American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

Board of Directors Candidates



American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2019 Board of Directors Candidates



Michael J. Baker, MD, FACEP

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



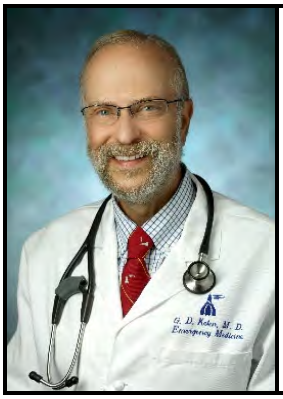
Jeffrey M. Goodloe, MD, FACEP

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Rachelle A. Greenman, MD, FACEP

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Gabor D. Kelen, MD, FACEP

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Pamela A. Ross, MD, FACEP

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Gillian R. Schmitz, MD, FACEP

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Ryan A. Stanton, MD, FACEP

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Thomas J. Sugarman, MD, FACEP

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American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Michael J. Baker, MD, FACEP

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

The President of ACEP leads the College and serves as the public face of ACEP, but it is the ability of the President to inspire others, to empower upcoming leaders, to communicate effectively, and to demonstrate a passion for emergency medicine that propels ACEP forward. While considering the suitability of Board candidates to serve as President, we must also remember that ensuring the future of Emergency Medicine requires expert navigation through shifting obstacles and issues. Therefore, the pool of potential future candidates for ACEP president must be diverse in knowledge, background, and skills so that we can choose a president best able to face expected challenges and react thoughtfully to unexpected ones. Any Board of Directors Candidate could become a future president of ACEP, and ACEP councilors should consider a Board candidate's potential to serve in the role of President during the election process.

In general, it takes 4-6 years for an ACEP Board member to refine the skills and assemble the knowledge needed to become a great candidate for ACEP president. By investing that time into a versatile Board, we will not only ensure an adequate talent pool from which to select a future President, but also provide a framework for the maturation of that President. Board members must learn from each other as they manage the business of the College, interact with other organizations and specialties, and advocate for the declared positions of the College. Board members must also work together to refine their ability to efficiently manage and delegate the enormous volume of issues that come before it. Serving on the Board provides the opportunity to impart a deep understanding of issues of critical importance to the future of emergency medicine such as fair reimbursement, EMS, workforce, inclusiveness, patient boarding, workplace violence, and new technologies. Therefore, in addition to a candidate's suitability for the Board, councilors should also consider which potential skills will need to be added or replaced in the upcoming years.

A successful Board candidate needs to be a potential future President. A successful Board candidate must be an experienced leader whose participation on the Board makes the College, Board, and President stronger and more resilient. Finally, a successful Board candidate strives to make good use of the close relationships, knowledge, and skills among elected Board members to fully develop many potential candidates for ACEP president.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

ACEP has always faced the challenge of ensuring all voices in emergency medicine are well represented. Finding gaps in our representation so that ACEP can be the organization representing all emergency physicians is challenging. However, with experienced leadership, we can meet this challenge.

We must continually seek out missing or underrepresented voices within ACEP by engaging with members, committees, and sections. As a member of the Leadership Diversity Task Force and the Diversity and Inclusion Task Force, I learned to identify roadblocks for ACEP members that needed to be dismantled within our organization. I will continue to do so if elected to the Board of Directors. Along with other task force members, we focused on removing barriers to leadership that might limit participation by some members. We must deliberately recruit influential voices to represent our specialty. According to AAMC Diversity Engagement Surveys, we still have room to improve the diversity of applicants to medical schools and emergency medicine residencies. At the first Diversity, Inclusion, and Health Equity Section meeting, I learned of emergency medicine residents that went into urban high schools to empower young students by teaching CPR and first aid. By encouraging pipeline programs such as this and the new ACEP *Until Help Arrives* educational program, we could connect emergency medicine with many more young students and inspire some of them to seek out our specialty as a potential career choice. Additionally, I would like to see more state chapters create medical student forums or interest groups to enhance their exposure to emergency medicine and mentorship opportunities before applying for residency applications.

Besides ensuring a diverse ACEP membership, each ACEP Board member must also be capable of representing a variety of practice environments. Through my involvement with the ACEP Council, National Chapter Relations Committee (NCRC), telemedicine, and mentoring of upcoming leaders, I have strived to learn about the challenges of many different practice environments. These environments include small emergency group practices, nationwide emergency groups, urban sites, rural sites, practices within low population states, and those within high population states. Through the NCRC, I reached out to chapter leaders to identify how ACEP could support them better and understand the need to advocate for improved ACEP resources to support ACEP chapters of all sizes. As a Board member, I will continue to seek out others that can help define the needs of a wide range of practice opportunities.

ACEP is often referred to as the "Big Tent" of Emergency medicine, and the only way to retain that title is to make a conscious effort to look for gaps in our representation and take steps to close them.

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

What is the value of emergency board certification when physicians without emergency medicine (EM) certification and advanced practice providers (APPs) care for emergency patients? In the 1990s, the closure of the practice track to EM board certification created a schism within emergency medicine between boarded and non-boarded emergency physicians. Meanwhile, ACEP promoted the value of EM board certification. Today, the notable use of advanced practice providers (APPs) and non-emergency boarded physicians has re-opened the divisive debate on whether emergency board certification is required to independently care for emergency center patients.

A provider who is not boarded in emergency medicine has neither standardized education nor a certification process in the care of emergency patients, yet we are seeing these providers take an independent role in caring for emergency patients. Emergency patients in the US are seen by a mix of both emergency physicians and non-emergency providers. An *Annals of Emergency Medicine* 2018 study revealed that emergency physicians provide two-thirds of the care delivered in the emergency center. Meanwhile, the remaining 33% of care was delivered by non-emergency physicians (family medicine and internal medicine) and by APPs.

It doesn't need to be this way. No other medical provider has the mastery of boarded emergency physicians in the evaluation, diagnosis, and management of acute care issues. ACEP has remained steadfast in its statement that the independent practice of emergency medicine is best performed by a boarded (or board eligible) emergency physician. Formal residency training and board certification have both been researched and improved over the decades. As a result, emergency medicine residencies and board certification remain integral to ensuring the quality of emergency care delivery. Never-the-less, physician shortages and market pressures have encouraged the use of other care providers in many emergency centers.

To prevent this divisive issue from growing into a schism, ACEP will need insightful leadership to navigate three significant areas. We must narrow the need for providers who are not boarded EM physicians, develop a collaborative environment with such providers, and explore the efficiencies of telemedicine. We can ensure a large, diverse emergency physician workforce by advocating for funding of additional residency training opportunities (especially in underserved areas), supporting board certification improvements, and fighting the causes of burnout that lead to early retirements such as burdensome documentation and the public undervaluing of emergency services by payors. Second, ACEP needs to review its existing practice policy statements and work with key organizations to ensure policies and practice models that support an evidence-based collaborative care environment with APPs, including training and certification recommendations. Lastly, ACEP needs to explore the potential for new technologies such as telemedicine and digital health to help emergency physicians efficiently collaborate in the care of an increasingly complex emergency patient population by maximizing the ability to digitally connect emergency patients, APPs, and non-EM physicians with EM boarded physicians.

With insightful ACEP leadership on this divisive issue, we will achieve the ideal of anything, anytime, anyone emergency care provided by a board-certified emergency physician for all emergency patients.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

CANDIDATE DATA SHEET

Michael J. Baker, MD, FACEP

Contact Information

3680 Creekside Dr
Ann Arbor, MI 48105
Phone: 732-657-7072 (cell)
E-Mail: mbaker911@gmail.com

Current and Past Professional Position(s)

- Director of Telehealth, EPMG/Envision (2014-present)
- Medical Director, Munson Healthcare Cadillac (2019-present)
- Clinical Assistant Professor, Michigan State University College of Osteopathic Medicine (2018-present)
- ED Informatics Representative, Clinical Excellence Committee, Trinity-Health (2018-present)
- Chief Executive Officer, CAREnQ Telemedicine Solutions LLP (2015-2018)
- Member, Telemedicine Clinical Quality Committee, St. Joseph Mercy Hospital (2015-present)
- Chairperson, Emergency Department Information Technology Committee, Trinity-Health (2012-present)
- Medical Director, St. Joseph Mercy Hospital Saline, Maple, Canton (2010-2018)
- Director, Quality Improvement, Saline Hospital (2007-2010)
- Cerner Physician Liaison, St. Joseph Mercy Hospital (2007-present)
- Adjunct Clinical Instructor, University of Michigan College of Medicine (2003-present)
- Director, Program in Ultrasonography, St. Joseph Mercy Hospital (2002-2015)
- Chairperson, CME Committee, St. Joseph Mercy Hospital (2002-2010)
- Core Faculty, University of Michigan/St. Joseph Mercy Hospital Emergency Medicine Residency (1998-present)
- Attending Physician, Saline Hospital Emergency (1998-2015)
- Attending Physician, St. Joseph Mercy Hospital, Ann Arbor, MI (1996- present)
- Attending Physician, Providence Hospital Emergency, Southfield, MI (1996-1998)
- Representative, House Officers Association, University of Michigan (1995-1996)

Education (include internships and residency information)

- University of Michigan, Ann Arbor, MI; BS received 1989
- Ohio State University, Columbus, OH; MD received 1993
- University of Michigan, Ann Arbor, MI; Residency in Emergency Medicine completed 1996

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.)

- American Board of Emergency Medicine (ABEM) – Continuously certified since initial certification in 1997

Professional Societies

- American College of Emergency Physicians (FACEP)
- Michigan College of Emergency Physicians
- American Medical Association
- American Telemedicine Association

- American Institute of Ultrasound in Medicine
- Michigan State Medical Society
- Greater Detroit Area Health Council

National ACEP Activities – List your most significant accomplishments

Diversity and Inclusion Task Force (2015-2018)

- As subcommittee chair, lead team in researching and recommending the dissemination of diversity and inclusion activities in EM that educates about bias and promotes cultural competence including recommendations for
    - Implicit Bias Training every 3 years for ACEP Board (2017 BOD session)
    - Creation of an ACEP Diversity & Inclusion Section with Board liaison (Diversity, Inclusion, and Health Equity Section)
    - Creation of diversity and inclusion section grant or chapter grant
    - Addition of demographic data to future ACEP membership surveys
- Identified and submitted articles to ABEM on diversity and inclusion for future LLSA activities

Diversity Leadership Task Force (2016-2018)

- Identified barriers to diversity in leadership and actively implemented enduring solutions including council resolutions, formal recognition of the Leadership Development Advisory Group, election campaign rules, and annual award recommendations

National Chapter Relations (2013-present)

- Actively participated in the submission, review, and approval of chapter grants
- As subcommittee chair, identified and implemented leadership development opportunities including
    - Chapter forum topics
    - LAC leadership day topics
    - Sharing of state chapter leadership resources
    - Update Chapter Leadership resource web page

Council Steering (2018-19)

- Successfully served as subcommittee chair for the Annual Meeting Subcommittee
    - Planned annual council meeting
    - Reviewed ACEPs progress on past council resolutions

Telemedicine Section (2013-present)

- Authored multiple sections of section grant project examining quality measures in emergency telemedicine.
- Represented ACEP at the 2019 TelEmergency summit, New Orleans, LA.
- Connected past Ultrasound Section chair with Telemedicine section chair to aid in strategic planning due to similarities with implantation of new technologies

ACEP Chapter Activities – List your most significant accomplishments

Awards

- Ronald R Krome, MD Meritorious Service Award (2016) – "The recipient's personal leadership attributes will include one, but not limited to one of the following examples: Inspirational, Innovative, Diplomatic, Planner, Organizer, Manager/Administrator, Arbitrator, Consensus Maker, and Decision Maker"
- Chapter Service Award (2004)

President & Board of Directors/Executive Committee (2004-2010, 2012-2015)

- Successfully led a team to fight off a "three strikes rule" in Michigan by facilitating MCEP's participation in a year-long, legislature-appointed expert panel on high-utilizers and a consensus report to the state legislature.
- Created strategic planning process for committee chairs, Fostered new leader development through committee structure improvements.
- Guided college through loss of key staff member which resulted in a temporary limitation of resources.

Education chair (2009-2013)

- Guided multiple conference directors in creating multiple CME conferences in a variety of locations
- Streamlined CME development and application process
- Rebuilt annual conference from low of 40 participants to over 100 registrants
- Implemented process for reviewing and improving the sustainability of conferences

Newsletter Editor (1998-2005)

- Redesigned publication, added case studies to allow young physicians to have interesting cases published, added on-line publishing

Technology Task Force (2000-2005)

- Created and maintained original web site and e-mail addresses for MCEP
- Lead recommendations for purchase of member management system

Practice Profile

Total hours devoted to emergency medicine practice per year: **2080+** Total Hours/Year

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

Direct Patient Care **30** % Research **0** % Teaching **10** % Administration **60** %

Other: Administration includes Dir. of Telehealth, Site Medical Director, and Informatics **--** %

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

I have practiced for 23 years in a variety of clinical setting from small, rural locations to high volume, urban emergency centers, all with the same emergency physician group. Currently, I am employed with a nationwide, privately-held contract management group in both clinical and leadership/administrative roles. I see patients at two main sites, an 80K ED (Level 1 trauma center, part of a large, national, multi-hospital health system) and a 100K ED (Level 1 trauma center, part of an academic university) with occasional shifts at a 35K hospital-owned urgent care center.

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.

Defense Expert 0 Cases **Plaintiff Expert 0 Cases**

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CANDIDATE DISCLOSURE STATEMENT

Michael J. Baker, MD, FACEP

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

Employer: EPMG – An Envision Physician Services Company

Address: 2000 Green Rd

Ann Arbor, MI 48105

Position Held: Director of Telehealth and Managing Partner

Type of Organization: None

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: Michigan College of Emergency Physicians

Address: 6647 W. St. Joseph Highway

Lansing, MI 48917

Type of Organization: ACEP State Chapter

Duration on the Board: 13 years

Organization: CAREnQ Telemedicine Solutions, LLP

Address: 2000 Green Rd

Ann Arbor, MI 48105

Type of Organization: Telemedicine LLP

Duration on the Board: 4 years (ended 2018)

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE

☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE
☐ If YES, Please Describe:

5. 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:

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Michael J Baker, MD, FACEP Date May 23, 2019

MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS

6647 West St. Joseph Highway ♦ Lansing, Michigan 48917 ♦ 517-327-5700 ♦ FAX 517-327-7530 ♦ mcep@mcep.org

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American College of
Emergency Physicians

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www.mcep.org

46th Michigan EM Assembly
July 28 – 31, 2019
Grand Hotel
Mackinac Island, MI

Dear Fellow Councillors:

It is with great pleasure that the Michigan College of Emergency Physicians and the Diversity, Inclusion and Health Equity Section endorse Michael Baker, MD, FACEP for a position on the ACEP Board of Directors.

Mike served with distinction as a member of MCEP's Board of Directors for twelve years. He was President of our Chapter from 2013-14, at which time he brought the College through an internal crisis. He successfully fought off an attempt to bring the "three strikes rule" to Michigan and brought national leaders into the conversation with the Michigan Department of Community Health to create a report to the legislature listing the reasons for high utilization of the emergency center by select populations. He has been a strong supporter of the MCEP Leadership and Development program and education programs. He continues his involvement as a valuable member of the College, remaining active on our Education Committee.

In addition to his work at the state level, Mike has been a tremendous asset to national ACEP. He has been active in ACEP leadership, Chapter support, as well as the ACEP Council, where he has served as a Councillor for nine years. He was appointed to help lead diversity and inclusion efforts through participation on both the ACEP Diversity and Inclusion Task Force and the ACEP Leadership Diversity Task Force. As a member of these task forces, he helped create council resolutions, enhanced the council campaign rules, supported the founding of the ACEP Diversity, Inclusion and Health Equity Section, and supported the development of an online implicit bias training activity. He also served on the diversity panel presented at LAC.

As a member of the National Chapter Relations Committee, he has been supporting chapter needs and identifying topics, speakers, and format recommendations for LAC lectures and Chapter leadership sessions. At the ACEP Council, he has actively served on reference committees, the Tellers Committee, and the Council Steering Committee, which has allowed him to cultivate successful relationships with current and past leaders. With each endeavor, Dr. Baker has built upon and proven his ability to lead by his determination and dedication to strengthening the future of ACEP.

In addition to these activities, he is a full-time active clinician and engaged academically at the University of Michigan/St. Joseph Mercy Hospital residency program. Furthermore, Dr. Baker, as the Director of Telehealth for his medical group, continues to look ahead to the future of emergency medicine and explore how technology can assist the specialty in reaching new heights.

I would respectfully ask that you join our Chapter and the Diversity, Inclusion and Health Equity Section in support of the election of Michael Baker, MD, FACEP, to the Board of Directors of the American College of Emergency Physicians.

Regards,

Rami Khoury, MD, FACEP
President, MCEP

Andrea Green, MD, FACEP
Chair, Diversity, Inclusion and Health Equity Section

Michael J. Baker, MD, FACEP

Dear Councillors,

Organizations are not static, but they change and go through phases – birth, growth, and renewal. ACEP was born in 1968 out of the necessity to support and improve emergency care throughout the country. It grew in both size and scope for decades. ACEP renewed itself with each new milestone that challenged the practice of emergency medicine. These included EM specialty recognition, board certification, EM Residencies, EMTALA, bedside ultrasound, CEDR, and much more. Today, new milestones place ACEP at yet another crossroads for renewal, which will require leadership that is innovative, focused, and diverse.

Emergency medicine physicians and the patients we serve face many high-profile challenges that affect the foundations of emergency medicine, including issues of reimbursement, workforce, and care delivery. The price-setting legislation proposed by recent attempts to fix the surprise billing issue is a significant assault on the sustainable practice of emergency medicine. Without ACEPs efforts to include reasonable concessions, such as independent binding arbitration, pending legislation would have placed patients at risk and produced drastic economic concerns for physicians. Meanwhile, many emergency centers, including rural and critical access sites, are struggling with financial viability and workforce needs. ACEP needs to develop resources for these at-risk sites to ensure access to ABEM board-certified staffing, ongoing education, and new skills training. Additionally, the growing reliance on advanced practice providers in the ED necessitates the development of recommendations for physician collaboration so that boarded emergency physicians remain the independent practitioner of choice. The shift to population health is rapidly driving innovations in telemedicine to deliver emergency care at a distance (TelEmergency), care coordination to better connect patients with growing outpatient resources including remote monitoring, and new advanced payment models. The Acute Unscheduled Care Model (AUCM) is gaining traction thanks to the efforts of many within ACEP. CMS is even looking at how patients arrive at the emergency center through the Center for Medicare and Medicaid Innovations Emergency Triage, Treat, and Transfer (ET3) model for EMS systems.

