage Temperature of Medications in the Prehospital Setting"**: J.R. Allegra, J. Brennan, B. Felegi, L. Fields, F. Grubiner, G. Kiss, B. Lavery, T. Pruzik; Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey; Lifeline Technologies, Inc.; and, University & Dentistry of New Jersey, February 1996



## PRESENTATIONS

(con't.)

1996 Annual Meeting Society for Academic Emergency Medicine, Denver, CO, abstract poster presentation entitled, **"Gastric Trauma and Pulmonary Aspiration at Autopsy After Cardiopulmonary Resuscitation"**: W. B. Felegi, R.L. Doolittle, A.S. Conston, S.V. Chandler; Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey; Department of Pathology, Somerset Medical Center, Somerville, New Jersey, May 1996

1996 New Jersey Chapter of the American College of Emergency Physicians Scientific Assembly, Atlantic City, NJ, abstract poster presentation entitled, **"Gastric Trauma and Pulmonary Aspiration at Autopsy After Cardiopulmonary Resuscitation"**: W. B. Felegi, R.L. Doolittle, A.S. Conston, S.V. Chandler; Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey; Department of Pathology, Somerset Medical Center, Somerville, New Jersey, June 1996

1996 National Association of Emergency Medical Services Physicians Mid-Year Meeting and Scientific Assembly, San Diego, CA, abstract oral presentation entitled, **"Gastric Trauma and Pulmonary Aspiration at Autopsy After Cardiopulmonary Resuscitation"**: W. B. Felegi, R.L. Doolittle, A.S. Conston, S.V. Chandler; Department of Emergency Medicine, Morristown Memorial Hospital, Morristown, New Jersey; Department of Pathology, Somerset Medical Center, Somerville, New Jersey, July 1996

Special Guest Speaker for Emergency Medical Services Paramedics Gynecological, Obstetrical & Neonatal Emergencies" 1995 - New Jersey State First Aid Council 67<sup>th</sup> Annual Convention, Somerset, New Jersey

Special Guest Speaker for Emergency Medical Services Paramedic Personnel: Morris County Fire & Police Academy Emergency Medical Technician Core Lecturer EMT Basic & Refresher Courses, 1991- 1994

Introduction to Emergency Nursing Lecture Series of Morristown Memorial Hospital Guest Speaker, 1992

13<sup>th</sup> Annual Maine Biological and Medical Services Symposium poster presentation entitled **"Gastric Ruptures, Gastric Mucosal Lacerations, and Gastric Dilation Following Cardiopulmonary Resuscitation in the Prehospital Environment,"** June 1987

Special Guest Speaker for Emergency Medical Services Personnel and their response to the Crime Scene for:

1984 - St. Peter's Medical Center Area First Aid Council, New Brunswick, N.J.

1984 - Plainfield Rescue Squad, New Jersey

1984 - Essex County and the Cedar Grove Rescue Squad, New Jersey

1984 - New Jersey State First Aid Council 56<sup>th</sup> Annual Mid-Year Assembly, Cherry Hill, New Jersey

1983 - New Jersey State First Aid Council 55<sup>th</sup> Annual Convention, New York

**COMMUNITY  
SERVICE**

Medical Director, Farmington EMS, Farmington, IA, 2018-present

Life Member Bound Brook Rescue Squad, Inc., 1974-present

Delegate-at-Large to the 5<sup>th</sup> District of the New Jersey State First Aid Council, 1983-present

Community Member, Bridgewater Township Emergency Medical Services Committee, 2001-03

Vice-President 5<sup>th</sup> District of the New Jersey State First Aid Council, 1983-85

Democratic Male Committee Member, Bridgewater Township District 26, 2004-2008

Former ACLS (American Heart Association) Instructor 1994-2007

Former Instructor American Red Cross Standard & Advanced First Aid & Emergency Care (10 years)

Former Instructor American Heart Association C.P.R. (8 years)

Former Instructor NJ State First Aid Council Extrication (4 years)

Former member Somerset County's Citizen Advisory Task Force on Domestic Violence for Battered Spouses & Child Abuse (1 year)

Former member Bound Brook School District Citizen's Advisory Thoroughness & Efficiency Committee (2 years)

## 2023 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

**Robert J. Hancock, DO FACEP**

**Question #1: How can ACEP optimize its financial resources to ensure future stability?**

The future stability of ACEP is largely dependent on the organization's ability to recruit and retain members. Recent years have seen a decline in membership which is largely multifactorial. While the number of board-certified emergency physicians continues to increase, ACEP membership has been flat or declined in recent years. This pattern must be reversed in order to secure the financial stability of the organization.

In order to increase and stabilize membership, ACEP needs to focus on issues that affect the greatest number of practicing emergency physicians. These issues include reimbursement, workplace violence, due process, EMTALA, tort reform, and physician wellness/mental health. Additionally, ACEP needs to clearly communicate to the average member how our advocacy efforts benefit them on a daily basis. Unfortunately, many former members of ACEP have communicated to me that they chose to leave the organization because they no longer felt ACEP was focused on the issues that affect them most. While I feel that these thoughts are often misguided, it does demonstrate that the organization needs to demonstrate its focus on these core issues. I think it is fair to say that the average member wants to clearly understand what they are getting in return for the substantial dues they pay to ACEP.

Additionally, the organization must be a good steward of its financial resources. This includes making prudent investments and also demonstrating to membership that money spent is going towards issues that matter to the average member. Additionally, continuing to pursue and expand non-dues income adds another component of financial stability which will ultimately benefit members.

**Question #2: Describe how your election to the Board of Directors would enhance ACEP's ability to speak for and represent all emergency physicians.**

During my time as a board-certified emergency physician, I have worked in a diverse group of environments. I currently serve as core faculty in an emergency medicine residency in rural Oklahoma and also practice in a large suburban trauma center in the Dallas area. Previously, I have worked in large urban trauma centers, academic centers, freestanding emergency departments, EMS, and critical access hospitals. This has allowed me to personally experience the unique challenges faced by emergency physicians in all of these environments.

As TCEP President, I led the organization during the early part of the Covid pandemic. This was a challenging but valuable experience in which I learned new skills that ranged from handling conflicting viewpoints from members to conducting local and national media interviews. These experiences definitely made me a better leader in emergency medicine, and I hope to bring these same skills to the ACEP Board of Directors.

I currently serve as the Board Chair of the Texas Alliance for Patient Access. This is the organization that successfully lobbied for tort reform in Texas in 2003. As board chair, I lead an organization comprised of physicians, healthcare systems, medical malpractice providers, and professional associations. The current mission of this organization is to protect tort reform in Texas. This is a position that requires me to interact with lobbyists, legislators, trial lawyers, and leaders of many medical organizations. This position has taught me how to work collaboratively among groups with competing interests and identify the best path forward for the organization.

My diverse background and experience would enhance the ACEP Board of Directors if I were elected. I have personally experienced the frustrations and unique challenges in many different areas of emergency medicine, and I am prepared to address these challenges should I be elected to the ACEP Board of Directors.

**Question #3: From your perspective, what would you do to ensure that emergency medicine remains an attractive specialty?**

The decline in the popularity of emergency medicine and the subsequent significant decline in the match statistics should be very concerning for all of us. The underlying causes of the decline are multifactorial and many were significantly worsened during Covid.

The issue with boarding evolved into a crisis during Covid. This required many of us to see a significant percentage of our patients in the waiting room or hallway chairs. While this was a necessity during Covid, it definitely had a negative impact on medical students during rotations; and I actually had several medical students tell me that they did not want to train and practice under those conditions. This resulted in many students choosing specialties that were in a more controlled environment with fewer variables.

While many of us were initially treated as “healthcare heroes” during Covid, this quickly deteriorated into angry patients and families who vented their frustration at the emergency department staff. The increase in hostility and workplace violence also has driven medical students to reconsider if emergency medicine is truly their calling. I have had medical students tell me they were leaning away from emergency medicine because of safety concerns.

The Covid pandemic also exposed massive holes in the “healthcare safety net”. For those of us that work in critical access hospitals with variable specialty coverage, Covid created massive patient safety issues. Every facility cited “capacity” and was blanketly declining every transfer unless it was trauma, STEMI or stroke. In many cases, patients deteriorated and died from conditions requiring specialists while we begged for anyone to help. Medical students witnessed our absolute frustration with the system and I am certain it made them question their decision to pursue emergency medicine.

ACEP is already taking steps to address boarding and workplace violence. However, I still think there is much more that can be done and these are two issues that we must continue to pursue through advocacy and legislation. Additionally, I feel ACEP should lead the way on pursuing revisions to EMTALA that would update an outdated statute and guarantee that critically ill patients have access to definitive care.

Unfortunately, these issues have also caused many emergency physicians to become frustrated and speak negatively in front of medical students. It is imperative that we not only work to fix these issues, but also encourage our members to support our specialty and attract quality candidates for emergency medicine. They are the future of emergency medicine!

## CANDIDATE DATA SHEET

**Robert J. Hancock, DO FACEP**

### **Contact Information**

Robert J. Hancock, DO FACEP

**Phone:** 972-740-0079

**E-Mail:** robhancock73@att.net

### **Current and Past Professional Position(s)**

Clinical Assistant Professor – Oklahoma State University

Core Faculty – Emergency Medicine Residency – Comanche County Memorial Hospital – Lawton, OK

Board Chairman – Texas Alliance for Patient Access

BEST EMS – EMS Medical Director

Texas Governor's EMS and Trauma Advisory Council – Past

Co-Medical Director – Methodist Dallas Medical Center - Past

### **Education (include internships and residency information)**

University of North Texas Health Science Center at Fort Worth – Doctor of Osteopathic Medicine - Graduated 2004

UT Southwestern/Parkland Memorial Hospital – Emergency Medicine Residency – Graduated 2007

Doctor of Osteopathic Medicine - 2004

### **Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)**

American Board of Emergency Medicine (Initial 2008, Recert 2018)

### **Professional Societies**

American College of Emergency Physicians

Texas Medical Association

Texas Alliance for Patient Access

### **National ACEP Activities – List your most significant accomplishments**

Served on ACEP council for over 5 years

### **ACEP Chapter Activities – List your most significant accomplishments**

Texas Chapter – President 2020-2021

**Practice Profile**

**Total hours devoted to emergency medicine practice per year:**      1680      Total Hours/Year

**Individual % breakdown the following areas of practice. Total = 100%.**

Direct Patient Care 80 %      Research 0 %      Teaching 20 %      Administration 0 %

Other: \_\_\_\_\_ %

**Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)**

I currently am an attending physician at a busy rural facility in Lawton, Oklahoma. I am core faculty in the emergency medicine residency program which is affiliated with Oklahoma State University. The facility is staffed by American Physician Partners. However, I have no leadership role with APP. We are compensated for our direct clinical care by APP and by the hospital for academic time.

**Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)**

Core Faculty – Comanche County Memorial Hospital EM Residency

Clinical Assistant Professor – Oklahoma State University

**Expert Witness Experience**

*If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.*

<b>Defense Expert</b>	<b>0</b>	<b>Cases</b>	<b>Plaintiff Expert</b>	<b>0</b>	<b>Cases</b>
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## CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

**Robert J. Hancock, DO FACEP**

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: American Physician Partners

Address: 3401 W. Gore Blvd

Lawton, OK. 73505

Position Held: Emergency Medicine Physician, Core Faculty

Type of Organization: Contract Management Group

Employer: Integrative Emergency Services

Address: 1650 W College St

Grapevine, TX. 87051

Position Held: Part-Time Emergency Medicine Physician

Type of Organization: Contract Management Group (Physician Owned)

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: Texas Alliance For Patient Access

Address: 2301 South Capital of Texas Highway, Building J-101

Austin, Texas. 78746

Type of Organization: Coalition of physicians and organization that work to protect tort reform in Texas

Leadership Position: Board Chair

Term of Service: Since 2021

Organization: Texas College of Emergency Physicians

Address: \_\_\_\_\_

Type of Organization: State Chapter of ACEP

Leadership Position: President 2020-2021, Board Member 2015-2022

Term of Service: 2015-2022

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Robert J. Hancock

06/13/2023

**2023-2024  
Board of Directors**

Sandra Williams, DO, MPH,  
FACEP  
*President*

Doug Jeffrey, MD, FACEP  
*President Elect*

A.J. Kirk, MD, FACEP  
*Treasurer*

Bryan Dunn, MD, FACEP  
*Secretary*

Sterling Overstreet, MD, FACEP  
*Immediate Past President*

Sara Andrabi, MD, FACEP

Jessica Best, MD, FACEP

Ciaura Brown, MD, MBA

Angela Cornelius, MD, FACEP

Abbey Pastorelle

Anant Patel, DO, FACEP

Julien Mahler, MD

Marcus Sims, DO, FACEP

Theresa Tran, MD, MBA, FACEP

*Mission Statement:  
The Texas College of  
Emergency Physicians exists  
to promote quality emergency  
care for all patients and to  
represent the professional  
interests of our members.*



July 5, 2023

Dear Councillors,

On behalf of the Texas College of Emergency Physicians (TCEP), it is my great pleasure to endorse Robert Hancock, DO, FACEP as a candidate for the ACEP Board of Directors.

As a college, we give this endorsement with our full support. Dr. Hancock has been a member of ACEP/TCEP since 2000 and brings experience and accomplishments in clinical practice (both rural and community), national ACEP, and our Chapter that, at this time of challenge to our profession, will be of great value in advancing emergency care. Within ACEP, Dr. Hancock has served with distinction as a Councilor since 2018, and the 911 Network.

Dr. Hancock has served in every capacity on the TCEP Board, moving up through the offices to President in 2020-21. It was his service as President that really set the bar. When he served as President of the Chapter, it was a time of great turmoil for the nation and Emergency Medicine, as the COVID pandemic was changing the world.

For the entire duration of his term as President and continuing as he served as Past President, Dr. Hancock was the TCEP spokesperson regarding the pandemic, vaccines, testing, addressing patient fears, and dispelling miscommunication. While we did not track every TV, radio and zoom interview that he had, he did well over 120 media interviews statewide, nationally and even internationally. His dedication to handling several interviews in one day/night was truly phenomenal. To further emphasize how important this was, ACEP chose to recognize Dr. Hancock as the recipient of ACEP's Spokesperson of the Year Award, 2021.

His leadership service within TCEP and the medical community exemplify the skills that will be of value to the ACEP Board of Directors. You can see from his CV, that he has served on many committees and in leadership positions. Within TCEP, he continues to serve on the Finance committee, EMPACT board, the Search Committee, and the Government Relations committee.

In looking at collaboration outside of the House of Medicine, Dr Hancock has been a leader in tort reform for EM in Texas. After serving on the TAPA board for several years as a liaison for emergency medicine, Dr. Hancock now serves as the President of the Texas Alliance for Patient Access (TAPA) which is the organization which helped tremendously with our tort reform success.

The Texas Chapter is proud to give him our highest endorsement.

Thank you for your consideration, and please do not hesitate to reach out to me or our Executive Director Beth Brooks, ([tcep@texacep.org](mailto:tcep@texacep.org)) with any questions.

Sincerely,

Sandra Williams DO, FACEP  
President

## **Robert J. Hancock, DO FACEP**

I believe that the best path to emergency physician wellness and career longevity is to support policy that makes it easier and less stressful for the average emergency physician to practice emergency medicine. ACEP needs to concentrate on those issues that unite us as emergency physicians and affect the greatest number of our members and patients. These include reimbursement, medical liability, clinical guidelines, due process, ED violence, boarding and psych holds. While ACEP is already working on some of these issues, I feel there is still more that can be done. Given my experience in virtually every area of EM (Inner City, Suburban, Rural, Academic, FSED, EMS) I feel that I can offer a unique perspective on many of these issues.

Additionally, I am concerned about the increasing tendency for hospitals who claim to be “full” to refuse transfers for higher level of care based on “lack of capacity”. I feel ACEP should work with relevant stakeholders to determine what actually constitutes “lack of capacity” under EMTALA. This significantly worsened during the Covid pandemic and hospitals are continuing to use this excuse to refuse transfers from outside facilities while accepting patients from inside their own hospital system. In my opinion, this isn’t a “lack of capacity” but rather a lack of compassion.

By concentrating on those issues most relevant to the average member, ACEP can increase new membership and improve member retention. I look forward to the opportunity to serve an organization that has meant so much to my own career. I greatly appreciate this opportunity, and I respectfully ask you to entrust me with your vote.

Robert J. Hancock, DO FACEP  
ACEP Board of Directors Candidate



Background

Baylor University – Undergraduate  
UNT Health Science Center – Medical School  
Parkland Hospital – Emergency Medicine Residency  
Diplomate – American Board of Emergency Medicine

Goals as an ACEP Board Member

Expand and retain members  
Advocate for those issues most relevant to the majority of ACEP membership

Leadership

ACEP Councilor	2018-Present
Board Chair – Texas Alliance for Patient Access	2021-Present
Texas College of Emergency Physicians – President	2020-2021
Texas College of Emergency Physicians – Board Member	2015-2022
ACEP Spokesperson of the Year	2021
Texas Governor’s EMS/Trauma Advisory Committee	2021-2022
Texas State Board of Medical Examiners – Expert Panelist	2017-Present

Clinical Practice

I have practiced in inner city trauma centers, academic medical centers, rural critical access hospitals, free-standing emergency departments, and community emergency departments. I am currently core faculty in an emergency medicine residency program in Lawton, Oklahoma. Additionally, I work part-time in a busy community hospital (Level 2 trauma center) in the Dallas/Fort Worth metroplex; and I currently serve as an EMS Medical Director for 7 Fire/EMS departments and 2 large corporations.



# *Robert Hancock, DO, FACEP*

*robhancock73@att.net*

## **MEDICAL SPECIALTY**

Diplomate of the American Board of Emergency Medicine  
Fellow of the American College of Emergency Physicians

## **PREMEDICAL EDUCATION**

1996-2000: Bachelor of Science in Biology  
Baylor University, Waco, Texas

## **MEDICAL EDUCATION**

August 2000 – May 2004: Doctor of Osteopathic Medicine with Honors  
University of North Texas Health Science Center, Fort Worth, Texas

## **RESIDENCY**

June 2004- June 2007: Emergency Medicine  
Parkland Hospital, Dallas, Texas

## **LEADERSHIP POSITIONS**

Clinical Assistant Professor, Emergency Medicine, Oklahoma State University Center for Health Sciences, Comanche County Emergency Medicine Residency Program, 2021-Present

Texas College of Emergency Physicians, President, 2020-2021

Medical Director Committee, Texas Governor's EMS/Trauma Advisory Council, 2020-2022

Texas Alliance for Patient Access, Board Chair, 2021-Present

Interim Medical Director, NWT Medical Center, Amarillo, TX, 2019

Texas College of Emergency Physicians, Board of Directors, 2017-2022

Methodist Dallas Medical Center Emergency Department, Co-Medical Director, March 2010 - October 2013

Assistant Clinical Professor, Department of Surgery, UT Southwestern Medical School, January 2010 – March 2014

Chief Resident, Parkland Hospital, June 2006 – June 2007

## **HOSPITAL STAFF POSITIONS**

Comanche County Memorial Hospital, Lawton, OK, 2019-Present

Northwest Texas Medical Center, Amarillo, TX, 2018-Present

Baylor Scott & White Regional Medical Center - Grapevine, Grapevine, Texas, 2014-Present

Baylor Scott & White Regional Medical Center – McKinney, Mckinney, Texas, 2017-Present

Texoma Medical Center, Denison, Texas, February 2013-2022

John Peter Smith Hospital, Fort Worth, Texas, 2013-2015

Parkland Memorial Hospital, Dallas, Texas, 2010 – 2014  
Methodist Dallas Medical Center, Dallas, Texas, 2006 – 2013  
Methodist Charlton Medical Center, Dallas, Texas, 2006 – 2013  
Methodist Mansfield Medical Center, Dallas, Texas, 2006 – 2013

## **PUBLICATIONS**

Robert Hancock, DO and Timothy Rupp, MD. “Evaluation and Management of Foot Pain in the Emergency Department”. Emergency Medicine Reports. January 21, 2007.

## 2023 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

**Chadd K. Kraus, DO, DrPH, CPE, FACEP**

**Question #1: How can ACEP optimize its financial resources to ensure future stability?**

ACEP's financial vision, resources, stability, and growth must focus on a single mission – to serve and to support members. The fiscal discussions and decisions by the Board and staff must always answer the guiding question: “How does this provide value to our members?” The current economic environment and ACEP's traditional reliance on revenue from membership dues and educational programs have put significant stress on the College's finances. Optimizing the finances of the College is among the biggest issues facing the Board. As a Board member, I will take my fiduciary responsibility to members and the organization seriously, focusing on financial stability while prioritizing the value of membership.

Proactive steps have been taken to stabilize ACEP's finances. The Board along with staff leadership have made difficult and sometimes unpopular decisions, including pausing programs and reducing staff. Financial austerity is an opportunity to refocus organizational priorities toward advancing emergency care and providing membership value to emergency physicians. Optimizing ACEP's financial resources and stability should prioritize three themes: *Members*, *Data*, and *Learning Resources*.

*Members.* Members are the heart, soul, and strength – the “why” – of ACEP. The College must continue to dedicate resources to the recruitment and retention of members. Member dues will continue to be an important part of ACEP's finances, even as the College finds and secures alternative revenue streams. Investment in updated systems and infrastructure to collect and understand both qualitative and quantitative data on what members want and need and to use that information to refine and improve the delivery of member services is critical to our financial success. My experiences on the Member Engagement Strategic Planning team, as well as my service as a large chapter President and Past Chair of the YPS, have prepared me to be a Board member who is focused on increasing ACEP's membership and on maximizing value for members.

*Data.* ACEP must continue to grow its data capabilities as a source of revenue, particularly through E-QUAL and the Emergency Medicine Data Institute (EMDI). As an early member of the Clinical Emergency Data Registry (CEDR) Committee and now as a member of the Innovation Advisory Group (IAG) of the EMDI, I have the experience to generate the ideas and to define the goals, strategies, and tactics for ACEP to utilize data and analytics most effectively. As current Chair of the Emergency Medicine Foundation (EMF), I have firsthand experience with the positive impact and opportunity for ACEP to secure external grants from foundations, governmental agencies, and the private sector as a revenue source.

*Learning Resources.* ACEP provides best-in-class education for emergency physicians. In delivery and in revenue potential, the ACEP education of yesterday will not be the same tomorrow. New approaches to in-person meetings and exploration of other resources such as real-time, bedside clinical applications can generate revenue while being responsive to members' needs. I bring the experience to help achieve these goals to the ACEP Board. As PACEP President, working with a group of dedicated PACEP leaders, we reinvigorated the PACEP Annual Meeting to have its largest attendance on record in 2023.

We have a difficult, yet promising road ahead. Together, we can and will optimize ACEP's finances. As an ACEP Board member, I commit to you to use ACEP's strengths to secure the College's finances for the benefit of emergency physicians.

**Question #2: Describe how your election to the Board of Directors would enhance ACEP's ability to speak for and represent all emergency physicians.**

As an ACEP Board member, my priority will be to represent you, my fellow emergency physicians. In turbulent times, leadership requires strength, stability, awareness, and a willingness to make difficult decisions in a proactive, responsive way. I am that leader. I have demonstrated a sustained commitment to ACEP and have spent time in many “neighborhoods” in the city of ACEP, learning about our shared challenges and opportunities. I have worked with the talented ACEP staff, affirming for me the importance of providing staff with the necessary resources to execute the strategic priorities of the Board on behalf of emergency physicians. As an ACEP Board member, I will be *Committed*, *Dependable*, and *Tenacious* in representing you.

*Committed.* We are colleagues. We share unique experiences. I am enthusiastic and excited to learn from you. I have worked in many different clinical and academic settings, as an employed physician and independent contractor, from freestanding EDs, to remote and rural critical access hospitals in Pennsylvania, to academic medical centers, and as a researcher and educator. I understand the breadth of practice environments where ACEP members work and want to help to improve those workplaces. My public health training and background will be an asset to the Board, to the College, and to you as we continue to create value and impact populations in the ED and beyond the walls of the ED. The practice of EM will look different in a decade – let's make sure it is better for patients, for the public, and for us.

The ACEP Board, like the College, is composed of emergency physicians with a variety of perspectives, a diversity that helps to ensure that the Board represents ACEP members as the voice for all emergency physicians. I have the experience to be

that voice. As PACEP President, I helped to reenergize our leadership fellows program, to redesign our nominations process to develop diverse leaders, and to successfully build consensus in a very “purple” Chapter. Working beside many of you as a Councillor, I have helped to strengthen the voice of the Council by serving on Reference Committees, on Steering Committee, and, for the past two years, as Chair of the Tellers, Credentials and Elections Committee. These Council experiences have prepared me to be a Board member who actively contributes to the debate, discussion, and deliberation that guides our decision-making as the Board. There are times when incremental changes are the right approach and times when we need to entirely reimagine our strategy. As an ACEP Board member, I will hear you and I will translate listening into action.

*Dependable.* Membership is the bedrock of ACEP. Members are why ACEP exists. Fostering membership and mentoring emergency physicians to leadership roles are skills that I bring to the ACEP Board. In my time on the EMRA Board of Directors, as Past Chair of the ACEP Young Physicians’ Section (YPS), and as a faculty in an EM residency program, I have gained an understanding of the pressures, anxieties, and uncertainties facing emergency physicians, no matter one’s career stage. We can turn those challenges into a positive future for emergency physicians. Through my work on EMRA’s documentary, *24/7/365*, on PACEP’s 50<sup>th</sup> Anniversary film, *Missing Square to Shining Star*, and as a member of ACEP’s 50<sup>th</sup> Anniversary Task Force, I was fortunate to meet many of our specialty’s founders. Given the current challenges we face, I reflect on what those founders taught me – that a “can-do” attitude forged our specialty in the face of skepticism and against all odds. We need the same approach now. I want to dedicate my “can-do” attitude, my time, and my energy as an ACEP Board member because emergency physicians are worth fighting for. We deserve the best specialty.

*Tenacious.* Advocacy by and for emergency physicians is ACEP’s strength and is a fundamental responsibility of a Board member. As Past Chair of ACEP’s State Legislative/Regulatory Committee (SLRC), and a Past PACEP President, I understand that “all politics is local.” State advocacy efforts and collaboration between Chapters are the most effective ways to find common solutions and to inform national advocacy discussions. As a member of ACEP’s Strategic Plan Advocacy group, I joined other leaders to integrate ACEP’s federal, state, and professional advocacy efforts. As PACEP President, I was an effective spokesperson for my fellow emergency physicians when interacting with the media and with partner organizations.

When you ask, “Chadd, as an ACEP Board member, what will you do for me?” my response is, “I will listen, I will discuss, and I will act on behalf of emergency physicians.” Together, we will move our specialty forward, we will define the future of acute care deliver, and we will enjoy fulfilling careers in the process.” It is the right time to be an emergency physician. It is the right time to be an ACEP member. I am excited and optimistic about emergency medicine and about us as emergency physicians. Optimists take more chances. Now is our time to think big, to be bold, to build on our past and to capture the future that we deserve. I look forward to the opportunity to represent you and to amplify your voice. Thank you!

### **Question #3: From your perspective, what would you do to ensure that emergency medicine remains an attractive specialty?**

Aside from our founding, this is the most exciting time in the history of Emergency Medicine – a time of volatility, uncertainty, complexity, and ambiguity – a time for us, as emergency physicians, to forge a bright future to become the most attractive specialty. Together, we have navigated turbulent times the last few years. Uplifted by public cheers during COVID’s peak, now we are burdened by a broken system. Boarded inpatients, inadequate resources for patients with psychiatric needs, violence against emergency physicians and ED staff, payers refusing to fairly reimburse us, and non-physicians maneuvering for independent practice have left us feeling unappreciated, morally injured, and ready to quit what feels like an unsustainable career. As an Associate Residency Program Director during the 2022 and 2023 Match, I experienced the impact of these headwinds firsthand. And, contrary to exaggerated media reports claiming that Emergency Medicine is “no longer cool” to medical students, we can become the most attractive specialty by being *Adaptable, Accessible, and Engaged*.

*Adaptable.* Leadership expert John Maxwell says, “The pessimist complains about the wind, the optimist expects it to change, the leader adjusts the sails.” Adaptability is key to our success – in developing novel practice models extending care beyond the walls of the ED, in embracing new directions for careers in Emergency Medicine, in creating value in alternative payment models, and in rightsizing our workforce.

*Accessible.* Care delivered 24/7/365, “no shoes, no shirt, no problem” – this is us; this is Emergency Medicine. As an emergency physician who lives and works in rural Pennsylvania, I appreciate that emergency physicians are the cornerstone of care in low-resource settings. Rural EDs can be incubators of innovation that serve as examples of accessible emergency care in every community. In keeping Emergency Medicine attractive, we will re-imagine the delivery of acute, unscheduled, “no wrong door” care, while creating satisfying, desirable, and fulfilling careers for emergency physicians.

*Engaged.* Our engagement in advocacy, particularly at the local and state levels where employers and legislators influence how we deliver care, is critical to building a viable and sustainable workplace – a practice environment with emergency physician-led teams, adequate staffing, fair employment policies, provisions for our wellness, and functional clinical processes. All emergency physicians benefit from ACEP’s success. Our voices are amplified, and we achieve more when we support one another as members of the ACEP community. Together, we shoulder our burdens, and we celebrate our victories.

What we do matters, and the good that we do is why Emergency Medicine has been, and can be, the most attractive specialty. Now is the time to adjust the sails. In doing so, we will reach the greater heights for Emergency Medicine that patients and the public need and that we, as emergency physicians, deserve.

