



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

Board of Directors Candidates



Scientific Assembly **18**
SAN DIEGO, CA



2018 Board of Directors Candidates



L. Anthony Cirillo, MD, FACEP

- Written Questions
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- Disclosure Statement
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Kathleen J. Clem, MD, FACEP

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Francis L. Counselman, MD, FACEP

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John T. Finnell, MD, FACEP, FACMI

- Written Questions
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Jeffrey M. Goodloe, MD, FACEP

- Written Questions
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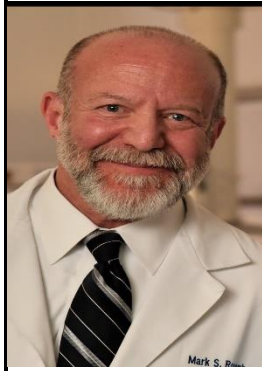
**Christopher S. Kang, MD, FACEP,
FAWM**

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Michael J. McCrea, MD, FACEP

- Written Questions
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Mark S. Rosenberg, DO, MBA, FACEP

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Thomas J. Sugarman, MD, FACEP

- Written Questions
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2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

L. Anthony Cirillo, MD, FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

The simple answer to this question is “everywhere”! With advances in technology and the ability to provide and direct patient care remotely, emergency medicine will be practiced wherever there are patients who have acute illness or injury. As a specialty, emergency medicine is uniquely positioned to expand our day-to-day work from the physical confines of the emergency department to patients everywhere. Fundamentally, emergency medicine is *the* specialty equipped to rapidly assess a patient and to deploy the resources they need within the appropriate time frame. The practice of emergency medicine has evolved over the past 50 years to meet the needs of our patients and the healthcare system. We are the 24/7/365 healthcare safety net for the nation, filling the gap for the US healthcare system’s inadequacies. While insurance companies and some policymakers characterize us as being “the expensive emergency department”, patients and office-based providers choose us because they know that we are the experts in quickly and accurately evaluating acute illness and injury.

The opportunities to provide care remotely present both the greatest opportunity and the greatest challenge for the specialty of emergency medicine for the next 10 years. We must seize the opportunity to redefine paradigms of care based upon evolving technology that provides the ability to remotely “see” patients and to have access to data that previously accessible only when the patient “came” to the emergency department. However, because some patients won’t physically come to the ED, we must reaffirm our standing within the house of medicine as the only specialists who are qualified to evaluate and treat patients presenting with acute illness and injury. Our training, through its rigorous and well-defined curriculum, enables us to expertly care for patients with undifferentiated illness and injury. This is emergency medicine’s great differentiator - a truly unique fund of knowledge and the skill to make efficient and definitive management decisions abilities, inside or outside the physical confines of the emergency department.

As part of the evolution of the practice of emergency medicine, we will need to ensure that the laws, regulations, and policies that govern the care we provide adapt to the needs of our patients, and the practice of emergency medicine. Working in the advocacy arena over the past 25 years, I have had the opportunity to work at the federal, state, and local level to ensure that emergency physicians are recognized for the quality care we provide, and compensated appropriately for that care. As models of healthcare delivery evolve, ACEP will need to be vigilant and defend the specialty and practice of emergency medicine, regardless of where our patients are.

Question #2: Describe how your election to the Board would enhance ACEP’s ability to speak for all emergency physicians.

My active involvement and leadership within ACEP began twenty-five years ago with my role as an EMRA Board member serving as the representative to ACEP, and the ACEP Board of Directors. I am incredibly fortunate to have had the opportunity to work with many amazing people within ACEP. Through my work on various committees and task forces, I have listened to, and learned from, emergency physicians who truly represent the breadth and depth of our specialty. In my time serving on, and chairing, the Membership, State Legislative/Regulatory, and Federal Government Affairs Committees I learned of the unique challenges faced by the various emergency medicine practices as they provide care to our patients. Personally, I have practiced clinically and administratively in a variety of emergency medicine settings and groups. During my career, I have worked as an academic faculty member at a residency training site, in a single coverage tiny community hospital ED, and pretty much every size ED in between. This variety of experiences helps me to be able to better understand and appreciate the unique perspectives of the emergency physicians who care for patients on a daily basis. During my time in service of ACEP, especially in the advocacy arena, I strived to become a better listener in order to be able to better represent our specialty in discussions within the house of medicine and with healthcare policy makers.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

Since its' creation 50 years ago, ACEP has been the organization that best represents the specialty of emergency medicine, and the physicians who are the experts in the specialty. In today's evolving U.S. healthcare system, there will be persistent and growing external pressures to provide emergency care that is high-quality and cost effective. It is emergency physicians who must remain the leaders and drivers of the practice and scope of emergency medicine. By virtue of our focused training and the unique body of knowledge that has defined emergency medicine as a specialty, emergency physicians are the true experts in the evaluation and management of acute illness and injury. As part of the evolution of healthcare delivery, there are other providers who today, together with the emergency physician, comprise the "emergency department team" caring for patients. Just as the emergency physician is the leader of the emergency department team, emergency physicians must remain the leaders of the specialty and practice of emergency medicine. As such, I believe that ACEP must remain the organization that represents emergency physicians, while also retaining its authoritative voice for the specialty and practice of emergency medicine.