As a member of the ACEP Board of Directors, I will provide a unique perspective and skillset required to take on these and other milestones for ACEP members. I will ensure that that the College delivers value to its members by preparing for future challenges while providing support for today's needs. I have demonstrated my abilities within ACEP and other institutions. As a member of the Leadership Diversity Task Force and the Diversity and Inclusion Task Force, I learned to identify and dismantle roadblocks for ACEP members that limit participation or advancement. With my work leading the National Chapter Relations Committee objectives, we began addressing the needs of chapters, including those of small and medium chapters in training future leaders. As a health system leader, I've successfully attained hard-to-reach goals of large health system committees, including optimizing information technology and improving care quality through standardization.

ACEP leadership must be prepared to grow and renew the organization while ensuring the resources tools and support needed to provide care in an equitable, diverse, safe, and supportive environment.

Michael J Baker, MD, FACEP

Board of Directors Candidate

The Michigan College of Emergency Physicians and

The Diversity, Inclusion, and Health Equity Section

Proudly Endorses

MICHAEL BAKER, MD, FACEP



Candidate for ACEP Board of Directors

ACEP LEADERSHIP:

- ACEP Council Steering
- Subcommittee Chair – National Chapter Relations
- Telemedicine Section
- Diversity and inclusion Task Force
- Leadership Diversity Task Force
- Councilor – Michigan Chapter for 9 Years
- Past-President – Michigan Chapter
- ABEM Diplomat, Clinician, Medical Director, Telemedicine Director, Informatics Lead
- Core Faculty in Emergency Medicine Program

MEMBERSHIP:

- American College of Emergency Physicians (FACEP)
- Michigan College of Emergency Physicians
- American Medical Association
- American Telemedicine Association
- American Institute of Ultrasound in Medicine
- Michigan State Medical Society
- Greater Detroit Area Health Council

ABOUT ME

As a member of the Board of Directors, I will dedicate my leadership and innovation skills to enhancing the value of the College in meeting the significant challenges facing practicing emergency physicians. It is imperative that the College deliver the resources, tools, and support necessary to enable our members to provide access to care for all those who seek it, while allowing our members to practice in a fair, equitable, safe, and supportive environment.

MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS

INNOVATIVE, PROVEN, FOCUSED, DEDICATED LEADER WITH A COMMITMENT TO FULFILLING THE PROMISE OF EMERGENCY MEDICINE – ANYONE, ANYTHING, ANYTIME.

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2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Jeffrey M. Goodloe, MD, FACEP

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

No. Candidates for the ACEP Board of Directors must be elected on their willingness and ability to humbly do the work, present and future, that best serves ACEP members and their patients.

We should be suspect of candidates that already identify an intent to become a future ACEP President. Such early intent reflects focus on self, rather than on others. Any officer position on the ACEP Board of Directors represents an opportunity to provide additional service unique to that role. An officer position, including ACEP President, should not be the "destination" of ambition. Ardent service must always be the foremost goal.

In the process of serving through teamwork on the ACEP Board of Directors, an individual director may in time identify desire to commit to an officer position. Then, and only then, it is appropriate for one's colleagues on the Board to discern that individual's skill set and potential value as Secretary/Treasurer, Vice President, or Chairman of the Board. Subsequently, and consistent with its vital role, the Council determines which Board member is best suited to serve as ACEP President.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

Current diversity in viewpoints among ACEP members is unparalleled in the history of the College. Representing emergency physicians translates specifically to advocating for emergency physicians. Effective advocacy for emergency physicians is built upon understanding, tolerance, and respect for each of us.

I'm now 21 years post emergency medicine residency. Throughout my journey of growth as an emergency physician, I've been taught by generalists, other specialists, non-EM residency trained/EM boarded faculty and EM residency trained/EM boarded faculty. These mentors, teachers, and colleagues are of varying genders, ethnicities, religious beliefs, and as diverse in interests as imaginable. I've learned valuable medical and life lessons from them all.

I've worked in multiple practice settings from a rural/small suburban community hospital, with its 16 bed ED to an inner-city tertiary referral hospital with an annual ED census soaring past 100,000 patients. I've also worked at larger suburban and even urban hospitals that many assumed were "nice little places to practice emergency medicine" where my partners and I each routinely saw 4-5 patients/hour throughout 10+ hour shifts, many with patient acuities requiring invasive airway management, central lines pre-routine ultrasound guidance, and trauma/STEMI/stroke/sepsis teams all comprised of one emergency physician, 2 nurses (if we were lucky), and 1 respiratory therapist (maybe). For the past several years, I've been fortunate to share the benefits of these experiences, teaching fellows, residents, and medical students in the base hospital for an EM residency, while still learning emergency medicine advances daily, and conducting research in a historically medically underserved state.

Also, as an emergency physician, I've built upon my love for pre-hospital care I discovered as a paramedic in college and medical school. I've served in EMS for 31 years, 23 of those as a medical oversight physician, currently the clinical leader for over 4,000 credentialled professionals in the metropolitan Oklahoma City and Tulsa areas. I also find professional fulfillment in serving in special events medical planning and on-site coverage, including many NASCAR and IndyCar events as well as law enforcement tactical missions.

Each of these roles – bedside clinician, teacher, researcher, EMS medical oversight leader, special mission clinician - has at its core *being an emergency physician*. Throughout it all, I have been active in advocacy and service in state and national ACEP.

If you identify yourself with any of the above, I can effectively help represent you. If you don't, I'm sincerely willing to listen to you so I can better understand and inculcate your perspectives. If we differ in viewpoint, it is my opportunity to learn *your* understanding and beliefs about the issue. I will always have a deep respect for your beliefs and will want to understand how you formed them. Further, in representing the College, I will be faithful to representing members' views, even when they differ from my own. Where consensus exists, I will represent it. Where disparate views are tangible, I will reflect that spectrum, both in internal communications and external advocacy.

Do we all have continual challenges? Yes. Can we find the answers *together*? Yes. Between our dates of birth and death, we all have a dash. Emergency physicians make positive differences with those dashes. Part of my positive difference is a sincere desire to represent and serve you as a member of the ACEP Board of Directors.

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

I am concerned about the potential threat to civility and decorum within our College given we are increasingly exposed to ad hominem thoughts, commentary, and actions occurring in our larger society. Divisiveness itself may become the single most divisive dynamic within ACEP. We may not achieve, or even need, a formal policy on every issue that catches our attention. The manner with which we responsibly navigate our deliberations, respecting one another, being inclusive in more than words, sincerely valuing one another…the future of our College depends upon us doing so.

Firearms injuries. Gun violence. Responsible gun ownership. These phrases bring immediate emotions palpably disparate within society, which are reflected within our College. Disparity can, and often does, foster divisiveness. A trusted colleague advised, "You'll be okay in your Board candidacy as long as you stay away from firearms." Just two weeks later, I was asked a pointed question regarding gun violence. My approach to addressing this and other divisive issues as a candidate for your Board of Directors is clear. I cannot and *will not* avoid issues that so critically affect our patients and practices, particularly those that engender strong opinions from our members.

As one ACEP member, I certainly am not going to resolve such a complex issue with a few words. Surely, as emergency physicians, we can work to a point of consensus, with due concern about gun-related violence while advocating for evidence-based injury prevention, based upon scientifically valid research. As an elected ACEP Board member, I will actively engage in consensus-building on this and other polarizing issues affecting our patients, all of us, and society as a whole.

First, for ACEP to pursue formal policy on any issue, the issue must impact the health of our patients or be of legitimate interest to the practice of emergency medicine and emergency physicians. Regardless of facility size or one's practice setting, most emergency physicians manage preventable gunshot wounds. Clearly, violence involving firearms *is* an issue for us and our patients.

Second, ACEP must utilize non-biased data when constructing formal ACEP policy. Even casual consumers of media in any of its forms can be inundated with a dizzying volume of statistics regarding firearms – strongly pro, strongly con, and everywhere in between. ACEP leaders must use credible resources to parse related data carefully, exclude biased research, discard vitriolic rhetoric, confirm valid research, and advocate for research in unvetted areas of importance.

Third, ACEP must act transparently when developing formal policy. Lack of transparency begets lack of confidence begets loss of trust.

Using these tenets in drafting policy, the Board of Directors can then act responsibly in representing members.

Whether firearms injury prevention, gender-related pay and opportunities, contract management group impacts, board certification requirements, or any of the other myriad issues where opinions can vary widely, we must always remember we are *all* emergency physicians. We must genuinely respect one another, listening with an open mind, valuing the commitments each of us makes to our specialty and to humanity.

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ADVANCING EMERGENCY CARE

CANDIDATE DATA SHEET

Jeffrey M. Goodloe, MD, FACEP

Contact Information

3720 E 99th PL, Tulsa, OK 74137 (Home)
Phone: 918-704-3164 (Cell)
E-Mail: jeffrey-goodloe@ouhsc.edu (Work); jeffreygoodloe911@gmail.com (Personal/ACEP)

Current and Past Professional Position(s)

Attending Emergency Physician – Hillcrest Medical Center Emergency Center – Tulsa, OK
Professor of Emergency Medicine; EMS Section Chief; Director, OK Center for Prehospital & Disaster Medicine
University of Oklahoma School of Community Medicine – Tulsa, OK
Chief Medical Officer, Medical Control Board, EMS System for Metropolitan Oklahoma City &Tulsa, OK
Medical Director, Oklahoma Highway Patrol
Medical Director, Tulsa Community College EMS Education Programs
Item Writer, EMS Examination & EMS LLSA, ABEM

Past Positions
Attending Emergency Physician – St. John Medical Center – Tulsa, OK
Attending Emergency Physician – Saint Francis Hospital Trauma Emergency Center – Tulsa, OK
Attending Emergency Physician – Medical Center of Plano – Plano, TX
Medical Director, Plano Fire Department – Plano, TX
Medical Director, Allen Fire Department – Allen, TX

Education (include internships and residency information)

EMS Fellowship – University of Texas Southwestern Medical Center at Dallas (1998-99)
Emergency Medicine Residency – Methodist Hospital of Indiana/Indiana Univ School of Medicine (1995-98)
Indianapolis, IN
The Medical School at University of Texas Health Science Center at San Antonio (1991-95)
Baylor University – Waco, TX (1987-91)

MD - 1995

Specialty Board Certifications (e.g., ABEM, AOBEM, AAP, etc.)

ABEM Emergency Medicine Initial Certification 1999, Recertification 2009, All MOC components met for 2019
ABEM EMS Medicine Initial Certification 2013, All MOC components current

Professional Societies

ACEP member since 1991 (medical student, resident, fellow, active, FACEP)
OCEP (Oklahoma College of Emergency Physicians – State ACEP Chapter)
NAEMSP (FAEMS)
ACHE
Prior memberships in Texas College of Emergency Physicians, Indiana ACEP Chapter, AMA, Oklahoma State
Medical Association, Tulsa County Medical Society, SAEM

National ACEP Activities – List your most significant accomplishments

Member, Council Steering Committee, ACEP Council
Chair, Reference Committee, ACEP Council
Member, Reference Committee, ACEP Council
Councillor, Oklahoma College of Emergency Physicians
Councillor, EMRA
Chair, EMS Committee
Member, EMS Committee
Member, Bylaws Committee
Member, Internal & External Membership Committee Taskforces

ACEP Chapter Activities – List your most significant accomplishments

President, Oklahoma College of Emergency Physicians
Vice-President, Oklahoma College of Emergency Physicians
Councillor & Board Member, Oklahoma College of Emergency Physicians

Practice Profile

Total hours devoted to emergency medicine practice per year: **2750** Total Hours/Year

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

Direct Patient Care **50** % Research **5** % Teaching **10** % Administration **35*** %

Other: ***predominantly EMS medical oversight** ____ %

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

I am employed full time by the University of Oklahoma School of Community Medicine. My roles include serving as medical school faculty as a professor of emergency medicine and clinically as an attending faculty physician in the Hillcrest Medical Center Emergency Center (Comprehensive Stroke Center, full-service cardiovascular institute site – including ECMO and VAD surgeries, Level III Trauma Center, regional burn center for geographical areas of four states, Level III NICU) supervising residents in Emergency Medicine, Internal Medicine, Family Medicine, OB/GYN, fellows in Pediatric Emergency Medicine, and medical students. The University of Oklahoma Department of Emergency Medicine faculty partially staffs four emergency departments in Tulsa and Oklahoma City, employing a university academic group/private group collaborative structure. I am staff credentialed at Hillcrest Medical Center in Tulsa, the base hospital for the EM residency, though I have been staff credentialed in prior years at two other teaching hospitals in Tulsa. I also serve as the Chief Medical Officer for the EMS System for Metropolitan Oklahoma City and Tulsa, clinically leading over 4,000 credentialled EMS professionals working in an ambulance service, fire departments, law enforcement agencies, industrial emergency response teams or emergency communications centers. I further serve as a tactical emergency physician and Medical Director for the Oklahoma Highway Patrol, responding on emergency tactical missions across the entire state. Additional practice roles include special events medical support planning for metropolitan Oklahoma City and Tulsa, motorsports medical support (on-site track physician) for NASCAR and IndyCar events in Ft. Worth, Texas, and as an educational program medical director for EMT and Paramedic education at Tulsa Community College. I also frequently lecture at national educational meetings, such as the NAEMSP Annual Meeting, EMS State of the Science – A Gathering of Eagles, EMS Today, and Emergency Cardiovascular Care Update.

Expert Witness Experience (I am interpreting such as courtroom testimony – JG)

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.

Defense Expert 1 Cases **Plaintiff Expert 0 Cases**

CANDIDATE DISCLOSURE STATEMENT

Jeffrey M. Goodloe, MD, FACEP

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

Employer: University of Oklahoma School of Community Medicine

Address: Department of Emergency Medicine, 1145 S Utica Ave, 6th Floor

Tulsa, OK 74104

Position Held: Professor; EMS Section Chief; Director – OK Ctr for Prehospital/Disaster Med

Type of Organization: Medical School

2. Board of Directors Positions Held – *List organizations and addresses for which you have served as a board member. Include type of organization and duration of term on the board.*

Organization: Oklahoma College of Emergency Physicians

Address: No physical office address for OCEP – Executive Director is Gabe Graham

gabegraham11@gmail.com

Type of Organization: State Chapter of ACEP

Duration on the Board: Since 2007 continuously and currently

Organization: Emergency Medical Services Authority

Address: 1111 Classen Blvd

Oklahoma City, OK 73103

Type of Organization: Public Utility Model Ambulance Service

Duration on the Board: Ex-officio as Medical Director since 2009 continuously and currently

Organization: Emergency Medicine Residents Association

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: Professional medical association

Duration on the Board: 1995-1998

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE
☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE
☐ If YES, Please Describe:

5. 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.

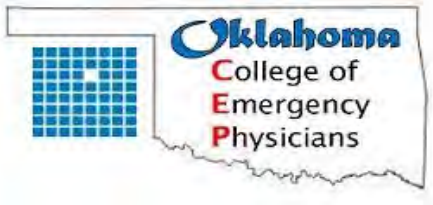
☒ NONE
☐ If YES, Please Describe:

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Jeffrey M. Goodloe, MD Date June 9, 2019



August 1, 2019

Re: Endorsement for Jeffrey M. Goodloe, MD, FACEP for the ACEP Board of Directors

Dear Councillors

On behalf of the Oklahoma College of Emergency Physicians, I write to enthusiastically endorse the current Oklahoma Chapter President, Dr. Jeffrey M. Goodloe, for the ACEP Board of Directors.

Dr. Goodloe is already well known nationally within ACEP, starting prior to his EMRA presidency in the late 1990s. He is an active councillor, with service on the Council Steering Committee and Reference Committees, including chairing a 2012 Reference Committee. He is active in advocacy activities at the federal level, respected among Oklahoma's US Representative and Senators. Dr. Goodloe is an active promoter of our specialty's future through support of the Emergency Medicine Foundation and recruitment of ACEP members to join him in the Wiegenstein Legacy Society. He is a voice trusted by ACEP leaders, including multiple ACEP presidents, evidenced in part by a two-year term as Chair of the EMS Committee and appointments to the Bylaws Committee.

Dr. Goodloe has effectively led the Oklahoma College of Emergency Physicians as a Board Member since 2007 and as President since 2016, helping lead a resurgence in activity and interest at our local level.

Dr. Goodloe moved to Tulsa in the Summer of 2007 and was promptly elected to our Board of Directors as a councillor, in part due to his experience and expertise representing EMRA for several years on the ACEP Council and his activity within the Texas College of Emergency Physicians. Dr. Goodloe has represented us well throughout the years, helping our councillors understand the history behind many resolutions and the intricacies often involved when contemplating the full impact of resolutions on ACEP members. He is a consummate team player and leader--encouraging involvement of any OCEP member willing to serve and mentoring younger members. OCEP membership is growing in significant part due to Jeff Goodloe's dynamic vision to make OCEP more effective, more tangible, and more fun!

Dr. Goodloe leads our federal legislative action arm, yet remains very active with our state legislative priorities, including testimony at the Oklahoma State House. He formed a coalition of medical specialists, including emergency physicians, internists, stroke neurologists, and EMS professionals to oppose a problematically worded stroke care bill. This coalition was able to effectively work with the American Stroke Association and Oklahoma legislators to craft a bill that truly strengthens stroke care capabilities for Oklahomans, from first medical contact by EMTs and paramedics to Emergency Department care, carrying through to inpatient and rehabilitation therapies. Without Dr. Goodloe's

President
Jeffrey M. Goodloe, MD, FACEP

Vice-President
James Kennedye MD, MPH, FACEP

Treasurer
Timothy Hill, MD, PhD, FACEP

BOARD
Miranda Phillips, DO, FACEP
Lance Watson, MD, FACEP
Dana Larson, MD, FACEP
Cecilia Guthrie, MD, FACEP
Craig Sanford, MD, FACEP
Jeffrey Johnson, MD
Juan Nalagan, MD, FACEP
Carolyn Synovitz, MD, MPH, FACEP

Executive Director
Gabe Graham, CPA gabegraham11@gmail.com

timely actions and leadership, Oklahoma would not have the stroke legislative remedies our patients enjoy today.