## CANDIDATE DATA SHEET

**Chadd K. Kraus, DO, DrPH, CPE, FACEP**

### **Contact Information**

1495 Smoketown Road  
Lewisburg, PA 17837

**Phone:** 443-722-9625

**E-Mail:** chaddkraus@gmail.com

### **Current and Past Professional Position(s)**

#### **\*Until September 2023**

Attending Emergency Physician, Geisinger

System Director of Research, Emergency Medicine, Geisinger

Associate Program Director, Geisinger Medical Center Emergency Medicine Residency, Danville, PA

Professor, Geisinger Commonwealth School of Medicine, Scranton, PA

#### **\*Beginning September 2023**

Attending Emergency Physician, Lehigh Valley Health Network (LVHN), Allentown, PA

Vice Chair, Research, Department of Emergency and Hospital Medicine, LVHN

Director, USF-LVHN SELECT Scholarly Activity Capstone

Professor, University of South Florida (USF) Morsani College of Medicine, Tampa FL

Director of Research (part-time), American Board of Emergency Medicine (ABEM), Lansing, MI

### **Education (include internships and residency information)**

Emergency Medicine Residency (Dual AOA/ACGME accredited program, PGY1-4)  
Lehigh Valley Health Network (LVHN), Bethlehem/Allentown, PA, 2014

Doctor of Public Health (DrPH), concentration Health Policy and Management  
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, 2014

Master of Public Health (MPH), concentration in Health Policy and Management  
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, 2005

Doctor of Osteopathic Medicine (DO), Philadelphia College of Osteopathic Medicine, Philadelphia, PA, 2010

**Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)**

List Certifications (e.g., ABEM, AOBEM, AAP, etc.) Here

Board Certification: American Board of Emergency Medicine (ABEM), initial certification 2015

Certified in Public Health (CPH), National Board of Public Health Examiners

Certified Physician Executive (CPE), American Association for Physician Leadership (AAPL)

**Professional Societies**

American College of Emergency Physicians (ACEP)

Pennsylvania College of Emergency Physicians (PACEP)

Emergency Medicine Residents' Association (alumni member) (EMRA)

Society for Academic Emergency Medicine (SAEM)

Pennsylvania Medical Society (PAMED)

Pennsylvania Osteopathic Medical Association (POMA)

American Medical Association (AMA)

American Academy for Physician Leadership (AAPL)

**National ACEP Activities – List your most significant accomplishments**

ACEP Strategic Planning, Advocacy Team	2021
ACEP Strategic Planning, Member Engagement Team	2021
ACEP Emergency Medicine Data Institute, Innovation Advisory Group	2022 – present
Senior Editor, <i>Journal of American College of Emergency Physicians Open</i>	2021 – present

**ACEP Council**

Councillor	2012, 2013, 2015, 2017 – present
Alternate Councillor	2014, 2016
Reference Committee B (Advocacy and Public Policy)	2014, 2018
Tellers, Credentials and Elections Committee	2015 – 2019, 2021
<b>Committee Chair</b>	2021, 2022
Council Steering Committee	2016 – 2019
Annual Meeting Subcommittee	2018
Candidate Forum Subcommittee	2018
Chair, Bylaws Subcommittee	2018 – 2019
Moderator, Candidate Forum	2019

**ACEP Committees, Sections, and Task Forces**

Research Committee	2021 – present
911 Network	2013 – present
State Legislative and Regulatory Committee	2013 – present
<b>Committee Chair</b>	2017 – 2019
Chair, Advocacy Objectives	2016 – 2017
Ethics Committee	2013 – 2022
Subcommittee Chair, <i>ACEP Ethics Compendium</i> Review	2013 – 2015
Clinical Data Registry Committee (CEDR)	2015 – 2020
Data Integrity and Research Subcommittee	
Clinical Resources Review Committee	2019 – 2020
Academic Affairs Committee	2011 – 2013
Cost-Effective Care Task Force (ACEP Choosing Wisely® Recommendations)	2011 – 2014



Young Physicians Section  
Chair Elect  
**Chair**  
Immediate Past Chair

2016 – 2017  
2017 – 2018  
2018 – 2019

**Emergency Medicine Foundation (EMF)**

**Chair**  
Chair-Elect  
Board of Trustees

01/2023 – 12/2023  
01/2022 – 12/2022  
01/2020 – present

**Emergency Medicine Residents' Association (EMRA)**

Board of Directors, *Academic Affairs Representative*  
"25 Under 45"

2011 – 2013  
2021

**ACEP Chapter Activities – List your most significant accomplishments**

**Pennsylvania College of Emergency Physicians (PACEP)**

Board of Directors  
Immediate Past President  
President  
President-Elect  
Vice President  
Secretary  
Chair, PACEP History Project  
Executive Director Search Committee

2018 – 2024  
2023 – 2024  
2022 – 2023  
2021 – 2022  
2020 – 2021  
2019 – 2020  
2018 – 2022  
2018 – 2019

Co-Chair, Young Physicians Committee  
Leadership Fellow

2013 – 2015  
2014 – 2015

Pennsylvania Emergency Physicians Political Action Committee (PEP-PAC)  
Board of Directors

2022 – present

**Practice Profile**

**Total hours devoted to emergency medicine practice per year:** 1544 Total Hours/Year  
hrs

**Individual % breakdown the following areas of practice. Total = 100%.**

Direct Patient Care **35 %** Research **30 %** Teaching **35 %** Administration **0 %**

Other: \_\_\_\_\_ %

**Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)**

Currently, I am employed by Geisinger, a tax-exempt, integrated, multi-hospital health system in rural central Pennsylvania. Beginning in September 2023, I will be employed by Lehigh Valley Health Network (LVHN), a tax-exempt, multi-hospital health system in eastern Pennsylvania.

I work non-clinically in research and education at Geisinger and will continue these activities at LVHN.

I am a part-time employee of the American Board of Emergency Medicine (ABEM) as Director of Research.

***Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)***

**\*Until September 2023**

Attending Emergency Physician, Geisinger

System Director of Research, Emergency Medicine, Geisinger

Associate Program Director, Geisinger Medical Center Emergency Medicine Residency, Danville, PA

Professor, Geisinger Commonwealth School of Medicine, Scranton, PA

**\*Beginning September 2023**

Attending Emergency Physician, Lehigh Valley Health Network (LVHN), Allentown, PA

Vice Chair, Research, Department of Emergency and Hospital Medicine, LVHN

Director, USF-LVHN SELECT Scholarly Activity Capstone Course Program

Professor, University of South Florida (USF) Morsani College of Medicine, Tampa FL

Director of Research (part-time), American Board of Emergency Medicine (ABEM), Lansing, MI

**Expert Witness Experience**

*If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.*

<b>Defense Expert</b>	<b>0</b>	<b>Cases</b>	<b>Plaintiff Expert</b>	<b>0</b>	<b>Cases</b>
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## CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

**Chadd K. Kraus, DO, DrPH, CPE, FACEP**

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: Geisinger (until September 2023)

Address: 100 N. Academy Avenue

Danville, PA 17822

System Director Emergency Medicine Research; Associate Residency Program  
Director; Professor (Geisinger Commonwealth School of Medicine);

Position Held: Emergency Physician

Type of Organization: Integrated Health System (tax-exempt)

Employer: Lehigh Valley Health Network (beginning September 2023)

Address: 1200 South Cedar Crest Blvd

Allentown, PA 18103

Vice-Chair Research, Dept of Emergency and Hospital Medicine; Professor  
(Univ. South Florida Morsani College of Medicine); Emergency Physician

Position Held:

Type of Organization: Health System (tax-exempt)

Employer: American Board of Emergency Medicine (ABEM)

Address: 3000 Coolidge Road

East Lansing, MI 48823

Position Held: Director of Research

Type of Organization: Specialty Certification Board

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: Emergency Medicine Foundation (EMF)

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: 501(c)3 non-profit

Chair, Board of Trustees (2023); Chair-Elect (2022); Board of Trustees (2019-  
2025)

Leadership Position:

Term of Service: Listed in leadership position above

Organization:	<u>Pennsylvania College of Emergency Physicians (PACEP)</u>
Address:	<u>800 N. 3<sup>rd</sup> Street</u>
	<u>Harrisburg, PA 17102</u>
Type of Organization:	<u>Emergency Medicine Specialty Organization (non-profit)</u>
	<u>Immediate Past President (2023-24); President (2022-2023); President-Elect (2021-2022); Vice-President (2020-2021); Secretary (2019-2020); Board of</u>
Leadership Position:	<u>Directors (2018-2024)</u>
Term of Service:	<u>Listed in leadership position above</u>
Organization:	<u>Journal of the American College of Emergency Physicians (JACEP) Open</u>
Address:	<u>n/a</u>
Type of Organization:	<u>Peer-Reviewed Scientific Journal</u>
Leadership Position:	<u>Senior Editor (2021-present); Editorial Board (2019-2021)</u>
Term of Service:	<u>Listed in leadership position above</u>
Organization:	<u>Pennsylvania Medical Society (PAMED)</u>
Address:	<u>400 Winding Creek Blvd</u>
	<u>Mechanicsburg, PA 17050</u>
Type of Organization:	<u>State Medical Society (non-profit)</u>
Leadership Position:	<u>Alternate Delegate for PAMED to AMA House of Delegates</u>
Term of Service:	<u>2020-2023</u>
Organization:	<u>Emergency Medicine Residents' Association (EMRA)</u>
Address:	<u>4950 W. Royal Lane</u>
	<u>Irving, TX 75063</u>
Type of Organization:	<u>Emergency Medicine Specialty Organization (non-profit)</u>
	<u>Board of Directors (Academic Affairs Representative, position now called</u>
Leadership Position:	<u>Director of Education)</u>
Term of Service:	<u>2011-2013</u>

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☐ NONE

☒ If YES, Please Describe:

Ad hoc (paid) research consulting for Cytovale, Inc.

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE

☒ If YES, Please Describe:

Investor in Sycamore Independent Physicians

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☐ N/A

☒ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

Handwritten signature of Chadd K. Kraus in blue ink, with the name "CHAD KRAUS" written in small capital letters below the signature.

Chadd K. Kraus

6/20/2023





**Endorsement for  
Chadd Kraus, DO, DrPH, CPE, FACEP  
Candidate for ACEP Board of Directors**

Dear Councilors,

On behalf of the **Pennsylvania College of Emergency Physicians (PACEP)**, and the **ACEP Young Physicians' Section (YPS)** we enthusiastically endorse Chadd Kraus, DO, DrPH, CPE, FACEP for the ACEP Board of Directors.

Dr. Kraus is a clinical emergency physician and Vice Chair of Research in the Department of Emergency and Hospital Medicine at Lehigh Valley Health Network in Allentown, Pennsylvania, Professor at the University of South Florida Morsani College of Medicine, and Director of Research at the American Board of Emergency Medicine (ABEM). He was previously System Director of EM Research at Geisinger and Associate Program Director of the Geisinger Medical Center EM Residency, where he was selected by EM residents as the 2019 "Teacher of the Year." Dr. Kraus brings first-hand experience on the workforce, reimbursement, and operational challenges of emergency care and the value of emergency physicians in rural areas – the same issues that are important to our specialty in all practice settings.

A committed leader, Dr. Kraus has been active in Council for over a decade, serving on Council Steering Committee, on two Council Reference Committees, and most recently as Chair of the Tellers and Credentials Committee. Dr. Kraus has been a leader in multiple ACEP Committees and Sections, including as past Chair of the State Legislative/Regulatory Committee (SLRC). He is currently Chair of the Emergency Medicine Foundation (EMF), leading EMF as it surpassed \$20 million in total grants awarded during its history. He was a member of ACEP's 50th Anniversary Task Force and participated in ACEP's 2021 strategic planning as a member of the Advocacy and Member Engagement workgroups. He is on the Innovations Advisory Group of the ACEP Emergency Medicine Data Institute (EMDI).

Dr. Kraus has a long and distinguished record of being a leading voice and tenacious advocate for his fellow emergency physicians at all stages in their careers. As a resident, he served on the EMRA Board of Directors as Academic Affairs Representative, and contributed to creating the award-winning documentary film, *24/7/365: The Evolution of Emergency Medicine*. He has been a faculty mentor author for several editions of the *EMRA Advocacy Handbook*. EMRA has recognized Dr. Kraus as a *25 Under 45: Influencer in Emergency Medicine*.

As YPS Chair, Dr. Kraus built on the work of the YPS Chairs before him, accelerating the momentum of leadership development, increasing member engagement, and growing YPS into one of the largest and most active Sections of ACEP. As part of the Member Engagement strategic planning team, he helped develop approaches to personalize ACEP membership to meet members' needs, including bridging the transition from candidate membership to regular membership following residency training.

As PACEP President, Dr. Kraus focused on increasing PACEP's visibility and impact in legislative advocacy, on creating formal processes to develop diverse leaders within PACEP, and on reimagining PACEP's educational offerings, resulting in record attendance at PACEP's 2023 annual Scientific Assembly. In Pennsylvania, he has been a skilled spokesperson interacting with media outlets, testifying before PA General Assembly Committees, and engaging in advocacy with members of Pennsylvania's US Congressional delegation.

Dr. Kraus has proven himself through sustained commitment, tireless dedication, and tangible results to be the type of leader who is well-prepared to represent emergency physicians as an ACEP Board member. PACEP and the YPS give our strongest endorsement and ask for your vote for Chadd Kraus, DO, DrPH, CPE, FACEP for the ACEP Board of Directors.

Sincerely,

A handwritten signature in black ink, appearing to read 'RH', with a stylized flourish at the end.

Richard Hamilton, MD, FACEP  
President  
Pennsylvania College of Emergency Physicians (PACEP)

A handwritten signature in black ink, appearing to read 'ED M.D.', with a stylized flourish at the end.

Edward Descallar, MD, FACEP  
Chair  
ACEP Young Physicians Section (YPS)

## **Chadd K. Kraus, DO, DrPH, CPE, FACEP**

Dear Colleagues,

It is an honor to be a candidate for your ACEP Board of Directors.

As an ACEP Board member, my priority will be to represent you, my fellow emergency physicians. I will be a Board member who listens and who is an effective voice advocating for our needs as emergency physicians and as ACEP members. I will hear you and I will translate listening into action to accomplish our vision for what emergency medicine should be and for how acute, unscheduled, and emergency care should be delivered.

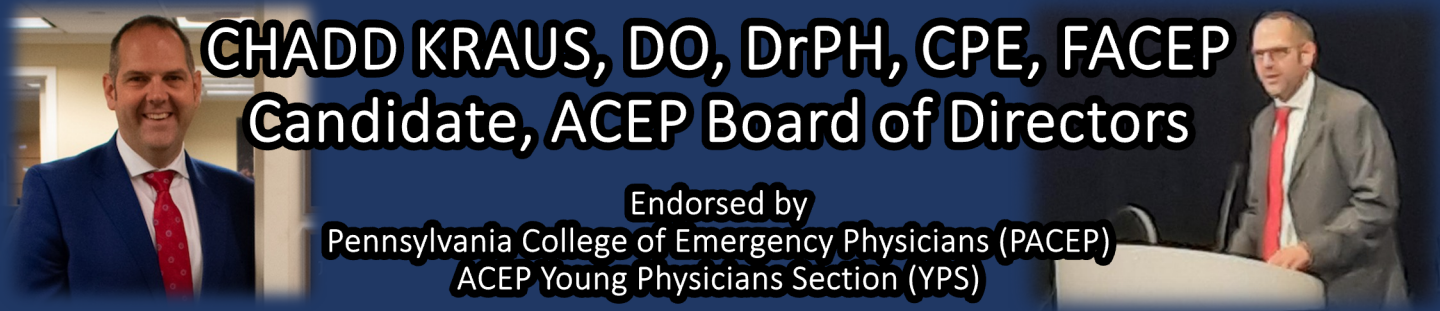
Our specialty, the College, and us as emergency physicians are facing multiple challenges. In turbulent times, leadership requires strength, stability, awareness, and a willingness to make difficult decisions in a proactive, responsive way. I am that leader. I have been fortunate to work with many of you on ACEP Committees, Task Forces, Sections, and Council. In the process, I have learned the “everyday” governance skills that board members need – leading with strategic vision, creating sound budgets, and developing future leaders to name a few. I ask that you consider my sustained dedication to and effective contributions on behalf of ACEP and you, my colleagues, as a preview of what I will bring as an ACEP Board member. For those of you who do not know me, I look forward to meeting you at Council, giving you the opportunity to get to know me, and giving me a chance to listen to your concerns, your perspectives, and your ideas about how we can continue to strengthen ACEP and our specialty.

The ACEP Board, like the College, is composed of emergency physicians with a variety of perspectives, a diversity that helps to ensure that the Board represents ACEP members as the voice for all emergency physicians. I have the experience to be that voice. As PACEP President, I was successful at building consensus in a very “purple” Chapter. Working beside many of you as a Councilor, I have helped to strengthen the voice of the Council by serving on Reference Committees, on Steering Committee, and, for the past two years, as Chair of the Tellers, Credentials, and Elections Committee. These experiences have prepared me to be a Board member who actively contributes to the debate, discussion, and deliberation that guides our decision-making as the Board.

When you ask, “Chadd, as an ACEP Board member, what will you do for me?” my response is, “I will listen, I will discuss, and I will always act in the best interests of emergency physicians and our patients.” Together, we will move our specialty forward, we will define the future of acute care delivery, and we will enjoy fulfilling emergency medicine careers in the process. Now is the right time to be an emergency physician. Now is the right time to be an ACEP member. I am excited and optimistic about emergency medicine and about us as emergency physicians. We must think big, be bold, and build on our past to capture the future that we deserve. I look forward to the opportunity to represent you and to amplify your voice.

I humbly ask for your vote for me for the ACEP Board of Directors to represent you and to work with you to achieve our collective goals. Thank you!

Chadd K. Kraus, DO, DrPH, CPE, FACEP  
chaddkraus@gmail.com



# CHADD KRAUS, DO, DrPH, CPE, FACEP

## Candidate, ACEP Board of Directors

Endorsed by  
Pennsylvania College of Emergency Physicians (PACEP)  
ACEP Young Physicians Section (YPS)

### Proven Leader

- Chair, Emergency Medicine Foundation (EMF) Board of Trustees (2023)
- PACEP
  - Immediate Past President (2023-24)
  - President (2022-23)
  - President-Elect (2021-22)
  - Vice President (2020-21)
  - Secretary (2019-20)
- Chair, ACEP Young Physicians Section (2018-19)
- Chair, ACEP State Legislative/Regulatory Committee (2017-19)
- EMRA Board of Directors (2011-13)
- ACEP EMDI, Innovations Advisory Group (2022-present)
- ACEP Cost-Effective Care Task Force (2011-14)
- ACEP 50th Anniversary Task Force (2018)
- ACEP Committee Member
  - Research (2021-present)
  - SLRC (2013-present)
  - Ethics (2013-22)
  - CEDR (2015-20)
  - Academic Affairs (2011-13)
- ACEP Strategic Planning (2021)
  - Member Engagement Team
  - Advocacy Team
- Councillor/Alternate (2012-present)
  - Steering Committee (2016-19)
  - Reference Committee B (2014, 2018)
  - Chair, Tellers, Credentials, Election Committee (2021,2022)

### Tenacious Advocate

- Promoting Emergency Physician-Led Teams
- Protecting the Prudent Layperson Standard
- Addressing Psychiatric Boarding
- Ensuring Access to Rural Emergency Care
- Fighting Against Malpractice Venue Changes

Pennsylvania must act to avert another medical liability crisis | Opinion By Dr. Chadd K. Kraus

### Committed Colleague

- Clinical experience in a variety of EDs
  - Rural, critical-access hospitals
  - Tertiary-regional referral academic/university hospitals
  - Freestanding EDs
- Experience in large, integrated health systems





# CHADD KRAUS, DO, DrPH, CPE, FACEP

## Candidate, ACEP Board of Directors



Endorsed by  
Pennsylvania College of Emergency Physicians (PACEP)  
ACEP Young Physicians Section (YPS)

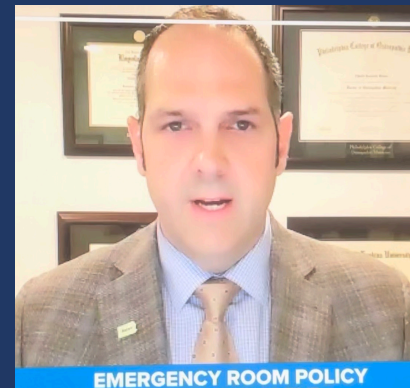
### Effective Spokesperson

- Experienced in media engagements in print, television, radio, online
- Local, regional, and national outlets including ABC, Fox, and NBC affiliates, NPR and PBS stations
- Production teams for EMRA 24/7/365 and PACEP 50<sup>th</sup> Anniversary Documentary films



### Respected Researcher

- Professor of EM
- Vice Chair, Research
- Director of Research
- Senior Editor, *JACEP Open*
- Top Reviewer, *Annals of EM*
- Publications in *JAMA*, *Lancet*, *NEJM*



### Dedicated Mentor

- EMRA "25 Under 45" (2021)
- Geisinger EM Residency, "Teacher of the Year" (2019)
- Associate Residency Program Director (2017-18; 2021-2023)
- Faculty mentor, *EMRA Advocacy Handbook* (4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> eds.)



Thank you for your vote!



## Chadd K. Kraus, DO, DrPH, CPE, FACEP



Chadd K. Kraus, DO, DrPH, CPE, FACEP is an emergency physician, System Director of Emergency Medicine Research at Geisinger, Professor of Emergency Medicine at the Geisinger Commonwealth School of Medicine, and Associate Program Director of the Geisinger Medical Center Emergency Medicine Residency where he has been recognized as “Teacher of the Year.”

At Geisinger, Dr. Kraus is a Clinical Advisor to the Steele Institute for Health Innovation, a member of the Institutional Review Board (IRB), the Scientific Review Committee (SRC), and the Medicine Institute Clinic Research Fund Advisory Committee. He is a member of the ProvenCare® Pneumonia and Asthma Steering Committee workgroups aimed at optimizing pulmonary care in acute care settings.

Dr. Kraus is the physician champion for the implementation of a universal HIV screening program in Geisinger's Emergency Departments and an emPATH (Emergency Psychiatric Assessment, Treatment, and Healing) unit at Geisinger Medical Center designed to meet the needs of patients in the ED with behavioral health and psychiatric needs.

An experienced clinician, educator, scientist, and proven leader, Dr. Kraus has expertise in health policy topics at the intersection of emergency care and population health, including rural healthcare delivery, behavioral health, infectious diseases, substance use disorders, clinical ethics, Medicaid reimbursement, and emergency preparedness and response. He is Senior Editor of the *Journal of the American College of Emergency Physicians Open (JACEP)* and is Chair of the Board of Trustees of the Emergency Medicine Foundation (EMF).

Dr. Kraus has been awarded numerous research grants, has lectured extensively in the United States and internationally, and has authored/co-authored over 80 peer-reviewed papers, abstracts, and book chapters, many in leading scientific journals including the *Journal of the American Medical Association*, the *Lancet*, and the *New England Journal of Medicine*. He is the Inaugural Director of Research for the American Board of Emergency Medicine (ABEM).

Dr. Kraus is President of the Pennsylvania College of Emergency Physicians (PACEP), past Chair of the Tellers, Credentials, and Elections Committee of the American College of Emergency Physicians (ACEP) Council, past Chair of ACEP State Legislative and Regulatory Committee, and past Chair of the ACEP Young Physicians' Section. He has represented the Pennsylvania Medical Society (PAMED) as an alternate delegate to the American Medical Association (AMA) House of Delegates. He serves on the ACEP Emergency Medicine Data Institute Innovations Advisory Group. Dr. Kraus has been honored by the Emergency Medicine Residents' Association (EMRA) as a “25 Under 45: Influencer in Emergency Medicine.”

A Diplomate of the ABEM and a Fellow of the American College of Emergency Physicians (FACEP), Dr. Kraus is a Certified Physician Executive (CPE) by the Certifying Commission in Medical Management (CCMM) and is Certified in Public Health (CPH) by the National Board of Public Health Examiners.

Dr. Kraus is a graduate of the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania. He completed Masters (MPH) and Doctoral (DrPH) degrees in public health (concentration in Health Policy and Management, and certificate in Health and Human Rights) at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, where he was awarded the John C. Hume, MD doctoral award. He completed emergency medicine residency training at Lehigh Valley Health Network in Allentown, Pennsylvania, where he was recognized with the “Excellence in Research” Award.

**Curriculum Vitae****CHADD K. KRAUS, DO, DrPH, MPH, CPE, FACEP****DOB: 15 April 1978****Citizenship: United States of America**

Cell: 443-722-9625; Fax (HIPAA compliant): 888-959-4307

chaddkraus@gmail.com

<https://www.linkedin.com/in/chadd-kraus-1004651a3/>**CURRENT POSITIONS**

Attending Emergency Physician, Geisinger	08/2017 – present
System Director, Emergency Medicine Research, Geisinger	08/2017 – present
Director of Research, American Board of Emergency Medicine (ABEM)	01/2022 – present
President, Pennsylvania College of Emergency Physicians	04/2022 – present
Chair, Emergency Medicine Foundation (EMF)	01/2023 – present

**ACADEMIC APPOINTMENTS**

Professor of Emergency Medicine Geisinger Commonwealth School of Medicine, Scranton, Pennsylvania	12/2022 – present
Emergency Medicine Residency, Geisinger Medical Center, Danville, Pennsylvania	
Associate Program Director	08/2017 – 12/2018
Core Faculty	01/2021 – present
Clinical Competency Committee (CCC)	08/2017 – present
Chair, Program Evaluation Committee (PEC)	08/2017 – present
Co-Director, Journal Club	08/2017 – present
Chair, Curriculum Committee	03/2019 – present
Affiliate Faculty, Master of Public Health Program Office of Research and Graduate Studies University of Missouri-Columbia Columbia, Missouri	07/2016 – 10/2016
Founding Research Director Department of Emergency Medicine University of Missouri-Columbia Columbia, Missouri	01/2016 – 10/2016
Assistant Professor, Clinical Emergency Medicine Department of Emergency Medicine University of Missouri-Columbia Columbia, Missouri	01/2016 – 10/2016
Adjunct Assistant Professor, Clinical Emergency Medicine Department of Emergency Medicine University of Missouri-Columbia Columbia, Missouri	11/2015 – 01/2016

Research Scholar (summer) 06/2007 – 09/2007  
 National Center for the Study of Preparedness and Catastrophic Event  
 Response (PACER), a U.S. Department of Homeland Security (DHS) Center of Excellence  
 Johns Hopkins University, Department of Emergency Medicine  
 Baltimore, Maryland

## PROFESSIONAL MEMBERSHIPS AND ACTIVITIES

**American College of Emergency Physicians (ACEP)** 2007 – present

Fellow, American College of Emergency Physicians (FACEP) 2017 – present

Leadership Positions (selected by Section Membership)

Young Physicians Section

- Alternate Councilor 2015 – 2016
- Councilor 2016 – 2017
- Chair Elect 2016 – 2017
- Chair 2017 – 2018
- Immediate Past Chair 2018 – 2019

Committee and Task Force Membership

- Research Committee 2021 – present
- 911 Network 2013 – present
- State Legislative and Regulatory Committee 2013 – present
  - Committee Chair 2017 – 2019
  - Chair, Advocacy Objectives 2016 – 2017
- Ethics Committee 2013 – 2022
  - Subcommittee Chair, *ACEP Ethics Compendium Review* 2013 – 2015
- Spokespersons Network 2014 – present
- Residency Visit Ambassador 2014 – 2017
- Clinical Data Registry Committee (CEDR) 2015 – 2020
  - Data Integrity and Research Subcommittee
- Clinical Resources Review Committee 2019 – 2020
- Academic Affairs Committee 2011 – 2013
- Cost-Effective Care Task Force 10/2011 – 08/2014
  - Developed ACEP Choosing Wisely® Recommendations

ACEP Council

- Councillor 2012, 2013, 2015, 2017 – present
- Alternate Councillor 2014, 2016
- Reference Committee B (Advocacy and Public Policy) 2014, 2018
- Tellers, Credentials and Elections Committee 2015 – 2019, 2021
  - Committee Chair 2021 – 2022
- Council Steering Committee 2016 – 2019
  - Annual Meeting Subcommittee 2018
  - Candidate Forum Subcommittee 2018
  - Chair, Bylaws Subcommittee 2018 – 2019
  - Moderator, Candidate Forum 10/25/19

Section Membership

- Young Physicians 2010 – 2020
- Rural 2011 – 2016
- Research 2011 – 2016
- Quality Improvement and Patient Safety (QIPS) 2011 – 2019

Palliative Care	2012 – 2016
EM Practice Management and Health Policy	2015 – 2016
Research, Scholarly Activity, and Innovation	2018 – present
ACEP Strategic Planning, Advocacy Team	08/2021– 10/2021
ACEP Strategic Planning, Member Engagement Team	08/2021 – 10/2021
ACEP Emergency Medicine Workforce, Scholarly Activity workgroup	08/2021 – 05/2022
<b>Pennsylvania College of Emergency Physicians (PACEP)</b>	2010 – present
<u>Board of Directors</u> (elected by membership, 3-year terms)	2018 – 2024
President	2022 – 2023
President-Elect	2021 – 2022
Vice President	2020 – 2021
Secretary	2019 – 2020
Chair, PACEP History Project	2018 – 2022
Board Liaison to Government Affairs Committee	2018 – 2019
Executive Director Search Committee	2018 – 2019
<u>Leadership Positions</u> (selected by Board of Directors)	
Co-Chair, Young Physicians Committee	2013 – 2015
Leadership Fellow	2014 – 2015
Co-Chair, EM Workforce Taskforce	06/2021 - present
PACEP 2021 Scientific Assembly/Annual meeting planning committee	01/2021 – 04/2021
PACEP 2022 Scientific Assembly/Annual meeting planning committee	05/2021 – present
<u>PACEP Representative to Outside Organizations</u>	
Pennsylvania Provider Advocacy Coalition, Medicaid Committee	06/2019 – present
Pennsylvania Commission on Crime and Delinquency	11/2019 – 03/2020
Special Council on Gun Violence	
Pennsylvania Oral Health Coalition	2019 – 2020
Pennsylvania Joint State Government Commission	08/2019 – 08/2020
Advisory Committee on Emergency Room Treatment & Behavioral Health	
<b>American Board of Emergency Medicine (ABEM)</b>	
Director of Research, American Board of Emergency Medicine (ABEM)	01/2022 – present
ACEP Emergency Medicine Data Institute – Innovation Advisory Group	04/2022 – present
Oral Examiner	07/2021 – present
<b>Emergency Medicine Foundation (EMF)</b>	
Chair	01/2023 – present
Chair-Elect	01/2022 – 12/2022
Board of Trustees	01/2020 – present
Tangibility Workgroup	01/2022 – 12/2022
Bylaws Committee (Chair, 01/2022 – 10/2022)	04/2020 – 10/2022
Nominations Committee (Chair)	08/2022 – 12/2022
<b>Emergency Medicine Residents' Association (EMRA)</b>	2007 – present
<u>Leadership Positions</u> (elected by peers)	
Medical Student Governing Council, Editor	05/2008 – 05/2010
Board of Directors, <i>Academic Affairs Representative</i>	10/2011 – 10/2013
<u>Committee and Task Force Membership</u> (appointed by Board)	
Education Committee	10/2011 – 10/2013

Health Policy Committee	10/2011 – 10/2013
Critical Care Committee	10/2011 – 10/2013
Joint Milestones Task Force	10/2012 – 10/2013
Model of the Clinical Practice of Emergency Medicine, EMRA representative	01/2013 – 01/2014
<u>EMRA Representative Council</u>	
Reference Committee for EMRA Representative Council	10/2011
Program Representative for LVHN	10/2011
Health Policy Mentor, EMRA Health Policy Committee	2017 – 2020
<b>Society for Academic Emergency Medicine (SAEM)</b>	2007 – present
Research Committee	2019 – present
Annual Program Committee	2019 – 2022
<b>American Association for Physician Leadership (formerly American College of Physician Executives) (AAPL)</b>	2012 – present
<b>American College of Healthcare Executives (ACHE)</b>	2013 – 2019
<b>American Medical Association (AMA)</b>	2014 – present
Member, House of Delegates (HOD) Reference Committee E	11/2020
<b>Pennsylvania Medical Society (PAMED)</b>	2013 – 2022
Legislative Advocacy Task Force	2019 – 2022
Alternate Delegate to AMA House of Delegates (elected by membership)	2019 – 2022
<b>Texas Medical Association (TMA)</b>	2016 – 2020

## EDUCATION

Fellowship, Hospice and Palliative Care, University of Pittsburgh (did not complete – accepted CMO position at Penn Highlands-Elk)	07/2014 – 09/2014
Emergency Department Directors' Academy (EDDA) American College of Emergency Physicians (ACEP), Dallas, TX	2013 – 2014
Residency, Emergency Medicine, Lehigh Valley Health Network, Allentown, PA	2010 – 2014
DrPH, Doctor of Public Health: Health Policy and Management Johns Hopkins Bloomberg School of Public Health Baltimore, MD	2006 – 2014
DO, Philadelphia College of Osteopathic Medicine, Philadelphia, PA	2006 – 2010
MPH, Master of Public Health: Health Policy and Management Johns Hopkins Bloomberg School of Public Health, Baltimore, MD	2004 – 2005
Graduate public health coursework, Drexel School of Public Health, Philadelphia	2003
Graduate Training Program in Clinical Investigation, The Science of Clinical Investigation (Certificate), Johns Hopkins University, Baltimore, MD	2002 – 2003
Post-baccalaureate pre-medical courses (non-degree) Loyola College in Maryland, Baltimore, MD Case Western Reserve University, Cleveland, OH Pennsylvania State University, University Park, PA	2001 – 2002

B.A. (cum laude) with Honors; Top graduate in Political Science  
 Minors in Classical Studies and Catholic Studies  
 Loyola College, Baltimore, MD 1998 – 2000

Undergraduate coursework, Case Western Reserve University, Cleveland OH 1996 – 1998

## CERTIFICATIONS AND LICENSURE

### Board Certifications

Diplomate, American Board of Emergency Medicine (ABEM) 2015 – 2025

### State Medical Licenses (Active)

Commonwealth of Pennsylvania 2011 – 2024  
 State of Missouri 2015 – 2025  
 State of Texas 2015 – 2023

### Controlled Substances Licenses (Active)

U.S. Department of Justice, Drug Enforcement Agency 2011 – present  
 X waiver for Buprenorphine prescribing 2018 – present

### Other Certifications

Certified in Public Health (CPH), National Board of Public Health Examiners 2014 – present  
 Certified Physician Executive (CPE) 03/2020 – present  
 Advanced Trauma Life Support (ATLS) expiration 2020  
 Advanced Cardiac Life Support (ACLS) expiration 2015  
 Pediatric Advanced Life Support (PALS) expiration 2015  
 American Heart Association (AHA) Instructor – ACLS expiration 2015  
 American Heart Association (AHA) Instructor – PALS expiration 2015

## EDITORIAL ACTIVITIES

Senior Editor, *Journal of American College of Emergency Physicians Open* 04/2021 – present  
 Editorial Board (inaugural), *Journal of American College of Emergency Physicians Open* 09/2019 – 04/2021  
 Editor, Special Issue on Firearms, *Western Journal of Emergency Medicine* 2020 – 2021  
 Associate Editor, *Western Journal of Emergency Medicine* 05/2017 – 05/2021  
 Manuscript reviewer (ad hoc)  
*Clinical Therapeutics* 2018 – present  
*American Journal of Emergency Medicine* 2018 – present  
*Journal of Pain and Symptom Management* 2018 – present  
*Journal of the American Osteopathic Association* 2017 – present  
*Academic Emergency Medicine* 2016 – present  
*Academic Emergency Medicine, Education and Training (AEM E&T)* 2016 – present  
*Annals of Emergency Medicine* 2012 – present  
*Western Journal of Emergency Medicine* 2012 – present  
 “Top Reviewer” *Journal of the American College of Emergency Physicians Open* 2020  
 “Top Reviewer” *Western Journal of Emergency Medicine* 2012, 2013  
 Abstract reviewer, Society for Academic Emergency Medicine Annual Meeting 2013 – 2020  
 Abstract reviewer, Council of Residency Directors in EM Academic Assembly 2013 – 2020  
 Abstract reviewer, ACEP Annual Scientific Assembly 2018  
 Abstract reviewer, American Public Health Association Annual Meeting 2019  
 Section Editor, Public Health, *Western Journal of Emergency Medicine* 2014 – 2017  
 “Top 50 Reviewer” *Annals of Emergency Medicine* 2015  
 “Section Editor of the Year”, *Western Journal of Emergency Medicine* 2016 – 2017



Abstract reviewer/presentation judge: Spivey Memorial Research Competition PACEP Annual Scientific Assembly	2018 – 2021
Abstract reviewer/presentation judge: Resident and Fellow Scholarship Day Geisinger Health System	2018 – 2021
Judge, CORD CPC Competition	2018 – 2020

## ABSTRACTS, LECTURES, PRESENTATIONS

### Presentations and Panel Participation, National and International Conferences

Oral Presentation, "Reverse Triage: Criteria for Immediate Inpatient Disposition for Creation of Surge Capacity." Oral Research Forum. 14<sup>th</sup> World Congress of Disaster Medicine (WCDEM). Edinburgh, Scotland. May 2005.