L. Anthony Cirillo, MD, FACEP

Contact Information

91 Woodridge Drive
Saunderstown, RI 02874
Phone: 401-465-0806 (cell) / 401-294-2415 (home)
E-Mail: acirillo@usacs.com

Current and Past Professional Position(s)

Director of Health Policy & Legislative Advocacy, US Acute Care Solutions
Medical Director, Pequot Emergency Department, Groton, CT
Site Quality Director, US Acute Care Solutions (multiple sites)
Physician-in-Chief, Department of Emergency Medicine, Memorial Hospital of RI
Chief, Center for Emergency Preparedness & Response, Department of Health, State of Rhode Island

Education (include internships and residency information)

George Washington University Hospital, Washington, DC
Preliminary Year, Internal Medicine (1990-91)

UMASS Medical Center, Worcester, MA
Residency in Emergency Medicine (1991-94) / Chief Resident 1993-94

University of Vermont College of Medicine (M.D.) May 1990

Certifications

ABEM (1995, 2005, 2015)

Professional Societies

ACEP – RI Chapter, AMA, RI Medical Society

National ACEP Activities – List your most significant accomplishments

Chair, Federal Government Affairs Committee
Chair, State Legislative & Regulatory Committee
Chair, Membership Committee
Member, NEMPAC Board of Trustees
Member, Alternative Payment Model (APM) Task Force, Workgroup Chair
Member, Single Payer Task Force
Member, ACEPNow Editorial Board
Member, Communications Plan Task Force
Member, Core Curriculum Task Force
Member, Section Grant Task Force
Member, Board Nominating Committee

Member, Council Tellers & Credentials Committee

Councilor/Alternate Councilor 1998-Present

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

Direct Patient Care	50 %	Research	0 %	Teaching	0 %	Administration	50 %
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Other: _____ %

For the past 14 years I have been employed by Emergency Medicine Physicians (EMP) and its successor company US Acute Care Solutions (USACS), which is a national emergency medicine group that is primarily physician owned. I have practiced clinically every year and continue to provide direct patient care on average of 100 hours per month. During my time at EMP/USACS I have worked at a variety of clinical sites in many states, providing care in a variety of clinical settings. Since joining EMP/USACS I have served as the Director of Health Policy & Legislative Advocacy at a national level, coordinating our advocacy efforts and educating physicians on the importance of advocacy to improve our healthcare system. In addition to my clinical responsibilities, I have also served as both a Medical Director capacity for one of our freestanding hospital affiliated emergency departments and as a Site Quality Director overseeing quality improvement activities at three of our emergency department sites.

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	8	Cases
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CANDIDATE DISCLOSURE STATEMENT

L. Anthony Cirillo, MD, FACEP

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

Employer: US Acute Care Solutions, LLC

Address: 4535 Dressler Road, NW

Canton, OH 44718

Director of Health Policy & Legislative Advocacy

Position Held: Medical Director, Pequot Emergency Department

Type of Organization: Emergency Medicine / Hospitalist Multi-site Group

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: RI Chapter – American Heart Association

Address: 1 State Street, Suite 200

Providence, RI 02908

Type of Organization: Not-for-profit chapter of the American Heart Association

Duration on the Board: 1998-99

Organization: Safer Institute, LLC

Address: 31 Elbow Street

Providence, RI 02903

Type of Organization: For profit company providing digital personnel security and data services

Duration on the Board: October 2011 - Present

Organization: US Acute Care Solutions Political Action Committee (USACS PAC)

Address: 4535 Dressler Road, NW

Canton, OH 44718

Type of Organization: Company affiliated federally qualified political action committee

Duration on the Board: 2013 – Present (Chair of the Board)

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:

L. Anthony Cirillo, MD, FACEP

Date

July 12, 2018

BOARD OF DIRECTORS

President

CATHERINE CUMMINGS, MD, FACEP

Vice President

JAMIESON COHN, MD, FACEP

Secretary-Treasurer

ALEXIS LAWRENCE, MD, FACEP

Immediate Past President

CHRISTOPHER P. ZABBO, DO, FACEP

Councilors

L. Anthony Cirillo, MD, FACEP

ACHYUT KAMAT, MD, FACEP

JESSICA SMITH, MD, FACEP

OFFICE

405 PROMENADE STREET, SUITE A

PROVIDENCE, RI 02908

TEL (401) 331-3207

FAX (401) 751-8050

WWW.RIACEP.ORG

EMAIL MBIALEK@RIMED.ORG

Director

MARC BIALEK

John McManus, Jr., MD, MBA, FACEP
Speaker of the Council

Dear Dr. McManus,

On behalf of the Rhode Chapter of the American College of Emergency Physicians, it is my privilege and honor to provide this Letter of Endorsement in support of the candidacy of ***L. Anthony (Tony) Cirillo, MD, FACEP*** for the ACEP Board of Directors. Dr. Cirillo exemplifies the qualities and qualifications that ACEP desires for the Board of Directors. Dr. Cirillo has been a true leader and advocate in the state of Rhode Island and nationally, and is extremely motivated to serve our specialty.

I've known Dr. Cirillo a long time and first met him when he interviewed me for a job in 2001. Even then, he was advocating for my involvement in Emergency Medicine issues at the hospital, state, and national ACEP level. "You have got to get involved" and "You can make a difference" are what I remember from that interview. I'm sure others have similar stories as he continues to reach out and encourage "the next generation" to get involved.

As an example of the depth of Dr. Cirillo's contribution to Emergency Medicine on just one issue, take "Surprise" legislation. Several years ago, Dr. Cirillo identified this problem and has since been leading multi-year effort to pass reasonable legislation in Rhode Island, working with the Rhode Island Medical Society and in doing so, bringing other medical specialty societies to the battle. His experience and expertise have been leveraged to help other states directly, and indirectly by helping craft the ACEP position.

“Surprise” legislation is just one of Dr. Cirillo’s interests. He has a breadth and depth of knowledge and experience in areas of particular relevance. Tony has been active in many other payment issues, such as MIPS, MACRA, alternative payment models, and single payer models. Tony also works on issues related to insurance practices like downcoding and denial of coverage. Importantly, he is also looking forward at cutting edge issues that are developing in providing emergency care outside of physical EDs – like telemedicine. His position is that even in these realms, Emergency Medicine must be steadfast that acute injuries and illness are the domain of our specialty.

In addition to the leadership in advocacy and mentoring described above, Dr. Cirillo has taken on other roles in Rhode Island including being a Past President of the Rhode Island Chapter of ACEP and a long time Chair of Rhode Island Medical Society’s Political Action Committee.

Dr. Cirillo has been successful not only because of his knowledge but also because of his care toward personal relationships. Whether they be medical students or Senators, his genuine passion for getting the right thing done is obvious. This is clearly evident in his involvement at the ACEP Leadership and Advocacy conference where it’s also apparent that he makes extra efforts to involve and help the “smaller” states who don’t have the depth of resources, navigate the proceedings and understand the issues.

It is difficult to summarize such a long and varied career as Dr. Cirillo’s in a page or two. Even though I’ve known Dr. Cirillo for a long time, I continue to discover and appreciate the multitude of contributions he has made to Emergency Medicine. He is clearly devoted to the betterment of Emergency Medicine as a specialty and is the type of colleague who ACEP will be proud to have leading us into the future.

Sincerely,

A handwritten signature in dark ink, appearing to read "Cathy Cummings". The signature is fluid and cursive, with a large, stylized "C" at the beginning and a long, sweeping tail at the end.

Catherine A. Cummings, MD, FACEP
President

cc: Mary Ellen Fletcher

L. Anthony Cirillo, MD, FACEP

Dear Fellow Councilors and ACEP Colleagues,

Thank you for your service to the Council, the College and the specialty of Emergency Medicine. It is my great honor and privilege to work with you on behalf of our patients, our physicians, and our specialty. At this time, I respectfully ask for your vote to represent you on the ACEP Board of Directors.

The healthcare landscape is evolving at an incredible pace. Changes in clinical medicine, technology, and the healthcare delivery system guarantee that the future practice of emergency medicine will be markedly different than it is today. While these changes present challenges to our specialty, they also present incredible opportunities for us to build a future of patient-focused, technology-enhanced, high-quality emergency care. Just as the founders of ACEP did 50 years ago, today's ACEP Board must be willing to envision and articulate the next generation of emergency medicine and be the leading advocates for the future of emergency healthcare. As a member of the ACEP Board, I will emphasize my vision of a **MAP** for the future of emergency medicine. I believe we must work diligently on behalf of current and future emergency physicians on **Mentorship, Advocacy, and Policies** that will ensure a viable and rewarding practice of emergency medicine for generations to come.