Dr. Goodloe most recently activated OCEP membership to stand ready to oppose a last-minute state legislative session bill that would have banned out-of-network/balance billing by Oklahoma's emergency physicians. Based in part upon perceived strong opposition by emergency physicians and EMS professionals, Oklahoma's Insurance Commissioner influenced the withdrawal of the bill.

Dr. Goodloe is a wise steward of OCEP finances and consistently accomplishes proposed events and initiatives under budgetary targets.

Simply put, OCEP enjoys—at the local level--the same committed, vibrant leadership that Dr. Goodloe brings to national ACEP.

We are certain that Dr. Goodloe would verify the above, though reluctantly, given his modest, servant-oriented leadership style. You, and ACEP, will not find a more giving, humble leader with unquestionable integrity and ethics.

In closing, OCEP respectfully and strongly encourages the ACEP Council to elect Jeffrey M. Goodloe, MD, FACEP to the ACEP Board of Directors.

Kindest professional regards,

James R. Kennedye, MD, MPH, FACEP
Vice-President, Oklahoma College of Emergency Physicians

President
Jeffrey M. Goodloe, MD, FACEP

Vice-President
James Kennedye MD, MPH, FACEP

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Carolyn Synovitz, MD, MPH, FACEP

Executive Director
Gabe Graham, CPA gabegraham11@gmail.com

Jeffrey M. Goodloe, MD, FACEP

Fellow councillors, colleagues, and friends, I am Jeffrey Goodloe. I'm honored and incredibly excited to be a candidate for the ACEP Board of Directors.

Many emergency physicians are disenchanted with government and healthcare industry leaders. This is decidedly not the time to lose momentum in what we believe best advances our beloved specialty. We and our patients deserve good leaders. Energized leaders. Enthusiastic leaders. Ethical leaders. Servant leaders. Strong leaders. Vocal leaders.

Current diversity in viewpoints among ACEP members is unparalleled in the history of the College. Representing emergency physicians translates specifically to advocating for emergency physicians. Effective advocacy for emergency physicians is built upon understanding, tolerance, and respect for each of us.

I'm now 21 years post emergency medicine residency. Throughout my journey of growth as an emergency physician, I've been taught by generalists, other specialists, non-EM residency trained/EM boarded faculty and EM residency trained/EM boarded faculty. These mentors, teachers, and colleagues are of varying genders, ethnicities, religious beliefs, and as diverse in interests as imaginable. I've learned valuable medical and life lessons from them all.

I've worked in multiple practice settings from a rural community hospital, with its 16 bed ED to an inner- city tertiary referral hospital with an annual ED census soaring past 100,000 patients. I've also worked at suburban hospitals that many assumed were "nice little places to practice" where my partners and I each routinely saw 4-5 patients/hour throughout shifts, many with patient acuities requiring invasive airway management, central lines and trauma/STEMI/stroke/sepsis teams all comprised of one emergency physician, two nurses (if we were lucky), and a respiratory therapist. For the past several years, I've been fortunate to share the benefits of these experiences, teaching fellows, residents, and medical students in an EM residency program, while still learning emergency medicine advances daily, and conducting research in a medically underserved state.

Also, as an emergency physician, I've built upon my love for pre-hospital care discovered as a paramedic in university and medical school. I've served in EMS for 31 years, 23 of those as a medical oversight physician, currently the clinical leader for over 4,000 credentialled professionals in the metropolitan Oklahoma City and Tulsa areas. I also find professional fulfillment in serving in special events medical planning and on-site coverage, including many NASCAR and IndyCar events as well as law enforcement tactical missions.

Each of these roles – bedside clinician, teacher, researcher, EMS medical oversight leader, special mission clinician - has at its core *being an emergency physician*. Throughout it all, I have been active in advocacy and service in state and national ACEP.

If you identify yourself with any of the above, I can effectively help represent you. If you don't, I'm sincerely willing to listen to you so I can better understand and inculcate your perspectives. If we differ in viewpoint, it is my opportunity to learn *your* understanding and beliefs about the issue. I will always have a deep respect for your beliefs and will want to understand how you formed them. Further, in representing the College, I will be faithful to representing members' views, even when they differ from my own.

Where consensus exists, I will represent it. Where disparate views are tangible, I will reflect that spectrum, both in internal communications and external advocacy.

Do we have continual challenges? Yes. Can we find answers *together*? Yes. Between our dates of birth and death, we have a dash, figurative and literal. Emergency physicians make positive differences with our dashes. Part of my positive difference is a sincere desire to represent and serve you as a member of the ACEP Board of Directors.

JEFFREY M. GOODLOE, MD, FACEP

For ACEP Board of Directors

Accountable
service
Consensus
builder
Enthusiastic
commitment
Proven
leadership



Council Steering Committee Member
Council Reference Committee Chair
EMS Committee Chair
State Chapter President & Councillor
Past EMRA President & Councillor

Proudly endorsed by:

Oklahoma College of Emergency Physicians

Jeffrey M. Goodloe, MD, FACEP

1145 S. Utica Ave, Suite 600 | Tulsa, OK 74104 |918-704-3164 (Cell)

jeffrey-goodloe@ouhsc.edu

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2019 COUNCIL OFFICER CANDIDATE WRITTEN QUESTIONS

Rachelle A. Greenman, MD, FACEP

Question #1: Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?

The short answer to this question is that all board candidates should absolutely be suitable to run for president. That is, there are certain minimum criteria that any candidate for board or president should fulfill. These include Fellowship status, ABEM certification, proven leadership qualities and service to the college. But not every board candidate is going to possess the traits that are required to be president. The president must be the public spokesperson and advocate for ACEP and our profession, be available to travel with little notice and have the ability to maintain a rigorous and demanding schedule. Not all have this sort of professional or personal flexibility.

Obviously, all of the presidential candidates must have served on the board but not every board member runs for president. Certainly one can be an outstanding contributor to the board but not possess the qualities that make a great president. Being good at one job doesn't necessarily mean that one will have what it takes to do another. The president must be able to inspire, motivate, mentor and direct. The qualities needed to roll up ones sleeves and do the heavy lifting that is done by the board are not necessarily the same ones that translate to those required of a president.

The talents of our board members are diverse and impressive, each excelling in different areas and contributing in their own way. However, not every board member aspires to be president. I am sure there are board candidates that run for board intent on eventually becoming president. Others may view a seat on the board of directors as their final goal, with no ambition to run for president. By the time a board member considers a run for the presidency they are usually in their second term and have successfully weathered two elections and most certainly evolved as a person and a leader.

As we are all well aware, things often change in our lives. What once seemed untenable and out of reach, becomes an exciting challenge worthy of pursuit. It is conceivable to me that one may start out not feeling suitable for the presidency and then over the next four or five years grow into the role, working on weaknesses, identifying new strengths, and finding one's voice. As Vince Lombardi said, "Leaders are made, they are not born."

On the surface this seems to be a simple question with a straightforward answer. But really it's much more complicated. Suitability is different from intent or desire and does not necessarily consider appropriateness. While the quick answer to this question is "Yes, all board candidates should have checked off the boxes that would be required of a presidential candidate." In reality the answer is "Well, not so fast, maybe the answer is no, not necessarily." Much more goes into consideration for a position than just fulfilling certain requirements. There are many qualities that we want our president to possess that aren't necessary to be a successful and productive board member. I believe our board would suffer and lose a great deal of talent if we eliminated any potential candidates who were not, at least initially, "presidential." In any given year there are always several board members who prefer to keep a lower profile and work "behind the scenes." This does not in any way detract from their significant contributions or hard work. Preferring to avoid the limelight does not negatively impact one's ability to perform as a board member but may not serve well for a president.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

The ACEP community has evolved considerably since I first joined as a resident. There has been a significant increase in the number of women, younger members, people of color and different ethnicities participating in Council and attending Scientific Assembly. As we grow in numbers, strength, and diversity it is vital that we continue to address and respect the concerns of all members.

I believe that in order to stay relevant, it is imperative that ACEP continually and actively reach out to members to ensure their voices are being heard and their needs are being met. The many benefits offered by ACEP, both tangible and intangible, need to be delineated clearly and promoted enthusiastically. Connecting with members and listening to their concerns and issues should be a priority for leadership.

In my years of active engagement with ACEP I have noticed a common hallmark of strong leaders is their ability to listen to and connect with others. Specifically, there are two kinds of listening that strong leaders display. One of those communication skills is "active listening," a cornerstone of emotional intelligence, and includes being mindful of body language, facial expression and mood. The other, "listening with empathy", encourages us to connect with a person's feelings and thoughts. These are some of the most challenging skills to develop. I've observed many past and present ACEP leaders and have always been impressed by their laser-sharp focus and deep concentration while conversing with others.

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The importance of reaching out to new and potential members cannot be over emphasized, as it is essential to the growth and mission of ACEP. In my tenure as president of NJ ACEP, (2014-2015), I made it one of my priorities to increase membership. I enlisted board members from different types of practices, recent grads, and residents, to join me in visiting every medical school and residency program in the state. We introduced EMRA and ACEP to these future EM physicians, and fielded their many questions. These sessions were extremely successful, well attended, and greatly appreciated.

Recently, I have spearheaded the creation of several successful events designed to welcome new members and encourage their participation. These included a networking seminar and "Women in EM" dinner programs.

As a result of these endeavors we have increased our membership by over 24% and significantly diversified the make-up of our board of directors. We now have representatives of many different ethnicities and backgrounds attending our meetings, running for board and participating in Council. In addition, I am proud to say; over half of our board is female, which is a significant change from a decade ago, when I was often the only woman at the table. Diversity and equitable representation make for a stronger, more vibrant ACEP and enhance our ability to respond to the many challenges we face today.

We have made a deliberate effort, in NJ, to engage new members, reframing our board of directors meetings and medical directors dinner as "membership" events. Those who attend meetings find a welcoming group. We value the opinions of medical students and residents as much as those of our veteran members. Our leaders make a point of individually engaging newcomers in conversation and ensuring they feel welcomed and valued.

At the end of a recent event a young woman about to begin her EM residency came over to me and said she had been quite nervous about attending, as she knew virtually no one. But, she went on to say, she had a wonderful evening, met many people, found everyone to be warm, friendly and inclusive. She was thrilled she had decided to attend, expressed gratitude for the invitation and enthusiasm for future events.

In order to attract attendance and encourage higher participation from those who are under-represented, conferences and meetings should feature speakers from diverse backgrounds. Panels and events that address the specific needs or challenges facing physicians of marginalized identities must also be included in the agenda.

The creation of a welcoming, safe, and inclusive atmosphere with leaders that actively listen to a range of opinions and concerns without interruption or judgment will ensure that no one feels intimidated about expressing their view and that all know their opinions and experiences will be respected. Taking care to keep verbiage, attitudes, and media neutral will demonstrate that ACEP is sincere in its endeavor to represent all members. Most importantly, by creating clear, open channels for feedback and demonstrating a commitment to integrating these insights, ACEP will ensure it remains responsive to the needs of all members.

***Question #3*: What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

While there are many issues confronting us that are controversial and divisive, there are few that rival the topic of gun control in its ability to create contention and instigate dispute, as evidenced by two articles published in the May 2019 issue of ACEP Now.

The front- page article by Dr. Megan Ranney emphasized that, as professionals, firearm injury affects us all, outlining actions already undertaken by ACEP, including education and advocacy efforts to improve public safety. Several pages later, Dr. Marco Coppola's response suggested that the firearm issue is "less about patient safety than about furthering a political agenda." He writes that ACEP "runs the risk of alienating a good number of members " and "should stay out of divisive issues".

A 2018 NBC/Wall Street Journal poll found that 80% of registered voters believed the country was divided. So it would come as no surprise that ACEP members are also divided on many issues. As Emergency Medicine physicians our obligation is to safeguard and protect our patients and our communities. Patient welfare must always be our top priority even though this may require putting aside partisan leanings and influences.

In a 2018 WSJ op-ed, James A. Baker III said, "we have become an evenly divided red-state, blue-state nation more intent on waging political battles than finding ways to advance the common good."
One need simply recall the straw polls taken at Council preceding the last few presidential elections and note that we, in ACEP, were split virtually down the middle. Despite this, we seem to be able to put aside our differences and focus on doing the right thing for public health and safety.

If we approach any rift with an "us" vs. "them" attitude, it is unlikely progress will be made. Reframing the gun control discussion as one aimed at reducing injury and death by addressing firearm safety and gun violence without infringing upon the right to own and use firearms will encourage bipartisan conversation and meaningful compromise.

Fortunately there is history of reaching common ground that can be used as a template for further progress. A 2018 ACEP member survey found that almost 70% of respondents supported the current ACEP policy on firearm safety and prevention with an additional 21% supporting some of the policy.

There will always be issues that we disagree on, but with identification of common ground, calm discussion, mutual respect, education, and sincere effort to understand each other's perspectives we can work together to effect constructive change. Much can be gained by creating a safe, non-judgmental environment to express opinions, focusing on big-picture, long-term goals by making small mutually agreeable compromises. Rather than a "winner take all" mentality there must be recognition that we are all on the same team working towards a mutual goal. ACEP must work with all concerned to develop a consensus approach incorporating the many different viewpoints in an effort to move forward toward meaningful progress.

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CANDIDATE DATA SHEET

Rachelle A. Greenman, MD, FACEP

Contact Information

122 Renaissance Drive
Cherry Hill, NJ 08003
Phone: Mobile (609) 313-5889
Home (856) 489-0113
E-Mail: greenman.shelley@gmail.com

Current and Past Professional Position(s)

6/2013 to Present	Assistant Professor Of Emergency Medicine Cooper Medical School of Rowan University
7/2012 to 6/2013	Adjunct Assistant Professor of Emergency Medicine UMDNJ/Robert Wood Johnson Medical School
4/1994 to 6/2012	Assistant Professor of Emergency Medicine UMDNJ/Robert Wood Johnson Medical School

Education (include internships and residency information)

1977 to 1981	Brandeis University, Waltham, MA, (B.A. cum laude)
1981 to 1985	New Jersey Medical School University of Medicine and Dentistry, Newark, NJ MD 1985
1985 to 1986	Internship in Internal Medicine, Montefiore Hospital, Bronx, NY
1986 to 1988	Residency in Internal Medicine, Montefiore Hospital, Bronx, NY
1988 to 1991	Residency in Emergency Medicine, Jacobi Hospital/Bronx Municipal Hospital Center, Albert Einstein College of Medicine, Bronx, NY

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.)

1989 to Present	American Board of Internal Medicine
2012 to Present	American Board of Emergency Medicine

Professional Societies

1989 to Present	ACEP
1989 to Present	NJ ACEP

National ACEP Activities – List your most significant accomplishments

6/1989 – Present	Member, American College of Emergency Physicians
1998 – Present	Member, American College of Emergency Physicians, Well-being Committee
2007 – 2009	Alternate Councilor, American College of Emergency Physicians
2009 – 2011	Wellness Committee Chair, American College of Emergency Physicians
2010-2015, 2017 & 2018	Councilor, American College of Emergency Physicians

2011 – 2012	Committee Co-Chair, ACEP Wellness Committee
2012 – 2015	Member, American College of Emergency Physicians Membership Committee
2013 – 2015	Member, American College of Emergency Physicians Council, Steering Committee
2014 – 2015	Member, American College of Emergency Physicians Candidate Forum Subcommittee
2017 – 2018	Member, American College of Emergency Physicians Nominations Committee
2017 – 2019	Member, American College of Emergency Physicians National/Chapter Relations Committee
2013 – Present	Subcommittee Chair American College of Emergency Physicians Wellness Booth/Center

ACEP Chapter Activities – List your most significant accomplishments

2010 – 2015	New Jersey Chapter of the American College of Emergency Physicians Board of Directors
2011 - 2012	Secretary Treasurer, New Jersey Chapter of the American College of Emergency Physicians
2012 – 2013	New Jersey Chapter of the American College of Emergency Physician's representative to "Kitchen Cabinet" with New Jersey Assemblyman Gary Schaer
2012 – 2013	President Elect, New Jersey Chapter of the American College of Emergency Physicians
2013 – 2014	President, New Jersey Chapter of the American College of Emergency Physicians
2014 – 2015	Immediate Past President, New Jersey Chapter of the American College of Emergency Physicians
2019 – Present	Member, Board of Directors of the New Jersey Chapter of the American College of Emergency Physicians

Practice Profile

Total hours devoted to emergency medicine practice per year: **1300+** Total Hours/Year

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

Direct Patient Care **85** % Research ____ % Teaching **10** % Administration **5** %

Other: _____ ____%

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

Hospital employee

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.

Defense Expert	Cases	Plaintiff Expert	Cases

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ADVANCING EMERGENCY CARE

CANDIDATE DISCLOSURE STATEMENT

Rachelle A. Greenman, MD, FACEP

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

Employer: Cooper University Hospital

Address: 1 Cooper Plaza, Camden, NJ 08103

Position Held: Assistant professor of Emergency Medicine, Clinical Educator

Type of Organization: University Hospital

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: NJ ACEP

Address: PO Box #266

272 Dunns Mill Road, Bordentown, NJ 08505

Type of Organization: Professional Society

Duration on the Board: 2010-2015, 2019 to present

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE
☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE
☐ If YES, Please Describe:

5. 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:

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Rachelle Greenman June 5, 2019

NEW JERSEY CHAPTER
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

ACEP WELLNESS SECTION

August 15, 2019

Dear Councillor:

The New Jersey Chapter of the American College of Emergency Physicians (NJ-ACEP) and Wellness Section of ACEP would like to provide our wholehearted support of **Rachelle "Shelley" Greenman, MD, FACEP** for the national ACEP Board of Directors. It is without reservation and with considerable enthusiasm that we endorse Shelley's candidacy because we know that her presence on the Board will immensely benefit our college for years to come.