Oral Presentation, "Twenty-years' experience with HIV testing among emergency department patients at the Johns Hopkins Hospital." *State-of-the-Art* Research Presentation. ACEP Scientific Assembly. Chicago, Illinois. October 2008.

Oral Presentation/Interactive Workshop, "Resident as Teacher." Council of Residency Directors in Emergency Medicine (CORD) Academic Assembly, Resident Track. Atlanta, Georgia. March 2012.

Small Group Facilitator, "Workforce Issues" Roundtable Discussion Resident and Young Physician Section at *ACEP Leadership and Advocacy Conference*, Washington, DC. May 2012.

Invited Panelist, "Top Ten Concerns: The Transition to Life as an Attending." OhioACEP Emergency Medicine Assembly, Columbus, Ohio. June 4, 2013.

Small Group Facilitator, Palliative Medicine in EM Conference New York City, New York University Department of Emergency Medicine. September 25, 2013.

Oral Presentation, "Gender Differences in Perceptions and Self-Reported Driving Behaviors Among Teenagers." Society for Academic Emergency Medicine (SAEM), Mid-Atlantic Regional Meeting, Philadelphia, Pennsylvania (Thomas Jefferson University). January 22, 2014.

Oral Presentation, "Gender Differences in Perceptions and Self-Reported Driving Behaviors Among Teenagers." Society for Academic Emergency Medicine (SAEM), National Meeting, Dallas, TX. May 17, 2014.

Oral Presentation, "Palliative Medicine Competency Education in Emergency Medicine: A Survey of Emergency Medicine Education Leaders." PACEP Spivey Research Competition. Harrisburg, PA. April 8, 2014

Oral Presentation, "Palliative Medicine Competency Education in Emergency Medicine: A Survey of Emergency Medicine Education Leaders." ACEP14 EMF Grant Showcase. Chicago, IL. October 28, 2014.

Co-Chair, Resident Track, Council of Residency Directors in Emergency Medicine (CORD) Academic Assembly - Atlanta, GA 2012; Denver, CO 2013; New Orleans, LA 2014

Faculty Panel Discussant (with Marna Greenberg, DO, MPH. Vicken Totten, MD. Bryan Kane, MD, Michael Menchine, MD). "Good, Better, Best: Approaches to the Resident Scholarly Activity Requirement." Society for Academic Emergency Medicine (SAEM) Annual Meeting, Orlando, Florida. May 19, 2017.

Invited Presenter. "State Legislative Update" presented to ACEP Chapter Executives. American College of Emergency Physicians 2018 Leadership and Advocacy Conference, Washington, DC. May 20, 2018.

Moderator, Emergency Medicine Residents' Association and ACEP Young Physicians Section Health Policy Primer, American College of Emergency Physicians 2018 Leadership and Advocacy Conference, Washington, DC. May 20, 2018

Moderator (Panelists: Steven Stack, MD; Jonathan Heidt, MD, MHA; Purva Grover, MD) "To the Defense of our Patients: State Level Responses to Insurer Attacks on the Prudent Layperson" American College of Emergency Physicians 2018 Leadership and Advocacy Conference, Washington, DC. May 21, 2018

Invited Presenter. "State Legislative Update" presented to ACEP Chapter Executives. American College of Emergency Physicians 2019 Leadership and Advocacy Conference, Washington, DC. May 5, 2019

Moderator, (Panelists: Nathan Schlicher, MD; Dan Morhaim, MD) "You say yes, I say no: what former state legislators have to say about effective and ineffective advocacy." American College of Emergency Physicians 2019 Leadership and Advocacy Conference, Washington, DC. May 6, 2019

Oral Presentation. **Kraus CK**, Melnychuk E, Hanson K. Hospitals as Disaster Victims. (Abstract 107-9) Xth Mediterranean Emergency Medicine Congress (MEMC19). Dubrovnik, Croatia. 23 September 2019.

Oral Presentation. Sullivan RA, **Kraus CK**. Stolen Ambulances Reported in the Media. SAEM Midwest Regional Meeting. 23 September 2020. (\*Faculty Mentor for Medical Student)

Czaja MP, **Kraus CK**, Langdorf MI. "Nonfatal Injuries from Mass Shootings in the U.S., 2012-2019: Epidemiology, Outcomes, and Medical Resource Use". Featured Projects in Progress Presentation: Society for Academic Emergency Medicine (SAEM) 2021 Annual Meeting. From Bedside to Policy: Advancing Social Emergency Medicine and Population Health Through Research, Collaboration, and Education. May 11, 2021 Atlanta, GA. (Virtual due to COVID-19 precautions).

Didactic Session (panel). Ashurst JV, Greenberg MR, **Kraus CK**. Research in Every Environment. Society for Academic Emergency Medicine (SAEM) 2021 Annual Meeting. 12 May 2021. Atlanta, GA. (Virtual due to COVID-19 precautions).

Didactic Session. **Kraus CK**. Navigating Open Access Publishing. Society for Academic Emergency Medicine (SAEM) 2021 Annual Meeting. 14 May 2021. Atlanta, GA. (Virtual due to COVID-19 precautions).

Oral Presentation. Czaja MP, **Kraus CK**, Langdorf MI. "Nonfatal Injuries from Mass Shootings in the U.S., 2012-2019: Epidemiology, Outcomes, and Medical Resource Use". Society for Academic Emergency Medicine (SAEM) 2021 Annual Meeting. Featured Lightning Oral Abstract in Social Emergency Medicine, Social Media and Trauma. May 14, 2021.

Oral Presentation. Czaja, MP, **Kraus, CK**, Langdorf, MI. "Nonfatal Injuries from Mass Shootings in the U.S., 2012-2019: Epidemiology, Outcomes, and Medical Resource Use". International Conference on Emergency Medicine (ICEM21), Featured Abstract in Pediatrics and Trauma. Dubai, United Arab Emirates. June 11, 2021. (Virtual).

Oral Presentation. Czaja, MP, **Kraus, CK**, Langdorf, MI. "Nonfatal Injuries from Mass Shootings in the U.S., 2012-2019: Epidemiology, Outcomes, and Medical Resource Use". Population Health Research Competition. The American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA) and The Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health (WestJEM). St. Louis, MO. June 21, 2021.

Invited presentation. **Kraus CK**. "Emergency Medicine Workforce and Population Health." Emergency Medicine Practice Management and Health Policy Section, American College of Emergency Physicians (ACEP) Annual Meeting. 25 October 2021. Westin Seaport. Boston, MA.

**Kraus CK.** Moderator. State-of-the-Art II: Palliative Care: “How” is not the right question. (Presenters David Wang, MD; Rebecaa Goett, MD) American College of Emergency Physicians (ACEP). Annual Meeting. 26 October 2021. Westin Seaport. Boston, MA.

**Kraus CK.** Moderator. Research Forum Session 24 (RF24) Administrative/Practice Management. Oral Presentations. American College of Emergency Physicians (ACEP) Annual Meeting. 26 October 2021. Westin Seaport. Boston, MA.

Barrett T, Cooper R, Greenberg M, **Kraus C**, Lagina A. (panel discussion) Editor’s Pears – Tips to Get Your Paper through Peer Review. American College of Emergency Physicians (ACEP) Annual Meeting. 27 October 2021. Westin Seaport. Boston, MA.

Goodloe J, **Kraus CK.** “Country Mouse, City Mouse” Discussion of practice patterns in rural and urban settings. American College of Emergency Physicians (ACEP)/Emergency Medicine Foundation (EMF) Corporate Council Roundtable. 8 February 2022. (Virtual due to COVID-19)

Didactic Session. **Kraus CK.** A Pain in the Neck: Neck Trauma – Pearls and Pitfalls. XIth Mediterranean Emergency Medicine Congress (MEMC). St. Julians, Malta. Breve Dulce VII (Trauma) #6. Intercontinental Hotel, Malta. 22 September 2022.

Oral Presentation. **Kraus CK**, Roberts S, Carlisle T. Fifth Metacarpal Injuries in the ED: A Descriptive Analysis. XIth Mediterranean Emergency Medicine Congress (MEMC). St. Julians, Malta. Oral Abstract Session O-N1. Intercontinental Hotel, Malta. 23 September 2022.

Oral Presentation. **Kraus CK**, Sullivan R. Stolen Ambulances: A Review of Media Reports, 1980-2020. XIth Mediterranean Emergency Medicine Congress (MEMC). St. Julians, Malta. Oral Abstract Session O-01. Intercontinental Hotel, Malta. 23 September 2022.

Didactic Session. **Kraus CK.** Open-Access Publishing: A Brave New World? XIth Mediterranean Emergency Medicine Congress (MEMC). St. Julians, Malta. Medical Education II: #4. Intercontinental Hotel, Malta. 23 September 2022.

Oral Presentation. Czaja M, **Kraus CK**, Langdorf M. Sullivan R. Non-fatal Injuries from Mass Shootings in the US, 2012-2019: Epidemiology, Outcomes, and Medical Resource Use. XIth Mediterranean Emergency Medicine Congress (MEMC). St. Julians, Malta. Oral Abstract Session O-J6. Intercontinental Hotel, Malta. 23 September 2022.

#### Presentations and Panel Participation, Local and Regional

“Reverse Triage: Criteria for Immediate Inpatient Disposition for Creation of Surge Capacity.” Johns Hopkins Department of Emergency Medicine Annual Research Day. Baltimore, Maryland. May 2005.

“Trends in HIV infection in the ED: a 16-year review.” Johns Hopkins Department of Emergency Medicine Annual Research Day. Baltimore, Maryland. May 2006.

“Vertebral Artery Dissection.” Clinical Pathological Conference (CPC). Lehigh Valley Health Network, Department of Emergency Medicine. Bethlehem, Pennsylvania. November 2011.

“DNR and POLST.” George E. Moerkirk Emergency Medicine Institute, EMS Continuing Education Lecture. Allentown, Pennsylvania. April 16, 2013.

“Crush Injuries: Out-of-hospital management and review of the Route 309 Tractor-Trailer Crash.” (Delivered to EMS providers, first responders, emergency medicine and trauma physicians and nurses). Lehigh Valley Health Network. Allentown, PA. March 20, 2014.

“Why research is important.” Geisinger Health System Medical Education Grand Rounds. October 11, 2018. Danville, PA.

“Practice changing articles of 2018.” Pennsylvania College of Emergency Physicians (PACEP) Annual Scientific Assembly. April 12, 2019. Crowne Plaza Hotel, King of Prussia, PA.

“Implementing a System-Wide Warm Hand-off Program” (invited speaker) Northcentral Pennsylvania Regional Summit. Warm Handoff for Opioid Overdose Survivors. April 16, 2019. Williamsport, PA. Hosted by: Pennsylvania Department of Drug and Alcohol Programs and Pennsylvania Department of Health.

“Ushering Out Stigma” (invited speaker) Pennsylvania Department of Health and Department of Drug and Alcohol Programs Medication Assisted Therapy (MAT) Northeast Regional Summit. Genetti Hotel. November 7, 2019. Williamsport, PA.

“Predatory Publishing in an Open-Access World” Geisinger Health System Osteopathic Grand Rounds. November 21, 2019. Danville, PA.

**Session Moderator**, Monroe H, Davis J, on behalf of the American College of Emergency Physicians. Webinar (first of multi-part series): “The Long and Winding Road of an Epidemic: Prescription Opioids, Heroin, and Beyond.” (Funded by SAMHSA’s *Opioid Response Network*, State Targeted Response Technical Assistance (STR-TA) grant program). 31 August 2020.

“Manuscript Publishing Pitfalls and Pearls.” SAEM Research Learning Series (RLS). Online presentation (live online) 10 November 2020.

**Panelist** (invited). Pennsylvania Psychostimulant Symposium. Breakout II, Session D “First-Hand Accounts from First Responders”. Wednesday, December 2, 2020 (Live online due to COVID-19)

**Panelist** (invited). EMRA Virtual Spring Medical Student Forum. MS-III Breakout Session: Osteopathic. Saturday, March 27, 2021. (Online due to COVID-19)

Panelist (invited). PACEP Young Physicians Section. “EM Practice Models/Environments”. Friday, April 9, 2021. (Online due to COVID-19)

“Practice Changing Articles.” 2021 Pennsylvania College of Emergency Physicians (PACEP) Annual Scientific Assembly, Friday April 9, 2021. (Online due to COVID-19)

EMTALA: On-call responsibilities. Presented to Geisinger Division of Gastroenterology. September 21, 2021.

“Practice Changing Literature 2021.” 2022 Pennsylvania College of Emergency Physicians (PACEP) Annual Scientific Assembly. Kalahari Resort and Convention Center. Pocono Manor, PA. (Lecture) April 1, 2022.

“PACEP President’s Update.” Pennsylvania College of Emergency Physicians (PACEP) Residents’ Days. Central (9/30/22, Geisinger Medical Center, Danville, PA ~150 attendees); Western (9/1/2022, University of Pittsburgh Medical Center, Pittsburgh, PA ~125 attendees); Eastern (9/14/2022, University of Pennsylvania/Children’s Hospital of Philadelphia, Philadelphia, PA ~225 attendees)

**Kraus CK**. Reale B, Ramsey E. “Physician Heal Thyself.” Discussion of physician mental health and suicide. *POMA DOes Podcast* (Pennsylvania Osteopathic Medical Association). 29 September 2022. Available online at: <https://www.poma.org/poma-does-podcast> [Last accessed October 5, 2022]

**Kraus CK**. American Medical Association (AMA), *Making the Rounds Podcast* “Meet Your Match: What to do after your residency interview.” Available online at: <https://podcasts.apple.com/us/podcast/making-the-rounds/id1434891498?mt=2> [Last accessed December 23, 2022]

Poster Presentations (electronic and oral posters included; presenter underlined)

1. "High Prevalence of Undiagnosed HIV Infection in Patients Who Were Not Offered Screening and Patients Who Declined Screening: Evaluation of a Rapid HIV Screening Program in a U.S. Urban Emergency Department." Hsieh Y-H, Beck K, Kelen G, Shahan J, **Kraus C**, Laeyendecker O, Quinn T, Rothman R. STI & AIDS World Congress 2013, Vienna, Austria, July 14-17, 2013.
2. Barr GC, Kane KE, Barraco RD, Rayburg T, Dugan L, **Kraus CK**, Greenberg MR. Gender Differences in Perceptions and Self-reported Driving Behaviors among Teenagers. PaACEP14 Spivey Competition, Hilton Hotel, Harrisburg PA. April 8, 2014.
3. **Kraus CK**, Meyers M, Kane BG, Greenberg MR. Palliative medicine competency training in emergency medicine residency training: a preliminary report. 2014 Pennsylvania Osteopathic Medical Association (POMA) 106<sup>th</sup> Annual Clinical Assembly/Convention. Valley Forge Convention Center, King of Prussia, PA, May 1, 2014.
4. Carney D, Carlisle TE, **Kraus CK**. Emergency Medicine Physician Assistant (EMPA) Fellowships/Residencies: A Review of Training Curricula. Society for Emergency Medicine Physician Assistants (SEMPA) 360 Annual Conference. Sheraton Phoenix Downtown, Phoenix, AZ. April 9, 2017; also presented at Missouri Academy of Physician Assistants Annual Meeting, Branson, MO, June 25-27, 2017.
5. Stickles S, Carpenter C, Gekle R, **Kraus C**, Theodoro D, Scoville C, Ubinas G, Tran V, Raio C. The Diagnostic Accuracy of the Rapid Ultrasound in Shock (RUSH) Exam for Shock Etiology: A Systematic Review and Meta-Analysis. SAEM Annual Meeting, Indianapolis, IN. May 16, 2018 (1:10PM) Abstract 144.
6. Knorr AC, Ammerman BA, **Kraus C**, Nemoianu A, Strony R. Prospective prediction of suicide attempts among suicidal ideators following an emergency department visit. Oral presentation (Knorr) at: 52<sup>nd</sup> Annual Convention for the Association for Behavioral and Cognitive Therapies: November 2018, Washington, DC.
7. Knorr AC, Ammerman BA, **Kraus C**, Nemoianu A, Strony R. Suicide Attempts Among Suicidal Ideators After an Emergency Department Visit. Oral presentation (Knorr) 53<sup>rd</sup> Annual Convention for the Association for Behavioral and Cognitive Therapies: November 2019
8. Sullivan R. **Kraus CK**. Stolen Ambulances: US Media Reports, 1980-2020. PACEP Spivey Research Competition. (virtual due to COVID-19). April 9, 2021
9. Moore RC, Washabaugh C, Knorr A, **Kraus C**, Nemoianu A, Berger A, Unger K, Hoff N. Face-Off: Comparing Face-to-Face and Telephonic Psychiatric Consultations on ED Length of Stay and Disposition. PACEP Spivey Research Competition. (virtual due to COVID-19). April 9, 2021 **\*AWARD: 2<sup>nd</sup> place e-poster**
10. Czaja MP, Landorf MI, **Kraus CK**. "Non-fatal injuries from Mass Shootings in the US, 2012-2019: Epidemiology, Outcomes, and Medical Resource Use." American Academy of Emergency Medicine (AAEM)/Residents and Students Association (RSA) and *WestJEM* Competition at AAEM21, June 21, 2021
11. Czaja MP, Landorf MI, **Kraus CK**. "Non-fatal injuries from Mass Shootings in the US, 2012-2019: Epidemiology, Outcomes, and Medical Resource Use." International Conference Emergency Medicine (ICEM21) (virtual due to COVID-19). Pediatrics and Trauma, June 11, 2021
12. Czaja MP, Landorf MI, **Kraus CK**. "Non-fatal injuries from Mass Shootings in the US, 2012-2019: Epidemiology, Outcomes, and Medical Resource Use." Society for Academic Emergency Medicine (SAEM21) (virtual due to COVID-19). Abstracts: Lightning Oral Abstract- Social Emergency Medicine, Social Media and Trauma, May 14, 2021

13. Czaja MP, Landorf MI, **Kraus CK**. "Non-fatal injuries from Mass Shootings in the US, 2012-2019: Epidemiology, Outcomes, and Medical Resource Use." Featured Projects in Progress Presentation: SAEM 2021 Consensus Conference: From Bedside to Policy: Advancing Social Emergency Medicine and Population Health Through Research, Collaboration, and Education. (virtual due to COVID-19) May 11, 2021.
14. Sullivan RA, **Kraus CK**. Stolen Ambulances: US Media Reports, 1980-2020. National Association of EMS Physicians (NAEMSP) Annual Meeting. San Diego, CA. Abstract 190. Stolen Ambulances. (Poster). Abstract 190. Published in *Prehosp Emerg Care*. January/February 2022. 26(1):158.
15. Melnychuk EM, **Kraus CK**. Characteristics and Outcomes of Traumatic Subarachnoid Hemorrhage in a Rural Trauma Center. Society for Academic Emergency Medicine (SAEM) 2022 Annual Meeting, New Orleans, LA. (e-Poster) May 11, 2022.

## GRANTS AND CONTRACTS

### Active support

Period	Total Grant Award	Project Title	Role / % FTE effort	Funding Agency
11/2022 – 10/2023	\$3,624	Institutional Accuracy of Dosing for Intubation Medication and its Relation to Failed First Attempts	Site PI	Geisinger Medicine Institute CRF
7/1/2022 – 8/31/2023	\$758,209	Marijuana Reporting Among Geisinger Patients	Co-I 0.96 months for 2 years 8% FTE	Story of PA, CR
2/1/2022 – 1/30/2023	\$4,892	Emergency Department (ED) Use Among Insured, Uninsured, and Medicaid Patients in PA	PI (Mentoring GCSOM medical student, Adam Klaus)  2.5%	Geisinger Commonwealth School of Medicine (GCSOM Institute) CRF 21-243
12/1/2021 – 11/30/2022	\$4,939	Pennsylvania Trauma Patient Mortality Rates Associated with Mode of Transportation, Proximity to Trauma Center, and Level of Referring Facility: An Examination of the PTOS Database	PI (Mentoring GCSOM medical student, Conner Johnson)  2.5%	Geisinger Commonwealth School of Medicine (GCSOM Institute) CRF 21-241



Previous Support**Clinical Trial of COVID-19 Convalescent Plasma of Outpatients (C3PO)**

NIH Award Number: 1OT2HL156812-01

ClinicalTrials.gov: NCT04355767

Role: Site Principal Investigator, Geisinger Medical Center

Period	Amount	Project Title	Role	Funding Agency
08/2018 – 08/2020	\$99,651	A multimodal emergency department investigation: Improving prospective prediction of suicide risk and recidivism of psychiatric visits for patients in suicidal crisis	PI	Geisinger Clinic Research Fund
07/2013 – 07/2014	\$5,000	Palliative medicine competency training in emergency medicine residency programs	PI	Emergency Medicine Foundation (EMF) and Emergency Medicine Residents' Association (EMRA)
05/2013 – 05/2014	\$2,500	Palliative medicine competency training in emergency medicine residency programs	PI	PCOM MEDNet
06/2012 – 07/2014	\$25,000	Palliative medicine competency training in emergency medicine residency programs	PI	Dorothy Rider Pool Health Care Trust
06/2007 – 06/2008	\$2,400	HIV in the ED at the Johns Hopkins Hospital: A 20-year Review	PI (Faculty Mentor: Gabor D. Kelen, MD)	EMF and Society for Academic Emergency Medicine (SAEM)
01/2004 – 10/2007	\$911,199	Discharge Criteria for the Creation of Hospital Surge Capacity	Project Manager (PI: Gabor D. Kelen, MD)	AHRQ (#1 U01 HS014353 01)
06/2002 – 05/2003	\$3,994,843	Transmissibility of Gonorrhea (GC) and Chlamydia	Site Manager/Research Coordinator (Site PI: Richard E. Rothman, MD, PhD)	NIH (#1 RO1 HD39633-01 – SM Rogers, PhD, PI)

## PUBLICATIONS

ORCID: <https://orcid.org/0000-0003-3628-2073>

Google Scholar: <https://scholar.google.com/citations?user=KzzhmxgAAAAJ&hl=en>  
*h-index 17; I-10 index 30*

PubMed: <https://pubmed.ncbi.nlm.nih.gov/?term=kraus+chadd>

### Peer Reviewed Articles in Indexed Journals

1. Suarez TA, Baerwald JP, **Kraus C**. Central Venous Access: A study comparing internal jugular area across approach, position, and head rotation. *Anesthesia and Analgesia*. 2002;95(6):1519-1524. PMID:12456410
2. **Kraus CK**, Suarez TA. Is there a doctor in the House?...or the Senate? Physicians in U.S. Congress, 1960-2004. *JAMA*. 2004;292(17):2125-2129. PMID:15523073
3. Kelen GD, **Kraus CK**, McCarthy ML, Bass E, Hsu EB, Li G, Scheulen JJ, Shahan JB, Brill JD, Green GB. Inpatient disposition classification for the creation of hospital surge capacity: a multiphase study. *Lancet*. 2006;368(9551):1984-90. PMID:17141705
4. **Kraus CK**, Li G. Pilot alcohol violations reported in U.S. newspapers, 1990-2006. *Aviat Space Environ Med*. 2006;77:1288-1290. PMID:17183928
5. **Kraus CK**, Levy F, Kelen GD. Lifeboat Ethics: Considerations in the Discharge of Inpatients for the Creation of Hospital Surge Capacity. *Disaster Med Public Health Prep*. 2007;1(1):51-6. PMID:18388604.
6. Laeyendecker O, Rothman RE, Henson C, Horne BJ, Ketlogetswe KS, **Kraus CK**, Shahan J, Kelen GD, Quinn TC. The Effect of Viral Suppression on Cross Sectional Incidence Testing in the Johns Hopkins Hospital Emergency Department. *J Acquir Immune Defic Syndr*. 2008;48(2):211-5. PMID:18520680.
7. **Kraus CK**. Mortgaging our future, foreclosing our profession. *J Am Osteopath Assoc*. 2008 May;108(5):231-3. [Letter] PMID:18519831
8. Tang N, **Kraus CK**, Brill JD, Shahan JB, Ness C, Scheulen JJ. Hospital-Based Event Medical Support for the Baltimore Marathon, 2002-2005. *Prehosp Emerg Care*. 2008;12(3):320-26. PMID: 18584499
9. Kelen GD, McCarthy ML, **Kraus CK**, Ding R, Hsu EB, Li G, Shahan JB, Scheulen JJ, Green GB. Creation of surge capacity by early discharge of hospitalized patients at low risk for untoward events. *Disaster Med Public Health Prep*. 2009;3(2 Suppl):S10-16.
10. **Kraus CK**. A Teacher in Pain. *Fam Med*. 2010 Apr;42(4):243-4. PMID: 20373165
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34. Calderon Y, Barton M, Tyler L, Livingston C, **Kraus CK.** The American Board Of Emergency Medicine (ABEM) Haley Academy: Bridging The Gap Of Diversity, Equity, And Inclusion By Engaging Underrepresented Medical Students *ACEPNow*. October 26, 2022. Available online at: <https://www.acepnow.com/article/the-american-board-of-emergency-medicine-abem-haley-academy-bridging-the-gap-of-diversity-equity-and-inclusion-by-engaging-underrepresented-medical-students/>. Last Accessed: 11/1/22

#### Online Publications

1. **Kraus CK.** “The interview.” Medical Student Pearl. Emergency Medicine Residents’ Association (EMRA). Available online at: [http://www.emra.org/emra\\_articles.aspx?id=29588](http://www.emra.org/emra_articles.aspx?id=29588) (Member access)
2. **Kraus CK.** “Hot Topics in Emergency Medicine: Issues to know for your interview.” Medical Student Pearl. Emergency Medicine Residents’ Association (EMRA). Available online at: [http://www.emra.org/emra\\_articles.aspx?id=29518](http://www.emra.org/emra_articles.aspx?id=29518) (Member access)
3. **Kraus CK.** “What’s Up in Emergency Medicine.” Various topics discussed in monthly e-newsletter distributed to approximately 8,000 members of the Emergency Medicine Residents’ Association (EMRA), June 2008 – June 2010
4. **Kraus CK.** “Heatstroke: When “I’ll be just a minute” is too long.” ACEP Emergency Care For You. Available online at: <http://www.emergencycareforyou.org/Health-Tips/Doc-Blog/Heatstroke--When-‘I’ll-just-be-a-minute’-is-too-long/>
5. **Kraus CK.** “Lyme disease: More than a tick and bulls’-eye rash.” ACEP Emergency Care for You. Available online at: <http://www.emergencycareforyou.org/Health-Tips/Doc-Blog/Lyme-disease--More-than-a-tick-and-bulls'-eye-rash/> [Last accessed 9/8/15]
6. **Kraus CK.** “Chair’s Corner” ACEP Young Physicians Section Newsletter. December 2017. Available online at: <https://www.acep.org/how-we-serve/sections/young-physicians/news/december-2017/chairs-corner/#sm.0001s1426g4aoff2pxf237r8y21z8> [Last accessed 2/1/18]
7. **Kraus CK.** “Young Physicians Section Update” ACEP Young Physicians Section Newsletter. March 2018. Available online at: <https://www.acep.org/how-we-serve/sections/young-physicians/news/march-2018/young-physicians-section-update/#sm.0001s1426g4aoff2pxf237r8y21z8>. [Last accessed 6/10/18]
8. **Kraus CK.** “LAC Highlights Upcoming YPS Events” ACEP Young Physicians Section Newsletter. May 2018. Available online at: <http://www.multibriefs.com/briefs/acep-yps/kraus-april2018.pdf>. [Last accessed 9/12/18]
9. **Kraus CK.** “Celebrate ACEP’s 50<sup>th</sup> Anniversary with YPS in San Diego this October.” ACEP Young Physicians Section Newsletter. September 2018. Available online at: [http://www.multibriefs.com/briefs/acep-yps/sep2018\\_chair\\_letter.pdf](http://www.multibriefs.com/briefs/acep-yps/sep2018_chair_letter.pdf) [Last accessed 11/10/18]
10. **Kraus CK.** “Wrap-up and Look Ahead from the 2018 Midterm Elections. ACEP Young Physicians Section Newsletter. December 2018. Available online at: <https://www.acep.org/how-we-serve/sections/young-physicians/news/december-2018/yps-midterm-election-recap/#sm.0001s1426g4aoff2pxf237r8y21z8> [Last accessed 12/9/18]

Acknowledgements for Contributions to Peer-Reviewed Publications

1. Rogers SM, Miller WC, Turner CF, et al. Concordance of Chlamydia trachomatis infections within sexual partnerships. *Sex Transm Infect.* 2008;84(1):23-28. (Acknowledged for oversight of enrollment of subjects and interviews at the Johns Hopkins Adult Emergency Department)
2. Lyons MS, Lindsell CJ, Haukoos JS, et al. on behalf of the National Emergency Department HIV Testing Consortium. Nomenclature and Definitions for Emergency Department Human Immunodeficiency Virus (HIV) Testing: Report from the 2007 Conference of the National Emergency Department HIV Testing Consortium. *Acad Emerg Med.* 2009;16(2):168-77. (Acknowledged as a scribe for the discussion sections and assisting with compilation of comments provided by Consortium participants)

**MEDIA ENGAGEMENTS**

Featured in American College of Emergency Physicians (ACEP) Leadership and Advocacy Conference Promotional Video. January-May 2013.

Invited Guest - NPR affiliate, KCSN (Northridge, California) to discuss "Physicians in Congress. November 4, 2004.

Invited Guest - National Public Radio's (NPR) "Talk of the Nation: Science Friday with Ira Flatow" (live broadcast to 240 NPR-member stations across the United States) to discuss "Physicians in Congress." November 5, 2004.

Invited Expert - RadioMD: Stay Well®: The Dr. Leigh Vinocur Show (ER101). "Osteoporosis: Why Are Men Rarely Screened?" Available online at: <http://radiomd.com/show/er-101/item/24267-osteoporosis-why-are-men-rarely-screened?> Air Date: November 7, 2014.

Featured interviewee - Money on Your Mind: "How student debt can influence physicians' career choices" by Rose Raymond in *The DO* Available online at: <http://thedo.osteopathic.org/2015/08/how-student-debt-can-influence-physicians-career-choices/> August 12, 2015.

Invited Expert - RadioMD: Stay Well®: The Dr. Leigh Vinocur Show (ER 101). "Importance of Immunizations." Available online at: <http://radiomd.com/show/er-101/item/28798-importance-of-immunizations>. Air Date: August 14, 2015.

Invited Expert - RadioMD: Stay Well®: The Dr. Leigh Vinocur Show (ER 101). "Celebrating this Season? Preventing Holiday Heart." Available online at: <http://radiomd.com/show/er-101/item/29993-celebrating-prevent-holiday-heart-syndrome>. Air Date: November 20, 2015.

Invited Expert - RadioMD: Stay Well®: The Dr. Leigh Vinocur Show (ER 101). "Heart Health: Men vs. Women." Available online at: <http://radiomd.com/show/er-101/item/30804-heart-health-men-vs-women>. Air Date: February 12, 2016.

Invited Expert. ABC 17 KMIZ (Columbia, MO), Special Report: Prescription for Overdose (discussion of opioid overdose epidemic) Air Date: April 28, 2016. Available online at: <http://www.abc17news.com/news/prescription-for-overdose/39127516>

Invited Expert. KMOS (PBS public television affiliate) / KBIA (NPR radio affiliate) (Columbia, MO), Fall Prevention. on "Radio Friends with Paul Pepper" Air Date: May 10, 2016. Available online at: <http://kbia.org/post/paul-pepper-fall-injury-awareness-and-prevention-meet-new-second-chance-executive-director>

Invited Expert. ABC 17 KMIZ (Columbia, MO), "Bill passes legislature letting people buy heroin overdose treatment." Air Date: May 11, 2016. Available online at: <http://www.abc17news.com/news/bill-passes-legislature-letting-people-buy-heroin-overdose-treatment/39479250>

Invited Expert. KBIA (Columbia, MO, NPR-member station), "Annual Mosquito Spraying Program Begins in Columbia." (by Emily McCarter) Air Date: June 2, 2016. Available online at: <http://kbia.org/post/annual-mosquito-spraying-program-begins-columbia>

Invited Expert. ABC 17 KMIZ (Columbia, MO), "Cutting electric costs during the summer heat." Air Date: June 14, 2016. Available online at: <http://www.abc17news.com/news/cutting-electric-costs-during-the-summer-heat/40055316>

Invited Expert. ABC 17 KMIZ (Columbia, MO), "University Hospital Reports It's Seen 6 Patients for Heat-Related Illnesses This Week." Air Date: June 15, 2016. Available online at: <http://www.abc17news.com/news/record-breaking-temperatures-bring-heat-illnesses/40069712>  
Quoted Expert. Boone County Journal. "Take Heat Precautions." Published: June 15, 2016. Available online at: <http://bocojo.com/news/take-heat-precautions/>

Invited Expert. KFRU-AM 1400AM, "Columbia Morning with David Lile" discussing heat-related health precautions. Airdate: June 16, 2016. Available online at: <http://www.kfru.com/shows/columbia-morning-with-david-lile/>

Quoted Expert. Columbia Daily Tribune (Columbia, MO) "Heat advisory issued for Thursday in Central Missouri; Wednesday high sets record." Published: June 16, 2016. Available online at: [http://www.columbiatribune.com/news/local/heat-advisory-issued-for-thursday-in-central-missouri-wednesday-high/article\\_70cd0797-0987-5e2e-b303-1aa743ac5a80.html](http://www.columbiatribune.com/news/local/heat-advisory-issued-for-thursday-in-central-missouri-wednesday-high/article_70cd0797-0987-5e2e-b303-1aa743ac5a80.html)

Invited Expert. MissouriNet Radio (Missouri Statewide News Service), discussing heat-related health precautions. Interview Date: June 17, 2016. Available online at: [www.missourinet.com](http://www.missourinet.com)

Invited Expert. NBC KOMU 8 (Columbia, MO), "MU Health Care physicians offer tips on keeping your family safe this summer." Airdate: June 19, 2016. Available online at: <http://www.komu.com/news/mu-health-care-physicians-offer-tips-on-keeping-your-family-safe-this-summer>

Quoted Expert. KTTS 94.7FM (Springfield, MO), "MU Emergency Physician Urges Safety During Hot Weather." Posted: June 21, 2016. Available online at: <http://www.ktts.com/news/mu-emergency-physician-urges-safety-during-hot-weather>

Invited Expert. ABC 17 KMIZ (Columbia, MO), "Turning off air conditioning to cut costs could increase possibility of heat stroke." Air Date: June 22, 2016. Available online at: <http://www.abc17news.com/news/turning-off-air-conditioning-to-cut-costs-could-have-negative-health-effects/40180146>

Quoted Expert. Sikeston Standard Democrat (Sikeston, MO), "Beating the heat: Ways to avoid illnesses during outdoor sports." Published: June 25, 2016. Available online at: <http://www.standard-democrat.com/story/2316731.html>

Invited Expert, ABC 17 KMIZ (Columbia, MO), "Columbia to test water for lead" (Lead Story) Air Date: June 29, 2016. Video available upon request.

Invited Expert, ABC 17 KMIZ (Columbia, MO), "Heat medically connected to crime increase: Doctors say heat has a psychological effect on people." Air Date: June 30, 2016. Available online at: <http://www.abc17news.com/sports/heat-medically-connected-to-crime-increase/40302216>

Invited Expert, ABC 17 KMIZ (Columbia, MO), "What not to eat in the heat." Air Date: July 20, 2016. Available online at: <http://www.abc17news.com/weather/what-not-to-eat-in-the-heat/40806230>

Invited Expert, Delaware Online: The News Journal. "10 facts about heat you're your health in Delaware." (Author Jen Rini, The News Journal), August 2, 2016 Available online at: <http://www.delawareonline.com/story/news/health/2016/08/01/10-facts-heat-and-your-health-delaware/87448294/>

Invited Expert, ABC 17 KMIZ (Columbia, MO), "Dangerous Synthetic Drug Appears in Taney County, Missouri." Air Date: August 26, 2016. Available online at: <http://www.abc17news.com/news/crime/dangerous-synthetic-drug-appears-in-taney-county-missouri/80497386>

Invited Expert, Delaware Online: The News Journal. "Lead paint removal a slow, expensive process for Delaware." (Author Adam Duvernay, The News Journal), August 16, 2016 Available online at: <http://www.delawareonline.com/story/news/2016/08/16/lead-paint-removal-slow-expensive-process-delaware/88531498/>

Featured in American College of Emergency Physicians (ACEP) Video, "FACEP: It Means More" Available online at: <https://www.acep.org/fellow/#sm.00014jvknkt5fafsfn1jnvsk1nr>

Actor, InnovatED at ACEP19, Denver Colorado. Behavioral Health Emergencies.

Invited expert. "Palliative Care Integrated into Critical Care Settings, Including EDs." *Medical Ethics Advisor*. Vol. 37, No. 4; 37-48. April 2021

Invited expert, Fox43 (Harrisburg, PA). Discussion of UnitedHealthcare reimbursement policy. "Group of emergency physicians condemns healthcare policy they say could put patients on hook to pay up for ER visits." Air Date: June 10, 2021. Available online at: <https://www.fox43.com/article/news/local/emergency-room-healthcare-costs-physicians-united-patients-pay-hospital-bills/521-59fdcae8-66ff-4de3-9592-4a38ada9b766>. [Last accessed October 1, 2021]

Invited Expert. "Program directors list 4 red flags for residency applicants to avoid." American Medical Association (AMA). Available online at: <https://www.ama-assn.org/residents-students/residency/program-directors-list-4-red-flags-residency-applicants-avoid>. September 15, 2021. [Last accessed October 1, 2021]

Invited Expert. ABC16 WNEP (Scranton, PA). "Geisinger COVID-19 update: Boosters, cases, and testing: Doctors at Geisinger Medical Center near Danville are seeing a rise in COVID-19 cases across the region." Air Date: September 27, 2021. Available online at: <https://www.wnep.com/article/news/local/montour-county/geisinger-covid-19-update-boosters-cases-and-testing/523-478d747a-a1a7-4021-a24f-69b0e2e72c79>. [Last accessed October 1, 2021]

Invited expert. "Notify Patient if Initial Radiology Read is Incorrect." *ED Management*. Vol. 33, No. 11; 145-147. November 2021.

Invited expert. "Patients' Involvement in Decision-Making Linked to Lower Malpractice Risks." *ED Management*. Vol. 34, No. 1; 12. January 2022.

Invited expert. "Older Adults with Abdominal Pain Risk Mistrriage, Inadequate Diagnostic Tests." *ED Management*. Vol. 34, No. 2; 27-28. February 2022.

Invited expert. "Detailed Charting on Handoffs Stops Legal Finger-Pointing." *ED Management*. Vol. 34, No. 5; 74-76. May 2022.

Invited expert. "Obligations for EDs if Clinicians Suspect Human Trafficking." *ED Management*. Vol. 34, No. 10; 155-56. October 2022.

Quoted expert. Boyle P. "The cost of surviving gun violence: Who pays?" AAMC News. October 18, 2022.



Documentary Films

Production Advisor, *24/7/365: The Evolution of Emergency Medicine* (released October 2013)

\*A documentary film of the history of Emergency Medicine as told by the founders and leaders in the specialty. Awards include: Gold Circle Award, 2014 American Society of Association Executives (ASAE); Bronze Winner, The 35<sup>th</sup> Annual Telly Awards; Official Selection, St. Louis International Film Festival; Best Documentary ("New England Emmy"), Boston/New England Chapter National Academy of Television Arts & Sciences.

Director and Executive Producer, "Missing Square to Shining Star" 2018 – 2022  
PACEP Documentary Film of History of Emergency Medicine in Pennsylvania

**TEACHING AND MENTORING ACTIVITIES**National Teaching

Instructor, Advanced Trauma Life Support (ATLS) 461470 2016 – present  
Faculty, Emergency Medicine Oral Board Review Course, Illinois College of  
Emergency Physicians (ICEP), Chicago, IL 2015 – 2019

Medical School/Medical Students

Ambulatory Care Experience (ACE) Mentor 02/2016 – 10/2016  
University of Missouri-Columbia School of Medicine  
Provide clinical mentoring / introduction for MS-I/II medical students interested in EM

Summer Research Fellowship Mentor 05/2016 – 10/2016  
University of Missouri-Columbia School of Medicine  
Provide SOM-funded clinical research experience for MS-I/II medical students

- Helena Lam: Awarded 2<sup>nd</sup> place, Category I (Clinical) University of Missouri School of Medicine Health Sciences Research Day 11/17/16
- Nathan Applegren, MS

Advice Support and Career (ASC) Preclinical Advising Program Mentor 07/2016 – 10/2016  
University of Missouri-Columbia School of Medicine  
Provide guidance, support, mentoring to MS-I and MS-II medical students

Mock Residency Interview Program, Philadelphia College of Osteopathic Medicine (PCOM)  
2019 – 2020

SAEM Medical Student Mentor 2020 – present

GCSOM Medical Research Honors Program (MRHP) Mentor 2020 – present  
Niraj Vyas (Class of 2024)  
Conner Johnson (Class of 2024)  
Adam Klaus (Class of 2024)

Invited Faculty Panelist, American Medical Association: "Preparing for the 2022 Match for AMA Members: Finalizing your ERAS Application" (>600 registrants) 8/18/2021

Residency/Residents

Faculty Journal Club Director 01/2016 – 10/2016  
Emergency Medicine Residency  
University of Missouri-Columbia

Faculty Co-Director, Evidence-Based Medicine (EBM) Rotation 07/2016 – 10/2016  
Emergency Medicine Residency  
University of Missouri-Columbia

Clinical Competency Committee (CCC) 07/2016 – 10/2016  
Emergency Medicine Residency  
University of Missouri-Columbia

Group Facilitator, Geisinger Bioethics Symposium 03/26/2019  
“Professionalism: Eliciting and Respecting Patients’ Goals and Values”  
Geisinger Health System

Graduate Students 03/2016 – 10/2016  
PhD Committee Member, Benjamin Coe, RN  
Sinclair School of Nursing, University of Missouri-Columbia

#### Classroom Instruction

Faculty, Central Line Course for new residents and fellows 07/2011, 06/2013  
Lehigh Valley Health Network (LVHN), Division of Education, Allentown, PA

Faculty, “Introduction to Clerkship” for 3<sup>rd</sup> Year Medical Students from 5/8-9/2014  
University of South Florida/LVHN SELECT program (Scholarly Excellence, Leadership  
Experiences, Collaborative Training)

Head Graduate Teaching Assistant (TA) and Course Coordinator MPH Graduate Program, Johns Hopkins  
Bloomberg School of Public Health, Baltimore, MD  
Environmental & Occupational Health Law & Policy (180.628) 01/2010 – 05/2010  
Alcohol & Health (301.657) 01/2006 – 05/2006  
Problem Solving in Public Health (550.608) 01/2006 – 01/2008  
(supervision of approximately 15 TAs per term)

#### Residency Lectures (Grand Rounds and Didactic Conferences)

“Diseases of the Premature Infant.” Lehigh Valley Health Network, Department of Emergency Medicine.  
Bethlehem, Pennsylvania. March 28, 2013.

“Resident as teacher.” (co-presenter with Amy Smith, PhD) Grand Rounds, Lehigh Valley Health Network,  
Department of Emergency Medicine June 27, 2013.

“Community-Acquired Pneumonia for the Emergency Physician.” Lehigh Valley Health Network,  
Department of Emergency Medicine. Bethlehem, PA. March 13, 2014.

“It’s Not a Stroke: Non-Stroke Neurology” University of Pittsburgh, Emergency Medicine Residency,  
Pittsburgh, PA. February 12, 2015.

“Community-Acquired Pneumonia” University of Missouri-Columbia, Emergency Medicine Residency,  
Columbia, MO. November 12, 2015.

“Papers that changed my practice” (Contributor) University of Missouri-Columbia, Emergency Medicine  
Residency, Columbia, MO. December 3, 2015.

Simulation Day, “Stroke,” University of Missouri-Columbia Emergency Medicine, Columbia, MO. December  
17, 2015.

“Cognitive Errors” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO.  
January 7, 2016.

“Visual Diagnosis” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. February 18, 2016.

“Research Ethics 101” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. March 3, 2016.

Oral Board Review Mock Cases, University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. March 24, 2016.

“Research Study Designs” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. March 31, 2016.

“Errors in Research” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. April 7, 2016.

“Understanding and Translating Risk” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. May 5, 2016.

“Cognitive Errors” University of Missouri-Columbia, Emergency Medicine Residency (PGY-I “Boot Camp” Orientation), Columbia, MO. July 22, 2016

“HIV Testing in the ED” Wellspan York Hospital, Emergency Medicine Residency, Grand Rounds Invited Guest Lecturer, York, PA. September 27, 2016.

“Shared decision-making in the ED” Wellspan York Hospital, Emergency Medicine Residency, Grand Rounds Invited Guest Lecturer, York, PA. September 27, 2016.

“Presentations and Publications” University of Missouri-Columbia, Emergency Medicine Residency, Columbia, MO. July 21, 2016; Geisinger Emergency Medicine Residency. September 18, 2017

“Endocarditis” Oral Board based review. Geisinger Emergency Medicine Residency. Danville, PA. October 3, 2017.

Simulation Day, “Emergency Cardiac Pacing in Lyme Disease,” Geisinger Emergency Medicine Residency. Danville, PA. October 17, 2017.

“Endocrine Emergencies: Thyroid Storm and Myxedema Coma” Oral Board based review. Geisinger Emergency Medicine Residency. Danville, PA. October 24, 2017.

“Oncologic Emergencies” Geisinger Emergency Medicine Residency. Danville, PA. December 12, 2017.

“Sexually Transmitted Infections: Emergency Department Perspectives” Geisinger Emergency Medicine Residency. Danville, PA. March 6, 2018; July 9, 2019; January 12, 2021; August 2, 2022

“Tick-Borne Illnesses” Geisinger Emergency Medicine Residency. Danville, PA. March 6, 2018; February 6, 2021; August 9, 2022.

“Initial Approach to Trauma” Geisinger Emergency Medicine Residency. Danville, PA. April 10, 2018.

“Basic Approach to Wound Management” PGY-1 Orientation, Geisinger Emergency Medicine Residency. Danville, PA. July 6, 2018.

“Approach to Abdominal Pain” PGY-1 Orientation, Geisinger Emergency Medicine Residency. Danville, PA. July 6, 2018.

"Shared decision-making" Kingman Regional Medical Center Emergency Medicine Residency. Kingman, AZ. September 27, 2018.

"Sexually Transmitted Infections: Emergency Medicine Perspective" Kingman Regional Medical Center Emergency Medicine Residency. Kingman, AZ. September 27, 2018.

"Introduction to ACEP and Professional Advocacy" Kingman Regional Medical Center Emergency Medicine Residency. Kingman, AZ. September 27, 2018.

"Why Research is Important" Fundamentals of Research Course: Geisinger Graduate Medical Education: 2018-19 Academic Year Curriculum and Faculty Development. October 11, 2018.

"Practice changing articles of 2018." Geisinger Emergency Medicine Residency. Danville, PA. April 30, 2019.

"LVADs." Geisinger Emergency Medicine Residency. Danville, PA. July 2, 2019.

"Sexually Transmitted Infections." Geisinger Emergency Medicine Residency. Danville, PA. July 9, 2019.

"Cultural Competency." Geisinger Emergency Medicine Residency. Danville, PA. July 16, 2019; August 2, 2022.

"Acid-base disturbances." Geisinger Emergency Medicine Residency. Danville, PA. July 23, 2019; August 2, 2022.

"Pain Management in the ED." (PGY-I orientation lecture) Geisinger Emergency Medicine Residency. Danville, PA July 25, 2019.

"Local anesthetics." Geisinger Emergency Medicine Residency. Danville, PA. August 13, 2019; February 9, 2021; August 9, 2022.

"Advocacy through professional organizations." Geisinger Emergency Medicine Residency. Danville, PA. October 8, 2019; March 16, 2021; September 6, 2022.

"Biological Warfare Agents." Geisinger Emergency Medicine Residency. Danville, PA. November 5, 2019; May 4, 2021; October 25, 2022.

"HIV: An Emergency Medicine Perspective." Geisinger Emergency Medicine Residency. Danville, PA. December 10, 2019; July 6, 2021; December 20, 2022

"Breaking Bad News/Crucial Conversations." Geisinger Emergency Medicine Residency. Danville, PA. December 17, 2019.

"Diseases of the Mouth." Geisinger Emergency Medicine Residency. Danville, PA. January 14, 2020; August 17, 2021.

"Ethics in Emergency Medicine." Geisinger Emergency Medicine Residency. Danville, PA. January 14, 2020; July 20, 2021

"Interpersonal violence and abuse." Geisinger Emergency Medicine Residency. Danville, PA. January 14, 2020; July 6, 2021; December 20, 2022.

"Thermal burns." Geisinger Emergency Medicine Residency. Danville, PA. January 14, 2020; August 3, 2021.

"Post-surgical Complications: Bariatric surgery and Ostomies." Geisinger Emergency Medicine Residency. Danville, PA. January 28, 2020; August 17, 2021.

"EMTALA." Geisinger Emergency Medicine Residency. Danville, PA. February 12, 2020; August 17, 2021.

"Evolving Trends in Healthcare Delivery." Geisinger Emergency Medicine Residency. Danville, PA. February 12, 2020; August 17, 2021.

"Evolving Trends in Healthcare Delivery." Lehigh Valley Health Network, Emergency Medicine Residency. Bethlehem, PA. March 5, 2020.

"Spinal Cord Injury." Geisinger Emergency Medicine Residency. Danville, PA. February 18, 2020; February 8, 2022.

"Nerve Agents." Geisinger Emergency Medicine Residency. Danville, PA. February 18, 2020; February 8, 2022.

"Clinical Practice Guidelines." Geisinger Emergency Medicine Residency. Danville, PA. March 3, 2020, September 21, 2021.

"Translating Risk." Geisinger Emergency Medicine Residency. Danville, PA. March 3, 2020, September 21, 2021.

"EMTALA." Lehigh Valley Health Network, Emergency Medicine Residency. Bethlehem, PA. March 5, 2020.

"Neck Trauma." Geisinger Emergency Medicine Residency. Danville, PA. March 24, 2020; October 12, 2021.

"Approach to Abdominal Pain." Geisinger Emergency Medicine Residency. Danville, PA. March 24, 2020; October 12, 2021.

"Medication-Induced Immunosuppression." Geisinger Emergency Medicine Residency. Danville, PA. April 7, 2020.

"Complications of Renal Dialysis." Geisinger Emergency Medicine Residency. Danville, PA. April 21, 2020; November 23, 2021.

"Anticoagulants and Antithrombotic Agents." Geisinger Emergency Medicine Residency. Danville, PA. May 5, 2020; December 7, 2021.

"Contracts and Practice Models." Geisinger Emergency Medicine Residency. Danville, PA. May 5, 2020; December 7, 2021.

"Dementia." Geisinger Emergency Medicine Residency. Danville, PA. June 2, 2020; January 11, 2022.

"Arboviruses." Geisinger Emergency Medicine Residency. Danville, PA. July 7, 2020; February 1, 2022.

"Structural disorders of the GI Tract." Geisinger Emergency Medicine Residency. Danville, PA. July 7, 2020; January 11, 2022.

"Pain Management in the ED." Geisinger Emergency Medicine Residency. Danville, PA. July 10, 2020.

"Oropharynx/Throat Infections." Geisinger Emergency Medicine Residency. Danville, PA. July 28, 2020.

"Privacy and Confidentiality." Geisinger Emergency Medicine Residency. Danville, PA. August 11, 2020; May 17, 2022.

"Inflammatory and Infectious Disorders of Anus and Rectum." Geisinger Emergency Medicine Residency. Danville, PA. August 18, 2020; April 26, 2022.

"Oncologic Emergencies." Geisinger Emergency Medicine Residency. Danville, PA. August 25, 2020; April 26, 2022.

"Synthetic Cannabinoids." Geisinger Emergency Medicine Residency. Danville, PA. October 13, 2020; May 17, 2022.

"CNS Tumors." Geisinger Emergency Medicine Residency. Danville, PA. October 13, 2020; April 26, 2022.

"Hydrocephalus." Geisinger Emergency Medicine Residency. Danville, PA. October 20, 2020, March 22, 2022.

"HTN." Geisinger Emergency Medicine Residency. Danville, PA. October 20, 2020; May 31, 2022.

"Liver Tumors." Geisinger Emergency Medicine Residency. Danville, PA. November 3, 2020; February 1, 2022.

"Ophthalmologic Trauma" Geisinger Emergency Medicine Residency. Danville, PA. November 10, 2020; July 20, 2021.

"Emerging Infections and Pandemics" Geisinger Emergency Medicine Residency. Danville, PA. December 1, 2020.

"Lithium" Geisinger Emergency Medicine Residency. Danville, PA. December 8, 2020; May 31, 2022.

"Reimbursement Issues in Emergency Medicine" Geisinger Emergency Medicine Residency. Danville, PA. April 20, 2021; October 11, 2022.

"Practice Changing Articles, 2020" Geisinger Emergency Medicine Residency. Danville, PA. May 4, 2021.

"Practice Changing Articles, 2021" Geisinger Emergency Medicine Residency. Danville, PA. October 25, 2022.

"Social Determinants of Health" Geisinger Emergency Medicine Residency. Danville, PA. May 18, 2021; November 1, 2022.

"Gender Identity and Sexual Orientation" Geisinger Emergency Medicine Residency. Danville, PA. May 18, 2021; November 1, 2022.

"External Quality Metrics" Geisinger Emergency Medicine Residency. Danville, PA. May 25, 2021; November 8, 2022.

#### Clinical Instruction/Bedside Teaching

Attending Physician in Emergency Department (Clarion Hospital, Clarion, PA) 11/2014 – 05/2015  
Bedside instruction to medical students, family medicine residents (Lake Erie COM)

Attending Physician in Emergency Department (University of Missouri-Columbia) 01/2016 – 11/2016  
Bedside instruction to medical students, emergency medicine, orthopedic, family medicine, internal medicine, and pediatric residents and emergency medicine physician assistant fellows

Faculty Preceptor, Ambulatory Care Experience (University of Missouri-Columbia) 01/2016 – 10/2016  
Mentor 1<sup>st</sup> year medical students in clinical introduction to emergency medicine

## OTHER CLINICAL POSITIONS AND EMPLOYMENT

### Emergency Medicine Staff Privileges

Geisinger Health System	08/2017 – present
Geisinger Medical Center, Danville, PA (Level 1 trauma, regional referral center with EM Residency)	
Geisinger Wyoming Valley, Plains Township, PA (Level 2 trauma center)	
Geisinger Shamokin Area Community Hospital, Coal Township, PA	
Geisinger Bloomsburg Community Hospital, Bloomsburg, PA	
System Triage Officer, Patient Placement/Transfer Center	06/2019 – present
(Includes telehealth and mobile community paramedic command physician)	
University Medical Center (UMC) (Lubbock, TX)	09/2016 – present
Teaching Hospital for Texas Tech University SOM	(prn staff)
412 bed, urban (county-operated) Level 1 trauma and burn center for West Texas, Eastern New Mexico, ~85,000 ED visits	
Geisinger Holy Spirit (Camp Hill, PA)	08/2017 – 11/2020
(now Penn State Health, Holy Spirit Med Ctr), Level 2 Trauma center ~50,000 ED visits	
Wellspan Health, York Hospital (York, PA)	04/2017 – 01/2019
550 bed, suburban Level 1 trauma center with EM residency, ~70,000 ED visits	
ERNow Freestanding Emergency Center (Amarillo, TX)	12/2016 – 09/2017
Panhandle Emergency Physicians	
ExcelER Freestanding Emergency Center (Odessa, TX)	08/2016 – 02/2017
Staff Care, Inc.	
University of Missouri-Columbia (Columbia, MO)	01/2016 – 10/2016
Teaching Hospital for University of Missouri-Columbia SOM	
Level 1 trauma center with regional referral and burn center with EM residency, ~45,000 ED visits	
Women's and Children's Hospital, Specialty pediatric and women's hospital	
Medical Leave of Absence from clinical activities	05/2015 – 12/2015
Clarion Hospital (Clarion, PA)	
Emergency Resource Management, Inc.	11/2014 – 05/2015
(ERMI was affiliate of University of Pittsburgh Medical Center)	
80 bed, rural hospital ~18,000 ED visits	
Elk Regional Health System (now Penn Highlands – Elk) (St. Marys, PA)	
Hospital-employed	06/2013 – 02/2014
Schumacher Group employed	02/2014 – 09/2014
80 bed, rural hospital; 18,000 ED visits	
Sacred Heart Hospital (Allentown, PA)	08/2013 – 03/2015
215-bed urban hospital, ~32,000 ED visits	



Blue Mountain Health System (Lehigh, PA) 110-bed rural hospital, ~19,000 ED visits	09/2013 – 09/2014
Lehigh Valley Health Network (LVHN) LVHN-Cedar Crest (Allentown, PA) 800-bed Level I trauma and burn center, ~70,000 ED visits LVHN-Muhlenberg (Bethlehem, PA) 180-bed suburban hospital, ~60,000 ED visits	10/2013 – 06/2014
Chief Medical Officer (hospital level) Penn Highlands Healthcare System – Elk Campus Saint Marys, PA 15857 (Position eliminated by health system)	07/2014 – 09/2014
Tuberculosis Physician Pennsylvania Department of Health Bureau of Community Health Systems, Northwest District Office (Saint Marys, PA)	08/2014 – 08/2015
Resident EMS Medical Director Multiple EMS Agencies Lehigh Valley International Airport EMS (Lehigh County, PA) Trappe Fire and EMS (Montgomery County, PA) Upper Perkiomen Valley Ambulance (Montgomery County, PA) Bally EMS (Berk County, PA)	06/2012 – 06/2014
Research Coordinator/Program Manager Department of Emergency Medicine Johns Hopkins University Baltimore, MD Work in all phases of research projects, supervise research assistants	2002 – 2007

## HONORS AND AWARDS

Teacher of the Year, Geisinger Emergency Medicine Residency	2019
Service Award (for Advancing Patient Care in West Texas), Lubbock, Crosby, Garza County Medical Society	2017
Outstanding Resident Research Award, Lehigh Valley Health Network, Department of Emergency Medicine	2014
John C. Hume Doctoral Award (\$2,900), Johns Hopkins School of Public Health (awarded to Health Policy and Management student who shows great potential in the field of public health)	2010 – 2011
Featured as Alumni Success Story: <i>Successful Young Professionals Who Use Writing in Their Careers</i> (Saint Marys, PA Catholic School System)	09/2010
Polyprobe Scholarship (\$4,000) Philadelphia College of Osteopathic Medicine (awarded to one medical student for research excellence)	2008 – 2009
Medal of Excellence, Top Graduate in Political Science, Loyola College	05/2001
Invocation Speaker, 149 <sup>th</sup> Commencement Ceremonies, Loyola College	05/2001
Distinguished Essay Award, Loyola College Catholic Studies Program	11/2000
Pi Sigma Alpha, Political Science Honor Society	selected 05/1999
Eta Sigma Pi, Honor Society in Latin and Greek	selected 05/1999
Distinguished Essay Award, Loyola College History Department	11/1999
Men's Varsity Basketball Letterwinner, Case Western Reserve University (NCAA Division III)	1996 – 1998

## INSTITUTIONAL ADMINISTRATIVE APPOINTMENTS AND ACTIVITIES

Geisinger Health System / Geisinger Medical Center / Geisinger College of Health Sciences Institute of Medicine, Clinic Research Fund Advisory Group	07/2022 – present
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Chair, Geisinger Emergency Medicine Research Committee	08/2017 – present
Physician Champion, Geisinger Medical Center emPATH (Emergency Psychiatric Assessment, Treatment, Healing) unit	05/2022 – present
Physician Champion, Geisinger Emergency Medicine HIV Program	08/2021 – present
Geisinger Graduate Medical Education (GME) Research Steering Committee	01/2022 – present
ProvenCare Pneumonia Clinical Policy workgroup Transitions of Care Subgroup	01/2021 – present
Internal Clinical Advisor, Steele Institute, Behavioral Insights Team	01/2020 – present
Asthma Steering Committee	06/2021 – present
Institutional Review Board (IRB)	07/2019 – present
Scientific Review Committee (SRC)	07/2019 – present
Academic Promotion and Tenure Committee	07/2022 – present
Medical Officer of the Day (MOD): physician resource officer	07/2018 – 07/2020
Opioid Workgroup	04/2018 – 12/2019
Hospital Ethics Committee, Geisinger Medical Center	03/2019 – 09/2021
COVID-19 Research Oversight Committee	04/2020 – 03/2022
University of Missouri – Columbia	
Hospital Anticoagulation Task Force	01/2016 – 10/2016
Lehigh Valley Health Network	
Resident Representative, ACGME CLER (Clinical Learning Environment Review) site visit to LVHN	02/18/2014
Drexel School of Public Health	09/2003
Member, Council on Education for Public Health (CEPH) Accreditation Self-Study Committee, Drexel School of Public Health (Appointed by Dean Marla Gold, MD)	
Philadelphia College of Osteopathic Medicine	
Member, Medical School Admissions Committee	08/2008 – 05/2010
Emergency Department Administrative Appointments	
Department of Emergency Medicine, University of Missouri-Columbia	
Peer-Review/Quality Improvement Committee	12/2015 – 10/2016
Chair, Research Committee	12/2015 – 10/2016
Pain Policy Task Force (wrote pain management guidelines)	02/2016 – 10/2016
Alpha Sigma Nu (National Jesuit Honor Society), Milwaukee, WI	1999 – present
Vice President, Board of Directors	10/2006 – 10/2009
Director, Board of Directors	10/2000 – 10/2009
Member, Bylaws Committee, Alpha Sigma Nu Board of Directors	10/2006 – 10/2009
Chairman, Nominations Committee, Alpha Sigma Nu Board of Directors	10/2003 – 10/2009
Founding President, Baltimore, MD Alumni Club	

## COMMUNITY SERVICE

Volunteer Head Youth Basketball Coach. Lewisburg, PA	2019 – 2022
Volunteer Head and Assistant Little League Coach. Lewisburg, PA	2018 – 2021
First Aid Presentation, Boy Scouts of America, Pack 3538, Lewisburg, PA	11/5/19
Counselor for Medicine Merit Badge University Boy Scouts of America, Great Rivers Council (Missouri)	2016

## 2023 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

**Abhi Mehrotra, MD, MBA, FACEP**

***Question #1: How can ACEP optimize its financial resources to ensure future stability?***

To optimize its financial resources and ensure future stability, ACEP can implement several strategies:

- Diversify Revenue Streams: ACEP should explore and develop multiple sources of revenue beyond membership dues and meetings. This can include partnerships with industry stakeholders, sponsorships, and grants. Further expansion of the accreditation business line should be prioritized. By diversifying revenue streams, ACEP can reduce its reliance on a single source and enhance its financial stability.
- Improve Membership Retention and Recruitment: ACEP should continue to prioritize efforts to retain existing members and attract new ones. This can be achieved through work already underway (reimagining meeting structure and content) as well as new initiatives (EMDI). By continuously demonstrating the value of membership, ACEP can maintain a strong and engaged membership base, which in turn supports financial stability.
- Embrace Technology and Digital Transformation: Leveraging technology can enhance efficiency and cost-effectiveness for ACEP. Investing in digital platforms for communication, education, and event management can reduce operational costs and expand reach.
- Foster Collaborations and Partnerships: ACEP should actively seek collaborations and partnerships with other organizations, both within and outside of the healthcare sector. The development of EMDI facilitates these collaborative opportunities.
- Invest in Professional Development and Leadership: ACEP should prioritize investments in the professional development of its staff and leaders. By providing training, mentorship, and resources, ACEP can build a strong team capable of effective financial management and strategic decision-making.