Shelley's career spans 30+ years ranging from bedside ED physician to an Assistant Professor of Emergency Medicine. But that isn't what sets her apart from the others. What makes her unique is her ability to make others feel a sense of worth in the emergency medicine world. When Shelley began her first NJ-ACEP Board term in 2010 there were only two other women at the table - out of nineteen Board of Directors. From day one, Shelley made it her mission to encourage women to attend the quarterly Board meetings, and eventually run for Board seats. There are currently eleven women at the table. Shelley has demonstrated her strength as a spiritual leader by encouraging diversity, inclusiveness, and wellness.

Shelley is an effective communicator at both the state and national levels. She represented NJ-ACEP at several legislative hearings in Trenton, addressing the flu pandemic and access to healthcare for women. She also represented the Chapter on several telephone and on-camera interviews during the 2014 release of the National Report Card.

She served as President of NJ-ACEP from 2014-2015 and made it her mission to encourage medical student participation within the Chapter. Following her tenure as Past President she continued to attend each Chapter Board meeting and volunteered as the Membership Chair. She created the medical student outreach program, visiting each medical school where she created an open dialogue outlining the value of ACEP. Since the start of the program, the candidate membership has grown from 277 members to 433 members. This growth is a direct result of her efforts. In 2018, she created the Medical Student Leadership Fund which provides scholarships for medical students to attend the ACEP Leadership and Advocacy Conference and ACEP Fall Conference.

She has been an ACEP member since 1988 and has embraced service to ACEP with passion and determination over the last two decades. She has served on multiple ACEP committees including Membership, Steering, Nominations, National Chapter Relations, and Well-Being of which she chaired from 2009-2011 and co-chaired from 2011-2012. Through these committees she has helped guide not only ACEP's positions on important matters but also many members with similar interests.

Her strongest qualities are her highly collaborative management style, sincere desire to champion for physician wellness, and her profound enthusiasm for our specialty. Dr. Greenman was honored with the American College of Emergency Physicians "Wellness Award" in 2003, and since 2013, has been serving as the subcommittee Chair for the American College of Emergency Physicians Wellness Center, while being a long-standing member of ACEP's Wellness Section. Shelley has a sophisticated, broad based and profound understanding of the complex nature of our specialty and its relationship to all of medicine. It also must be noted that she can plan one heck of a party, taking the lead with reception planning since 2014 when she served as President. The NJ-ACEP reputation for a great event has only grown with her guidance!

We welcome the opportunity to talk with you at any time to discuss our enthusiastic support of Dr. Shelley Greenman to serve on the ACEP Board of Directors. We are proud to stand behind her as she aims to advance emergency medicine through our valuable organization.

Sincerely,

Thomas Brabson

Thomas Brabson, DO, MBA, FACOEP, FACEP
President, New Jersey Chapter

Randall Levin

Randall M. Levin, MD, FACEP - Life
Chair, ACEP Wellness Section



SHELLEY GREENMAN MD, FACEP

Candidate for Board of Directors, 2019

Board Certified EM/IM

PROVEN LEADERSHIP

Past President of NJ ACEP
Past Chair of Wellbeing Committee
Steering Committee
Membership Committee
Councillor
Nominating Committee
National Chapter Relations Committee

Now, when we need it most:



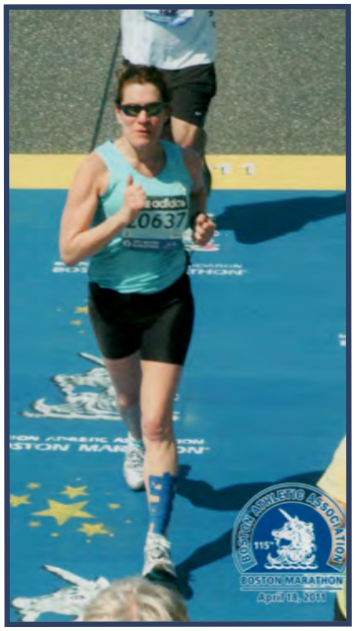
Membership

1. Increased membership in NJ ACEP by over **25%**
2. Doubled candidate membership
3. Increased participation and membership of students, residents and young physicians



Wellness

1. Chaired Wellbeing Committee 2009-2011
2. Co-chaired Wellbeing Committee 20011-2012
3. Wellness Booth/Center Sub-Committee Chair 2013-Present



Impact

“Shelley is an effective communicator at both the state and national levels. She has a sophisticated, broad based and profound understanding of the complex nature of our specialty and its relationship to all of medicine.

But that isn’t what sets her apart from the others.

What makes her unique is her ability to make others feel a sense of worth in the emergency medicine world. Her strongest qualities are her highly collaborative management style, a desire and willingness to improve physician wellness, and a passion for our specialty.”

- NJ ACEP/WELLNESS SECTION

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2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Gabor D. Kelen, MD, FACEP

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

No.

The Board exists as a learned experienced body, hopefully representing the entire broad constituency and each member bringing diversity of experience and skill. Not all BODs aspire to be president, nor are all presidential material. There has never been a shortage of qualified presidential candidates identified by the nominating committee. The Council always has the right to nominate from the floor as well. The BODs are there to serve, and not to launch a presidential run.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

ACEP represents the largest group of emergency physicians, thus, diverse perspectives are not only inevitable but highly welcomed. Unpopular views today, may be the prevailing views of tomorrow. Given the question above it should be clear that an individual member of the ACEP Board of Directors (BOD) does not have powers to *ensure* anything other than their own conduct. However, individual BOD members can champion, promote and otherwise advocate for what they believe is in the best interests of ACEP members. There are several means to encourage that diverse viewpoints be aired. The first of course is actually more up to the Council than any elected officer of ACEP. Ideally, the individuals elected by ACEP Council to the BOD would represent the broad constituency of EM, including those that question the status quo.

From a personal responsibility perspective, a BOD member should read blogs and social media postings of members to have access to views that may not arise from Council, State and other chapters. Other media (ACEP news, scientific and quasi-scientific publications, education blogs, tweets etc.) also inform. It would be important to be knowledgeable about diverse views. BOD members should appropriately consider all rationally voiced perspectives during BOD deliberations, regardless of personal views or positions. Understanding alternate perspectives is likely to strengthen ACEP positions. At the least, airing of all views offers assurance other perspectives were considered, with an explanation of why such views did not prevail. As in all aspects of professional life, rational members whose views do not prevail, will respect decisions if they believe their views were appropriately considered and respected.

Although the two-day annual Council meeting certainly requires considerable time to get through the agenda, however, debate is frequently prematurely cut-off when a large majority does not want to hear from an unpopular minority view with little hope of persuasion. While within the rules of order, we have seen unpopular views cut by debate closure, become acceptable ACEP mainstream perspectives within a decade. I would work to expand the ability to better voice minority views on the Council floor, while mindful of time. We don't come to Council once a year to rush through an agenda as fast as possible, but rather for meaningful deliberation—even for issues where the outcome is all but assured.

Finally, we should also remember there remain large numbers of emergency physicians who are not members that continue to feel estranged from ACEP. If ACEP is to truly aspire to represent interests of all of emergency physicians and the discipline, we would do well to listen beyond our membership as well. My representation on the board can be very helpful in this regard, as I have access, trust, and can reach out to virtually all EM societies and groups through affiliations cultivated over the years.

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

I don't much like focusing on issues that divide us and would rather spend the energy on promoting factors that unite us and keep us as a cohesive body to further the field of emergency medicine for the betterment of patients, physicians and our allied staff.

That said, there is an issue, perhaps so permeating, that most do not recognize that it is an issue at all--or that it is divisive.

Emergency Medicine no longer has a unifying defining purpose. There is a multiplicity of purposes, each organization coveting and protective of its uniqueness or niche. There are over 225 EM residencies, and over 75% of universities have established autonomous academic departments. Today EM personalities can dominate an institution. EM has been a primary specialty now for more than 30 years. EM physicians are health system CEOs, state and national surgeon generals, deans of medical schools, entrepreneurs, etc. More and more distinct niche societies allied or stemming from EM wish a strong degree of autonomy and identity.

In its most formative days, pressing the advancement of, and seeking recognition as a respected specialty was the clarion call that united virtually all of EM in a singular purpose. In many ways this was akin to pursuing legitimacy and acceptance, the basis for most social and civil rights movements. This purpose drove the founders and legacy physicians and influenced at least 2 generations to advance the field. Today, the ascendancy of EM and its rightful place in medicine are not questioned any more than the usual (and unfortunate) disparagement of some specialty members toward another specialty—and sometimes we ourselves give as much as we take.

So, what does this have to do with divisiveness? Since we are not all rowing in the same direction, and don't particularly have unifying purpose for the specialty, many of our members are adrift. Those of us on Council and leaders of ACEP are generally driven by a strong purpose to improve the lives of our patients and members. But a pursual of EM blogs, and other social media discourse reveal that many in EM (including many ACEP members), are adrift. Many feel like they are simply a cog in some organization, without voice and without meaning in their work, simply "processing" patients while having to perform to various metrics—many which have nothing to do with clinical acumen or patient engagement.

Reinvigorating commonality of purpose such that daily lives of emergency physicians have meaning is not a simple task. However, given the enormity of the situation, even if very under-recognized, solutions are worth exploring. We could start by soliciting suggestions from our members and reaching out to other EM-linked societies. One option would be to convene a summit of sorts with leaders and constituents from the various EM entities (big and small) to allow us to take stock, reaffirm commonality and develop a new shared vision that a strong majority of emergency physicians can back with energized conviction.

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CANDIDATE DATA SHEET

Gabor D. Kelen, MD, PGY40, FRCP(C), FACEP

Contact Information

G. D. Kelen, MD, FRCP(C), FACEP
Department of Emergency Medicine
1830 E Monument Street, Suite 6-100
Baltimore, Maryland, 21287

Phone: 410-955-8191 (W); 410-404-8640 (C)
E-Mail: gkelen@jhmi.edu

Current Professional Position(s)

Chair	Department of Emergency Medicine, Johns Hopkins University
Physician-in-Chief	Emergency Medicine, Johns Hopkins Medicine
Director	Johns Hopkins Office of Critical Event Preparedness and Response
Chair	Board of Directors; Johns Hopkins Emergency Medicine Service, LLC
Principal Staff	Applied Physics Laboratory, Johns Hopkins University (2008-present)
Professor	Emergency Medicine, Johns Hopkins University School of Medicine Anesthesiology, Critical Care Medicine, JHU School of Medicine, Health Policy and Management, JHU School of Public Health

Past Professional Position(s)

Program Director	Emergency Medicine Residency Program, Johns Hopkins University School of Medicine (1986-2010)
President	Society of Teachers of Emergency Medicine (1988-90)
Chair	Medical Board, Johns Hopkins Hospital (2005-08)
Vice Chair	Medical Board, Johns Hopkins Hospital (2002-05)
Member	Board of Trustees (ex officio), Johns Hopkins Hospital (2005-08)
Research Director	Department of Emergency Medicine, Johns Hopkins University (1984-2005)
President	Association of Academic Chairs of Emergency Medicine (2005-06)
Chair	Cedar Emergency Services Board of Directors (2000-01)
Board of Advisors	Johns Hopkins Clinical Practice Association (1997-2000)
Board of Directors	Baltimore Substance Abuse Systems, Inc. (1997-2001)
Board of Directors	Johns Hopkins Bayview Physicians Association (1996-2001)
Board of Directors	Emergency Medicine Foundation (1993-95)
Program Director	Emergency Medicine Residency Program, Johns Hopkins University School of Medicine (1984-86)
Chief Resident	Emergency Medicine Residency Program, Johns Hopkins University School of Medicine (1983-84)

Education (include internships and residency information)

MD	University of Toronto (1979)
Internship	University of Toronto; St. Michael's Hospital (1980)
Residency	University of Toronto; St Michael's Hospital (1981-82)
Residency	Emergency Medicine; Johns Hopkins Hospital (1982-84)

List Medical Degree (MD or DO) and Year Received Here

MD University of Toronto (1979)

Specialty Board Certifications (e.g., ABEM, AOBEM, AAP, etc.)

ABEM (1985, 1995, 2005, 2014)
FRCP(C) (1986-present)

Professional Societies

American College of Emergency Physicians (1983-present)
Society for Academic Emergency Medicine (1989-present)
Association of Academic Chairs of Emergency Medicine (1993-present)
Society for Disaster Medicine and Public Health Preparedness (2015-present)
National Academies of Science--Elected (2005)

National ACEP Activities – List your most significant accomplishments

EMRA (1983-84)
Academic Affairs Task Force (1987-88)
Congressional Testimony on HIV and HCWs (Subcommittee on Health and Environment) for ACEP (1990)
AIDS Task Force Committee (1987-92)
EMF Board of Directors (1988-90)
Society of Teachers of Emergency Medicine (was part of National ACEP until 1989)
- STEMLetter Editor-in-chief (1984-88)
- Faculty Development Committee (1985-88)
- Board of Directors (1987-90)
- President (1988-90)

Testimony to National Commission on AIDS on behalf of ACEP (1991)
Chair, AIDS Task Force Committee (1991-92)
EMF Board of Directors (1993-95)
EMF Centers of Excellence Grant Panel (1994-95)
Chair, Infectious Disease Committee (1992-93)
Chair, Public Health Committee (1993-95)
Designated Spokesperson (1991-present)
ACEP Council Steering Committee (2017-present)
Councilor (AACEM) (2010-present)
ACEP Workforce Task Force (2018-present)

National ACEP Awards

Outstanding Contribution to Research Award

ACEP Section Activities (AACEM) – List your most significant accomplishments

Representative to Council of Academic Societies of AAMC (2000-10)
Membership Task Force (2003-04)
Board of Directors (2003-07)
President (2005-06)
Lead effort to create AACEM Section in ACEP (2009)
ACEP inaugural Council Representative (2010-present)

Maryland ACEP Awards

Emergency Medicine Award, Maryland Chapter (1994)
Chairman of the Year Award, Maryland Chapter (2019)

Practice Profile

Total hours devoted to emergency medicine practice per year: **2800** Total Hours/Year

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

Direct Patient Care 25 % Research 10 % Teaching 10 % Administration 50 %

Other: EM National Organizations 5 %

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

Large inner-city, tertiary care teaching, safety-net hospital; multi-hospital (no partners, not for profit) salaried group.

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.

Defense Expert 2 Cases Plaintiff Expert 1 Cases

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CANDIDATE DISCLOSURE STATEMENT

Gabor D. Kelen, MD, PGY40, FRCP(C), FACEP

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

Employer: Johns Hopkins University

Address: 3400 N. Charles Street

Baltimore, MD 21218

Position Held: Chair, Department of Emergency Medicine

Type of Organization: Academic Medical Center

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: Society for Teachers of Emergency Medicine (BOD)

Address: Now SAEM (see below)

Type of Organization: Academic Society (Merged with UAEMS=SAEM)

Duration on the Board: 4 years (1987-90)

Organization: Society for Academic Emergency Medicine (BOD)

Address: 1111 East Touhy Avenue, Suite 540

Des Plaines, IL 60018

Type of Organization: Academic Society

Duration on the Board: 2 years (1989-91)

Organization: Emergency Medicine Foundation (BOD)

Address: (Part of ACEP)

Type of Organization: Research Foundation (run by ACEP)

Duration on the Board: Two separate non-contiguous 2-year terms. (1988-90) (1993-95)

Organization: Johns Hopkins Hospital (Board of Trustees—ex officio)

Address: 1800 Orleans Street

Baltimore, MD 21287

Type of Organization: Not for profit hospital

Duration on the Board: 3 years (2005-08)

Organization: Johns Hopkins Emergency Medical Services, LLC

Address: 1830 E. Monument Street

Baltimore, MD 21287

Type of Organization: University owned LLC, providing physician services to a community hospital

Duration on the Board: 18 years (2001-)

Organization: Johns Hopkins Hospital (Medical Board)

Address: 1800 Orleans Street

Baltimore, MD 21287

Type of Organization: Not for profit hospital

Duration on the Board: 27 years (1992-); executive (2002-08)

Organization: Baltimore Substance Abuse Systems, Inc

Address: 1 N. Charles Street, Suite 1600

Baltimore, MD 21201

Type of Organization: Not for profit

Duration on the Board: 4 years (1997-2001)

Organization: Johns Hopkins Bayview Physicians Association

Address: No longer in existence

Type of Organization: Not for profit physician services to Johns Hopkins Bayview Medical Center

Duration on the Board: 5 years (1996-2001)

Organization: Association of Academic Chair of Emergency Medicine

Address: 1111 East Touhy Ave, Suite 540

Des Plaines, IL 60018

Type of Organization: Medical Society

Duration on the Board: 4 years (2003-7)

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE

3. Describe any outside relationships that you hold with regard to any person 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) a 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

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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ YES, Please Describe:

I disclosed above that I am the Chair of the Board of Directors of Johns Hopkins Emergency Medicine Services (JHEMS), LLC. This is a not for profit organization. I hold no equity in this company. The company is owned by Johns Hopkins University. The Company was created to provide physician (and NP/PA) to staff the Johns Hopkins Howard County Hospital (a community hospital owned by Johns Hopkins). As the Director of Emergency Medicine for Johns Hopkins Medicine a small portion of my university salary is supported by JHEMS. This is not additional to my regular salary. My salary is not tied to any performance or financial metrics of JHEMS. Thus, I have no personal financial interest in JHEMS, LLC.

5. 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

6. 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

I certify that the above is true and accurate to the best of my knowledge:

G. D. Kelen, MD, FRCP(C), FACEP Date June 12, 2019

AACEM
Association of Academic Chairs of Emergency Medicine

Executive Committee
Michael D. Brown, MD, MSc
President

Peter Sokolove, MD
President-Elect

Deborah Diercks, MD, MSc
Secretary-Treasurer

Andrew S. Nugent, MD
Immediate Past President

Richard J. Hamilton, MD
Member-at-Large

Lewis S. Nelson, MD
Member-at-Large

Megan Schagrin, MBA
Chief Executive Officer

August 12, 2019

John McManus, MD, FACEP
Chair, Nominating Committee
ACEP
PO Box 619911
Dallas, TX 75261-9911

Dear Dr. McManus,
It gives me great pleasure on behalf of the Association of Academic Chairs of Emergency Medicine (AACEM) to endorse Gabe Kelen, MD as a candidate for the ACEP Board of Directors at the upcoming elections during the ACEP Council meeting in 2019.