By implementing these strategies, ACEP can optimize its financial resources, diversify revenue streams, and enhance its long-term stability. These efforts will enable ACEP to continue its mission of advocating for emergency physicians and supporting the advancement of emergency medicine.

***Question #2: Describe how your election to the Board of Directors would enhance ACEP's ability to speak for and represent all emergency physicians.***

As a member of the Board, I would bring a diverse range of experiences, perspectives, and insights that would ensure our organization truly represents the entirety of the emergency medicine community.

First and foremost, I am clinically active and understand the challenges and realities faced by emergency physicians on a day-to-day basis. Through my years of practice and engagement with the hospital and healthcare system, I have witnessed firsthand the unique issues and concerns that arise in our practice. This firsthand knowledge will enable me to advocate effectively for the interests and needs of emergency physicians across different practice settings and demographics.

Furthermore, I have a deep commitment to fostering inclusivity and diversity within our specialty. I recognize that emergency medicine is comprised of professionals from diverse backgrounds, with varying levels of experience, and with unique perspectives on the specialty. If elected, I would actively seek out and promote opportunities for underrepresented groups within our specialty to ensure that their voices are heard and their needs are addressed. By actively working to include all emergency physicians in our decision-making processes, we can create a more robust and representative organization.

Collaboration is also one of my core strengths. I firmly believe in the power of teamwork and effective communication to achieve our collective goals. If elected, I would actively engage with emergency physicians from all regions and practice settings, ensuring that their concerns and viewpoints are brought to the forefront. By actively listening and facilitating

constructive dialogue, I would strive to create a sense of unity and cohesion within our organization and specialty. This collaborative approach would enable ACEP to speak with a stronger and more unified voice on behalf of all emergency physicians.

In conclusion, my election to the Board of Directors would significantly enhance ACEP's ability to speak for and represent all emergency physicians. With my understanding of the challenges faced by emergency physicians, my commitment to inclusivity and diversity, and my collaborative approach, I am confident in my ability to contribute to ACEP's mission of advocating for the entire emergency medicine community and appreciate your vote to serve in this role.

**Question #3: From your perspective, what would you do to ensure that emergency medicine remains an attractive specialty?**

To ensure that emergency medicine remains an attractive specialty, several strategies can be implemented. First, it is important that we acknowledge and address the current challenges faced by our specialty. These include factors like the No Surprises Act, workforce shortages, hospital capacity concerns, and scope of practice. By recognizing these issues, we can work towards finding solutions that improve our practice environment and make emergency medicine more appealing.

One way to refocus on the joy of medicine is by emphasizing the sanctity of the physician-patient relationship. This core aspect of EM can bring fulfillment to emergency physicians and remind us of the meaningful impact we have on patients' lives. By nurturing this relationship, we can reignite the passion and sense of purpose of why we chose this specialty.

Advocacy efforts should continue to address issues like the No Surprises Act (NSA) and other regulatory barriers that affect emergency medicine, ensuring that we continue to highlight workplace violence, boarding, and behavioral health resource constraints. By actively engaging in advocacy, we can influence policy decisions that positively impact our specialty and create a more favorable working environment.

While projecting the future workforce is important, it is crucial that we acknowledge the uncertainties associated with such predictions. It is essential to adapt recommendations to the current situation, considering factors such as changing demographics, covid effects, technological advancements, and evolving healthcare delivery models. By remaining flexible and open to change, we can better address the needs of our colleagues and patients, and ensure the specialty remains attractive.

The ACEP should rededicate itself to the well-being and development of emergency physicians. This can be achieved through expanding the ongoing efforts, such as consultation services and providing support at each career stage – residency, early practice, mid-career, and exploring retirement. By offering guidance and resources, ACEP can help emergency physicians navigate our professional journeys, enhancing job satisfaction and retention.

As healthcare delivery evolves, it is important to emphasize the core of emergency medicine, which is acute and unscheduled care. No one else does this better than we do! Collaborating with thought leaders in areas such as telehealth, clinical decision support, and emergency preparedness can provide new opportunities for emergency physicians. By actively participating in these emerging fields, emergency medicine can continue to grow and remain relevant in the changing healthcare landscape.

Ultimately, our focus should be on what is best for both emergency physicians and the specialty itself. ACEP should prioritize initiatives that support the well-being and satisfaction of emergency physicians and physician-led teams. Students and residents need to see the enthusiasm and enjoyment within the specialty, which can help attract the next generation of emergency physicians. By showcasing the rewards and fulfillment of emergency medicine, we can ensure its attractiveness as a specialty for years to come.

## CANDIDATE DATA SHEET

**Abhi Mehrotra, MD, MBA, FACEP**

### Contact Information

117 Sagerview Way  
Durham, NC. 27713

**Phone:** 919-672-0396

**E-Mail:** Abhi@med.unc.edu

### Current and Past Professional Position(s)

University of North Carolina	Assistant Prof. of Emergency Medicine	2003 – 2013
University of North Carolina	Assistant Residency Director	2005 – 2007
University of North Carolina	Associate Residency Director	2007 – 2010
University of North Carolina	Assistant Medical Director	2004 – 2020
University of North Carolina	Associate Prof. of Emergency Medicine	2013 – 2019
University of North Carolina	Medical Director, Hillsborough Campus	2015 – 2020
University of North Carolina	Dept. of EM, Vice Chair - Operations	2015 – Present
University of North Carolina	System Emergency Service Co-lead	2018 – Present
University of North Carolina	Professor of Emergency Medicine	2019 – Present
University of North Carolina	Adjunct Professor, Kenan Flagler Business School	2021 – Present

### Education (include internships and residency information)

M.B.A.	University of North Carolina	2014 – 2015
Emergency Medicine Residency	University of North Carolina	2000 – 2003
M.D.	The Ohio State University	1996 – 2000
B.A. (Chemistry)	The Ohio State University	1992 – 1996

### Specialty Board Certifications (e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)

Diplomate, American Board of Emergency Medicine – 2004, Renewal 2014

### Professional Societies

American College of Emergency Physicians  
North Carolina College of Emergency Physicians  
Society for Academic Emergency Medicine  
Emergency Medicine Residents' Association  
American Medical Association  
North Carolina Medical Society

Finance Committee	Member	2002 – 2003, 2022 – Present
CEDR Committee	Member (Chair)	2017 – Present (2018-2020)
HIT Committee	Member	2019 – Present
Quality and Performance Committee	Member	2010 – 2021
Council Steering Committee	Member	2000 – 2002, 2008 – 2010
Reference Committee	Member (Chair)	2001, 2008, 2010, 2021, 2022 (2010, 2021, 2022)
EM Practice Management & Health Policy Section	Member (Chair)	2007 – Present (2012-2014)
Young Physicians Section	Member (Chair)	2005 – Present (2008)
ED Categorization Task Force	Chair	2008 – 2010

NCCEP Education Committee	Member (Chair)	2006 – 2008 (2007)
NCCEP Board	Member	2010 – 2016
NCCEP Board	Secretary-Treasurer	2012 – 2013
NCCEP Board	President-Elect	2013 – 2014
NCCEP Board	President	2014 – 2015
NCCEP Board	Past-President	2015 – 2016
NCCEP	Councillor	2010 – Present

Defense Expert	1	Case	Plaintiff Expert	1	Case
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## CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

**Abhi Mehrotra, MD, MBA, FACEP**

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: University of North Carolina at Chapel Hill

Address: 103 South Building, Campus Box 9100

Chapel Hill, NC 27599

Position Held: Attending Physician

Type of Organization: University

Employer: MedScribes, Inc.

Address: 6409 Fayetteville Rd., Suite 120-346

Durham, NC 27713

Position Held: CEO

Type of Organization: Medical scribe services

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: North Carolina College of Emergency Physicians

Address: PO Box 1038

Wake Forest, NC 27588

Type of Organization: State Chapter of ACEP

Leadership Position: Board of Directors

Term of Service: 2010 – 2016

Organization: Emergency Medicine Residents Association (EMRA)

Address: 4950 W. Royal Lane

Irving, TX. 75063

Type of Organization: Not-for-profit organization representing Emergency Medicine Residents and Medical Students with a career interest in Emergency Medicine

Leadership Position: Board of Directors

Term of Service: 2000 - 2002



Organization: University of North Carolina Faculty Physicians

Address: 145 Medical Drive, Suite 400

Chapel Hill, NC 27599

Type of Organization: Faculty group practice plan

Leadership Position: Board of Directors

Term of Service: 2017 – 2020

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE

☒ If YES, Please Describe: Co-founder and CEO of a medical scribe company

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

- ☐ NO  
☒ YES

10. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

- ☐ NO  
☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

**Abhishek Mehrotra**

Date

June 20, 2023



August 15, 2023

ACEP Council

Re: Endorsement of Abhi Mehrotra, MD, MBA, FACEP

Dear ACEP Council:

**Officers**

Jill Benson, MD, FACEP  
*President*

Madji Namde, MD  
*President-Elect*

Melanie Artho, MD  
*Secretary/Treasurer*

Thomas Bernard III, MD, FACEP  
*Immediate Past President*

**Board of Directors**

Richard Benson, MD  
Smeet Bhimani, DO  
Christopher Griggs, MD, MPH, FACEP  
Matthew Heuton, MD  
Joshua Loyd, MD, NRP  
Swarup Misra, DO  
Josh Sawyer, MD, FAAEM  
Brandon Smallwood, MD, FACEP  
Benjamin Wiles, DO

*Resident Members*

Mark Baumgarten, MD  
Lauren Coaxum, MD  
Caitlin Dakermanji, MD  
Tess Munoz, MD  
Matthew Yeager, MD (Voting Resident Member)

**Councillors**

Melanie Artho, MD  
Jill Benson, MD, FACEP  
Thomas Bernard III, MD  
Scott Brown, MD, FACEP  
Gregory J. Cannon, MD, FACEP  
Jennifer Casaletto, MD, FACEP  
Tommy Mason, MD, FACEP  
Eric Maur, MD, FACEP  
Abhi Mehrotra, MD, FACEP  
Bret Nicks, MD, FACEP  
Stephen Small, MD, FACEP

**Executive Director**

Colleen Kochanek  
colleen@kochaneklawgroup.com  
P.O. Box 1038  
Wake Forest, NC 27588  
(919) 809-5618  
<http://www.ncccep.org>

*A chapter of the*



American College of  
Emergency Physicians

It is with great enthusiasm and conviction that we endorse Abhi Mehrotra, MD, MBA, FACEP as a candidate for the ACEP Board of Directors. His unwavering dedication to advancing emergency medicine and his exceptional leadership qualities make him a standout candidate who will undoubtedly contribute significantly to ACEP's mission.

Dr. Mehrotra's exceptional track record of leadership and service within the North Carolina College of Emergency Physicians (NCCEP) is a testament to his passion for our specialty. As a pivotal figure in our chapter, he has consistently demonstrated a keen understanding of the challenges and opportunities that emergency physicians encounter. His commitment to nurturing a collaborative environment and fostering innovation has left a lasting impact on our community.

Beyond his local involvement, Dr. Mehrotra's engagement on the national level exemplifies his commitment to enhancing emergency medicine. His active participation in ACEP committees, his contribution to educational initiatives, and his dedication to advocacy underscore his comprehensive approach to advancing our field. His unique ability to bridge local and national perspectives equips him to effectively represent the diverse interests of emergency physicians.

Dr. Mehrotra's professional accomplishments highlight his dedication to innovation and patient care. His work at the intersection of emergency medicine and informatics showcases his forward-thinking approach to healthcare. As an advocate for evidence-based practice, he has actively contributed to advancements that benefit both patients and practitioners. His expertise in technology and his commitment to staying at the forefront of healthcare trends are valuable assets that ACEP can leverage for the betterment of our specialty.

Moreover, Dr. Mehrotra's commitment to inclusivity and diversity is evident in his professional activities. His involvement in initiatives promoting equity in healthcare delivery reflects his dedication to addressing disparities within our specialty. By prioritizing inclusivity, Dr. Mehrotra not only embodies the values that ACEP stands for but also ensures that all voices within emergency medicine are heard and represented.

In conclusion, Dr. Abhi Mehrotra's exceptional leadership, profound dedication to our specialty, and commitment to innovation make him an outstanding candidate for the ACEP Board of Directors. His ability to inspire collaboration, advocate for evidence-based practice, and champion diversity and inclusivity are precisely the attributes that our organization needs to thrive in an ever-evolving healthcare landscape.

We are honored to extend our heartfelt endorsement for Dr. Abhi Mehrotra for the national ACEP Board of Directors. His vision and capabilities align seamlessly with ACEP's mission to represent and advocate for all emergency physicians, ensuring a prosperous future for our specialty.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill L. Benson". The signature is fluid and cursive, with a large, stylized "B" and a long horizontal stroke at the end.

Jill Benson, MD, FACEP

President, North Carolina College of Emergency Physicians

## Abhi Mehrotra, MD, MBA, FACEP

Dear Esteemed Councillors and ACEP Family,

As a passionate advocate for emergency medicine, I write to humbly request your support and vote for my candidacy for the ACEP Board of Directors. My vision is rooted in the future stability of our specialty and ensuring that every emergency physician's voice is represented within our organization.

The landscape of emergency medicine is littered with challenges. Regulatory burdens, workforce shortages, hospital capacity shortfalls, and scope of practice intrusions are among the complex issues we confront. If elected to the Board of Directors, I am committed to addressing these challenges head-on. By working together, we can collaboratively find innovative and effective solutions to enhance our practice environment and make emergency medicine a more attractive specialty.

I firmly believe that the joy of practicing medicine is a key aspect of attracting and retaining emergency physicians. The sanctity of the physician-patient relationship is at the core of our profession and brings immense fulfillment to our work. I am dedicated to nurturing this special relationship, reigniting our passion, and reinforcing the sense of purpose that inspired us to choose emergency medicine as our calling.

Advocacy efforts are a cornerstone of ACEP's mission. Tackling challenges such as the No Surprises Act and other regulatory barriers requires an informed and united voice. I am committed to ensuring that ACEP continues to advocate tirelessly for individual emergency physicians and the issues that matter to us most.

In projecting the future of our workforce, I am cognizant of the uncertainties that lie ahead. Changing demographics, enduring effects of the COVID-19 pandemic, technological advancements, and evolving healthcare delivery models demand an adaptive approach. If elected, I will champion solutions that are both responsive to our current situation and also forward-looking. By remaining flexible and open to change, we can effectively address the ever-evolving needs of our colleagues and patients.

The American College of Emergency Physicians is our collective voice, and I am dedicated to enhancing its efforts to promote the well-being of emergency physicians. Expanding consultation services and offering support at every career stage will empower us to navigate the complex, exciting, yet too often distressing journey of our chosen specialty. By providing guidance and resources, ACEP will enhance job satisfaction and retention, ensuring a brighter future for emergency physicians and the specialty as a whole.

Ultimately, my focus is on what is best for both emergency physicians and our specialty. By prioritizing initiatives that support our well-being, satisfaction, and representation, we can inspire the next generation of emergency physicians. Students and residents need to witness our enthusiasm and joy within the specialty to be drawn to its rewards and fulfillment.

I am honored to have your consideration and, if elected, I pledge to dedicate myself wholeheartedly to the advancement of ACEP's mission and the betterment of emergency physicians everywhere.

Thank you for your time, consideration, and leadership in our specialty. I humbly ask for your vote for ACEP Board of Directors.

Sincerely,

Abhi Mehrotra, MD, MBA, FACEP

# **Abhi Mehrotra, MD, MBA, FACEP**

**Endorsed by the North Carolina College of Emergency Physicians**

**Candidate, ACEP Board of Directors**

## **National Leadership**

- ✦ YPS Section Chair
- ✦ EMP & HP Section Chair
- ✦ CEDR Committee Chair
- ✦ Finance Committee
- ✦ HIT Committee
- ✦ EM Practice Committee
- ✦ ED Categorization TF
- ✦ Diversity & Inclusion TF
- ✦ EMRA Board of Directors

## **Council Service & Awards**

- ✦ Steering Committee, 2000
- ✦ Steering Committee, 2008
- ✦ Reference Committees  
- Chair, 2010, 2021, 2022
- ✦ Councillor 2010 - Present
- ✦ EMRA 45 Under 45
- ✦ Council Horizon Award
- ✦ Hero of Emergency  
Medicine Award

## **Chapter Leadership**

- ✦ President
- ✦ Secretary-Treasurer
- ✦ Board Member
- ✦ Councillor
- ✦ Education Committee Chair

## **Experience**

- ✦ Vice Chair, Operations
- ✦ EM System Co-lead
- ✦ Medical Director
- ✦ Admin Fellowship Director
- ✦ Co-founder & CEO

# VOTE



**Abhi Mehrotra, MD, MBA, FACEP**

Candidate for ACEP Board of Directors



**ABHISHEK MEHROTRA, MD, MBA, FACEP  
CURRICULUM VITAE**

**OFFICE ADDRESS:** 170 Manning Drive, CB# 7594  
Chapel Hill, NC 27599-7594  
Tel (919) 843-8896  
Fax (919) 966-3049  
Email: [Abhi@med.unc.edu](mailto:Abhi@med.unc.edu)

**HOME ADDRESS:** 117 Sagerview Way  
Durham, NC 27713  
Tel (919) 493-1538

**CURRENT POSITION:** Clinical Professor  
Vice Chair, Strategic Initiatives & Operations  
Department of Emergency Medicine  
University of North Carolina

**EDUCATION:****Professional Development**

Professional Development Foundation Series	University of North Carolina SOM Chapel Hill, NC	2018
Chair Development Program	Association of Academic Chairs of Emergency Medicine	2017
Six Sigma Blue Belt	University of North Carolina Hospitals Chapel Hill, NC	2010
Six Sigma Yellow Belt	University of North Carolina Hospitals Chapel Hill, NC	2009
Team STEPPS Coach	University of North Carolina Hospitals Chapel Hill, NC	2009
ACEP Medical Director's Academy Phase I, II, III	American College of Emergency Physicians Dallas, TX	2005, 2007, 2008
EMF/ACEP Research Skills Course	American College of Emergency Physicians Dallas, TX	2007

EMF/ACEP Teaching Fellowship	American College of Emergency Physicians Dallas, TX	2005
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### **Postgraduate**

Emergency Medicine Residency	University of North Carolina Hospitals Chapel Hill, NC	2000 – 2003
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### **Graduate**

M.B.A.	The University of North Carolina Kenan-Flagler Business School Chapel Hill, NC	2014 – 2015
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M.D.	The Ohio State University College of Medicine and Public Health Columbus, OH	1996 – 2000
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### **Undergraduate**

B.A. (Chemistry) Honors in the Liberal Arts	The Ohio State University Columbus, OH	1992 – 1996
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**MEDICAL LICENSURE:** North Carolina #2003-00383

**BOARD CERTIFICATION:** Diplomate, American Board of Emergency Medicine  
2004, Renewal 2014

## **ACADEMIC & RESEARCH POSITIONS:**

Adjunct Professor, Kenan-Flagler Business School University of North Carolina Chapel Hill, NC	2021 – Present
Clinical Professor, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2019 – Present
Clinical Associate Professor, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2013 – 2019
Vice Chair, Strategic Operations, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2015 – Present
Medical Director, Hillsborough Campus, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2015 – 2020
Assistant Medical Director, Medical Center, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2004 – 2020
Chief, Division of Quality & Performance, Dept. of Emergency Medicine University of North Carolina Chapel Hill, NC	2010 – 2015
Associate Residency Director, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2007 – 2010
Assistant Residency Director, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2005 – 2007
Clinical Assistant Professor, Department of Emergency Medicine University of North Carolina Chapel Hill, NC	2003 – 2013
Chief Resident, Department of Emergency Medicine University of North Carolina, Chapel Hill, NC	2002 – 2003

Research Assistant, Quality & Operations Improvement Department The Ohio State University Medical Center Columbus, OH	1999 – 2000
Research Assistant, NHLBI National Institutes of Health, NHLBI Bethesda, MD	1994, 1995, 1997

## **HONORS AND AWARDS:**

Emergency Medicine Resident's Association 45 Under 45 Awarded to recognize influencers in the field of Emergency Medicine	2019
UNC School of Medicine Academy of Educators Fellow Awarded in recognition of excellence in teaching	2017 – Present
UNC School of Medicine ACCLAIM Fellow Leadership development program	2015 – 2016
Beta Gamma Sigma International Honor Society for Collegiate Schools of Business	2015
Poets & Quants for Executives Class of 2015 – The Best Executive MBAs Awarded by Poets & Quants based upon nominations from across the country	2015
Council Horizon Award American College of Emergency Physicians (ACEP) Awarded by the ACEP Council to a member who displays leadership potential	2010
Hero of Emergency Medicine ACEP Awarded by ACEP in recognition of contribution to the specialty	2009
Renaissance Award UNC Department of Emergency Medicine Awarded by the EM Residents to an attending exemplifying balance of professional & personal life	2006, 2008
Fellow, American College of Emergency Physicians ACEP	2006
Distinguished Fellow, EMF / ACEP Teaching Fellowship ACEP	2004

Robert J. Doherty EMF / ACEP Teaching Fellowship Scholarship ACEP	2004
Most Helpful Resident Award UNC Hospitals' Nursing Staff	2003
Chief Resident UNC Department of Emergency Medicine	2002
Sphinx Senior Class Honorary The Ohio State University	1995
Bucket & Dipper Junior Class Honorary The Ohio State University	1994

## PUBLICATIONS:

### A) Book Chapters

- 1) Mehrotra A. Behavioral Health in Emergency Care, in Strauss R, Mayer T (editors), ED Management, 2<sup>nd</sup> Edition, (American College of Emergency Physicians) 50, 2021.
- 2) Glickman S, **Mehrotra A.** Using Data on Patient Experience to Improve Clinical Care, in Wiler J, Pines J, Ward M (editors), Value and Quality Innovations in Acute and Emergency Care, (Cambridge University Press) 178, 2017.
- 3) Goodman G, **Mehrotra A.** Ethical / Legal Issues, in Blok B, Cheung D, Platts-Mills T (editors), First Aid for the Emergency Medicine Boards, (McGraw Hill) 1059, 2016.
- 4) Waller N, **Mehrotra A.** Pericarditis, Myocarditis, and Endocarditis, in Mattu A, et al. (editors), Cardiovascular Emergencies, (American College of Emergency Physicians), 2014.
- 5) **Mehrotra A**, Hobgood C. Disclosure of Medical Error and Truth Telling, in Jesus J, et al. (editors), Ethical Problems in Emergency Medicine: A Discussion Based Review, (Wiley-Blackwell), 27, 2012.
- 6) **Mehrotra A.** Hematologic Emergencies, in Rivers CS (editor), Preparing for the Written Board Exam in Emergency Medicine (5<sup>th</sup> edition) (EMEE) 2006.
- 7) **Mehrotra A**, Harmondy M. Headache, in Schaidt J, et al. (editors), Rosen and Barkin's 5 Minute Emergency Medicine Consult (2<sup>nd</sup> edition) (Philadelphia; Lippincott Williams & Wilkins) 468, 2003.

## B) Peer-Reviewed Manuscripts

- 1) Lin P, Argon NT, Cheng Q, Evans C, Linthicum B, Liu Yufeng, Mehrotra A, Patel M, Ziya S. Disparities in Emergency Department Prioritization and Rooming of Patients with Similar Triage Acuity Score. *Academic Emergency Medicine*, 29:11, pp 1320-1328, 2022.
- 2) Chen W, Argon NT, Borhmann T, Linthicum B, Lopiano K, **Mehrotra A**, Travers D, Ziya S. Using Hospital Admission Predictions at Triage for Improving Length-of-Stay in Emergency Departments. *Operations Research*. In Press. 2022.
- 3) Gettel CJ, Han CR, Granovsky MA, Berdahl CT, Kocher KE, **Mehrotra A**, Schuur JD, Aldeen AZ, Griffey RT, Venkatesh AK. Emergency clinician participation and performance in the CMS Merit-based Incentive Payment System. *Academic Emergency Medicine*, 29:1, pp 64-72, 2022.
- 4) Peacock WF, Baumann BM, Rivers EJ, Davis TE, Handy B, Jones C W, Hollander JE, Limkakeng AT, **Mehrotra A**, Than M, Cullen L, Ziegler A, & Dinkel-Keuthage C. Using Sex-specific Cutoffs for High-sensitivity Cardiac Troponin T to Diagnose Acute Myocardial Infarction. *Academic Emergency Medicine*, 28:4, pp 463-466, 2021.
- 5) Chen, W, Linthicum B, Argon NT, Bohrman T, Lopiano K, **Mehrotra A**, Travers D, Ziya S. The Effects of Emergency Department Crowding on Triage and Hospital Admission Decisions. *The American Journal of Emergency Medicine*. 38(4): 774-779, 2020.
- 6) Ahalt V, Argon NT, Ziya S, Strickler J, **Mehrotra A**. Comparison of Emergency Department Crowding Scores: A Discrete-Event Simulation Approach. *Health Care Management Science*. 21(1), pp. 144–155, 2018.
- 7) Peacock WF, Baumann BM, Bruton D, Davis TE, Handy B, Jones CW, Hollander JE, Limkakeng AT, **Mehrotra A**, Than M, Ziegler A, Dinkel C. Efficacy of High-Sensitivity Troponin T in Identifying Very-Low-Risk Patients With Possible Acute Coronary Syndrome. *JAMA Cardiology*. 2017.
- 8) Peacock WF, Baumann BM, Davis TE, Handy B, Jones CW, Hollander JE, Limkakeng AT, **Mehrotra A**, Than M, Dinkel C, Ziegler A. High-Sensitivity Troponin T Identifies Patients at Very Low Risk of Adverse Events. *Annals of Emergency Medicine*. Elsevier, 70(4), p. S5, 2017.

- 9) Limkakeng, AT, Carr C, **Mehrotra A**, et al. Chest Pain Care Patterns Across the Carolinas: Determining the Readiness for Widespread HEART Pathway Dissemination. *Annals of Emergency Medicine*. 70(4), p. S1, 2017.
- 10) Rebecca Bollinger Parker, Steven J. Stack, Sandra M. Schneider, Steven H. Bowman, Kerryann B. Broderick, N. Adam Brown, C. Savoy Brummer, Michelle Byers, Vidya Eswaran, Katherine L. Heilpern, Sanford H. Herman, Sheryl L. Heron, Hamad Husainy, Tiffany D. Jackson, Jay Kaplan, Dara Kass, Kevin Klauer, Linda L. Lawrence, Michael Lozano Jr., **Abhi Mehrotra**, Sonja Montgomery, Aasim I. Padela, Rebecca Parker, Sanjay Pattani, Julie A. Rispoli, Hala Sabry, Cynthia Singh, Java Tunson, Dean Wilkerson, Carole Wollard. Why Diversity and Inclusion Are Critical to the American College of Emergency Physicians' Future Success. *Annals of Emergency Medicine*, 69:6:714-717, 2017.
- 11) Glickman SW, **Mehrotra A**, Shea CM, et al. A patient reported approach to identify medical errors and improve patient safety in the emergency department. *J Patient Saf*. 2016.
- 12) Kalich BA, Maguire JM, Campbell-Bright SL, **Mehrotra A**, Caffey T, Tulu Z, Lin FC, Carson SS. Impact of an Antibiotic-specific Sepsis Bundle on Appropriate and Timely Antibiotic Administration for Severe Sepsis in the Emergency Department. *J Emerg Med*; 50(1):79-88.e1, 2016.
- 13) Jones CW, Culbreath KD, **Mehrotra A**, Gilligan PH. Reflex Urine Culture Cancellation in the Emergency Department. *J Emerg Med*; 46(1):71-6, 2014.
- 14) Diercks DB, **Mehrotra A**, Nazarian DJ, Promes SB, Decker WW, Fesmire FM. American College of Emergency Physicians. Clinical policy: Critical Issues in the Evaluation of Adult Patients Presenting to the Emergency Department with Acute Blunt Abdominal Trauma. *Annals of Emergency Medicine*. 57:387-404, 2011.
- 15) **Mehrotra A**, Sklar DP, Tayal VS, Kocher KE, Handel DA, Riner RM. Important Historical Efforts at Emergency Department Categorization in the United States and Implications for Regionalization. *Academic Emergency Medicine*. 17:12:e154-60, 2010.
- 16) Kocher KE, Sklar DP, **Mehrotra A**, Tayal VS, Gausche-Hill M, Riner RM. Categorization, designation, and regionalization of emergency care: definitions, a conceptual framework, and future challenges. *Academic Emergency Medicine*. 17:12:1306-1311, 2010.
- 17) Wiler J, Gentle C, Halfpenny J, Heins A, **Mehrotra A**, Mikhail M, Fite D. Optimizing Emergency Department Front End Operations. *Annals of Emergency Medicine*. 55:142-160, 2010.
- 18) Broder J, **Mehrotra A**, Tintinalli J. Injuries from the 2002 North Carolina Ice Storm and Strategies for Prevention. *Injury*. 36:1:21-26, 2005.

### C) Non Peer-Reviewed Articles

- 1) **Mehrotra A**, Buff TD, Hatfield LM, Kessler CS. Oral anticoagulation reversal. *Emergency Medicine Reports*. 37: 197-208, 2016.

#### D) Abstracts

- 1) Mendoza C, Lucke A, Barletson P, **Mehrotra A**, Bohrmann T, Patel M, Seaman C. Implementation of an Influenza Vaccination Program is a Feasible and Effective Public Health Tool in the Emergency Department. *Annals of Emergency Medicine*; 78 (4), p. S125; 2021.
- 2) Myers JG, Sackmann R, Cai A, Meyer M, **Mehrotra A**. Eliminating Routine Use of Oral Contrast in Diagnostic Abdominopelvic Computed Tomography Imaging: Implications for Patient Care and Efficiency in the Emergency Department. *Academic Emergency Medicine*, 25 (S1), p. S234, 2018.
- 3) Limkakeng AT, Carr C, **Mehrotra A**, Smith L, Pajewski N, Burke GL, Wells BJ, Mahler S. Chest Pain Care Patterns Across the Carolinas: Determining the Readiness for Widespread HEART Pathway Dissemination. *Annals of Emergency Medicine*; 70(4), p. S1; 2017.
- 4) **Mehrotra A**, Travers D, Chen W, Lopiano K, Bohrmann T, Argon N, Ziya S, Strickler J, Ring J, Linthicum B. Starting with a Clear Endpoint: Development of a Tool to Predict Admissions at Triage. *Academic Emergency Medicine*. 24:S1:S13-4, 2017.
- 5) Heaton HA, Matthews SM, Cummings AG, Forbach CR, **Mehrotra A**. Financial Impact of Scribes in an Academic Emergency Department. *Annals of Emergency Medicine*. 64:4:S3, 2014.
- 6) Heaton HA, Matthews SM, Cummings AG, Forbach CR, **Mehrotra A**. Impact of Scribes on Patient Throughput in an Academic Emergency Department. *Annals of Emergency Medicine*. 64:4:S75, 2014.
- 7) Jones C, Culbreath K, **Mehrotra A**, Gilligan P, Shofer S. Urinalysis Reflex Testing in the Emergency Department. *Academic Emergency Medicine*. 18:4:S197-8, 2011.
- 8) **Mehrotra A**, Glickman S, Torell M, Cairns C. Discrepancies in Reporting and Payment in the CMS EM PQRI Program in an Academic Medical Center. *Academic Emergency Medicine*. 16:4:S258, 2009.
- 9) Biese K, **Mehrotra A**, Page B, Cook J, Merck L. ED Crowding Increases Acquisition Time of Brain CT and ECG. *Academic Emergency Medicine*. 15:5:S199-200, 2008.

#### TEACHING RECORD:



## COURSE DIRECTOR

Emergency Medicine Administration and Leadership Fellowship  
UNC Department of Emergency Medicine  
Ongoing Audience: 2  
Chapel Hill, NC

Administration Rotation  
UNC Emergency Medicine Residency Curriculum  
Ongoing Audience: 12  
Chapel Hill, NC

## LECTURES / GRAND ROUNDS

“Operational Challenges in Managing an ED”  
MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations  
December 2022 Audience: 40  
Chapel Hill, NC

“Operational Challenges in Managing an ED”  
MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations  
August 2022 Audience: 40  
Chapel Hill, NC

“Entrepreneurship Lessons”  
MBA 956 – New Ventures – Discovery; UNC Kenan-Flagler Business School  
March 2022 Audience: 50  
Chapel Hill, NC

“Boarding – Solutions?”  
North Carolina College of Emergency Physicians’ Medical Director’s Summit  
March 2022 Audience: 60  
Greensboro, NC

“Quality Measures in the ED”  
Topics in Emergency Medicine  
September 2021 Audience: 40  
Las Vegas, NV

“Alternatives to Opioids”  
Topics in Emergency Medicine  
September 2021 Audience: 40  
Las Vegas, NV

“Anticoagulation Reversal”  
 Topics in Emergency Medicine  
 September 2021 Audience: 40  
 Las Vegas, NV

“Stroke Update”  
 Topics in Emergency Medicine  
 September 2021 Audience: 40  
 Las Vegas, NV

“Psychiatric Boarding Solutions”  
 Topics in Emergency Medicine  
 September 2021 Audience: 40  
 Las Vegas, NV

“Novel Agents for Sedation”  
 Topics in Emergency Medicine  
 September 2021 Audience: 40  
 Las Vegas, NV

“GI Foreign Bodies”  
 Topics in Emergency Medicine  
 September 2021 Audience: 40  
 Las Vegas, NV

“Operational Challenges in Managing an ED”  
 MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations  
 July 2021 Audience: 40  
 Chapel Hill, NC

“Operational Challenges in Managing an ED”  
 MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations  
 January 2021 Audience: 40  
 Chapel Hill, NC

“Quality Measures in the ED”  
 Topics in Emergency Medicine  
 December 2020 Audience: 80  
 Virtual

“Alternatives to Opioids”  
 Topics in Emergency Medicine  
 December 2020 Audience: 80  
 Virtual

“Anticoagulation Reversal”

Topics in Emergency Medicine  
December 2020                      Audience: 80  
Virtual

“Stroke Update”  
Topics in Emergency Medicine  
December 2020                      Audience: 80  
Virtual

“Psychiatric Boarding Solutions”  
Topics in Emergency Medicine  
December 2020                      Audience: 80  
Virtual

“Sepsis Quality Measures Update”  
Topics in Emergency Medicine  
December 2020                      Audience: 80  
Virtual

“Design and Delivery of Healthcare Systems”  
MBA 898 – UNC Kenan-Flagler Business School – Healthcare Operations  
July 2020                              Audience: 40  
Chapel Hill, NC

“Metrics in Managing the ED”  
North Carolina College of Emergency Physicians’ Medical Director’s Summit  
March 2020                              Audience: 60  
Greensboro, NC

“GI Foreign Bodies”  
Topics in Emergency Medicine  
November 2019                      Audience: 130  
Key West, FL

“Anticoagulation Reversal”  
Topics in Emergency Medicine  
November 2019                      Audience: 130  
Key West, FL

“Novel Agents for Sedation”  
Topics in Emergency Medicine  
November 2019                      Audience: 130  
Key West, FL

“Quality Measures in the ED”  
Topics in Emergency Medicine

November 2019 Audience: 130  
Key West, FL

“What’s New With Sepsis?”  
Topics in Emergency Medicine  
November 2019 Audience: 130  
Key West, FL

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”  
Topics in Emergency Medicine  
November 2019 Audience: 130  
Key West, FL

“Psychiatric Boarding Solutions”  
Topics in Emergency Medicine  
November 2019 Audience: 130  
Key West, FL

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”  
American College of Emergency Physicians Scientific Assembly  
October 2019 Audience: 110  
Denver, CO

“ACEP Connect: Split Flow Success – Avoiding Pitfalls and Getting Up to Speed”  
American College of Emergency Physicians Scientific Assembly  
October 2019 Audience: 200  
Denver, CO

“How to Sleep Soundly After Discharging Suicidal Patients From Your ED”  
American College of Emergency Physicians Scientific Assembly  
October 2019 Audience: 200  
Denver, CO

“Sepsis Core Measures – Where Are We Now?”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
October 2019 Audience: 70  
Asheville, NC

“Approach to Low Risk Chest Pain”  
UNC Department of Medicine Grand Rounds  
September 2019 Audience: 200  
Chapel Hill, NC

“ACS Risk Stratification”  
UNC Department of Emergency Medicine Residency Conference

August 2019  
Chapel Hill, NC

Audience: 40

“Operational Challenges in Managing an ED”

MBA 898 – UNC Kenan-Flagler MBA Class – Healthcare Operations

July 2019

Audience: 40

Chapel Hill, NC

“Shark Tank”

PUBH 755 – Translating Evidence into Practice for Population Health; UNC School of Public Health

April 2019

Audience: 35

Chapel Hill, NC

“Chest Pain Pathway”

UNC Department of Emergency Medicine Faculty Education Session

April 2019

Audience: 25

Chapel Hill, NC

“Entrepreneurship Lessons”

MBA 956 – New Ventures – Discovery; UNC Kenan-Flagler Business School

March 2019

Audience: 90

Chapel Hill, NC

“Case Study – MedScribes”

MBA 835 – Introduction to Entrepreneurship; UNC Kenan-Flagler Business School

March 2019

Audience: 60

Chapel Hill, NC

“Metrics in Managing the ED”

North Carolina College of Emergency Physicians’ Medical Director’s Summit

March 2019

Audience: 60

Greensboro, NC

“Physician Executives in the Hospital Environment”

HPM 713 – Hospital Operations; UNC School of Public Health

January 2019

Audience: 35

Chapel Hill, NC

“Sepsis Core Measures – Where Are We Now?”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2018

Audience: 70

Asheville, NC

“Thrombolysis or No Thrombolysis – Update in Acute Stroke Care”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care

November 2018  
Asheville, NC

Audience: 70

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”  
American College of Emergency Physicians Scientific Assembly  
October 2018  
San Diego, CA

Audience: 110

“ACEP Connect: Split Flow Success – Avoiding Pitfalls and Getting Up to Speed”  
American College of Emergency Physicians Scientific Assembly  
October 2018  
San Diego, CA

Audience: 200

“Working with a Scribe: Tips and Tricks for Success!”  
UNC Emergency Medicine Resident Conference  
July 2018  
Chapel Hill, NC

Audience: 25

“Operational Challenges in Managing an ED”  
UNC Kenan-Flagler MBA Class – Healthcare Operations  
July 2018  
Chapel Hill, NC

Audience: 40

“One Organization’s Journey Through the Psychpocalypse”  
EDPMA Solutions Summit  
April 2018  
Ft. Lauderdale, FL

Audience: 130

“GI Foreign Bodies”  
Topics in Emergency Medicine  
April 2018  
Singer Island, FL

Audience: 70

“Anticoagulation Reversal”  
Topics in Emergency Medicine  
April 2018  
Singer Island, FL

Audience: 70

“Novel Agents for Sedation”  
Topics in Emergency Medicine  
April 2018  
Singer Island, FL

Audience: 70

“Quality Measures in the ED”  
Topics in Emergency Medicine

April 2018  
Singer Island, FL

Audience: 70

“Thrombolysis or No Thrombolysis: Update on Stroke Management”

Topics in Emergency Medicine

April 2018

Audience: 70

Singer Island, FL

“Case Study – MedScribes”

MBA 835 – Introduction to Entrepreneurship; UNC Kenan-Flagler Business School

March 2018

Audience: 60

Chapel Hill, NC

“Optimizing Psychiatric Care – Beyond Boarding”

North Carolina College of Emergency Physicians Medical Director Summit

March 2018

Audience: 45

Greensboro, NC

“Operational Challenges in Managing an ED”

UNC Kenan-Flagler MBA Class – Healthcare Operations

February 2018

Audience: 40

Chapel Hill, NC

“Innovations in the Healthcare Arena”

UNC Kenan-Flagler MBA Class – Health Economics

February 2018

Audience: 40

Chapel Hill, NC

“Physician Executives in the Hospital Environment”

HPM 713 – Hospital Operations; UNC School of Public Health

January 2018

Audience: 35

Chapel Hill, NC

“This Boarding is Crazy: What To Do With Mental Health Boarders in Your Department”

American College of Emergency Physicians Scientific Assembly

October 2017

Audience: 220

Washington, D.C.

“ED Quality in the Eyes of the Patient: Does the Internet Lie?”

American College of Emergency Physicians Scientific Assembly

October 2017

Audience: 150

Washington, D.C.

“ACEP Connect: Mental Health Patients in Your Department”

American College of Emergency Physicians Scientific Assembly

October 2017 Audience: 300  
Washington, D.C.

“Sepsis Core Measures – Where Are We Now?”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
October 2017 Audience: 70  
Asheville, NC

“Novel Agents for Sedation”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
October 2017 Audience: 70  
Asheville, NC

“VTE – A Critical Unmet Need”  
Portola Preceptorship  
August 2017 Audience: 35  
Chapel Hill, NC

“Managing Major Bleeds on NOACs”  
Portola Preceptorship  
August 2017 Audience: 35  
Chapel Hill, NC

“Anticoagulation Reversal”  
Hot Topics in Emergency Care 2017  
June 2017 Audience: 75  
Porto, Portugal

“Operational Challenges in Managing an ED”  
UNC Kenan-Flagler MBA Class – Healthcare Operations  
April 2017 Audience: 35  
Chapel Hill, NC

“GI Foreign Bodies”  
Emergency Medicine Update  
March 2017 Audience: 120  
Kauai, HI

“Anticoagulation Reversal”  
Emergency Medicine Update  
March 2017 Audience: 120  
Kauai, HI

“Novel Agents for Sedation”  
Emergency Medicine Update



March 2017 Audience: 120  
Kauai, HI

“Quality Measures in the ED”  
Emergency Medicine Update  
March 2017 Audience: 120  
Kauai, HI

“Panel Discussion: Moving Forward as an Emergency Care Community”  
Turn the Tide NC – A US Surgeon General Initiative  
March 2017 Audience: 110  
Durham, NC

“Behavioral Health Challenges – An Update for North Carolina”  
North Carolina Medical Director’s Summit  
March 2017 Audience: 65  
Greensboro, NC

“Physician Executives in the Hospital Environment”  
HPM 713 – Hospital Operations; UNC School of Public Health  
January 2017 Audience: 35  
Chapel Hill, NC

“LLSA Literature Review”  
Coastal Emergency Medicine Conference  
June 2016 Audience: 45  
Kiawah Island, SC

“Focused Reassessment of Where We Stand: Sepsis Core Measures are Here”  
Coastal Emergency Medicine Conference  
June 2016 Audience: 90  
Kiawah Island, SC

“Reversing the Irreversible (NOACs and Their Reversal Agents)”  
Coastal Emergency Medicine Conference  
June 2016 Audience: 90  
Kiawah Island, SC

“Leading Transformational Change: The Physician-Executive Partnership”  
5<sup>th</sup> Annual Triangle Healthcare Executive Forum Leadership Summit  
June 2016 Audience: 120  
Cary, NC

“GI Foreign Bodies”  
Emergency Medicine Update

May 2016 Destin, FL	Audience: 75
“Anticoagulation Reversal” Emergency Medicine Update May 2016 Destin, FL	Audience: 75
“Novel Agents for Sedation” Emergency Medicine Update May 2016 Destin, FL	Audience: 75
“Quality Measures in the ED” Emergency Medicine Update May 2016 Destin, FL	Audience: 75
“Operational Challenges in Managing an ED” UNC Kenan-Flagler MBA Class – Healthcare Operations April 2016 Chapel Hill, NC	Audience: 35
“Physician Executives in the Hospital Environment” HPM 713 – Hospital Operations; UNC School of Public Health January 2016 Chapel Hill, NC	Audience: 35
“LLSA Literature Review” Excellence in Emergency Medicine: Update in Emergency and Trauma Care November 2015 Asheville, NC	Audience: 40
“Anticoagulation Reversal” Excellence in Emergency Medicine: Update in Emergency and Trauma Care November 2015 Asheville, NC	Audience: 40
“Psychiatric Boarding: Three State Perspective on a National Problem” American College of Emergency Physicians Scientific Assembly October 2015 Boston, MA	Audience: 60
“Emergency Physician Career Transitions” American College of Emergency Physicians Scientific Assembly	

October 2015                                      Audience: 100  
Boston, MA

“Maintaining Your ACEM Certification: Review of 2015 LLSA Articles: Part 1”  
American College of Emergency Physicians Scientific Assembly  
October 2015                                      Audience: 250  
Boston, MA

“Maintaining Your ACEM Certification: Review of 2015 LLSA Articles: Part 2”  
American College of Emergency Physicians Scientific Assembly  
October 2015                                      Audience: 250  
Boston, MA

“LLSA Literature Review”  
Coastal Emergency Medicine Conference  
June 2015    Audience: 45  
Kiawah Island, SC

“Anticoagulation Reversal”  
Emergency Medicine Update  
March 2015    Audience: 50  
Punta Cana, Dominican Republic

“GI Foreign Bodies”  
Emergency Medicine Update  
March 2015    Audience: 50  
Punta Cana, Dominican Republic

“Quality & Performance Measures”  
Emergency Medicine Update  
March 2015    Audience: 50  
Punta Cana, Dominican Republic

“LLSA Literature Review”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
November 2014                                      Audience: 40  
Asheville, NC

“Quality and Performance Measures – Why You Should Care”  
Risk Management Emergency Medicine Seminar 2014  
October 2014    Audience: 30  
Jekyll Island, GA

“High Risk Coagulation Problems – Anticoagulation Reversal”  
Risk Management Emergency Medicine Seminar 2014

October 2014 Audience: 30  
Jekyll Island, GA

“Quality Measures”  
APS Orientation  
September 2014 Audience: 25  
Chapel Hill, NC

“LLSA Literature Review”  
Coastal Emergency Medicine Conference  
June 2014 Audience: 45  
Kiawah Island, SC

“Quality Measures in EM – Why You Should Care”  
University of California, San Francisco Residency in Emergency Medicine Grand Rounds  
March 2014 Audience: 70  
San Francisco, CA

“LLSA Literature Review”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
November 2013 Audience: 35  
Asheville, NC

“Innovations and Best Practices – Patient Satisfaction at UNC”  
ACEP and Urgent Matters Present: Emergency Care Quality Improvement in the Era of Public Accountability  
October 2013 Audience: 150  
Seattle, WA

“LLSA Literature Review”  
Coastal Emergency Medicine Conference  
June 2013 Audience: 45  
Kiawah Island, SC

“Anticoagulation Reversal”  
24<sup>th</sup> Annual May Day Trauma Conference  
May 2013 Audience: 20  
Chapel Hill, NC

“Innovative Transfer Center Strategies and Successful ED Patient Flow Management”  
Patient Flow Management Congress  
January 2013 Audience: 60  
Las Vegas, NV

“LLSA Literature Review”

Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
November 2012                      Audience: 20  
Asheville, NC

“Quality Measures Update”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
November 2012                      Audience: 30  
Asheville, NC

“Quality Measures Update”  
University of California, Davis Residency in Emergency Medicine  
Grand Rounds, August 2012      Audience: 60  
Sacramento, CA

“LLSA Literature Review”  
North Carolina College of Emergency Physicians  
June 2012                          Audience: 25  
Myrtle Beach, SC

“Complications of Conscious Sedation”  
University of North Carolina Department of Internal Medicine  
Grand Rounds, January 2012      Audience: 100  
Chapel Hill, NC

“Quality Measures in EM – Why You Should Care”  
University of California, Davis Residency in Emergency Medicine  
Grand Rounds, November 2011    Audience: 60  
Sacramento, CA

“Quality Assessment in Emergency Medicine”  
7<sup>th</sup> Annual Indo-US Emergency Medicine Summit; INDUS-EM  
September 2011                      Audience: 150  
New Delhi, India

“Quality Measures in EM – Why You Should Care”  
University of North Carolina Residency in Emergency Medicine  
Grand Rounds, July 2010          Audience: 40  
Chapel Hill, NC

“Quality Measures in EM – Why You Should Care”  
East Carolina University Residency in Emergency Medicine  
Grand Rounds, July 2010          Audience: 50  
Greenville, NC

“Quality Measures in EM – Why You Should Care”  
Carillion Clinic Residency in Emergency Medicine

Grand Rounds, May 2010      Audience: 50  
Roanoke, VA

“Quality Measures in EM – Why You Should Care”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
November 2010                      Audience: 40  
Asheville, NC

“Update on Acute Stroke Management”  
North Carolina College of Emergency Physicians  
June 2009                      Audience: 50  
Myrtle Beach, SC

“EM Gastrointestinal Foreign Body Management”  
Resident Lecture Series, 2009      Audience: 30  
UNC Residency in Emergency Medicine  
Chapel Hill, NC

“Financial Planning for EM Physicians”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
September 2008                      Audience: 25  
Asheville, NC

“LLSA Literature Review”  
North Carolina College of Emergency Physicians  
June 2007                      Audience: 25  
Myrtle Beach, SC

“Dog Days of Summer”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
September 2006                      Audience: 30  
Asheville, NC

“Clinical Decision Rules”  
Excellence in Emergency Medicine: Update in Emergency and Trauma Care  
September 2006                      Audience: 30  
Asheville, NC

“Overview of the 2005 AHA ECC Guidelines”  
Resident Lecture Series, 2006      Audience: 25  
UNC Residency in Emergency Medicine  
Chapel Hill, NC

“Basic Airway Instruction”  
Intern Orientation Lecture Series, 2005 – 2011

UNC Residency in Emergency Medicine  
Chapel Hill, NC Audience: 15

“Basic Laryngoscopy”  
Intern Orientation Lecture Series, 2005 – 2011  
UNC Residency in Emergency Medicine  
Chapel Hill, NC Audience: 15

“Introduction to Wound Management”  
Resident Lecture Series, 2005 - 2011  
UNC Residency in Emergency Medicine  
Chapel Hill, NC Audience: 15

“Suturing Techniques for Primary Care Physicians”  
North Carolina State University Student Health Service  
April 2004 Audience: 15  
Raleigh, NC

“Fiberoptic Scope – Airway Management”  
American College of Emergency Physicians Scientific Assembly  
October 2002 Audience: 30  
Seattle, WA

“Introduction to Pediatric Wound Management”  
Resident Lecture Series, 2002, 2003, 2008  
UNC Residency in Pediatrics Audience: 25  
Chapel Hill, NC

## **RESEARCH GRANTS:**

Carolinas Collaborative Mehrotra (Site PI) 2016 – 2017  
The HEART Pathway” a learning health system project, translating evidence to practice across the Carolinas.  
Role: Site PI (0% Effort – NC TRACS Grant)

UNC Innovations Center Mehrotra, Travers (Co-PI) 2015 – 2016  
Improving Throughput Time for High Complexity Patients in the Emergency Department  
Role: Co-PI

Roche	Mehrotra (Site PI)	2014 – 2016
Clinical Performance of Elecsys Troponin T Gen 5 in Subjects with Symptoms of Acute Coronary Syndrome (ACS): ACS Collection Study for Serum Claim.		
Role: Site PI	(0% Effort – Industry Sponsored)	
BTG International, Inc.	Quackenbush (Site PI)	2014 – 2015
A Randomized, Double-Blind, Placebo-Controlled Study comparing CroFab® versus Placebo with Rescue Treatment for Copperhead Snake Envenomation		
Role: Site Sub-Investigator		
Roche	Mehrotra (Site PI)	2011 – Jan 2013
Clinical Performance of Elecsys High Sensitive Troponin T in Subjects with Symptoms Suggestive of Acute Coronary Syndrome (ACS) Study # CIM RD001088		
Role: Site PI	(0% Effort – Industry Sponsored)	
Bayer	Sen (Site PI)	2003 – 2004
A Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetic/Pharmacodynamic Effects of a Targeted Exposure of Intravenous Repinotan HCL in Patients with Acute Ischemic Stroke (Modified RECT)		
Role: Site Sub-Investigator		
Concentric Medical	Solander (Site PI)	2003 – 2004
Mechanical Embolus Removal in Cerebral Ischemia Trial to Study Safety and Efficacy of the MERCI Retriever in the Treatment of Thrombotic Occlusion Originating in the Internal Carotid, Middle Cerebral (M1 & M2 segments), Basilar or Vertebral Arteries		
Role: Site Sub-Investigator		
Ono Pharma	Sen (Site PI)	2003 – 2005
A Randomized, Double-blind, Placebo-controlled, Multi Center Study of the Effects of ONO-2506 Intravenous Infusion on the Amelioration of Neurological Damage and Improvement of Stroke Assessment Scale Scores in Patients with Acute Ischemic Stroke” (RREACT Study)		
Role: Site Sub-Investigator		
Centers for Disease Control	Roseman (Site PI)	2003 – 2010
The North Carolina Collaborative Stroke Registry		
Role: Site Sub-Investigator		
Genentech	Sen (Site PI)	2004 – 2007
IV vs. IA tPA (Activase) in Acute Ischemic Stroke with CTA Evidence of Major Vessel Occlusion		
Role: Site Sub-Investigator		
Astrazeneca	Felix (Site PI)	2004 – 2006



A double-blind, randomized, placebo-controlled, parallel-group, multicenter, phase IIb/III study to assess the efficacy and safety of intravenous NXY-059 in acute ischemic stroke (SA-NXY-0007)

Role: Site Sub-Investigator

CoAxia Sen (Site PI) 2005 – 2010

SENTIS Stroke Trial: Safety and Efficacy of NeuroFlo Technology in Ischemic Stroke with SCION: A Study of Care Intensity and outcomes of NeuroFlo

Role: Site Sub-Investigator

National Institutes of Health Sen (Site PI) 2005 – 2010

IMS-III: Interventional Management of Stroke (IMS-III) Trial” (randomized, open-label multi-center study examining whether a combined intravenous (IV) and intra-arterial (IA) approach to recanalization is superior to standard IV t-PA)

Role: Site Sub-Investigator

Taisho Pharmaceutical Sen (Site PI) 2005 – 2007

A Multi-Center, Randomized, Double-Blind, Placebo-controlled, Ascending-Dose Study of the Safety, Pharmacokinetics, and Pharmacodynamics of a Single, 1-Hour Infusion of TS-011 in Acute Ischemic Stroke (AIS) Patients

Role: Site Sub-Investigator

NovoNordisk Huang (Site PI) 2005 – 2006

Randomised, Double-Blind, Placebo Controlled, Multi-Centre, Parallel Groups Confirmatory Efficacy and Safety Trial of Activated Recombinant Factor VII (NovoSeven ®/Niasase®) in Acute Intracerebral Haemorrhage

Role: Site Sub-Investigator

NINDS U01 NS40406-04

National Institutes of Health Sen (Site PI) 2006 – 2010

Albumin in Acute Stroke (ALIAS) Trial: A Phase III Randomized Multi-center Clinical Trial of High-Dose Human Albumin Therapy for Neuroprotection in Acute Ischemic Stroke

Role: Site Sub-Investigator

University Research Council Mehrotra, Biese (Co-PI) 2007

ED Overcrowding affecting time to diagnostic studies

Role: Co-PI

PhotoThera, Inc. Huang (Site PI) 2007 – 2008

NeuroThera® Effectiveness and Safety Trial - 2 (NEST-2) A double blind, randomized, controlled, parallel group, multicenter, pivotal study to assess the safety and effectiveness of the treatment of acute ischemic stroke with the NeuroThera® Laser System within 24 hours from stroke onset

Role: Site Sub-Investigator

CoAxia	Sen (Site PI)	2007 – 2008
Safety and Efficacy of NeuroFlo in 8-24 Hour Stroke Patients (FIO 24)		
Role: Site Sub-Investigator		

## **NATIONAL COMMITTEE SERVICE:**

### **American College of Emergency Physicians (ACEP):**

Finance Committee	2022 – Present
Representative to American Society of Hematology TEP	2022 – Present
<i>Implementing Clinical Pretest Probability Tools into Practice</i>	
Data Registry Source Selection Task Force	2020 – 2021
Health Innovation Technology Committee	2019 – Present
Clinical Resources Review Committee	2019 – Present
Clinical Data Registry Committee	2017 – Present
<i>Chair</i>	2018 – 2020
ACEP Councillor	2010 – Present
Quality and Performance Committee	2010 – 2021
Quality Improvement and Patient Safety Section	2008 – Present
EM Practice Management and Health Policy Section	2007 – Present
<i>Chair</i>	2012 – 2014
<i>Chair-Elect</i>	2010 – 2012
<i>Secretary</i>	2008 – 2010
Young Physicians Section	2005 – Present
<i>Immediate Past Chair, Chair, Chair-Elect</i>	2006 – 2009
Diversity and Inclusion Task Force	2016 – 2018
Council Steering Committee	2008 – 2010
<i>Annual Meeting &amp; Communications Subcommittee</i>	2008 – 2009
<i>Chair</i>	2009 – 2010
<i>Election Reform Subcommittee</i>	2008 – 2009
<i>Strategic Issues Forum</i>	2009
Transitions of Care Task Force	2011 – 2012
ED Categorization Task Force	2008 – 2010
<i>Chair</i>	2008 – 2010
Integration Model Task Force	2009 – 2010
ACEP Alternate Councillor	2008 – 2010
ACEP Council Reference Committee	2001, 2008, 2010, 2021, 2022
<i>Chair</i>	2010, 2021, 2022
Clinical Policies Committee – Blunt Abdominal Trauma Subcommittee Member	2007 – 2011
Emergency Medicine Practice Committee – Subcommittee Chair	2004 – 2009
Finance Committee	2002 – 2003
Council Steering Committee	2000 – 2002

**Society for Academic Emergency Medicine (SAEM):**

Finance Committee	2016 – 2020
Membership Committee	2016 – 2020
Clinical Director's Interest Group	2008 – Present
Faculty Development Committee	2016 – 2017
Regionalization Task Force	2009 – 2010

**American Board of Emergency Medicine (ABEM):**

Item Writer	2015 – Present
Oral Examiner	2012 – Present

**National Quality Forum:**

Chief Complaint-Based Quality of Emergency Care Committee	2018 – 2020
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**Emergency Medicine Residents' Association (EMRA):**

Program Committee	2001 – 2003
<i>Chair</i>	2001 – 2002
ACEP Board Liaison	2000 – 2002
Program Representative	2000 – 2002

**American Medical Association (AMA):**

Medical Student Section (MSS) Reference Committee	1998 – 1999
<i>Chair</i>	1999
Committee on Recruitment	1998 – 1999
Computer Projects Committee	1997 – 1998

**REGIONAL COMMITTEE SERVICE:****North Carolina Department of Health & Human Services:**

Behavioral Health Crisis Referral System Advisory Committee	2017 – Present
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**North Carolina Division of Health Service Regulation:**

Trauma Designation Site Reviewer	2009
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**North Carolina College of Emergency Physicians (NCCEP):**

Immediate Past President	2015 – 2016
President	2014 – 2015
President-Elect	2013 – 2014
Secretary-Treasurer	2012 – 2013
Board Member	2010 – 2016
Councillor to ACEP Council	2010 – Present
Alternate Councillor to ACEP Council	2008 – 2010

Educational Committee	2006 – 2008
<i>Chair</i>	2007

**Ohio State Medical Association (OSMA):**

Committee on Emergency and Disaster Medical Care	1998 – 1999
Reference Committee	1998
Medical Student Section	1996 – 2000
<i>Chair</i>	1999 – 2000
<i>Vice-Chair</i>	1998 – 1999

**LOCAL COMMITTEE SERVICE:**

**UNC Healthcare System:**

System Emergency Services Committee	2018 – Present
<i>Co-Chair</i>	2018 – Present
System Pharmacy & Therapeutics Committee	2016 – Present
<i>Chair</i>	2016 – Present