Dr. Kelen has had a long and distinguished career as a board-certified Emergency Physician. He has been a member of ACEP since 1983, and has chaired and led multiple ACEP initiatives and committees. He has served the specialty of EM by being a leader of SAEM, ACEP, AACEM, and STEM. He has also held leadership positions in multiple other national agencies and societies all while running one of the most successful academic departments of Emergency Medicine, with multiple clinical enterprises for over 25 years. We have known him personally to be one of the hardest working, knowledgeable, approachable and brilliant individuals in our specialty today.

AACEM is proud to endorse Dr. Kelen for the Board of Directors, and feel his vast experience as department chair and his work with ACEP, SAEM and multiple other organizations have more than prepared him for the rigors of this role. He will bring seasoned perspective and balance to the board as a voice of reason and experience, while representing the best interests of emergency physicians and the specialty.

Sincerely,

Michael D Brown MD

Michael D. Brown, MD, MSc
AACEM President

Gabe D. Kelen, MD, FRCP(C), FACEP

"An idea, if at first does not seem absurd, then there is no chance for it."
--Albert Einstein

Dear Friends,

It's time for me to give back. I was the first recipient of the EMF career development grant. Due to that pivotal opportunity, my career took off and I have been privileged to serve in leadership roles within ACEP and in many other organizations.

My last shift (literally 2 days ago), like pretty much all my shifts, was burdened by: too many patients, overwhelming boarding, multiple critical ill patients, endless distractions, trying to meet a plethora of externally imposed metrics, a frustrating EMR, the easy dismissiveness of a consultant, and patients with poor health and health care access. This is a particularly challenging era in medicine for emergency patients and practitioners alike. In my recent travels, I have talked to numerous practicing emergency physicians throughout the country. Among many, there is a striking sense of disconnectedness and even isolation. While not expressed in those exact words, there is a sense that EM physicians' hard efforts are underappreciated by employers, other specialties, institutional leaders, and sometimes even patients. Many express a lack of control over their work environment, whether ivory tower academia or smaller community clinical practice. We are being overwhelmed by chasing too many metrics and short-sighted patient safety policies focused on specific conditions that, by diverting our attention, overall increases risk among other patients—*and thus*—actually heightens our exposure to litigation. EMR has done anything but make us more efficient (we log 4,000 clicks a shift). Federal and state initiatives frequently threaten our income stream. While ACEP members may have divergent views on a number of social and public health challenges, we are fortunate to be united in pushing for the highest realizable safety climate for all our patients (cue ED boarding), a positive efficient working environment, fair compensation given the risk of error (no do overs in EM), decreasing clinician safety risk, and in addressing the specific challenges of our work that affect longevity and wellness.

It was ACEP that created the specialty and fought the difficult political battles. The first phase, 50+ years ago, was the creation of the specialty. After achieving specialty status, the next phase was the further ascendance, stability, and acceptance of the specialty. As dynamic as we have been, we are entering a new challenge—i.e., what will emergency medicine now become. If we stand still, the world will pass us by. While it is important to address today's challenges, it is also time to determine what we can be in the future. In the famous words of Wayne Gretzky, *"I skate to where the puck is going to be, not where it has been."* Coupled with the Einstein quote above, this is how we must think about the future of our specialty. Indeed, we strive to move the symbol on the ACEP logo, currently somewhat off to the side, right smack in the middle, where it should belong.

I'll end where I started. Time for me to give back. I have been fortunate to have broad clinical, business, administrative, teaching, academic, and research experience. I have a strong advocacy background having testified before several congressional subcommittees and other federal and state agencies. I am seeking the privilege to represent you on the board. With you, I will tackle our current challenges, always consider all voices of our membership, particularly dissenting views, and work for the continued ascendency of our specialty.

"**If you want to make important contributions, do important work.**"
--Dan Nathans, Nobel Laureate

Gabe Kelen, MD, FRCP(C), FACEP

ACEP BOD Candidate



ACEP Leadership

- Councilor (10 years)
- Steering Committee
- PA/NP Task Force
- Academic Affairs Task Force
- Chair, AIDS Task Force
- Chair, Public Health Committee
- President STEM
- National ACEP Speaker
- Congressional Testimony (X 4)
- ACEP Designated Spokesperson
- EMF BOD (two terms)
- EMF Center of Excellence Panel
- EMF External Reviewer
- White House Representative (GWB)
- Editor, Tintinalli
- Annals Reviewer

Clinical Leadership

- Full-Time Clinician
- Emergency Physician-in-Chief, JHM
- Best Physicians in Region (Baltimore Mag)
- Board of Trustees, Johns Hopkins Hospital
- Chair, JH Emergency Physicians, LLC
- JHHS/JHU Disaster Director

Administrative Leadership

- Department Chair
- Residency Director
- Research Director
- Center Director (CEPAR and PACER)
- President, STEM
- President, AACEM
- Board of Directors, SAEM
- Chair, Medical Board JHH

Recognition

- National Academies of Science (elected)
- ACEP Research Award
- MD ACEP Emergency Medicine Award
- MD ACEP Chairman of the Year
- EMF Legacy Grantee
- Academic Excellence (SAEM)
- Leadership Award (SAEM)
- Distinguished Service Award (AACEM)
- Teacher of the Year (JHU EM Residency)







Leadership, Experience, Expertise

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2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Pamela A. Ross, MD, FACEP, FAAP, FAAEM

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

History has shown virtually all candidates who have been elected to the ACEP Board of Directors possess the necessary ability to be a Board Officer and/or ACEP President. Actual Board service also helps to enhance these abilities and I believe it is the responsibility of all Board members to prepare for future leadership regardless of the direction that may actually be taken by any given elected board member. In addition to evaluation of board candidates for a variety of skill sets and expertise for board representation, I agree that it is important that any board member candidate be suitable to serve as a future ACEP president.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

Methods I believe useful for enhancing member engagement include but are not limited to:

1. ACEP Member/Section Forums through EngagED. Our member-only online community officially launched in August 2018 and we should continue to educate our membership about its presence and utility for bringing a larger voice to the collective discussion of ACEP matters. Hopefully, this will grow to become a significant member value and the preferred ACEP tool for electronic interactions between members, leadership and staff. #MemberVoice
2. Chapter initiatives for member engagement. Encourage and facilitate regular and frequent ACEP board member videoconference/teleconference participation at local state chapter meetings. #ChapterVoice
3. Given continued advancements in modern technology, revisit Council resolutions that allow for the President-Elect of ACEP to be elected by the entire membership. #MemberVoice
4. Engage and financially support sections to facilitate addressing special needs of the members based on their passions and interest in Emergency Medicine. #SectionVoice
5. Research implementing a "Camp ACEP for Kids" to facilitate work life balance by allowing opportunity that make it more feasible for members to attend ACEP Scientific Assembly with their families. #FamilyVoice
6. Implement exploration and study of "moral injury" among ACEP members and work to address the findings. Burnout has often been categorized as a phenomenon that involves emotional exhaustion, de-personalization and reduced personal accomplishment. While I do not deny that burnout is a real phenomenon, I never felt the term 'burnout' applied to most of us. Emergency Physicians are uber resilient - but it is impossible to measure health as being well adapted to a toxic environment. This is the everyday challenge that we all face dealing with EMRs, regulatory paperwork, board certification, merit badge courses, regulatory compliance, increased patient loads, and decreasing clinical autonomy to name a few. It is more fitting to describe what was happening to Emergency Physicians as "moral injury" which has been set into motion by an overall imploding health care system. #MoralVoice
7. Consult with EMRA regularly and FOLLOW THEIR LEAD! Continue to assure that EMRA members are active and engaged at all levels in chapters, committees and sections. EMRA was my entry into board service in Emergency Medicine. EMRA is the future of Emergency Medicine and many of your current ACEP leaders are a testament to that. I am proud to be an EMRA legacy. #EMRAVoice

My rationale for my response follows. I am a two term past president and member of the Virginia College of Emergency Physicians and our chapter is serviced by an outstanding Executive Director who is a Certified Association Executive with over 50 years of experience in organizational management. At our chapter level, Mr. Bob Ramsey (VACEP Executive Director) has been a tremendous resource for facilitating chapter growth and development. Based on work facilitated by Mr. Ramsey under the direction of the current outstanding leadership in the VACEP chapter, I consider VACEP to be a highly successful chapter that has grown from being officially categorized as a small chapter with less than 500 members to over 959 current members. Furthermore, our past Chapter President, Dr. Bruce Lo won ACEP's coveted "Champion of Diversity & Inclusion award for 2019". It is with a sense of pride that I say that Virginia ACEP is making a difference for ACEP and provides a strong template for chapters working to build and engage its membership.

Mr. Ramsey summarizes Avenue M Group's ACEP's marketing research perspective: "although, most individuals who work in emergency medicine are likely to be familiar with ACEP, their immediate interests, needs, motivations and behaviors often play a bigger role in the decision to join, engage and feel connected to the organization. With a rapidly changing workforce, the factors that influence the decision to belong to a medical society have changed."

The Melos Institute is another applied research center for membership-based organizations. Virginia ACEP has also worked with this organization and gained following wisdom evidence-based wisdom: "The inability to increase member engagement is less related to members' time and more due to the strategies employed to encourage their involvement. Treating members as customers has generated customer-like behavior; treating members as citizens transforms their role, relationship, and involvement."

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

ACEP operates democratically by majority vote of ACEP members present and participating in the ACEP Council. The Council is the collective representation of our membership and includes all states, sections and other similarly aligned EM organizations like EMRA. The Council democratically elects, advises and instructs the Board of Directors regarding any matter of importance to any ACEP member. The Council accomplishes this through by-laws, resolutions and any other action the Council deems necessary. Once elected, management and control of the organization is officially vested in the Board of Directors. If there be any confusion or concern for how we have arrived to where we are on any issue in ACEP today, remember that power in ACEP (as it historically and currently stands) is held solidly in the proceedings of the ACEP Council.

Based on the proceedings of the last official meeting of the Council held October 2018 in San Diego, bearing witness to the political nature of debate and the deeply divided Council deliberations, the single most divisive issue in ACEP at this time is our ACEP Policy on Firearm Safety and Injury Prevention where Council directed this already existing policy be updated. There were 51 Resolutions presented. While there were about 7 other resolutions that rose to similar levels of contention, my selection is validated by opposing articles written by Drs. Megan Ranney and Marco Coppola, published in the May 2019 issue of *ACEP Now*.

We won't get around divisive topics within our organization by carrying on as if they did not exist. We are equally challenged if we try to ignore one side of an issue. We are currently living in deeply divided times and, in the wisdom of Gandhi, world renown activist, "*unity, to be real, must stand the severest strain without breaking*." It is important to exercise due diligence to identify all the ways we can stand united. My methods as a leader to address issues of deep organizational division in search of organizational unity include, but are not limited to:

- Start with me as a leader - poised, open-hearted, collaborative, diplomatic, respectful, strong and committed to the vision and values of ACEP.
- Conduct well researched, unbiased, scientifically validated surveys of Council and/or membership.
- Promote *EngagED* member feedback and discussion in our 38.7 thousand ACEP members-only online community. https://engaged.acep.org/home
- Facilitate town halls or other meeting forums where members can engage through activities like opposing panel presentations, group discussions, round-tables, etc.
- Feature opposing articles, research, letters to the editor, etc. in ACEP publications.
- Support and facilitate communication between ACEP Board, committees, task forces, chapters, sections, etc. to assure alignment of referred resolutions with ACEP mission/vision.
- Systematically review and facilitate exploration/development of resolutions that change organizational operations in ways that most effectively meet member needs and bring the largest possible collective member voice to ACEP.
- Continually support and encourage member patience and participation in the process.
- Courageously lead in the direction that Council/Membership would have our organization go.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

CANDIDATE DATA SHEET

Pamela Andrea Ross, MD, FACEP, FAAP, FAAEM

Contact Information

4807 Shellbark Court, Glen Allen VA 23059 / 807 Partridge Circle, Mount Juliet, TN 37122
Phone: 804-836-9571 (cell) / 434-589-8642 (home)
E-Mail: ceo.hmclc@gmail.com

Current and Past Professional Position(s)

CEO, Holistic Medical Consultants, LLC – Sole Proprietor, Independent Contractor 2013 to present
Assistant/Associate Professor Emergency Medicine and Pediatrics, University of Virginia 1996 to 2013

Education (include internships and residency information)

University of Tennessee @ Chattanooga, William E. Brock Scholar, BA Chemistry 1987
Emory University School of Medicine, MD 1991
St. Vincent Medical Center, Emergency Medicine Residency 1994
Inova Fairfax Pediatric Emergency Medicine Fellowship 1996
Arizona Center for Integrative Medicine Fellowship 2011

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.)

Emergency Medicine ABEM
Pediatric Emergency Medicine ABEM/AAP

Professional Societies

American College of Emergency Physicians
American Academy of Emergency Medicine
American Academy of Pediatrics
National Medical Association
American Public Health Association

National ACEP Activities – List your most significant accomplishments

ACEP Council, Delegate/Alternate (Chapter and Sections) 1992-2009, 2011, 2013-Present
Council Reference Committee, Steering Committee and Tellers & Credentials Committee
Immediate Past Chair, Wellness Section
Past Chair, Young Physicians Section
By-Laws, Public Relations, Pediatric EM and Academic Affairs Committees
Six Section Membership: American Association of Women Physicians, Diversity, Inclusion & Health Equity, EM Locum Tenens (Founding Member), Pediatric EM, Quality Improvement & Patient Safety, and Wellness.

ACEP Chapter Activities – List your most significant accomplishments

Virginia College of Emergency Physicians – Past President, Served 2 terms

By-Laws Committee Chair

Technology Task Force Chair – *Established chapter website

VACEP Rep to State Fatality Child Review Team Appointments by Governors Gilmore, Warner and Kaine

Practice Profile

Total hours devoted to emergency medicine practice per year: **1600** Total Hours/Year

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

Direct Patient Care **90** % Research ____% Teaching **10** % Administration ____%

Other: _____ ____%

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

Sole Proprietor, Independent Contractor, Locums/Traveling EM Physician licensed in the states of VA, TN, OH, MD, ND with Interstate Medical Licensure Compact Licensing in AL, MS, SD, WI, and WV.

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.

Defense Expert 0 Cases Plaintiff Expert 1 Cases

2011 VA Board of Medicine

American College of Emergency Physicians®
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CANDIDATE DISCLOSURE STATEMENT

Pamela Andrea Ross, MD, FACEP, FAAP, FAAEM

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

Employer: Holistic Medical Consultants, LLC Sole Proprietor

Address: 5570 Richmond Road, Suite 203

Troy, VA 22974

Position Held: Founder & CEO

Type of Organization: Emergency Medicine Independent Contractor, Sole Proprietor

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: Charlottesville Free Clinic Board of Directors

Address: 1138 Rose Hill Drive, Suite 200

Charlottesville, VA 22903

Type of Organization: Healthcare Services Board

Duration on the Board: 2014 - 2016

Organization: Region Ten Community Services Board

Address: 800 Preston Avenue

Charlottesville, VA 22903

Type of Organization: Mental Health, Intellectual Disability, and Substance Abuse Services Board

Duration on the Board: 2012 - 2015

Organization: Fluvanna County Library Board of Trustees, Palmyra District

Address: 132 Main Street

Palmyra, VA 22963

Type of Organization: Governing Board of Library

Duration on the Board: 2011 - 2015

Organization: Delta Sigma Theta Sorority, Inc.

Address: 1707 New Hampshire Avenue, NW

Washington, DC 20009

Type of Organization: Civic, Public Service

Duration on the Board: 1986 – 1989, 2004 - 2008

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE

☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE

☐ If YES, Please Describe:

5. 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:

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Pamela A. Ross, MD Date 06/07/2019

VIRGINIA COLLEGE OF EMERGENCY PHYSICIANS

2019 Board of Directors

Kenneth Scott Hickey, MD, FACEP
President
Cameron Olderog, MD, FACEP
President-Elect
Todd Parker, MD, FACEP
Secretary-Treasurer
Bruce Lo, MD, MBA, FACEP
Immediate Past President

Kirk Cumpston, DO, FACEP, FACMT
Jon D'Souza, MD, FACEP
Josh Easter, MD, FACEP
Randy Geldreich, MD, FACEP
Jared Goldberg, MD, FACEP
Christopher Hogan, MD, FACEP
Phillip Jordan, MD
Scott Just, MD, MBA, FACEP
Sarah Klemencic, MD, FACEP
Joseph Lang, MD, FACEP
Jessica Nguyen, MD, FACEP
Rob Solberg, MD
C. Christopher Turnbull, MD
Shanon Walsh MD, FACEP
Lauren Wingfield, MD

Executive Director
Bob Ramsey, CAE
Cell: (804) 814-9350

Headquarters

2924 Emerywood Pkwy., Suite 202
Richmond, VA 23294

Tel: (804) 297-3170
Fax: (804) 747-5022
www.vacep.org

July 26, 2019

RE: Joint Endorsement of VACEP and ACEP Wellness Section
Dr. Pamela Ross, MD, FACEP, FAAP, FAAEM
Candidate for ACEP Board of Directors

Leadership is about mastering the art of influence. Dr. Pamela Ross has impacted emergency medicine in so many ways at the local, state and national level. It is our pleasure to jointly endorse the nomination of Dr. Ross as a candidate for the Board of Directors of the American College of Emergency Physicians.

Dr. Ross is the only emergency physician to be elected twice by her peers as VACEP President. She likes to explain that her way of leading is "not always 'out front or at the top,' but present, knowledgeable and participating," and she continues to engage in our chapter, serving as a councilor since 1999. Dr. Ross is a fierce advocate for our specialty and was even featured in *Escape Fire: The Fight to Rescue American Healthcare,* which premiered at the Sundance Film Festival in 2012.

Dr. Ross has blazed her own trail in emergency medicine, and is today a locums tenens traveling EP, splitting her practice across multiple states. Her life's story — straight A student, valedictorian, from a loving and healthy home yet included the challenges of a mother living with schizophrenia — is equally as impressive.

Dr. Ross is a long-standing, active member of the Wellness Section and ACEP. Her involvement is well documented through her multiple roles and positions. As the current Chair of the ACEP Wellness Section, I had the privilege to meet Dr. Ross when she was elected to the Chair-Elect position in 2015. Along with her second-to-none expertise in policy and procedural matters, she excels in her organizational and people skills as a leader. Dr. Ross is a strong advocate and champion for physician wellness and for the success of ACEP. She is a mentor and role model to all of those who have the privilege of working with her, as she brings out their strengths with her positivity and career-coaching skills.