**UNC Faculty Physicians:**

Board Member	2017 – 2020
<i>Benefits Committee</i>	2018 – 2020
<i>Exceptions Committee</i>	2018 – 2020

**UNC School of Medicine:**

Representative to University Faculty Council	2021 – 2024
Fixed Term Faculty Promotions Committee	2017 – 2020
Physician Service Line Leader	2009 – 2021
Chair Review Committee	2017
Member, Department of Ophthalmology Review	
Physician's Performance Improvement Leadership Group	2005 – 2008
Problem Based Learning curriculum development committee	2003 – 2004

**UNC Hospitals:**

Patient Flow & Transitions of Care Committee	2020 – Present
Hillsborough Campus Executive Steering Committee	2017 – 2020
Outpatient Care Services Executive Council	2013 – 2019
UNC Medical Center Improvement Council	2013 – Present
Standing Orders Committee	2013 – 2020
Utilization Management Committee	2012 – Present
Credentials Committee	2011 – Present
Acute Myocardial Infarction Process Improvement Team	2005 – Present
Pharmacy & Therapeutics Committee	2004 – Present
<i>Chair</i>	2010 – 2018
Adult Sedation Committee	2008 – 2011
<i>Chair</i>	2008 – 2010
Transfusion Committee	2007 – 2017

Medical Staff Executive Committee	2005 – 2007
Quality Council	2005 – 2013
Pneumonia Clinical Process Improvement Team	2004 – 2005

#### **UNC Department of Emergency Medicine:**

Finance Committee	2017 – Present
Leadership Council	2015 – Present
Peer Review Committee	2013 – Present
<i>Chair</i>	2013 – 2016
Clinical Operations Group	2004 – Present
<i>Co-Chair</i>	2004 – Present
Throughput Committee	2008 – 2013
<i>Chair</i>	2008 – 2013
Residency Selection Committee	2005 – 2010
Residency Education Steering Committee	2002 – 2003
	2005 – 2010
Patient Safety Board	2004 – 2006
<i>Chair</i>	2004 – 2005
Electronic T-System Implementation Committee	2003 – 2004

#### **OSU College of Medicine & Public Health:**

Pre-Clinical Task Force	1999 – 2000
Medical Student Council	1997 – 2000
<i>Vice-President</i>	1998 – 1999
Problem Based Learning Program Evaluation Committee	1997 – 1998
Problem Based Learning Program Computer Resources Committee	1997 – 1998

#### **Columbus Medical Association:**

Governing Council	1997 – 1998
Education and Program Committee	1997 – 1998

#### **PROFESSIONAL SOCIETIES:**

American College of Healthcare Executives	2016 – Present
American College of Emergency Physicians	2000 – Present
Society for Academic Emergency Medicine	2000 – Present
North Carolina College of Emergency Physicians	2000 – Present
Emergency Medicine Resident's Association	2000 – Present
American Medical Association	1996 – Present
North Carolina Medical Society	2000 – 2007
Ohio State Medical Association	1996 – 2000

#### **MODERATOR / REVIEWER SERVICES:**

Moderator, Careers with Impact Forum  
UNC Kenan Flagler Business School, Reimaging Healthcare  
Chapel Hill, NC 2021

Reviewer, ACEP17 Research Forum  
ACEP17 Annual Meeting  
Washington, D.C. 2017

Moderator, Small & Medium Chapter Breakfast Discussion  
ACEP Leadership & Advocacy Meeting  
Washington, D.C. 2016

Moderator, Strategic Issues Forum  
ACEP Annual Council  
Boston, Massachusetts 2009

**BOARD SERVICE:**

Advisory Board  
Excelerate Health Ventures  
Durham, NC 2020 – Present

Board Member  
UNC Faculty Physicians Practice  
Chapel Hill, NC 2017 – 2020

Board Member  
MedScribes, Inc.  
Durham, NC 2015 – Present

Board Member  
North Carolina College of Emergency Physicians  
Raleigh, NC 2010 – 2016

Advisory Board  
King Pharmaceuticals  
Philadelphia, PA 2008

Board Member  
Emergency Medicine Resident's Association  
Dallas, TX 2000 – 2002

**EDITORIAL SERVICE:**

Manuscript Consultant / Reviewer  
Journal of Emergency Medicine

2007 – Present

## 2023 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

**Henry Z. Pitzele, MD, FACEP**

**Question #1: How can ACEP optimize its financial resources to ensure future stability?**

The most important thing for the future stability of the College is membership. The world has moved on from the era when lifetime ACEP membership was an expected thing for all ER docs, a code which instilled in us to varying degrees during our (very distant) residency days. Now, the cost of membership is viewed as a luxury expense, one which must be continuously justified with clear, concrete benefits of membership. And those benefits exist! We need to work even harder on conveying these fundamental benefits—both the carrot (obvious positive pressure on compensation, a welcoming community, excellent practice resources) and the stick (fighting encroachment from payors, government, corporations, non-physicians),

Further along this continuum, we need to evolve the College away from the business model of selling CME. What used to be a lucrative and reliable pillar of ACEP's financial tripod is dwindling away, as learners choose different ways to stay current. This fact has also synergized with our difficulties in membership, as those who chose membership are highly re-targeted with ads for educational products, and if their main contacts with the College are ads for products they no longer use, it is ever more difficult to make the value proposition of continued membership. Instead of CME, the College needs to refocus on more sustainable business models, which fit in no less integrally with our organizational goals than education—the most promising two models right now are grants/research, and the data structures and processes enabled by ACEP's Emergency Medicine Data Institute.

Unfortunately, resource management is only going to get us part way to our goal; the contraction of the entire association industry suggests that our future stability is going to involve contraction of our organization as well, with the cutting out of products and services from College operations. It will not only be painful to our members who have grown accustomed to the many things that ACEP comprises, but even more painful to the leaders who must decide to part with members of the staff who many consider extended family, and who literally make this College run. ACEP will survive—it must—but the stability of its next phase of life will rest partially in its smaller footprint.

**Question #2: Describe how your election to the Board of Directors would enhance ACEP's ability to speak for and represent all emergency physicians.**

I am a working clinical ER doc—until this year, when my VA asked me to take on some Informatics duties before our planned national switch of EMR's, I was working 100% clinically since giving up my position as Chief of Emergency in 2014. I still work 50% of my time at the VA clinically as a nocturnist (night shift is the best shift), and I moonlight in other institutions to keep my breadth of clinical practice wide. I am not a boss of ER docs, nor an officer of an EM company or group, nor the head of an academic institution. I say these things because I think that it is important that the voice of the frontline EM physician be heard loudly in the boardroom, and ACEP's leadership positions are often taken by people who are organizational leaders in their work life—this is natural! We *should* be leveraging the work of people who are such talented leaders that they have risen to the top of their organizations. But I also think the boardroom should have some strong voices of working pit docs. Our strategic plan has realigned the organization to overtly represent those voices, and having Board representation with docs who are primarily clinical is a strong signal to members (and potential members) that the improvement of their working lives is our true North.

I also want to spend significant time and effort on honing our College's communications apparatus directly, so we can get our message across to our audience of EP's—especially younger ones. The tremendous and important work we do, and the immense value the College provides to the specialty is a message that isn't getting across to early career physicians, who the statistics suggest aren't seeing the value proposition of membership. I think that there are discrete steps we can take which will help to convey our value and dedication to the well-being of this highly important group (they are literally our future!)—we can spend more resources in our online presence, have an app that provides utility, and use personal, boutique messaging from faces they know (rather than impersonal/corporate communiques). Our presence in social media can not be an afterthought, but must be a primary source of information and communication. And we cannot dismiss younger physicians' concerns about Workforce as alarmist; there *is* cause for concern, the future is *not* clear, and messaging that suggests that everything is fine makes it even more difficult to convey the important message—that the College is here, and taking Workforce very seriously, and that we will



continue to monitor, research, plan, legislate, and litigate to make sure that working in EM continues to not only be a great and fulfilling job, but a legitimate career option as well.

Lastly, I want to concentrate some more of the College's efforts on Chapter relations. I feel that the large amount of variance in the ways that Chapters operate, as well as the variance in the levels of how tightly they are unified, communicate, and act in concert with the national organization allow for some room for improvement, especially within the leadership pipeline. I think that for a lot of EP's, their most frequent contact with the College is through their Chapter—easy to access, providing local events and service, and most of all, a chance to see people they know and respect taking part in organized EM. I think that if we want College leadership to speak for all and represent all ER docs, we need access to the hearts and minds of all ER docs, and that starts locally, at the Chapter level. If we don't have unity of thought and action with the Chapters, then EP's have less of a chance of seeing people who look like them, who talk like them, from the same place as them, actively participating in College activities and making the specialty a better place, and we lose all of that potential talent long before they even consider running for ACEP leadership. Chapter work is where my journey started, and I was lucky to have a strong and active Chapter—we need to extend that to everyone.

### **Question #3: From your perspective, what would you do to ensure that emergency medicine remains an attractive specialty?**

There are some elements of EM which have always made our specialty attractive—our ability to truly care for people in their time of need, to take care of anything and anyone, any time, in any place, and the freedom to do so in discrete and prescheduled shifts. The attractive elements have not changed, and will not—but the last two Matches show that the outlook on the future of EM *has* changed, and ACEP can and must focus our most fundamental organs—those of advocacy and communication—towards even stronger defenses of Workforce, autonomy, compensation, and community.

Our efforts on Workforce are ongoing, but we can do even more—we have engaged the greater EM community and the ACGME, but exploring other partnerships (such as ABEM) can help us further demonstrate the value of EP's. More resources for PR, and increased support for definitive, original research could further bolster the greater public acceptance of the obvious good of physician-led teams. But where we excel, and where we can really create change is in DC; it is time to commit to legislation regarding GME funding, which will help us not only with supply-side Workforce increases, but also with distributive imbalances (urban vs rural). Workforce cannot be an afterthought for the College.

While on the topic of legislative advocacy, it is time to legitimately explore legislation to end the Medicare funding cycle. ACEP is the only EM organization who has (and who can) step up and fight for our compensation from CMS, but every year at LAC, I sit in congressional offices describing our ever-decreasing compensation, and hear the same refrain from lawmakers: "This isn't a good year to talk about this." Well, given the state of EM recruiting, this *must* be the year we talk about permanent legislation for Medicare increases.

We must also continue (and amplify) our fight against consolidation. Our March letter to the FTC decrying noncompetes and our April letter to CMS about ownership disclosures were just an opening salvo—our attractiveness as a specialty will continue to plummet if the front-line EP's sense of autonomy continues to erode, and EM consolidation is a direct cause of this erosion. We need to not only work against consolidation through our governmental interfaces, but in our own business practices as well.

Finally, the college needs to put more resources into our core function of providing community. Not only must we do a better job of communicating the immense value we provide to the frontline doc, but in showing all of the work we do, and the fights we fight on their behalf, we will help to show students choosing a specialty that we do, still, work in the best corner of the house of medicine. And when we leverage our deep resources to foster that sense of community, we improve not only our own sense of well-being, but foster a pipeline of new leaders who will be the ones setting the landscape for the next chapter of EM.

## CANDIDATE DATA SHEET

**Henry Z. Pitzele, MD, FACEP**

### **Contact Information**

617 S. Loomis  
Chicago, IL 60607  
**Phone:** (312) 523-6080  
**E-Mail:** pitzele@gmail.com

### **Current and Past Professional Position(s)**

Attending Physician (full time), Jesse Brown VA Medical Center, Chicago (2007-present)  
Deputy Section Chief of Emergency Medicine 2007-2012  
Section Chief of Emergency Medicine 2012-2015  
Chief Health Informatics Officer 2023-present  
Attending Physician (part time) Advocate Illinois Masonic Medical Center, Chicago (2010-present)  
Attending Physician (part time) Mesa View Regional Medical Center, Mesquite NV (2011-present)  
Attending Physician, Mercy Hospital, Chicago (full time 2003-2007, part time 2007-2010)

### **Education (include internships and residency information)**

Univ. of Illinois at Chicago, Emergency Medicine residency 2000-2003  
Univ. of Illinois at Chicago College of Medicine:  
MD 2000

### **Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)**

ABEM 2004, 2014  
Clinical Informatics 2022

### **Professional Societies**

ACEP, AAEM, ICEP (Illinois Chapter)

### **National ACEP Activities – List your most significant accomplishments**

State Legislative/Regulatory Committee 2021-23—led several subcommittees in designing roundtable webinar discussions on scope of practice and leveraging strength in small/medium chapters, and in creating a dashboard to display state advocacy work on a number of common issues.  
Communications Committee 2022-23—worked on a rapid-action response team for social media issues  
ACEP Partner Collaborative Summit 2023

### **ACEP Chapter Activities – List your most significant accomplishments**

ICEP president 2020-21  
ICEP Board of Directors 2015-2022  
ICEP EMBRi Written Board Review Course, course and committee chair 2012-2019

### Practice Profile

***Total hours devoted to emergency medicine practice per year:***                      **2200**    Total Hours/Year

*Individual % breakdown the following areas of practice. Total = 100%.*

Direct Patient Care **55 %** Research **31 %** Teaching **10 %** Administration **5 %**

Other: **Health Informatics** **40 %**

***Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)***

Full time in tertiary VA teaching hospital, split 50/50 clinical EM (nocturnist) and Chief of Informatics.  
Moonlighting 1-2 times per month at an urban Level I trauma center (also an EM residency program site), as well as at a rural CAH in Nevada.

***Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)***

Chief of Health Informatics since March 2023

### *Expert Witness Experience*

*If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.*

**Defense Expert      0      Cases                      Plaintiff Expert      0 Cases**

## CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

**Henry Z. Pitzele, MD, FACEP**

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: US Dept of Veterans Affairs—Jesse Brown VAMC

Address: 820 S. Damen

Chicago, IL 60612

Position Held: Attending Physician, Chief Health Informatics Officer, former Section Chief

Type of Organization: VA Hospital

Employer: Advocate Medical Group—Advocate Illinois Masonic Hospital

Address: 836 W. Wellington

Chicago, IL 60657

Position Held: Attending Physician—part-time/moonlighting

Type of Organization: Regional medical group

Employer: American Physician Partners (Mesa View Regional Hospital)

Address: 5121 Maryland Way #300

Brentwood, TN 37027

Position Held: Attending Physician—part-time/moonlighting

Type of Organization: National CMG

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: Illinois College of Emergency Physicians

Address: 2001 Butterfield Rd, Esplanade 1, Suite 320

Downer's Grove, IL 60515

Type of Organization: State Chapter of ACEP

Leadership Position: Board member, various officer positions including president

Term of Service: 7 years (2015-2022)

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

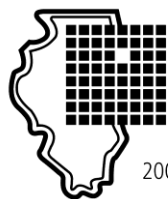
☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

**Henry Pitzele**

Date

6/4/2023



# Illinois College of Emergency Physicians

ADVANCING EMERGENCY CARE

ICEP.org

2001 Butterfield Road, Esplanade I, Suite 320, Downers Grove, IL 60515

phone: 630.495.6400 toll-free: 888.495.ICEP

The Illinois College of Emergency Physicians proudly endorses Dr. Henry Pitzele for election to the board of directors of the American College of Emergency Physicians.

Dr. Pitzele has been a vital and active member of the Illinois College for two decades. His service began as an educator lecturing in our oral board review course. His dynamic speaking style and conceptualization of the learning process rapidly moved him up to the position of course director and chairman of that committee. He led the course for seven years, curating and managing speakers, supervising the modernization of marketing efforts, and engaging leadership development to assure the continued excellence of the course.

Dr. Pitzele moved into leadership of the Chapter, starting on the Board of Directors in 2015, just in time to face significant challenges to the financial health of the organization. With an eye on the long-term health of the College, but without fear of significant changes to the organization's structure and physical presence, Dr. Pitzele and the leadership team heralded ICEP through those times to the strong fiscal foundation on which it now rests.

Dr. Pitzele served as ICEP president from 2020-21, which certainly provided a different set of challenges. In concert with the courageous and tireless efforts of ICEP staff, Henry was able to lead the organization through that tumultuous year, pivoting to an online position for most activities, bringing in new engagement with Social EM, and setting up important EM legislation in Springfield. Most importantly, he was able to stand up for individual EM physicians in Illinois who, as independent contractors, were not given COVID protections by their hospital systems.

We at ICEP have been proud to see Henry continue that focus on the front-line physician as he turned his efforts to the national organization. Through the past three years of campaigning, though his efforts on the State Legislative Committee, and even more with the Communications Committee, Dr. Pitzele has been one of the leaders who has begun to re-center ACEP as an organization with the central goal of representing the working interests of the working Emergency Physician. And we know that the clear voice he has used in the boardroom, online, and in person to keep those interests sacrosanct in the face of challenges from government, corporations, and payors will allow the College to continue to prosper, even in times of significant financial peril.

Dr. Pitzele is the leader we need right now, and we hope you join us in bringing him to the table.

Sincerely,

Howie K. Mell, MD, MPH, CPE, FACEP  
President, Illinois College of Emergency Physicians

## BOARD OF DIRECTORS

Howie Mell, MD, MPH, CPE, FACEP  
*President*

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Bailey A. McMurray, IOM, MAOL

## Henry Z. Pitzele, MD, FACEP

I wish I could say that it's not going to get worse before it gets better, but it will, a bit.

Our work itself is more difficult than ever before—boarding is intolerable, government and payors are steadily decreasing our compensation, and our patients are frustrated and helpless, and taking it out on us. Moreover, we work for an ever-decreasing number of entities, most with shaky business foundations that have already started to fail—we ourselves feel frustrated and helpless. This feeling is visible to everyone, especially med students choosing a specialty, and our Match results are proof.

This has led us to an unprecedented period in the College's history—one where we are actually contracting. We are bleeding membership—not just from lack of growth among young physicians, but many of the mid- to late-career members we thought would be lifetime members are not renewing, and our collective power is waning with the decreasing membership.

Never has ACEP been in such dire straits. But never has ACEP been more important to the specialty.

To successfully lead Emergency Medicine through this crisis, the College must do two things—contract in a controlled manner, concentrating on the core functions that we do best (Advocacy and Community, functions that no one else can do), and shore up our own business model with fundamentals that will grow and flourish in the next decade.

We need to concentrate on Advocacy. Our members count on us to represent their interests when interfacing with the monoliths of government and insurance, and that's something we do extremely well. We must shift a larger portion of our resources towards Public Affairs, so that our already audible voice in DC (the *only* voice of EM in DC) is heard even louder. We must be heard in Congress, but also in the executive branch, where CMS and DOJ are deciding our financial fate (and the fates of our increasingly consolidated employers). And most of all, we need to double down resources on our state legislative coordination—so much of our everyday, working lives are dictated by state law, and our members deserve a highly coordinated, country-wide effort to manage EM legislation at the statehouse level.

We need to concentrate on Community. Never has EM more needed the sense that we are all in this together—many of us work by ourselves, single coverage and non-academic, and it's easy to forget that we all face the same problems. ACEP can and should be the net that binds us together—it should be the place we turn when we need practice help and guidelines, in times of turbulence and eroded trust in information (like a pandemic), and when we need to hear our elected leaders tell us how things are going inside the College, in DC, and most of all, in all of the *other* ED's across the globe, where our brothers and sisters are fighting the same fights. We need to invest in the communications platforms, devices, and strategies that really bind us together now (digital ones), which have traditionally been an afterthought.

And it is through those communication channels that we will better demonstrate our value to our members. We do so much to improve the working lives for frontline EM—we *will* do a better job of communicating that to EP's. We must. Because even as we refocus our business towards more sustainable models (EMDI, grants/partnership) and away from others (CME), the next few years will bring many difficult decisions. It is only with a clear vision of a strong future College that we will achieve a successful transformation.





# we can get through this

the College is facing an unprecedented era of decreasing membership and revenue, at a time when EM needs **leadership** more than ever

we must concentrate ACEP on our strongest core principles and functions: **advocacy** and **communication/community**

we must never stop fighting collectively on behalf of the **frontline EP**

**together**, we will pilot the College through crisis, and establish strong fundamentals for ACEP's next phase

## Pitzele for ACEP Board

# HENRY ZOLTAN PITZELE, MD

## Work Experience

2/23-present	Chief Health Informatics Officer 2/23-present, Jesse Brown VA Medical Center, Chicago (50% clinical EM, 50% CHIO)
6/07-present	Attending Physician, Emergency Medicine Service, Jesse Brown VA Medical Center, Chicago (Deputy Chief 6/2007-9/2012, Section Chief 9/2012-9/2015)
11/11-present	Attending physician, Department of Emergency Medicine, Mesa View Regional Hospital, Mesquite NV (part-time/moonlighting)
8/10-present	Attending physician, Department of Emergency Medicine, Advocate Illinois Masonic Medical Center, Chicago (Level I Trauma Center—part-time/moonlighting)
3/16-12/18	Attending physician, Department of Emergency Medicine, Advocate Trinity Hospital, Chicago (Part-time/moonlighting)
6/03-7/10	Attending physician, Department of Emergency Medicine, Mercy Hospital and Medical Center, Chicago (Full-time 2003-2007, part-time 2007-2010)
11/02-6/03	Attending physician at UIC O'Hare Medical Clinic, part-time

## Educational Experience

2000-2003	University of Illinois at Chicago Emergency Medicine Residency Chief Resident at Mercy Hospital and Medical Center
1996-2000	University of Illinois at Chicago College of Medicine Graduated top quartile of class
1992-1996	University of Chicago BA in Economics with General Honors

## Publications

- Pitzele HZ. Scapular Winging (Chapter 62) and Maisonneuve Fracture (Chapter 37) in Atlas of Clinical Emergency Medicine. Edited by Sherman SC, et al, Lippincott 2015.
- Pitzele HZ, Kessler CS. Life-threatening Dermatoses. Chapter 96 in Clinical Emergency Medicine, Edited by Sherman SC and Weber JM, McGraw-Hill 2013.
- Garcia C, Pitzele HZ. Man with Shoulder Pain After a Fall. *Annals of Emergency Medicine*. 2011 58(6) p. 574, 578.
- Pitzele HZ, Tolia V. Twenty per Hour: Altered Mental State due to Ethanol Abuse and Withdrawal. *Emergency Medicine Clinics of North America*. 2010 28(3) p. 683.
- Unterman S, Kessler CS, Pitzele HZ. Staffing of the Emergency Department by non-Emergency Medicine-trained Personnel: The VA Experience. *American Journal of Emergency Medicine*. 2010 28(5) p. 622.
- Pitzele HZ. Acquired Lateral Rectus Palsy: A Case Report. *The Internet Journal of Emergency Medicine*. 2009 Volume 6 Number 1
- Aks S, Erickson TB, Paloucek F, Pitzele HZ. Famous Chicago Poisonings. Oral Presentation at North American Congress of Clinical Toxicology Annual Meeting, Chicago, IL, Aug 2003. Published as an article in *Mithridata: Newsletter of the Toxicological History Society* 2004 14(2) p. 6-10.
- Pitzele HZ, Eilbert WP. Abdominal CT Scan and Diagnostic Delay in Men and Women Undergoing Appendectomy. Oral Presentation at AAEM Scientific Assembly, New Orleans, LA, Feb 2003. Abstract published in *J Emerg Med* 2003 24(4) p. 479

## Awards

Award of Teaching Excellence, UIC Internal Medicine Residency, 2011-2012

### Oral Presentations

Lecturer, UIC Internal Medicine Residency Noon Conference (2-3 times per year) 2007-present  
Lecturer, Illinois College of Emergency Physicians Written Board Review Course,  
"EMBRi" 2004-2019  
Lecturer, American Academy of Emergency Medicine Scientific Assembly, San Diego 2012  
Lecturer, Third Dutch North Sea Emergency Medicine Conference, Netherlands, June 2009  
Lecturer, American College of Emergency Physicians Scientific Assembly, Chicago 2008  
Lecturer, American College of Emergency Physicians Spring Congress (New Speaker's Forum),  
Las Vegas 2006

### Leadership Experience

Illinois College of Emergency Physicians (Illinois Chapter of ACEP)  
President, 2020-2021  
Secretary/Treasurer 2019-2020  
Board of Directors, 2015-2021  
Chair, Written Board Review Course committee, Illinois College of Emergency Physicians 2012-2019  
Medical Director (Section Chief) Emergency Medicine, Jesse Brown VAMC 2012-2015  
VA National Emergency Medicine Field Advisory Committee, 2013-2016  
Lead Physician for Emergency Medicine, VA Great Lakes Health Care System 2012-2015  
Jesse Brown VAMC LEAN Steering Committee 2014-2015  
Chair, ED Committee at Jesse Brown VAMC 2012-2015  
Site Director, Medical Student Rotation in EM at Jesse Brown VAMC, 2007-2013

### Hospital Committees

Peer Review (2014-present)  
Inpatient Flow (2012-2015)  
Utilization Management (2012-2015)  
Emergency Management (2012-2015)  
Medical Executive Council (2012-2015)  
CPR (2012-2015)  
Clinical Products and Resources (2012-2015)  
Ebola Preparedness (2014-2015)

### Certifications

BLS, ACLS, ATLS  
LEAN Green Belt  
AMIA 10x10

### Professional Organizations

Associate Professor, Department of Emergency Medicine, University of Illinois at  
Chicago, 2014-present (Clinical Assistant Professor 2003-2014)  
Fellow, American College of Emergency Physicians, 2006-present  
Examiner, Illinois College of Emergency Physicians, Oral Board Review Course 2004-present  
Board Certified in Emergency Medicine, American Board of Emergency Medicine, 2004 and 2014  
Board Certified in Clinical Informatics 2022

[pitzele@gmail.com](mailto:pitzele@gmail.com)  
617 S. Loomis, Chicago IL 60607  
cell (312) 523-6080

## 2023 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

**James L. Shoemaker Jr., MD FACEP**

**Question #1: How can ACEP optimize its financial resources to ensure future stability?**

Over its 50+ year existence, ACEP emerged as the preeminent emergency medicine membership organization for our specialty. Through our collective membership, we have a tremendous megaphone and platform to advocate on behalf of our colleagues and our patients. As with many like organizations, the Covid-19 pandemic created substantial financial challenges for ACEP, including declining membership, meeting attendance, and corporate sponsorship and grants. ACEP can ensure future fiscal stability through a focus on the value of membership and meetings, while also developing sources of non-dues revenue.

ACEP must amplify its message to unite, protect, and empower our colleagues. ACEP is the EM organization fighting for the viability of our specialty in the face of threatening headwinds, including novel challenges to fair and adequate reimbursement, non-physician scope creep, ED boarding, ED violence, physician burnout and others. As an example, ACEP is the one organization that represents emergency medicine at the AMA's Reimbursement Update Committee (RUC), which is charged with providing the CMS with valuation recommendations for the services physicians provide. I am proud to be a part of that RUC team. I am convinced that, from the professional fee side, we are the best value in medicine. It is essential that our members view the payment of ACEP dues as an investment in themselves rather than just another bill to pay.

ACEP's comprehensive advocacy efforts benefit every practicing emergency physician—member or not. ACEP must better demonstrate the true value of ACEP membership to current members, candidate members, and those on the sidelines. Member benefits must be easily identifiable and tangible to members, while inaccessible to non-members. ACEP is positioned to be the emergency medicine home for members, replete with tools to drive excellent patient care while enhancing the wellness of those who provide it—from medical school to retirement. Young physicians today are less inclined to join professional membership organizations, leading to declining membership among this cohort and subsequent deterioration of operating capital. This revenue is vital to the execution of ACEP's strategic plan and its focus on the working emergency physician. Residency program director outreach is essential so that EM residents beg the question: "Where would I be without ACEP working and fighting for me?"

We need to streamline, consolidate, and reimagine our annual meetings to make them must-attend events with offerings that encourage networking, socializing and education in a format that is fun and interactive. CME now can be obtained in diverse ways, and ACEP must respond to this change and be nimble in our future destinations and meeting curricula as well as social events. In the last two years, I had the privilege to create and initiate a new meeting for emergency physicians that is co-hosted by ACEP and called The EM Independent Group Master Class--designed to assist our colleagues seeking to start, maintain, and/or advance their own independent Emergency Medicine group. The reimagined format of education and focus on networking, TED talk format and roundtable discussions driving this meeting were found to be successful in terms of attendee experience and revenue for the college. This may be a step in the right direction as we lean on meetings as a future pillar of financial stability.

Non-dues revenue is essential, and we must analyze each of ACEP's offerings and make some difficult decisions regarding the effective deployment of resources and capital. ACEP accreditation programs such as GEDA, PACED and the newly approved ED Accreditation programs will grow and provide vital non-dues revenue while also raising the bar on quality ED care. Leveraging EMDI/CEDR will help us maximize ED quality reporting to meet CMS reporting requirements and will provide marketable data to bolster our financial bottom line. ACEP needs to reevaluate some underperforming programs and refocus on our ability to fulfill our strategic plan and mission. As you can see, there is much work to do: challenge accepted.

**Question #2: Describe how your election to the Board of Directors would enhance ACEP's ability to speak for and represent all emergency physicians.**

I am privileged to be an incumbent ACEP Board of Directors candidate and the current ACEP Treasurer. The opportunity to serve in ACEP leadership has been the highlight of my career. Reelection to the ACEP Board will allow me to leverage my ACEP Board experience to enhance my effectiveness as a voice for the independent, actively practicing community emergency physician. Further, my reelection allows me to continue to deploy my expertise in advocacy and reimbursement. As a Board member, I focus on issues that impact our specialty and the patients we serve, and I look forward to the opportunity to continue to be a servant leader and voice for my colleagues. My mentors are some of the greatest emergency physicians and reimbursement champions in our specialty, and I've learned from my esteemed colleagues on the ACEP Board. Now, I bear an



obligation to fully apply my learnings in the service of my colleagues and my specialty. It is my goal to ensure that each of us has a voice and representation in the ACEP family. A consistent motivation of mine is to make this specialty financially and professionally vibrant and rewarding. To this end, it is my motivation as a leader to ensure that our colleagues, regardless of their practice environment, receive essential due process, transparency, fair reimbursement, equitable scheduling, and wellness resources to sustain a fulfilling career.

I do not always have the answer, but I am an active listener that works toward consensus and understanding. I am engaged, empathetic, persuasive, and confident. I strive to enthusiastically support and buoy others in the pursuit of their goals and provide them with a platform and voice. I was born into an impoverished environment. Through this, I learned that hard work, dedication, and motivation can produce remarkable success. I promise to bring this work ethic to the ACEP Board--working on behalf of our patients and our members. I am confident that my track record during my first term speaks for itself. I am proud of the work we have accomplished together.

I am an objective thinker that appreciates input from all sides to collaboratively work toward meaningful and tangible outcomes. I am not afraid to think outside of the box, and I do not hesitate to disagree with others and articulate my reasoning. ACEP has afforded me amazing opportunities to become an expert and champion in the reimbursement and advocacy arenas. One notable success is my state chapter's model legislation that requires that a physician be always present in all Indiana EDs. This successful state-level advocacy can serve as a template for other chapters to prevent the replacement of emergency physicians' unique expertise and body of knowledge.

One of my proudest accomplishments during my first Board term is the creation and implementation of the new ACEP/Emergency Medicine Business Coalition (EMBC) educational offering – the EM Independent Group Master Class. Feedback from attendees and faculty further my understanding of how we can collaborate to ensure that we control our destiny. I am honored to represent you as we negotiate fair Medicare reimbursement, implement our new strategic plan, and focus on the working emergency physician. ACEP's new policies creating guardrails for the use of non-physician providers and our statements regarding private equity and the corporate practice of medicine are vital to the preservation of the physician-patient relationship. As an ACEP leader, I share a megaphone that amplifies your voice and drives change. I will be your unfettered voice to bring each of us the most fulfilling career imaginable. My core motivation is to provide you with a loud, resounding voice and for you to enjoy an amazing EM career.