It is our privilege, on behalf of VACEP and the Wellness Section, to endorse Dr. Pamela Ross for the ACEP Board of Directors.

K. Scott Hickey, MD, FACEP
President

Randall M. Levin, MD, FACEP-Life
Chair, ACEP Wellness Section

Pamela A. Ross, MD, FACEP, FAAP

I look forward to the opportunity to demonstrate my absolute worthiness of your VOTE.

I attended the June meeting of the ACEP Board of Directors at our beautiful headquarters building in Dallas. I am proud and inspired by all the incredible work and accomplishments of our Board of Directors (present and past) and outstanding ACEP staff. [*It was the best of times…*]

At that same meeting, there were two solemn statements I heard that humbled me. One came from our President's remarks about our crucial efforts on balanced billing where he expressed that "as a profession, we are being demonized." The other, from the report of the Executive Director that included a statement along the lines that "our financials are the worst they have been in the history of the organization." [*It was the worst of times…*]

By the time we arrive to Council meeting, who knows? Perhaps we will have many answers based in our victories or perhaps more questions based in our challenges. But, here's the thing - I believe I am the type leader called to serve at such a time as this. I am committed to continuing to advance the practice of Emergency Medicine through education and advocacy for the highest quality of patient care. Having started my EM leadership in EMRA, I am dedicated to the continued mentoring, listening, and uplift of our undisputable future. Fully trusting them to care for me with excellence and compassion if I am ever transformed into the 90 yo lady who toddles past the nurse's station with the back of her gown wide open. Finally, I believe in the power to build a better organization from a leadership style based in listening, empathy, integrity, member engagement/empowerment, awareness with action, and perseverance - because it won't always be easy, things change, and we may not always get it exactly right the first time.

I joined ACEP in July 1990. My first battle for EM started with the strong counter stance I had to take with my medical school Dean who called me in to discourage me from pursuing a residency in EM. My medical student ACEP membership prepared me with information that made it clear that Emergency Medicine was a unique medical specialty of unique skill/expertise, physicians who practice Emergency Medicine should be residency trained, and EM residency training would be the only path to become board certified in EM. I was there to pursue and spread that gospel truth. The Dean made every effort to warn me of the waste of my time, assuring me that I could do a residency in any specialty and work in an Emergency Department. We agreed to disagree and I went on to my EM residency - "ADA" (against Dean's advice.)

From EM residency training, a Peds EM Fellowship, double board certification in EM and PEDS, an Integrative Medicine Fellowship, 17 years of Academic EM Practice (rising in academic rank from assistant to associate professor) and on to the life of a full time independent contracting Traveling Locums Emergency Physician - these 29 years as an ACEP member have ushered me into a place of being at peace with the Emergency Physician I have become. I am proud to do the work I do in a healthcare system that seems to be imploding right before our eyes. The best of times? The worst of times? Only time will tell.

No matter what, we are better together and I am here to be of service to YOU.

Sincerely,

Pamela A. Ross, MD, FACEP, FAAP

Pamela A. Ross, MD, FACEP, FAAP

Candidate: ACEP Board of Directors 2019



Experienced Leadership & Strong Character

I joined ACEP in July 1990 and my leadership in Emergency Medicine began when I was elected to the EMRA Board of Directors, serving as the Academic Affairs Representative.

Since that time, I have been active and involved. My greatness is determined by my service where I have been present and participating in various aspects of the organization and working with many outstanding people over the past 29 years.

I am a natural born leader and my personal style is that of servant leader. I understand that leadership is not always about title or position – but about awareness, insight, inspiration, selflessness, strategy, fiscal responsibility and outcomes that serve the best interests of our membership.



A listening servant leader who is poised, collaborative, diplomatic, fiscally responsible, respectful, strong and committed to the vision and values of the Council.

Unique Skillset & Expertise

Pediatric EM: EM and PEM Board Certified, PEM Section member, Past Councilor PEM Section, Past member ACEP PEM Committee.

Locums: Entering 6th year of active clinical practice as full-time traveling EM Doc following 17yr academic career. Founding Member of EM Locums Section with first seat on Council this year!

Wellness: Immediate Past Chair, Wellness Section



Overall healing, scientific, and life philosophies that are evidence based and open to new paradigms.



Graceful & Strong

A powerful presence given to sharpen, uphold and protect our mission, deliver our vision, and lift the voice of Emergency Medicine and Emergency Physicians across the globe.

Long history of Council involvement over the years. Includes Councilor/Alternate Councilor representing EMRA, Virginia, Pediatric EM Section, Wellness Section, Young Physicians Section, and AWEP.

Socially Conscious

A tenacious advocate and insightful voice for legislation, regulation and policies that are in the best interest of Emergency Physicians, our patients and the communities we serve. EM also means Essential Medical Public Service - 24/7/365.

http://vacep.org/stories/the-socially-conscious-physician-on-leadership-and-taking-control/

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Diplomatic & Collaborative

A positive, graceful presence believing in the power of community. Working in community and with other civic and professional organizations to find the common ground, advance the common good for our specialty and create the best possible outcomes and careers for Emergency Physicians.

Servant Leader

Committed to listening and following the wisdom and will of the Council. Committed to empowering members through mentorship, advocacy, and facilitation of full member engagement. Capable, dedicated, fiscally responsible, strategic, innovative, prepared and willing to serve as a 2019 member of the ACEP Board.



American College of Emergency Physicians®
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2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Gillian R. Schmitz, MD, FACEP

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

No. Board candidates should be evaluated on their qualifications and skill set to serve as a Board member. Period. Half of elected Board members will not serve in the role of President, but all elected members have an important role to serve and represent the College. The efficacy and cohesiveness of a team depends wholly on the diversity of talents, skill sets, backgrounds, work experience, and personalities of its leadership.

The characteristics and traits that make a strong ACEP President are not necessarily the same things that make a good Board member. Leadership for the Board is often best demonstrated by individuals who don't always want to be in the spotlight, who provide expertise in certain niches, who build relationships with other organizations, and who present unique perspectives to best represent our members. If candidates are pre-selected based on their suitability to serve as a future ACEP president, it would change the dynamic of the Board, potentially disincentivize individuals who do not have aspirations of running for president, and devalue the very important role that every other Board member plays as a member of the team.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

One of the biggest challenges ACEP continuously faces is how to best advocate for the broad range of issues that fall under the umbrella of emergency medicine and how to best represent the diverse viewpoints of the nearly 40,000 physicians that comprise its membership.

ACEP continues to develop new sections each year to represent the diverse interests of our membership. As examples, we have seen the formation of several new sections in the past few years due to interest and growth in a variety of areas including locum tenens, aerospace, and social medicine. Sections provide a forum where members can have a voice, a vote in the Council, staff support, and a connection with other members with similar interests.

ACEP has also incorporated various formats for members to express their opinions on controversial topics to ensure both sides are represented. We have seen this in townhall forums and ACEP Now articles to give both sides an opportunity to present their ideas and viewpoints. ACEP has also created a number of task forces to study issues and make recommendations to the Board of Directors. Task forces are often intentionally filled with members of divergent opinions to ensure we are hearing both the majority and minority opinions of our diverse groups and members. We have healthy debates on both the Council floor and Boardroom as members of all backgrounds provide testimony and input into the direction and future of the College.

Ensuring that all voices within emergency medicine are represented also means expanding our outreach to non-members and finding what components of membership hold value for them. The membership committee has worked incredibly hard and worked with Avenue M, a consulting firm, to evaluate new tiers of membership models to incentivize non-members to join and subsequently have an opportunity to participate and have a voice in the College.

I would continue to explore options for better communication with emergency physicians and make sure there is an outlet for disseminating information and receiving member feedback. I would like to increase communication between the national and state level and identify strategies to increase collaboration and improve the value of residency and chapter visits. I would like to get more objective data on what is working and what is not working with membership outreach and engagement. I would expand our social media presence, explore options of virtual meetings and discussion forums, and create a phone-based application that would make ACEP more accessible and relevant, and give members an alternative forum to share their voices.

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

The single most divisive issue in ACEP is our response, as an organization, to address firearm safety. Many members feel this is an important public health issue that ACEP should take the lead on. Others feel this is a political topic that is outside the scope of the College and any action has the potential to alienate members on both sides. Historically, ACEP members have been split on this issue, which has been reflected in the passion and emotionally charged discussions of our members and debate on 23 prior Council resolutions.

This is not about furthering a political agenda, but rather addressing a national public health issue. This does not need to be a partisan clash of ideals. The American College of Surgeons (ACS) recently tackled this by surveying all of its members with a robust survey method to guide their advocacy efforts and found their members agreed on much more than they disagreed on. Having objective data with high response rates will help ACEP have better direction and transparency about the current viewpoints of our members. Heaven forbid…if the *surgeons* can agree and make decisions without a white blood cell count or pan scan, imagine what we can do!

ACEP is composed of a politically diverse membership. The College aims to support bipartisan advocacy issues that impact emergency medicine, our patients, and our members. We don't take sides or support "red" or "blue" issues unilaterally. We support patients, our colleagues, and our specialty. Sometimes the lines of what falls under the EM umbrella can be blurred with politically charged topics, but I believe public health and patient safety are core elements of emergency medicine, and we can find solutions and common ground if we focus on what is best for patients. That's what we do best.

Rather than fighting over 20% of firearm issues where we disagree, we should be spending more time and energy moving the ball forward on the 80% of solutions we all agree on. The focus is not on gun control, but rather preventing firearm injury. Whether you own a gun or not, we should all be on the same side here. We are industry leaders in addressing other public health issues including reducing mortality from opioids and car accidents. Investing in research, studying the impact of legislation in several states that enacted extreme risk protection orders (ERPOs), enforcing existing laws on firearm safety, and reviewing the data in the medical, economics, and criminal justice literature are objective ways we can be proactive. Studying and enforcing interventions that improve outcomes for patients is "our lane". We need to work together, collaboratively and respectfully, to understand our differences, find common ground, and advocate for what will enhance our ability to care for our patients.

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CANDIDATE DATA SHEET

Gillian R. Schmitz, MD, FACEP

Contact Information

111 Ottawa Run
Shavano Park, TX 78231
Phone: 210-542-7783
E-Mail: GillianMD@gmail.com

Current and Past Professional Position(s)

Current Academic Appointments

Associate Professor
Department of Military and Emergency Medicine
F. Edward Hébert School of Medicine
Uniformed Services University

Adjunct Associate Professor
Department of Emergency Medicine
University of Texas Health, San Antonio
San Antonio, TX

Employment Experience

Vice Chair of Education
Department of Emergency Medicine
Brooke Army Medical Center (BAMC)
Ft. Sam Houston, TX

Associate Medical Director
Executive Director for Policy and Advocacy
Spectrum Healthcare
San Antonio, TX

Associate Professor
Associate Program Director
Department of Emergency Medicine
University of Texas, San Antonio
San Antonio, TX

Assistant Professor
Department of Emergency Medicine
UCSD Medical Center
San Diego, CA

Assistant Professor
Department of Emergency Medicine
Georgetown University/Washington Hospital Center, Washington, DC

Curriculum Director
Department of Emergency Medicine
Wilford Hall Medical Center, Lackland AFB, TX

Education (include internships and residency information)

Emergency Medicine Residency
University of North Carolina
Chapel Hill, NC (2007)

Loyola Stritch School of Medicine
Maywood, IL
Degree: Doctor of Medicine (2004)

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.)

ABEM – 1992-2022

Professional Societies

ACEP
Government Services ACEP
Texas ACEP
Council of Residency Directors (CORD)
Texas Medical Association (TMA)
EMRA Alumni

National ACEP Activities – List your most significant accomplishments

American College of Emergency Physicians, Board of Directors (2016-present)
Board Liaison to Membership & Chapter Relations Committee (2018-present)
Board Liaison to Rural EM, Tactical EM, Freestanding, Dual Certification, and Locum Tenens Sections (2018-present), Board Liaison to Academic Affairs and Residency Visit Program (2016-2018)

ACEP Academic Affairs Committee
Committee Chair (2013-2015)
Sub-committee chair (2005-2016)

ACEP Medical Legal Committee
2011-2014

Annals of Emergency Medicine Editor in Chief Task Force 2014, 2018

ACEP Young Physicians Section
Chair 2008-2010
Member 2007-present

Technical Advisory Group (TAG) Workforce Task Force
2006-2009

ACEP Chapter Activities – List your most significant accomplishments

Government Services State Chapter of American College of Emergency Physicians
President 2015-2016

President Elect 2014-2015
Board of Directors 2011-present
Membership Chair 2011-2013
Councilor 2011-201621

Texas ACEP Chapter
Texas Leadership and Advocacy Fellow (TLAF)
Residency Visit Committee

Practice Profile

Total hours devoted to emergency medicine practice per year: **2100** Total Hours/Year

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

Direct Patient Care **50** % Research **10** % Teaching **10** % Administration **30** %

Other: _____ ____%

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

I work clinically at a military academic training site that is a Level 1 Trauma Center and an emergency medicine residency training program. I am employed through the Department of Defense and teach at Brooke Army Medical Center, the Uniformed Services University of the Health Sciences, and the University of Texas Health in San Antonio, TX.

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.

Defense Expert **X** **Cases 3** **Plaintiff Expert** **Cases**

CANDIDATE DISCLOSURE STATEMENT

Gillian R. Schmitz, MD, FACEP

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

Employer: Department of Defense/ Uniformed Services University of the Health Sciences

Address: 4301 Jones Bridge Rd, Bethesda, MD 20814

Position Held: Associate Professor, Department of Military and Emergency Medicine

Type of Organization: Government/ Academic Training Center

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: American College of Emergency Physicians Board of Directors

Address: 4950 W. Royal Lane, Irving, TX 75063-2524

Type of Organization: National Membership Organization

Duration on the Board: 3 years

Organization: Government Services ACEP

Address: PO Box 19233, Portland, OR 97280

Type of Organization: Chapter Board of Directors

Duration on the Board: 6 years

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE

☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☒ NONE
☐ If YES, Please Describe:

5. 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:

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Gillian R. Schmitz Date 5/27/19

GSACEP
Government Services Chapter of ACEP
PO Box 19233 // Portland, Oregon 97280
www.GSACEP.org

2 August 2019

RE: Endorsement for Gillian Schmitz, MD, FACEP for the ACEP Board of Directors

On behalf of the Government Services Chapter of ACEP, It is my great honor and pleasure to forward this letter of endorsement for Gillian Schmitz, MD, FACEP as candidate for the ACEP Board of Directors. I have known Gillian professionally and personally for over 12 years. Her dedication, drive and commitment to furthering the field of Emergency Medicine is staggering and a role model for all of us. Throughout her career, she has distinguished herself in every facet of Emergency Medicine to include clinical practice, academic contributions as well as hospital leadership.

Gillian is a true visionary leader who embodies the principles of service and selflessness. Within our chapter she has served as Past President, Membership Committee Chair, and Scholarship and Awards Committee Chair. Under her leadership she helped guide our chapter to the next level advocating for military and government Emergency Physicians at every turn.

Gillian is a recognized national leader of our specialty who has held numerous leadership positions throughout her career. She is a current Member of the ACEP Board of Directors under which role she has worked tirelessly for the advancement of our specialty. She is a former Chair of the Academic Affairs Committee, subcommittee Chair for the Medical Legal Committee, Chair for the Young Physicians Section, and former Board member for the Emergency Medicine Resident's Association (EMRA).

Gillian's contributions to academic Emergency Medicine embody her commitment to helping develop the next generation of physicians within our specialty. She currently holds the academic rank of Associate Professor, Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences helping to mold our future military Emergency Physicians. In addition, she also serves as the Vice Chair of Education, Brooke Army Medical Center. She is a former EMF grant recipient, published author, and reviewer for several medical journals. Gillian has also served as a national speaker for ACEP, EMRA, CORD and SAEM.

Gillian's track record and commitment to our specialty highlights why it is imperative that we re-elect her to ACEP Board of Directors. Going forward our specialty will continue to face new challenges and obstacles. Gillian's leadership within the ACEP Board of Directors will ensure success for our college and our specialty.

In closing, the Government Services Chapter of ACEP fully endorses and strongly encourages the ACEP Council to re-elect Gillian Schmitz, MD, FACEP to the ACEP Board of Directors.

Respectfully Submitted,

Julio Lairet, DO, FACEP
President GSACEP

Julio Lairet, DO, FACEP – Chapter President
Andrea Austin, MD, FACEP – President Elect
Melissa Givens, MD FACEP – Past President
David S. McClellan MD, FACEP – Treasurer
Liz Mesberg, Executive Director

GILLIAN SCHMITZ, MD, FACEP



Incumbent Candidate for the ACEP Board of Directors

Endorsed by the Government Services Chapter

National Leadership

- ACEP Board of Directors
- Chair, ACEP Academic Affairs Committee
- ACEP Medical Legal Committee
- Annals of Emergency Medicine Editor in Chief Task Force
- ACEP Technical Advisory Group (TAG) Workforce Study
- Chair, ACEP Young Physician Section
- EMRA Board of Directors
- National Speaker for ACEP, CORD, SAEM, and EMRA
- ABEM EM Model Workgroup
- Chair, Joint Milestone Task Force Chair (CORD)

Clinical

- Experience in Military, Academic, Community, and Rural Emergency Departments

Academic and Hospital Leadership

- GME and UME Director
- Associate Medical Director
- EMF Grant Recipient
- National Early Career Award
- National Mentorship Award
- Committee Chair of Faculty Development and Career Advancement of Women and Minorities

Chapter Activity

- Government Services Chapter
  Past President, Membership Chair, Scholarship and Awards Chair
- Texas Chapter
  TX Leadership & Advocacy Fellow
  Membership and Education Committee

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2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Ryan A. Stanton MD, FACEP

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

I believe that it is a consideration, but we need men and women of various talents serving on the ACEP Board. Diversity of backgrounds, thoughts, and skills should be the goal of a strong Board of Directors. This diversity is key for the debate of ideas and course of ACEP. However, not all of these attributes are those that will produce a successful president. We need to keep potential future office in mind and ensure we have members involved that would excel at the role, but this by no means is the primary or most important role of the ACEP Board. Witl all of that said, I believe one of the charges of the Board and those that guide the election slate should consider all aspects of the presidential candidate, understanding the position and how each candidate will reflect on the college and what ACEP represents.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

Some of the greatest strengths and challenges facing ACEP revolve around the wide breadth of thoughts, beliefs, and ideas of our members. It is integral that we do everything in our power to support the independent voices of our members and use that to guide the decisions of the college based on the overall best course for our physicians and our patients. I grew up in a family in which I was always taught to respect opinions, to keep an open mind, to listen, and be willing to challenge my own thoughts and beliefs based on input from others. Every person has the potential to add value through experience and perspective. We must produce an environment where those thoughts and input are valued and heard. Unfortunately, the current environment of discussion and social media in this country make respectful discourse and discussion challenging and often hostile. My background in communications allows me to promote an environment that makes everyone comfortable to express their opinions and thoughts. That being said, it is also very important for those in leadership positions to address and prevent others from demeaning or attempting to quiet any voice without adequate opportunity and time to voice their opinions. ACEP has traditionally done a very good job at allowing anyone to speak at settings such as the Council. Microphones where anyone and everyone in emergency medicine can step up, from the staff and stakeholders, to physicians of all ages and backgrounds. Some of the opinions can be frustrating and occasionally off topic, but it is important enough to be said and thus the platform to be heard and considered.

I was surprised at my first ACEP council many years ago to find that the representatives of emergency medicine from across the country were split almost 50/50 with regard to political beliefs and leanings. I always assumed that most other physicians "thought like me". This realization allowed me to understand one level of diversity that allows emergency medicine to be so good at treating an incredibly diverse population. This is key to properly addressing challenges throughout our practices and to promote healthy debate. Sometimes, what we need to hear is not necessarily what we want to hear. We will never be challenged and advance by ALL thinking and saying the same thing.

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

Wow, to pick one single issue is a challenge in itself. We have so many challenges with varying degrees of divisiveness, angst, and potential among our members and leadership. Several recurring themes include diversity, guns, politics, wellness and of course, the annual discussions on marijuana. Thankfully, I believe the majority of our members and leadership are working diligently to address many of these issues and find common ground to move forward. Bold discussions and growing diversity within our college are a couple of our greatest strengths and working to address many of these challenging topics within emergency medicine. However, I believe the most widespread area of divisiveness across the country specifically related to ACEP and our members is the future direction of healthcare with regard to politics, structure, and our role in that future. The political environment within the United States is a potential powder keg at every turn and conversation. With the history of emergency medicine and evolution over the last number of years, we are now at a tipping point where change MUST happen. We are clearly

in a place in the US healthcare system where change will be required to address cost, regulation, and payment. Unfortunately, there are pretty defined lines within the political world based on right and left with special interests at every turn. One of the greatest gifts of ACEP is the diversity of beliefs, but this also means that the debate on direction of the healthcare system can be a very contentious topic.

Over the last 8+ years that I have attended LAC, I have gotten to see the differences in beliefs and ideas, but also how we can come together in emergency medicine to fight for common goals. Also, on these visits to Washington DC, we see the wide spectrum of politics in leadership positions and the challenges we face moving forward. Emergency medicine is the hub of the entire healthcare system, and thus, we are a focus of many discussions and often the direction of many criticisms from inside and outside healthcare. ACEP must come together to fight for our profession and our patients. This can be challenging when we have so many ideas on what that direction should be.

Talking with members and leaders, we discuss the free market, competition, private insurance, public interests, and various levels of "single payer" medicine. Many have very strong opinions on some or all of these options. So, how do we move forward and where should we advocate as the premier organization of emergency medicine? The key is that we come together and build on our diversity to best advocate and legislate for our patients, emergency medicine, and emergency physicians. This is not to say that other areas are not important, but we see over 145 million patients every year in thousands of hospitals by tens of thousands of emergency physicians. We are the home of acute care medicine in the United States and must protect that access to care and our ability to provide that care. There are countless individual considerations within this topic, from EM staffing and groups, to payment and tort reform. Working together, we may not be able to achieve perfection, but may be able to design and promote a system that positions emergency medicine for the future of US healthcare.

I don't completely know what the best system looks like, and that's why I turn to the broad knowledge, experience, and diversity of ACEP to come together and help drive the future of healthcare in this country. We may not all agree and may occasionally disagree strongly, but by having an open mind, bold discussions, continuing to focus on our patients and profession, I think we can find common ground with adequate consensus to move forward. We have the best leaders in medicine within our ranks. We must use these talents to help guide our future, educate our colleagues/patients, and advocate for the future of emergency medicine. I fully believe that emergency medicine is at the point that we need to take our position as the key player in this healthcare system and our physicians as the leaders within US healthcare and beyond. I am proud of who we are in ACEP and look forward to where we can go. I hope that you will join me, investing in our differences and diversity, coming together to have the tough discussions and debates promoting a great future for our patients and physicians.

American College of Emergency Physicians®
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CANDIDATE DATA SHEET

Ryan A. Stanton, MD, FACEP

Contact Information

106 Stonewall Dr.
Nicholasville KY 40356
Phone: 859-948-2560
E-Mail: ryanastanton@gmail.com

Current and Past Professional Position(s)

Central Emergency Physicians- 2013-Current
MESA Medical Group/TeamHealth- 2008-2014
University of Kentucky Emergency Medicine- 2008-2013
Lexington Fayette Urban County Government- EMS Medical Director- 20013-Current
Bluegrass Airport- Public Safety Medical Director- 2019-Current
AirMed International- Kentucky and Florida Medical Director- 2014-Current
AMR/NASCAR Safety Team- 2017-Current
WKYT TV-27- 2018-Current
WTVQ TV-36- 2008-20018

Education (include internships and residency information)

Internship- James H Quillen College of Medicine- Surgery- 2003-2004
Residency- University of Kentucky- Emergency Medicine- 2005-2008

MD- James H. Quillen College of Medicine- 2003

Specialty Board Certifications(e.g., ABEM, AOBEM, AAP, etc.)

ABEM- EM- 2009-Current
ABEM- EMS Board Eligible- 2019

Professional Societies

ACEP, AAEM, KACEP, AMA

National ACEP Activities – List your most significant accomplishments

Public Relations Committee
Public Relations Committee
ACEP Frontline Podcast- Creator and Host
EDPMA/ACEP- Public Relations Chair
Spokesperson of the Year
9-1-1 Advocacy Member of the Year

ACEP Chapter Activities – List your most significant accomplishments

KACEP President

KACEP President-Elect
KACEP Education Chairman
KACEP Public Relations Chairman- 2008-Current
Started the KACEP annual education conference.

Practice Profile

Total hours devoted to emergency medicine practice per year: **1600** Total Hours/Year

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

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

Other: **Does not include media and podcast production.** %

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

Private single hospital democratic physician owned group- community hospital

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.

Defense Expert 5 Cases **Plaintiff Expert 0 Cases**

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CANDIDATE DISCLOSURE STATEMENT

Ryan A. Stanton MD, FACEP

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

Employer: Central Emergency Physicians

Address: 1740 Nicholasville Rd.

Lexington KY 40503

Position Held: Emergency Physician

Type of Organization: Private Democratic Emergency Medicine Group

Employer: Lexington Fayette Urban County Government

Address: 219 E 3rd St.

Lexington KY 40508

Position Held: Medical Director

Type of Organization: Fire Department- EMS

(If additional space is needed, attach an additional sheet – see page 3.)

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: KACEP- President, BODs, and several committee positions

Address: PO Box 2831

Louisville KY 40201

Type of Organization: State ACEP Chapter

Duration on the Board: 2008-Current

Organization: Emergency Medical Advisory Board- LFUCG

Address: 200 E. Main St

Lexington KY 40504

Type of Organization: Urban-County Government

Duration on the Board: 2008-Current

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE
☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE
☒ If YES, Please Describe:

Clinical medical advisor for Teleflex performing education at labs around the country.

5. 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:

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Ryan A. Stanton MD. FACEP 6/27/19

Continued from page 1 – current employer.

Employer: American Medical Response/NASCAR

Address:

Arlington, TX

Position Held: Safety Team Track-on-Track Physician

Type of Organization: Event Medicine – EMS

Employer: AirMed International

Address:

Birmingham, AL

Position Held: Kentucky and Florida Medical Director

Type of Organization: Air medical transport

Employer: Lexington Bluegrass Airport – KLEX

Address: 4000 Terminal Drive

Lexington, KY 40510

Position Held: Public Safety Medical Director

Type of Organization: Regional Airport

Employer: Teleflex

Address:

Wayne, PA

Position Held: Clinical Medical Advisor

Type of Organization: Medical Devices

KENTUCKY CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Dear ACEP Councillors:

The Kentucky Chapter of ACEP proudly and enthusiastically endorses Dr. Ryan A. Stanton as a candidate for the American College of Emergency Physician Board of Directors. Ryan Stanton has been a true leader over the past ten years. He has shown exemplary state and national involvement in ACEP. Ryan has held many state leadership roles; Counselor, Public Relations Committee Chair, Vice President as well as President of KY ACEP. He remains an integral member of the state Board of Directors.

Ryan has a unique blend of qualities that allow him to thrive in a multitude of settings. His background in television and radio make him very comfortable in front of crowds and the camera. He has natural leadership ability and is very charismatic. He is medical director or has a leadership role with; 1) Lexington Fire and EMS, 2) AirMed International, and 3) Kentucky Motor Speedway EMS.

He works a full schedule in the emergency department and yet he always finds time to travel to the state capital to engage the legislators, often at the "drop of a hat". Many times I've been called with an "emergency" legislative committee meeting and I know I can always count on Ryan finding a way to be there to testify on behalf of emergency physicians throughout the state. He is essential in the success of our chapter. He will push up his sleeves and do whatever is needed for meetings, CME, Hill visits, financial support, and really anything else the chapter needs.

Dr. Stanton is active at the national level including serving as chair of the ACEP PR committee from 2014 through 2016. Ryan's curriculum vita illustrates his numerous achievements during his career. He has touched many lives through his medical work, Fire/EMS leadership as well as media. I strongly recommend his nomination!

Sincerely,

Timothy G. Price, MD, FACEP
President, Kentucky Chapter of
American College of Emergency Physicians

Ryan A. Stanton MD, FACEP

ACEP Council,

First and foremost, thank you for everything that you do for our college and specialty. I also want to thank you for the opportunity and consideration of the ACEP Board-of-Directors. I am a full time emergency physician for an independent single hospital democratic group in Lexington KY. Over the years, I have worked in academia, a small CMG, large CMG, and now independent group. I have spent the last 10+ years working with ACEP public relations as a member, chair, and spokesperson to tell the stories of EM and all of the great work our physicians perform every day for the benefit of our patients. That has developed into the ACEP Frontline and Everyday Medicine podcasts to help educate physicians and others in EM on the changes and evolution of our practice. As someone who grew up in media, transitioned to medicine, and now combining the two, I cherish the ability to communicate and advance the cause of EM.

We are currently facing one of the greatest assaults and challenges to the practice of emergency medicine. The battle over Out-of-Network/Surprise Billing legislation that is being driven through a well-funded and organized campaign from the insurance industry and others. There is potential for catastrophic impact to our specialty and to the safety net that emergency medicine provides. I have spent countless hours working through the OOB task force as well as advocacy locally and in Washington DC. Through various channels, we have emboldened emergency physicians and others to fight like never before. Election to the Board-of-Directors would allow me to escalate the fight and efforts that I have been building over the past couple of years as well as others to come in the future.

As a board member, my goals are to utilize my talents in communication, education, advocacy, and experience to help guide emergency medicine and ACEP into the future where EM is the hub of the healthcare community, positioned as a leader in acute care medicine but also in helping patients navigate the system to get the right care, when and where they need it. I also feel that ACEP must advocate for the individual physician to promote the rights, freedoms, and protections of EVERY emergency physician, no matter the setting they choose to practice. Over the years, we have seen hospitals, insurers, and some groups devalue the individual physician and we MUST re-establish our position among our departments, groups, hospitals, and systems. We must foster physician ownership, leadership, and development. Emergency medicine is the ideal specialty to lead the house of medicine and is perfectly positioned as the primary advocates of the lay public and our patients. My goal is to push that role and further grow our specialty as leaders throughout medicine and beyond.

We have faced a number of challenges over the years and the EM landscape has been shifting. Our priorities must focus on the patients, access to care, and the highest trained specialists in EM to provide the care necessary. We must ensure that the medical team is well defined under active physician oversight and leadership. With the board and our leadership, we will continue to advocate and fight for emergency physicians, emergency medicine, the patients that seek our care, and the overall public good through our experience, education, research, safety, and prevention.

Thank You,

Ryan A. Stanton MD, FACEP

RYAN A. STANTON, MD, FACEP



ACEP Board of Directors Candidate

ACEP Leadership

- Councillor for 10 years
- ACEP Public Relations Committee
- National Spokesman, ACEP
- Past President, Kentucky Chapter of ACEP
- Chair, Public Relations Committee, Kentucky Chapter of ACEP

Experience/Leadership

- Emergency physician with community and academic experience
- Medical Director, Lexington KY Fire/EMS
- Medical Director, Airmed International
- AMR/NASCAR Safety Team
- Founder/CEO, Everyday Medicine LLC

My goals are to utilize my talents in communication, education, advocacy, and experience to help guide emergency medicine and ACEP into the future where EM is the hub of the healthcare community, positioned as a leader in acute care medicine but also in helping patients navigate the system to get the right care, when and where they need it.

Advocacy → Leadership → Service

Dear Fellow Councillors and ACEP Colleagues;

Thank you for all of your service to ACEP, the Council and to the practice of emergency medicine. It is both my privilege and honor to work with you. I respectfully request your vote for the ACEP Board of Directors.

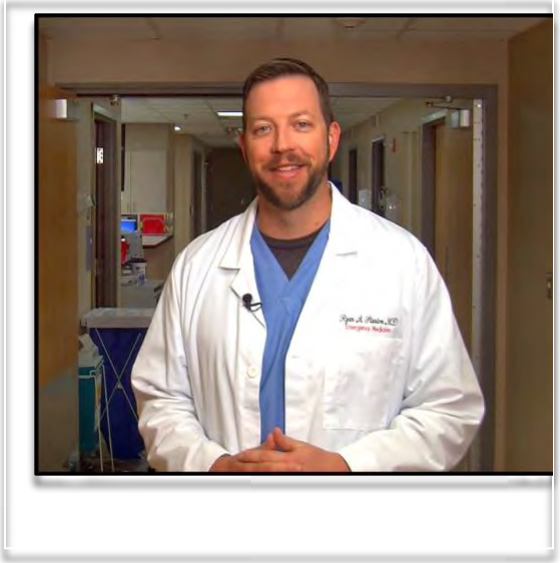
I currently work for an independent single hospital democratic group in Lexington KY. Over the years, I have worked in academia, a small CMG, large CMG, and now independent group. I have spent the last 10+ years working with ACEP public relations as a member, chair, and spokesperson to tell the stories of EM and all of the great work our physicians perform every day for the benefit of our patients. That has developed into the ACEP Frontline and Everyday Medicine podcasts to help educate physicians and others in EM on the changes and evolution of our practice. As someone who grew up in media, transitioned to medicine, and now combining the two, I cherish the ability to communicate and advance the cause of EM.

As a board member, my goals are to utilize my talents in communication, education, advocacy, and experience to help guide emergency medicine and ACEP into the future where EM is the hub of the healthcare community, positioned as a leader in acute care medicine but also in helping patients navigate the system to get the right care, when and where they need it. I also feel that ACEP must advocate for the individual physician to promote the rights, freedoms, and protections of EVERY emergency physician, no matter the setting they choose to practice. Over the years, we have seen hospitals, insurers, and some groups devalue the individual physician and we MUST re-establish our position among our departments, groups, hospitals, and systems. We must foster physician ownership, leadership, and development. Emergency medicine is the ideal specialty to lead the house of medicine and is perfectly positioned as the primary advocates of the lay public and our patients. My goal is to push that role and further grow our specialty as leaders throughout medicine and beyond.

We have faced a number of challenges over the years and the EM landscape has been shifting. Our priorities must focus on the patients, access to care, and the highest trained specialists in EM to provide the care necessary. We must ensure that the medical team is well defined under active physician oversight and leadership. With the board and our leadership, we will continue to advocate and fight for emergency physicians, emergency medicine, the patients that seek our care, and the overall public good through our experience, education, research, safety, and prevention.

RAS Goals for Board Service

1) **Communication talents for advocacy, messaging, and education.**
2) **Advocate for the emergency physician- rights, protections, safety, and environment**
3) **Advocate for the future legislation that will impact our practice and patients**
4) **Continue to advance diversity, inclusion, and equality throughout EM and medicine in general.**
5) **Advance the role of EM as the hub of the healthcare system, maximizing our skills to evaluate, stabilize, manage, and disposition or patients to the best possible settings.**
6) **Continue the growth of EM innovation, research and development.**
7) **Foster the future leaders of our specialty.**



Ryan A. Stanton, MD, FACEP, FAAEM
Candidate for the ACEP Board of Directory
Past President, Kentucky Chapter of ACEP

2019 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Thomas J. Sugarman, MD, FACEP

Question #1: **Should the evaluation of a potential Board candidate include their suitability to serve as a future ACEP president?**

Since the job descriptions and responsibilities are different, suitability as a future president is not necessary for Board members. The bylaws make the Board responsible for "the management and control of the College." To best accomplish this mission, the Board members should be diverse in terms of backgrounds, types of practice, expertise and skill sets. All board members must be informed on the College's issues and able to articulate them. As Councilors consider whom to elect, they should strive for a well-rounded Board that represents the entire College and that can effectively manage the organization.

The President is the leader of the College and speaks on behalf of the College. During their term on the Board, members grow, gaining experience and knowledge to prepare them for a possible presidency. Due to the structure of the Board and the presidential election cycle, generally only half of the ACEP members elected to the Board of Directors eventually become President. Not all Board members run for president and of those that run, not all are elected. Many past Board members contributed greatly to the College without becoming President. Councilors should elect a president who has been an effective Board member, can lead the College, and be ACEP's public face.