### **Question #3: From your perspective, what would you do to ensure that emergency medicine remains an attractive specialty?**

Emergency medicine is truly the greatest specialty in medicine. Each day we treat all comers presenting to our emergency departments regardless of their ability to pay, circumstance or background. We are the true medical experts our patients seek for symptoms and concerns that scare them. Much like Hogwarts sorts students into their appropriate houses in the *Harry Potter* series, we sort and triage to separate the “sick” from the “not sick” and begin immediate resuscitative efforts when time is of the essence. We are hands on. The first fifteen minutes of the undifferentiated patient is where we thrive and apply our expertise and unique skill set. Emergent procedures such as airways, central lines, sedations, reductions and defibrillation are commonplace to us. We invite and embrace the full breadth and complexity constituting *all* of medicine. Many facets of emergency medicine make it highly attractive to the very best of medical students – the unpredictable variety of cases, high stakes decision-making, teamwork, the immediate impact of our interventions, and flexibility in scheduling and work-life balance.

To remain an attractive specialty, it is essential that we protect the integrity of our beloved specialty from the encroachment of non-physician providers and scope creep. With over 150 million annual ED visits, our patients expect – and deserve – to be seen by a BC/BE EM physician leading a high-quality treatment team. There is no substitute for medical school and EM residency training. None. Further, we must ensure that business interests and entities *never* interfere with our medical judgment. Profits over patients is an unthinkable and untenable potential outcome of private equity involvement in the absence of well-established and enforceable guardrails. In addition, we must continue efforts to ensure adequate and fair compensation for the care we provide. We should be unapologetic about the income we make – from the professional fee side we *are* the best value in medicine. It is essential that we tackle ED Boarding and ED violence head-on making patient and colleague safety an unwavering priority.

Emergency medicine is truly the “safety net” of our healthcare system and the work we do truly makes a difference. We *are* the frontline of healthcare. ACEP needs to continue its multipronged approach to tackle the “four corners” of EM that I define as membership, reimbursement, work force and ED violence/wellness to sustain the vibrancy of our specialty for colleagues past and present. Together we are stronger, and we must continue to educate future colleagues and the public about the integral role played by BC/BE emergency medicine physicians in every ED. Without us, the safety net will be forever broken, and patients will succumb to a lack of healthcare and societal resources. What we do *matters*. I will be your voice in the Boardroom, at the RUC, at the bedside and in the advocacy arena to propel our specialty forward and confront our challenges.

## CANDIDATE DATA SHEET

**James L. Shoemaker Jr., MD FACEP**

### **Contact Information**

14302 Southold Drive  
Granger, IN 46530

**Phone:** cell/home (269) 267-3953

**E-Mail:** jshoemakermd@gmail.com

### **Current and Past Professional Position(s)**

- 1 – Partner and Attending Emergency Physician with Elite Emergency Physicians, Inc. (EEPI) (2007-present)
- 2 – Director of Quality for EEPI (2016-present)
- 3 – Director of Compliance for EEPI (2016-present)
- 4 – Indiana University School of Medicine, South Bend Volunteer EM Clerkship Faculty (2011-present)
- 5 – Member of National ACEP Board of Directors – current Secretary/Treasurer (2020-present)

### **Education (include internships and residency information)**

- 1 – Edinboro University of PA, Edinboro, PA (1993-94) attended Freshman year and transferred
- 2 – Dickinson College, Carlisle, PA (1994-97), B.S. Biology *cum laude*
- 3 – Indiana University Bloomington/Medical Sciences Program (1998-2000), M.A. Physiology with thesis
- 4 – Indiana University School of Medicine, Indianapolis, IN — (2000-2004), M.D. in 2004
- 5 – MSU/KCMS Kalamazoo, MI (2004-2007) — Emergency Medicine Residency Training Program

### **Specialty Board Certifications (e.g., ABEM, AOBEM, AAP, etc.) and dates certified and recertified)**

ABEM Board certified — certificate expires December 31, 2028

### **Professional Societies**

- 1 – ACEP Member (2004-present)
- 2 – ACEP Fellow (2010-present)
- 3 – Indiana ACEP Member (2007-present)
- 4 – AMA Member (2018-present)
- 5 – EMRA Alumni Member (2020-present)
- 6 – Indiana State Medical Association (2007-present)
- 7 – EDPMA Group Member (2017-present)
- 8 – Member of the Emergency Medicine Business Coalition (EMBC) (2020-present)

### **National ACEP Activities – List your most significant accomplishments**

- 1 – National ACEP Board of Directors (2020-present)
- 2 – Secretary/Treasurer ACEP Board of Directors (2022-present)
- 3 – Innovator, creator, and course co-director of ACEP/EMBC Independent EM Group Master Class conference
- 4 – ACEP Reimbursement Leadership and Development Program Fellow (2018-2020)
- 5 – Board Liaison to Small Democratic Group, Toxicology and Observation Sections (2020-present)
- 6 – Member of Council Steering Committee (2019-2020)
- 7 – ACEP Alternate Delegate for AMA/Specialty RVS Update Committee (RUC) (2019-present)
- 8 – Reimbursement Committee (2015-present) – Board Liaison 2020-present
- 9 – Reimbursement Committee Workgroup 2 (2018-present)
- 10 – Chairman, National Chapter Relations Committee (2020)

- 11 – Member of National Chapter Relations Committee (2013-2020)
- 12 – Coding and Nomenclature Advisory Committee Member (2018-present) – Board Liaison 2020-present
- 12 – ACEP Council Reference Committee ‘A’ Member (2018 Council)
- 13 – ACEP Clinical Resources Review Committee Member (2018-2020)

**ACEP Chapter Activities – List your most significant accomplishments**

- 1 – President of Indiana Chapter of ACEP (2015-2016)
- 2 – Vice-President of Indiana Chapter of ACEP (2014-2015)
- 3 – Secretary/Treasurer of Indiana Chapter of ACEP (2013-2014)
- 4 – Indiana State Chapter Councilor (2015-2020); Alternate Councilor (2013-2015)
- 5 – Indiana Chapter of ACEP Board of Directors Member (2011-2016)
- 6 – *Ex officio* Board of Directors Member of the Indiana Chapter of ACEP (2016-present)
- 7 – Part of annual Indiana ACEP delegation at Leadership and Advocacy Conference
- 8 – State advocacy with the Indiana Legislature on scope of practice, reimbursement and other issues

**Practice Profile**

**Total hours devoted to emergency medicine practice per year:**      2250      Total Hours/Year

**Individual % breakdown the following areas of practice. Total = 100%.**

Direct Patient Care   85 %      Research      0 %      Teaching      5 %      Administration      10 %

Other: \_\_\_\_\_ %

***Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.)***

I work in a private, independent and wholly democratic group in Northern Indiana near Notre Dame University. I began with Elite Emergency Physicians (EEPI) after residency and have been with the group continuously since 2007. We now have 40+ board-certified EM physician partners and employ multiple NPPs. EEPI holds contracts at four community-based hospitals in three different hospital systems. We annually care for over 185,000 patients among our sites. Physicians joining the group become full voting and profit-sharing partners after a one-year provisional process. The corporate structure of our group is managed by partners that are democratically voted into Administrative roles which are compensated and executed while also working shifts in the department providing direct patient care. Our community-based hospital Emergency Departments welcome Indiana University School of Medicine MS-IV students through our departments for ED Clerkship teaching.

***Provide specific title(s) or position(s) within your group, hospital, department, system (e.g., Medical Director, Regional Director, Director of Quality, Vice President, Chief of Staff, etc.)***

**EEPI positions:**

- 1 - EEPI Director of Quality (2016-present)
- 2 - Management Team Member of EEPI (2012-present)
- 3 - EEPI Compensation Committee Member (2010-present)
- 4 – EEPI Compliance Committee Chair (2016-present)
- 5 – Volunteer Clinical Faculty for IUSM EM Clinical Clerkship (2011-present)
- 6 – Member of the IUSM Interview Admissions Team (2017-present)

**Elkhart General Hospital (EGH) Positions:**

- 1 – Chairman and Medical Director of EGH Emergency Department (2012-2016)
- 2 – Chairman and member of EGH ED Quality Assurance Committee (2012-2016)
- 3 – Medical Co-Director EGH Chest Pain Center (2014-2017)
- 4 – Medical Co-Director for EGH EMS Program (2010-2012)
- 5 – Member of EGH Medical Executive Committee (2012-16, 2018-present)
- 6 – Member of EGH Trauma and Trauma QI committees (2012-present)

7 – Member of EGH Cardiovascular Services and Cardiovascular Services QI Committees (2012-present)

8 – Member of EGH Stroke and Stroke QI Committees (2016-present)

**Expert Witness Experience**

*If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony. Expert witness testimony is defined as oral or written evidence given by an expert witness under oath, at trial, or in an affidavit or deposition.*

**Defense Expert**

**0 Cases**

**Plaintiff Expert**

**0 Cases**



## CANDIDATE CONFLICT OF INTEREST DISCLOSURE STATEMENT

**James L. Shoemaker Jr., MD FACEP**

1. Employment – *List current employers with addresses, position held, and type of organization.*

Employer: Elite Emergency Physicians, Inc. (EEPI)

Address: 600 E. Boulevard

Elkhart, IN. 46514

Position Held: EEPI Director of Quality (2016-present) | Department Chairman (2012-16)

Type of Organization: Small Democratic Group of EM physicians

2. Leadership Positions in Other Organizations, Chapters, Commissions, Groups, Coalitions, Agencies, and/or Entities (e.g., Board of Directors positions, committees, and/or spokesperson roles) – *List all organizations and addresses for which you have served (past and current) – including ACEP chapter Board of Directors.*

Organization: ACEP

Address: 4650 W. Royal Lane

Irving, TX. 75063

Type of Organization: EM Membership Organization

Leadership Position: Member of the Board of Directors

Term of Service: 2020-present

Organization: ACEP

Address: 4650 W. Royal Lane

Irving, TX. 75063

Type of Organization: EM Membership Organization

Leadership Position: Secretary/Treasurer

Term of Service: October 2022-present

Organization: Indiana University School of Medicine

Address: 1234 N. Notre Dame Ave.

South Bend, IN. 46617

Type of Organization: School of Medicine EM Clerkship

Leadership Position: Volunteer Clinical Faculty and Candidate Interviewer

Term of Service: Fall 2011-present

Organization: Indiana Chapter of the ACEP

Address: PO Box 17136

Indianapolis IN. 46217

Type of Organization: State chapter of ACEP

Chapter President (2015-16) | VP (2014-15) | Treasurer (2013-14) | Member

Leadership Position: (2007-present)

Term of Service: 2007-present as an officer and councilor

3. Describe any outside relationships with any person(s) or entity from which ACEP obtains goods and services, or which provides services that compete with ACEP where such relationship involves: a) holding a position of responsibility; b) an equity interest (other than a less than 1% interest in a publicly traded company); or c) any gifts, favors, gratuities, lodging, dining, or entertainment valued at more than \$100.

☒ NONE

☐ If YES, Please Describe:

4. Describe any financial interests or positions of responsibility in entities providing goods or services in support of the practice of emergency medicine (e.g., physician practice management company, billing company, physician placement company, book publisher, medical supply company, and/or a malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE

☒ If YES, Please Describe: I am a medical consultant for Retrieve Medical Inc. and have been offered stock options in return for my work that have not been executed at this time.

5. Do you have any family members who are non-physicians providing care to patients, including, but not limited to, nurse practitioners, physician assistants, or certified nurse specialists? Family members include a spouse, domestic partner, parent, child, sibling, grandparent, grandchild, parents, and siblings-in-law, stepparents, stepchildren, guardians, wards, or members of your household.

☒ NONE

☐ If YES, Please Describe:

6. If you answered yes to Question 5, is your family member currently or was formerly employed in an emergency department or in urgent care?

☒ N/A

☐ NO

☐ If YES, Please Describe:

7. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

☒ NONE

☐ If YES, Please Describe:

8. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO

☐ If YES, Please Describe:

9. I have read and agree to abide by the ACEP [Conflict of Interest](#) policy statement.

☐ NO

☒ YES

10. I have read and agree to abide by the ACEP [Leadership and Volunteers Conduct](#) policy to ensure that ACEP volunteers, consultants, and staff can perform their valuable services to ACEP free of harassment and discrimination.

☐ NO

☒ YES

I certify that the above is true and accurate to the best of my knowledge and belief: Should a possible conflict of interest arise, I recognize that I have the obligation to notify the appropriate individual(s) and to abstain from participation in any business of ACEP that may be affected from such perceived or actual conflict of interest until it is determined whether or not a conflict exists and if so how that conflict may be resolved. If any relevant changes occur in my circumstances that would be reasonably viewed as requiring disclosure, I recognize that I have an obligation to file an amended conflict of interest disclosure statement.

**James L. Shoemaker Jr., MD FACEP**

Date

9/2/2023



To Whom It May Concern:

I am the current president of the Indiana chapter of the American College of Emergency Physicians. I am writing on behalf of our state chapter to express our enthusiastic support for Dr. James Shoemaker's 2023 re-election campaign for the national ACEP Board of Directors. Dr. Shoemaker has been a leader within the Emergency Medicine community on the state as well as national levels. He has served as Treasurer/Secretary, Vice President, then President of Indiana ACEP (in 2015-2016), and continues to serve as an Ex Officio Board member. In these capacities, he has been active in tackling various issues affecting Hoosier emergency physicians and their patients, particularly fair reimbursement, balance billing, APRN scope of practice, and others. His expertise in these areas has been a huge asset to the state chapter Presidents who have followed him as we advocate for excellence in emergency care for all Hoosiers.

Dr. Shoemaker has also established himself as a leader on a national scale, most particularly during his current position as a member of the National ACEP Board. He has served on multiple National ACEP committees including the Reimbursement Committee, Coding and Nomenclature Advisory Committee, Chapter Relations Committee, Clinical Resources Review Committee, and National ACEP Steering Committee. His involvement in these varied committees gives him a broad understanding of the workings of the College and gives him the insight needed to recognize and address the highest-priority issues facing ACEP membership. His presence on the Board also has given him further experience into being an effective leader for our specialty and he had demonstrated his excellence in the role in his previous term.

As a member of a private democratic group, Dr. Shoemaker has also seen the value that independent emergency medicine groups provide to the specialty. He has been a leader and member of Elite Emergency Physicians in northwest Indiana for many years and has seen the challenges that private groups face in an ever-changing landscape of medical care delivery. He is a passionate advocate for independent emergency physicians and is a co-creator of a Master class on Independent EM groups to help teach his expertise to others.

Dr. Shoemaker has been an outstanding member of the National ACEP Board of Directors since his election and has been a strong advocate on reimbursement issues, scope of practice concerns, and balance billing. He is also a natural leader for others to join in advocating for the specialty of emergency medicine. I have found his leadership an encouragement to my own involvement with

#### Indiana ACEP Officers and Board of Directors 2023/2024

**Lindsay Zimmerman MD, FACEP**

*President*

**Emily Fitz MD, FACEP**

*Vice President*

**Kyle English MD, FACEP**

*Secretary-Treasurer*

#### *Board Members:*

Mary Blaha DO

Ty Kelly MD

Jacob Kennedy MD, FACEP

Tricia Kreuter MD, FACEP

Tracy Rahall MD, FACEP

Justin Ritonya MD, FACEP

Nick Sansone DO, FACEP

Edward "Ted" Seall MD, FACEP

Eric Yazel MD, FACEP

**Daniel Elliott MD, FACEP, FAAEM**

*Immediate Past President*

**Cindy Kirchhofer**

*Executive Director*



INDIANA CHAPTER  
**American College of Emergency Physicians**  
PO Box 17136, Indianapolis, IN 46217  
Phone: (317) 455-3335  
Email: [inacep@inacep.org](mailto:inacep@inacep.org)

ACEP and emergency medicine and know that he has similarly inspired countless others. For these reasons, I am honored to support Dr. Jamie Shoemaker for his re-election to the board.

Respectfully submitted,

  
Lindsay Zimmerman MD, FACEP

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*Executive Director*

## James L. Shoemaker Jr., MD FACEP

Councillors and colleagues,

My name is Jamie Shoemaker and I am enthusiastically running as an incumbent candidate for the ACEP Board of Directors! I am proud of my accomplishments during my first Board term -- we certainly faced serious challenges head on. Your Board crafted a new strategic plan for the College while addressing the challenges you face in your everyday working lives -- ED Boarding, workplace violence, and emergency physician mental health. We created and revised policies involving CPOM, private equity, scope creep, physician-led care, and others.

I am a partner and quality director with Elite Emergency Physicians Inc., a private, democratic group. My voice is unencumbered by corporate restrictions. My drive and dedication are boundless. I am an active listener and servant leader able to build bridges to collectively solve problems. I am an advocacy champion at the local, state, and national levels and will continue fighting for my beloved specialty and colleagues, no matter the obstacles.

ACEP invested in me as an inaugural Reimbursement Fellow. This educationally immersive program provided me a skillset, foundation, and network to skillfully fight for fair reimbursement. It initiated my fight relative to NSA, IDR, and denials, which create financial havoc for our patients. I worked to become an expert on the issues of down codes and the new ED E/M documentation guidelines. I recognize that the true "enemy" impacting our reimbursement and our patients is the healthcare insurers, who deploy unscrupulous tactics to erode our fair compensation and shift out-of-pocket costs to patients. I understand reimbursement from the micro-level of a small group to the macro-level of RVU valuation at the AMA RUC, which I serve as ACEP's Alternate Representative. I am eager and uniquely equipped to serve. We must continue this multipronged fight and I am energized to fight on.

ACEP is the voice of our specialty and I bring a megaphone so that we can gather under the collective ACEP tent to amplify our voice such that we cannot be ignored. Often, I believe we act as a circular firing squad -- seeking the same goals through disparate messaging. I want to mend splintered relationships and unite all emergency physicians. We are stronger together.

We must denounce scope creep and protect our specialty from the encroachment of non-physician providers into inappropriate roles. Nurse practitioners and physician assistants can be part of a high-functioning ED team, but the ABEM/AOBEM physician is the quarterback and essential leader of the team. Period. We must explore EM attrition and future work force needs to ensure that we are not diluting our work force with the addition of unnecessary new residency programs.

ACEP must continue to advocate for supportive practice environments, transparency, due process, and fair contracts. Further, ACEP must ensure that we are a diverse organization and actively prevent healthcare inequities. We need to expand membership and improve awareness that ACEP dues are a fairly priced investment in you and your career. As initiator and co-course director for the ACEP/EMBC Indy class, we deliver the goods for those interested in starting, advancing, or maintaining their own independent ED group.

I am here to advocate on behalf of younger members whether they are new attendings or EMRA resident physicians, while bolstering the future of our specialty for medical students not yet within EM. I am ready to serve you. I am humbled by this opportunity and graciously ask for your vote to the ACEP Board of Directors. If I receive it, I shall continue advocating and working on the "4 corners" of ACEP essential for our success -- membership, reimbursement, work force and safety/wellness.

RE-ELECT

**JAMIE  
SHOEMAKER**

TO THE ACEP BOARD



**REIMBURSEMENT  
★ AND ADVOCACY ★  
CHAMPION!**



**JAMES L. SHOEMAKER JR., MD, FACEP**

**INCUMBENT ACEP BOD CANDIDATE**

**★ UNIQUELY POSITIONED! ★**

PARTNER AND QUALITY DIRECTOR IN  
AN INDEPENDENT, DEMOCRATIC EM  
GROUP

A CONFIDENT AND UNENCUMBERED  
VOICE TO REPRESENT OUR SPECIALTY,  
PATIENTS AND COLLEAGUES

AN ACTIVE LISTENER AND LEADER THAT  
ENGAGES OTHERS TO FIND SOLUTIONS

UNDERSTANDS THE NUANCES OF  
HEALTHCARE AS A BUSINESS AND THE  
CHANGING LANDSCAPE OF EM

A PROBLEM SOLVER AND SOLUTION  
MAKER

**★ COMMITTED TO ACEP ★**

CO-FOUNDER, INNOVATOR AND CO-  
COURSE DIRECTOR OF ACEP/EMBC  
INDEPENDENT EM GROUP MASTER CLASS

PAST IN. STATE CHAPTER PRESIDENT,  
COUNCILLOR AND CURRENT EX OFFICIO  
BOARD MEMBER

PROUD FELLOW OF ACEP

PROUDLY ENDORSED BY THE  
INDIANA STATE CHAPTER OF  
ACEP



**★ REIMBURSEMENT  
EXPERTISE ★**

TREASURER OF NATIONAL ACEP &  
MEMBER OF EXECUTIVE TEAM

PAST ACEP REIMBURSEMENT AND  
LEADERSHIP DEVELOPMENT PROGRAM  
FELLOW

SERVES AS ACEP'S ALTERNATE  
REPRESENTATIVE ON THE AMA RUC

EXPERTISE AND TRACK RECORD OF  
TACKLING REIMBURSEMENT ISSUES AT  
THE LOCAL, STATE AND NATIONAL LEVEL

INSTRUCTOR ON THE 2023  
DOCUMENTATION GUIDELINES

**★ ADVOCACY CHAMPION ★**

STRONG, IMPASSIONED AND EFFECTIVE  
COMMUNICATOR

**FOCUSED ON THE  
4 CORNERS OF ACEP AND EM:**

MEMBERSHIP  
REIMBURSEMENT  
WELLNESS  
WORK FORCE

**★ REIMBURSEMENT  
AND ADVOCACY ★  
CHAMPION!**

EMAIL: JSHOEMAKERMD@GMAIL.COM DIRECT CELL: (269)-267-3953



## JAMES L. SHOEMAKER JR., MD FACEP

14302 Southold Drive, Granger, IN 46530 | 269-267-3953 (cell) | jshoemakermd@gmail.com

### EDUCATION

Western Michigan University (formerly MSU/KCMS) – Kalamazoo, MI  
**Emergency Medicine Residency Training** 2004-2007

Indiana University School of Medicine – Indianapolis, IN  
**M.D. Allopathic Medicine** 2000-2004

Indiana University – Bloomington, IN  
**M.A. Physiology** 1998-2000

Thesis: “Oxygen-dependent binding of chloride to hemoglobin: The importance of the chloride shift in acid-base physiology.” Advisor: Henry Prange, Ph.D.

Dickinson College – Carlisle, PA  
**B.S. Biology** 1994-1997

Graduated *cum laude*

Transferred to Dickinson from Edinboro University of PA after Freshman year with full scholarship

### WORK EXPERIENCE

#### Elite Emergency Physicians, Inc. (EEPI)

**Partner and Attending Emergency Medicine Physician**  
**ABEM Board Certified in Emergency Medicine (renewal December 31, 2028)** 2007-present

Attending physician at Elkhart General and St. Joseph Hospital Emergency Departments in a small, democratic group of Emergency medicine physicians

**Member of the American College of Emergency Physicians (ACEP) Board of Directors** 2020-present

**Secretary/Treasurer American College of Emergency Physicians (ACEP) Board of Directors** 2022-present

**Chairman, Elkhart General Hospital Emergency Department** 2012-2016

Work to streamline ED processes including direct bedding, decreasing LWBS, patient throughput, departmental representation on committees, handling all QA concerns and complaints, maximizing Press-Ganey performance and many other tasks to allow for smooth ED operations. Served as Vice-Chairman of the ED throughout 2011.

**Chairman, Elkhart General Hospital ED Quality Assurance Committee** 2012-2016

Review all ED deaths, 72-hour returns and any quality or behavioral concerns brought to the committee or hospital's attention. Review charts to ensure the standard of care is met and provide feedback to providers and/or patients. Served on the committee from 2008-2011 before becoming Chairman.

**Committee Member, Elkhart General Hospital ED Quality Assurance Committee** 2008-present

**Committee Member, Elkhart General Hospital Stroke and Sepsis Committees** 2018-present

**Member of the Emergency Medicine Business Coalition** 2019-present  
Member of the Education committee. Work to ensure stability and success of democratic ED groups

**Medical Co-Director, Elkhart General Hospital Chest Pain Center** 2014-2017

Work to streamline EMS, ED and hospital processes for all patients presenting with typical and atypical chest pain. Standardize processes for patient's requiring urgent percutaneous intervention and cardiac rule-outs for acute coronary syndrome.

Implement best practices for all facets of coronary care from arrival to discharge, including aftercare.

**Management Team Member of EEPI**

**2012-2016**

Meet to discuss and act on the day-to-day operations of our multi-million-dollar Corporation. All facets of our dynamic group are discussed and acted upon by the Management Team for presentation to the Board of Directors by this Corporate Leadership group.

**Member of EEPI Compensation and Compliance Committees**

**2010-present**

This Corporate group meets to discuss Corporate compliance, chart audits, rules and regulations as well as pay structure and distribution. Address reimbursement issues and charting compliance.

**Member of Elkhart General Hospital Medical Executive Committee**

**2011-2016, 2019-present**

Represent the Emergency Department as Chairman on this vital committee that facilitates and manages the daily operations of the Hospital and Medical Staff.

**Trauma Committee and Trauma Quality Assurance Committee Member**

**2008-present**

Serve on this hospital committee to review all trauma deaths, transfers and procedures. Intimately involved with Elkhart General Hospital's roll-out of planning to become an ACS designated Level III Trauma Center. Review Trauma cases for Quality of Care under peer review processes. Serve as Trauma Liaison in ED. Serve as ED liaison for our Level III trauma center.

**Cardiovascular Services and Cardiovascular Services Quality Assurance Committee**

**2008-2013; 2015-present**

Serve on this hospital committee to review all Cardiovascular service line issues including, but not limited to, STEMI door-to-wire time, ECG interpretations, and CVS QI issues.

**ED Delegate for the EGH Cardiovascular Services Committee**

**2018-present**

Serve on this hospital committee to review all stroke patients presenting to the hospital for timely administration of thrombolytics or mechanical thrombectomy.

**President (2015-2016) and Ex Officio Board Member, Indiana ACEP Board of Directors**

**2010-present**

Serve on the Board for Indiana's chapter of the American College of Emergency Physicians. Intimately involved with State Chapter on issues germane to the practice of Emergency Medicine in IN and the Nation. Served as *Secretary Treasurer 2013-2014, Vice-President 2014-2015 and President 2015-2016*. Actively engage with state Legislator's to advocate on behalf of the specialty and the House of Medicine in Indiana.

**Councilor for Indiana ACEP at ACEP Scientific Assembly**

**2015-present**

Selected as one of allotted Councilors to represent IN ACEP at the National ACEP meetings. Councilors are responsible for synthesis, discussion and passage of ACEP's clinical guidelines, standing on issues of national importance and representing the interests of their state as voting members at Scientific Assembly.

**ACEP Council Reference Committee 'A' Member**

**2018**

Selected as one of the Reference committee members for ACEP SA 2018 Council meeting. Actively engaged in listening to Councilor testimony and discussing Resolutions as a committee for recommendations to the Council Speaker for council voting and Resolution outcomes. Selection is for one year only.

**National ACEP Reimbursement Committee Member**

**2015-**

**present**

Committee members actively participate in discussions with state Medicaid, HMO and PPO as well as National payors such as CMS and Medicare with billing and payment issues regarding emergency

medicine and access to care. Emphasis on prudent lay person standard, downcoding, and the No Surprises Act. Currently, serve as ACEP Board Liaison.

#### **National ACEP Coding and Nomenclature Advisory Committee**

**2019-present**

Committee actively involved in analyzing Medicare, Medicaid and 3<sup>rd</sup> party payor processing policies for Deviations from CPT principles; Track payor issues that impact reimbursement; monitor ICD-10 Implementation; advocate for EM issues via the AMA CPT construct; develop FAQs to support EM colleagues with up to date information; explore Alternative Payment Model constructs and other tasks. Currently, serve as ACEP Board Liaison.

#### **National ACEP Chapter Relations Committee**

**2015-2020**

Committee members actively participate in discussions state ACEP chapters and act as liaisons to National ACEP. Coordinate and responsible for the disbursement of grant funding to Chapters. Appointed Chairman in 2020.

#### **Chairman, National ACEP Chapter Relations Committee**

**2020**

Rotated off committee and as Chairman when elected to the ACEP Board of Directors

#### **Member St. Joseph County, IN Board of Health**

**2021-2023**

Appointed to the Board of Health as we deal with issues facing the public safety and health of my county.

#### **National ACEP Steering Committee**

**2019-2020**

Steering Committee members provide counsel to the speaker and vice speaker, provide leadership to councilors, coordinate the activities of the Council meetings, and develop policies, procedures, and resolutions as requested.

#### **Medical Co-Director, Elkhart County EMS Medical Co-Director**

**2010-2012**

Provided physician medical control and oversight of EMS Providers. Undertook complete revisions to EMS field protocols, provided QA feedback and educational opportunities.

#### **EEPI Director of Quality and Compliance**

**2016-present**

Director of Quality initiatives, peer review, evidence-based practice and performance metrics. Align group practice with ACEP Clinical Policies and Evidence-based practice. Compliance audits of charts. Representation for EM Legislative issues at the State and National level. Chair the EEPI QA Committee.

#### **Course Co-Director and Curriculum Innovator, ACEP/EMBC Independent EM Group Master Class**

**2022-present**

Developed a course for colleagues interested in cutting-edge best practices for EM practice management including leaders looking to bring their established EM group to the next level of sophistication, future leaders of established EM groups, engaged members of independent EM groups who want to stay informed, and leaders who are considering starting a new independent EM group.

#### **Indiana University School of Medicine Admissions Committee**

**2018-present**

Appointed to the IUSM Medical school Admissions Committee to interview and rank prospective students for admission to the IUSM.

#### **Indiana University School of Medicine Volunteer Clinical Faculty**

**2013-present**

Actively engaged in the Emergency Medicine clerkship education for the MS-IV IUSM students through direct patient contact, didactics and lectures. Help teach procedural skills to the medical students (intubation, suturing, ultrasound, cardioversion, ACLS and many others)

#### **ACEP Reimbursement and Leadership Development (RLDP) Fellow**

**2018-2020**

Selected from a pool of over seventy highly-qualified candidates as one of five RLDP Fellows. This outstanding opportunity is led by ACEP's Reimbursement Director, David McKenzie, CAE, and is a totally immersive experience to help us develop the

skills necessary to continue ACEP's essential roles in the reimbursement arenas with CMS, commercial payors, Medicaid, RVS Committee and many committees/arenas. Some issues include balance billing, physician fee schedules, RVS committee, CPT, ERISA and many other arenas. Serve on the ACEP/EDPMA joint task force.

**ACEP Alternate Representative for AMA/Specialty RVS Update Committee (RUC)**  
**present**

2019-

Selected as the Alternate Delegate for ACEP at the AMA Resource-Based Relative Value Scale (RBRVS) Update committee to serve the specialty of Emergency medicine and the House of Medicine as a whole in assignment and updates to the model used to pay physicians for services rendered for CMS. I also serve on multiple committees within the RUC structure. The 5 members of the RUC team represent all of EM at the AMA RUC.

**Member of AMA/Specialty RVS Update Committee (RUC) Research Committee**  
**present**

2021-

Selected as a RUC representative on the Research committee that is responsible for evaluating the processes uses by Medical societies in surveying their members to make RVU recommendations.

**PUBLICATIONS, PRESENTATIONS, LECTURES AND PAPERS**

*Multiple peer-reviewed publications, presentations, and lectures available upon request.*

*Peer reviewer and Editor for the ACEP/EMRA "Practice Essentials of Emergency Medicine" as well as "What Every EM Resident Needs to Know about Reimbursement."*

*Annual conferences attended: ACEP Scientific Assembly – ACEP Reimbursement and Coding – EDPMA Solution's Summit – ACEP LAC and multiple ACEP State Chapter meetings.*

**MEMBERSHIPS**

Fellow, American College of Emergency Physicians (ACEP)

*Ex Officio* Board of Directors Member and Past President of Indian ACEP Chapter

Member, American Medical Association

Member, EDPMA

EMRA Alumni Member

**REFERENCES**

*Available upon request*