Question #2: **Given the diverse viewpoints of ACEP members, how will you ensure that all voices within emergency medicine can be represented?**

As a Board of Directors member, I promise:

- To seek out, listen to, and consider diverse viewpoints
- To be available to all members
- To focus ACEP's efforts on issues both directly relevant to emergency medicine and of common interest to our members
- To improve ACEP's communication to members, particularly the reasoning behind Board decisions

I endorse ACEP's mission statement: "The American College of Emergency Physicians promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients, and the public." ACEP represents members, both regular members and candidate members—emergency physicians with board certification/eligibility or on a path (residency or medical student) towards certification.

The house of emergency medicine has many voices. ACEP should be aware of and consider multiple perspectives regarding emergency care. To effectively meet ACEP's mission, all members views must be represented. However, we all win by focusing on our patients. By putting the patient first, ACEP "wears the white hat." Our patients' needs are paramount; they are what binds us together as Emergency Physicians.

Question #3: **What do you believe is the single most divisive issue in ACEP at this time and how would you address it?**

ISSUE:

ACEP's most divisive issue is that many members and potential members perceive that partisan interests drive ACEP's agenda. Interestingly, many of the partisanship concerns are contradictory with some believing ACEP is biased in one direction and some seeing prejudice on the other side. Distress over partisanship manifests as a sense of anger or apathy—"it does not matter, it's out of my control." This limits both member engagement and ACEP membership.

Emergency physicians often have different viewpoints based on practice setting—rural vs. urban, tertiary hospital vs. referral hospital, big group vs. small group, doctor owned v. non doctor owned group, or academic vs. nonacademic. Like all specialists, emergency physicians' divergent views reflect the highly partisan national political environment that engenders political gridlock. I observe some physicians not supporting or joining ACEP because they disagree with ACEP's position/lack of a position on a particular issue or politician. But ACEP cannot be a single-topic organization because all of our members have different single issues.

SOLUTIONS:

ACEP must evaluate issues and our agenda using 2 principles. First, is it of primary importance to emergency physicians' practices? Second, is the topic particular to providing emergency care, rather than an interest of just some emergency physicians? If other organizations can address a problem, then ACEP should tread carefully. Since everybody is potentially an emergency patient, all issues are significant to some emergency physicians. But, by focusing on concerns meeting the criteria of both directly relevant to emergency physicians and limited to emergency medicine, ACEP can be more effective. We cannot allow ACEP's efforts to be undermined by partisanship nor distracted by issues not unique to emergency medicine.

Transparent decision making is paramount. Over the last few years ACEP markedly improved its communication and messaging to members. ACEP redesigned its website, distributes multiple newsletters, and maintains a strong social media presence. ACEP does a great job reporting its activities and positions. Going forward we should better explain the process, criteria, and reasoning behind our decisions. This will dispel the notion that ACEP makes partisan decisions. ACEP's goals are to ensure emergency physician practices remain economically viable and fulfilling, allowing us to provide our patients quality emergency care.

As a member of your Board of Directors, I pledge to improve transparency, so all members feel they have influence and access to the reasoning behind ACEP's decisions. I will work for ACEP to target matters of common interest to all board-certified emergency physicians. This will improve our cohesiveness and increase membership making ACEP more effective at representing emergency physicians' issues.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

CANDIDATE DATA SHEET

Thomas J. Sugarman, MD, FACEP

Contact Information

1569 Solano Avenue, #463, Berkeley, CA 94707
Phone: 510-219-7261
E-Mail: tjsugarman@gmail.com

Current and Past Professional Position(s)

Current:

Emergency Physician (2001) and Chair of Emergency Services (2013), Sutter Delta Medical Center (FT)

Senior Director Government Affairs, Vituity (formerly CEP America) (2016) (PT)

Urgent Care Physician, East Bay Physicians Medical Group (2014) (PT)

Past:

Emergency Physician, Alameda Hospital (2003-2015) (PT)

Fire Brigade Emergency Physician for Vituity, California and Illinois hospitals (FT)

Emergency Physician, Illinois, Kentucky and California hospitals for Team Health (and precursors) (1992-3 and 1995-2001) (FT and PT)

Emergency Physician St Mary Medical Center and San Pedro Peninsula Hospital (1993-1994) (FT)

Clinical Faculty, Harbor UCLA Department of Emergency Medicine (1993-5) (PT)

Education (include internships and residency information)

Harbor UCLA Emergency Medicine Residency and Internship, 1989-1992

MD with Honors, University of Illinois at Chicago, 1989

Certifications

ABEM certified 1994, recertified 2004 and 2014

Professional Societies

ACEP

California ACEP

AAEM

CalAAEM

AMA

CMA (California Medical Association)—member Council on Legislation, 2010-current

ACCMA (Alameda Contra Costa Medical Association)—President, Nov 2017-Nov 2018, BOT, 2014-current.

National ACEP Activities – List your most significant accomplishments

ACEP Councillor, 2007-current, Alternate, 2006

Emergency Practice Committee, 2010-current

State Legislative/Regulatory Committee, 2016-current

ACEP Sedation Task Force, 2013-2016

Mobile Integrated Healthcare/Paramedicine Task Force, 2016-2017

Contract Transitions Task Force, 2017

Joint ACEP/EDPMA Task Force on Reimbursement, 2017-current

NEMPAC BOD member, 2017-current

Emergency Medicine Action Fund BOD, 2018-current

Emergency PA/NP Utilization Task Force, 2018-current.

Invited speaker at ACEP Leadership and Advocacy Conference: "Taking the Lead: Essential Skills to Becoming a Highly Effective Chapter Leader," 2014

ACEP Chapter Activities – List your most significant accomplishments

California ACEP:

President, 2013-2014, BOD, 2006-2015

Chair Government Affairs Committee, 2013

Walter T. Edwards Meritorious Service Award, 2015

Chapter Service Award, 2012

Practice Profile

Total hours devoted to emergency medicine practice per year: **2400** Total Hours/Year

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

Direct Patient Care **50** % Research **0** % Teaching **0** % Administration **10** %

Other: **Advocacy** **40** %

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

My clinical practice is at suburban non-profit community hospital. Our ED sees 60,000 pt/year and the hospital has 145 beds. My group, Vituity, is a multi-state, multi specialty, but predominantly emergency medicine physician partnership. All physicians (working the required hours) become full partners with equal ownership after 4 years. We own our billing company and practice management company and we have no outside investors.

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.

Defense Expert 1 Cases **Plaintiff Expert 0 Cases**

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

CANDIDATE DISCLOSURE STATEMENT

Thomas J. Sugarman, MD, FACEP

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

Employer: Vituity

Address: 2100 Powell, #900

Emeryville, CA 94608

Position Held: Emergency Physician and Senior Director of Government Affairs

Type of Organization: Physician partnership

Employer: East Bay Physicians Medical Group

Address: 3687 Mt Diablo Blvd.

Lafayette, CA 94549

Position Held: Urgent Care Physician

Type of Organization: Physician group contracting with Sutter East Bay Medical Foundation

2. Board of Directors Positions Held – *List all organizations and addresses for which you have served as a board member – including ACEP chapter Board of Directors. Include type of organization and duration of term on the board.*

Organization: California ACEP

Address: 1121 L Street, #407

Sacramento, CA 95814

Type of Organization: State Chapter of ACEP

Duration on the Board: 2006-2015

Organization: Alameda Contra Costa County Medical Association

Address: 6230 Claremont Avenue

Oakland, CA 94618

Type of Organization: County component society of California Medical Association

Duration on the Board: 2014-current

Organization: NEMPAC

Address: 2121 K Street, NW, Suite 325

Washington, DC 20037

Type of Organization: ACEP's Political Action Committee

Duration on the Board: 2017-current

Organization: Emergency Medicine Action Fund

Address: 2121 K Street, NW, Suite 325

Washington, DC 20037

Type of Organization: ACEP's Advocacy fund addressing emergency medicine issues

Duration on the Board: 2018-current

Organization: Physicians for Fair Coverage

Address: 8400 Westpark Drive, 2nd Floor

McLean, VA 22102

Type of Organization: Advocacy organization focusing on surprise insurance gaps/billing

Duration on the Board: Alternate BOD member 2018-2019, BOD member 2019-current

I hereby state that I or members of my immediate family have the following affiliations and/or interests that might possibly contribute to a conflict of interest. Full disclosure of doubtful situations is provided to permit an impartial and objective determination.

☒ NONE
☐ If YES, Please Describe:

3. Describe any outside relationships that you hold with regard to any person 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) a 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, malpractice insurance company), other than owning less than a 1% interest in a publicly traded company.

☐ NONE
☒ If YES, Please Describe:

I am a physician partner with < 1% equity interest with Vituity. I am the Senior Director of Government Affairs. Vituity has a quality clinical data registry and offers physician (and other providers) CME. Vituity owns a billing

company and a practice management company. Vituity physicians, including me, are members of The Mutual Risk Retention Group which provides professional liability insurance to both Vituity and non-Vituity physicians.

5. 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:

I am a member of AAEM, California Medical Association and AMA. I am immediate past-President of Alameda Contra Costa Medical Association (term ends November 2019).

6. 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:

I certify that the above is true and accurate to the best of my knowledge:

Thomas J. Sugarman Date June 11, 2019

CALIFORNIA ACEP
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

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E-Mail info@californiaacep.org

www.californiaacep.org

August 15, 2018

Dear Colleagues:

The California Chapter is pleased to give its enthusiastic endorsement to Thomas J. Sugarman, MD, FACEP for ACEP Board of Directors and strongly urges your support of his candidacy.

Dr. Sugarman's career demonstrates his steadfast commitment to emergency medicine and his relentless pursuit to make a difference in the lives of his fellow pit doctors and the patients they care for.

Dr. Sugarman is a Past President of the Chapter and has served with incredible enthusiasm and dedication in a variety of leadership roles for more than a decade. At the Chapter, group, and national level, Dr. Sugarman has been involved in fair payment issues for many years. During and after his service on the Chapter's Board, he testified before legislators in support of fair payment for emergency physicians. His deep understanding of fair payment issues and extensive experience during multiple legislative attempts and legal battles to ban surprise billing will be a tremendous asset to the College at this time when we face serious threats. Dr. Sugarman is uniquely qualified to assist the College in the current climate.

Additionally, his numerous accomplishments, many years of service, and diversity of clinical experience ranging from Base Station EMS Medical Director, to International Medical Corps volunteer physician, to Sepsis Champion at his community ED, will bring a broad and knowledgeable perspective to the Board. He truly understands the challenges emergency physicians face in all practice settings and has dedicated his career to removing practice barriers.

Dr. Sugarman is a tireless and passionate advocate for emergency physicians, with several decades of commitment at every level of organized medicine. In addition to being a Past President of the Chapter, he is the Immediate Past President of his local medical society and is a delegate to the California Medical Association (CMA) House of Delegates. For nearly a decade he has served as a representative to the CMA's Council on Legislation, where he has ensured that the positions taken adequately represent the uniqueness of our specialty. He is also the Co-Chair of the East Bay Safe Prescribing Coalition and has testified before the California Medical Board on behalf of the Chapter, helping ensure safe prescribing efforts are tailored toward the unique needs of the ED.

Dr. Sugarman's advocacy leadership is always focused on improving the practice of emergency physicians. His work not only includes advocacy on fair payment, but regulatory efforts on procedural sedation and legislation relating to psychiatric holds. He also initiated and led efforts to create PECARN and safe prescribing tools for emergency physician use at the bedside. He also serves on ACEP's State Legislation and Regulatory Committee and is currently the Senior Director of Government Affairs for Vituity.

Dr. Sugarman's dedication to emergency medicine and unique skill set embodies precisely the kind of person we need leading and serving us on the ACEP Board of Directors. Our Chapter has been witness to his ability to inform and influence legislators, lobbyists, and regulators one day and turn around the following day to treat and care for patients. Dr. Sugarman has received numerous awards acknowledging his contributions to emergency medicine, including the Chapter's highest award, the Walter T. Edwards Meritorious Service Award, for a career's worth of exceptional contributions to the Chapter.

Dr. Sugarman is an unwavering advocate for emergency physicians. His expertise, experience, and desire to serve the College will prove invaluable to the Board of Directors. The California Chapter is extremely proud to endorse and respectfully request your support of Dr. Tom Sugarman for the Board of Directors.

Respectfully,

CHI PERLROTH, MD, FACEP
President

Thomas J. Sugarman, MD, FACEP

August 15, 2019

Fellow Councillors:

I am honored to be nominated for the ACEP Board, the preeminent organization representing emergency physicians. I love taking care of my patients and practicing emergency medicine. I devote about half my professional time to clinical care and the other half to advocating on behalf of emergency medicine. Right now, surprise billing legislation moving through both the Senate and the House presents an extreme threat to emergency medicine. If passed, emergency physicians will suffer dramatic pay cuts. Worsening staffing ratios will lead to longer emergency wait times, more limited on-call specialist availability, and less time per patient encounter.

Like you, I am honored to provide emergency care to all patients. Unfortunately, EMTALA is an unfunded mandate. Although emergency physicians comprise only 4% of physicians, we provide over 60% of uninsured care and over 50% of underfunded Medicaid care. The surprise billing solutions currently moving through Congress do not acknowledge the tremendous amount of charity care emergency physicians proudly deliver. Insurance companies focus on their profits by vilifying emergency physicians, while we focus on taking care of patients and providing the safety net.

The drive to lower health care costs on the backs of the only specialty providing exclusively EMTALA mandated care will continue. Surprise billing is not our only threat. For profit insurance companies are violating the prudent layperson standard. States and the federal government threaten to deny or reduce Medicaid payment in the emergency department.

Advocacy

At the 2018 Leadership and Advocacy Conference, Surgeon General Jerome Adams told us that "advocacy is looking beyond the problem in front of you...it's figuring out how to prevent the problem. It's more than clinical excellence." ACEP allows emergency physicians to harness the collective power of a united voice to benefit our patients.

Starting in 2006 when California ACEP Board sponsored a bill to solve the balance billing problem using a fair payment standard and arbitration, I developed expertise in advocating for fair reimbursement. I worked with ACEP, EDPMA and PFC in developing model legislation. My experience advocating in California on balance billing, with the State Legislative/Regulatory Committee, and working with partner organizations is needed on the Board now.

Representation

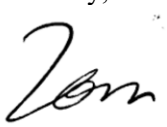
As an organization representing member emergency physicians, ACEP must ensure its programs and policies serve members in multiple settings (rural, suburban, urban, academic, non-academic) and group structures (partners, employed, independent contracting). We must continue to wear the white hat, always striving to improve the emergency care system for our patients. As your Board member, I will always put the emergency physician's interests first when considering policy.

Councillors:

My ACEP service on committees and task forces, presidency of California ACEP and the Alameda Contra Costa Medical Association demonstrate my long-term passion and ability to collaborate, innovate and co-develop practical solutions to real-world problems. **As a board member, my main goal for ACEP will be to protect and empower emergency physicians so they can focus on providing patient care and maintain economically viable practices.**

I humbly ask for your vote to represent current and future ACEP members.

Sincerely,



Thomas J. Sugarman, MD, FACEP
Thomas.Sugarman@Vituity.com
510-219-7261

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Sincerely,



Thomas J. Sugarman, MD, FACEP
Thomas.Sugarman@Vituity.com
510-219-7261



- Ensure sustainable and fulfilling EM practices
- Advocacy, reimbursement, and surprise billing expertise
- Active Clinician

Thomas J. Sugarman, MD, FACEP
for
ACEP Board of Directors

I am the candidate ACEP needs now on the BOD because I am a clinician with an in depth understanding of the impact of healthcare policy on our practices, particularly the surprise billing issue. I have frontline experience protecting patient and physician interests. I always keep in mind that Emergency Medicine's value is created by the individual physician providing bedside care. I humbly ask for your vote to represent current and future ACEP members.

- Actively practicing in California, past practices in Illinois and Kentucky
- Experiences range from tertiary care to rural hospitals, academic and non academic
- Worked as a partner, independent contractor and employee in various group structures
- Currently a partner in Vituity (formerly CEP America), a democratic, 100% physician owned partnership
- Senior Director of Government Affairs, Vituity (formerly CEP America)
- Chairman of Emergency Services at Sutter Delta Medical Center

Selected Experience and Service

ACEP

- Emergency Medicine Action Fund BOD, 2018-current
- NEMPAC BOD, 2017-current
- Joint ACEP/EDPMA Task Force on Reimbursement, 2017-current
- Writing Committee: Regulatory Challenges to Procedural Sedation, 2019-current
- Emergency PA/NP Utilization Task Force, 2018-current
- Emergency Practice Committee, 2010-current, Contractual Relationships Subcommittee Chair
- State Legislative/Regulatory Committee, 2016-current, Advocacy Objective Subcommittee Chair
- ACEP Sedation Task Force, 2013-2016
- Mobile Integrated Healthcare/Paramedicine Task Force, 2016-2017
- Contract Transitions Task Force, 2017
- Councillor, 2007-current; Alternate, 2006
- Invited speaker, ACEP 2014 Leadership and Advocacy Conference: "Taking the Lead: Essential Skills to Becoming a Highly Effective Chapter Leader"

California ACEP

- Lobbied successfully for expansion of 'temporary mental health hold" in CA resulting in less EP frustration and decreased mental health boarding
- **President California ACEP (2013-2014)—** during presidency, led California ACEP's development of implementation toolkits for Safe Prescribing and for PECARN CT guidelines for minor pediatric head injuries, during time on BOD actively involved in surprise billing issues, legislation and regulation
- **Awarded Walter T. Edwards Meritorious Service Award, 2015**

Physicians for Fair Coverage

- BOD member, 2019-current; alternate 2018-2019

California Medical Association

- Council on Legislation and House of Delegates—active member
- **Collaborated with multiple specialties to modernize CMA policy to support a fair payment standard and dispute resolution with arbitration for out of network services**

Alameda Contra Costa County Medical Association

- **President, 2017-2018**
- Co-chair East Bay Safe Prescribing Coalition—physician, hospital, pharmacist, community and government coalition –achieved 50% decrease in Alameda County opioid related mortality.

My vision is that collaboration, innovation and redesign—facilitated and supported by ACEP—will make our system of care healthier for everyone. As a clinician, I understand the pressures on the practicing emergency physician. **As a board member, my main goal will be for ACEP to protect and enable emergency physicians so they can focus on providing patient care and maintain economically viable practices.**