➤ ***Mentorship for the Future***

As ACEP celebrates its 50th anniversary there is a powerful lesson to be remembered. Those of us who are practicing emergency medicine today have an obligation to the future generations of emergency physicians. We are, in essence, the founders of the next 50 years of this specialty. The relationship between ACEP and EMRA, a profoundly effective resident organization, is a strong and productive one. As delivery models for emergency medicine evolve, ACEP must work collaboratively with all emergency medicine organizations to ensure that the education and training of emergency physicians parallels our workforce needs and the needs of our patients.

➤ ***Advocacy for the Specialty***

In the rapidly evolving healthcare system environment, ACEP must remain the leading voice advocating for our patients, our physicians, and our practice. Emergency medicine truly is the safety net of the U.S. healthcare system and this pivotal role must be broadcast continually to policymakers and healthcare leaders. We care for patients who seek our services because they are injured, ill, or afraid, and we turn no one away. Emergency departments are the social safety net of our nation and it is we who provide care to patients when the rest of society and the healthcare system can't, or won't, help them. Emergency physicians should be proud of the role we play in the healthcare system and society, and policymakers need to acknowledge and respect the invaluable role we play.

➤ ***Policy Development for the Practicing Physician***

Every day, there are new issues and challenges facing the specialty of emergency medicine. As ACEP addresses these issues and develops policy for the specialty, our guiding principle must be a focus on improving the ability of emergency physicians to care for our patients. The unpredictable and often chaotic nature of emergency medicine is challenging and difficult. ACEP must prioritize those issues that enhance our ability to care for patients and reduce the unnecessary distractions from patient care. Issues of fair reimbursement for the services we provide, reduction in administrative burdens and ensuring that emergency physicians remain the recognized leaders in the evaluation and management of acute illness and injury must be our priority as the leading physician organization in emergency medicine.

L. Anthony Cirillo, MD, FACEP

Candidate for the ACEP Board of Directors

Past President, Rhode Island Chapter



TONY CIRILLO, MD, FACEP

Candidate for the ACEP Board of Directors

Sponsored by the Rhode Island Chapter

ACEP Leadership

- ♦ Councilor / Alternate Councilor, 25 Years
- ♦ Federal Government Affairs Committee, Chair
- ♦ State Legislative & Regulatory Affairs Committee, Chair
- ♦ Membership Committee, Chair
- ♦ Alternative Payment Method Task Force, Workgroup Chair
- ♦ Healthcare Financing/Single Payer Task Force
- ♦ ACEP*Now* Editorial Advisory Board
- ♦ Council Steering / Tellers & Credentials Committees
- ♦ Board Nominating Committee

Advocacy for Emergency Medicine

- ♦ 2018 Recipient of the ACEP Rorrie Health Policy Award
- ♦ Emergency Medicine Action Fund, Board of Governors
- ♦ ACEP / EDPMA Balance Billing / OON Joint Task Force
- ♦ NEMPAC Board of Trustees
- ♦ EMRA / ACEP Health Policy Mentor



Active Clinical Practice

- ♦ Medical Director - Community Hospital based Freestanding ED
- ♦ Clinically Practicing 100 hours/month at 3 community hospital sites, 25-50k
- ♦ Previous academic appointments and faculty teaching positions

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Mentorship for the Future

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Advocacy for the Specialty

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Policy Development for the Practicing Physician

Every day, there are new issues and challenges facing the specialty of emergency medicine. As ACEP addresses these issues and develops policy for the specialty, our guiding principle must be a focus on improving the ability of emergency physicians to care for our patients. The unpredictable and often chaotic nature of emergency medicine is challenging and difficult. ACEP must prioritize those issues that enhance our ability to care for patients and reduce the unnecessary distractions from patient care. Issues of fair reimbursement for the services we provide, reduction in administrative burdens and ensuring that emergency physicians remain the recognized leaders in the evaluation and management of acute illness and injury must be our priority as the leading physician organization in emergency medicine.

L. Anthony Cirillo, MD, FACEP

Candidate for the ACEP Board of Directors

Past President, Rhode Island Chapter

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Kathleen Clem, MD FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

In 10 years Emergency Medicine will increasingly be at the center of US healthcare. People want their health care to be immediately accessible, connected electronically, easy to use, and yet have a human touch. No other specialty comes as close as Emergency Medicine does to meet this public demand. No other specialty is as integrated as Emergency Medicine. We practice at the interface of the inpatient and outpatient world, work with all specialties, and within and for our communities. Our residencies will become even more competitive. We will continue to provide access to emergency health care and we will be empowered to integrate care across the continuum. We will no longer simply generate discharge instructions, we will be empowered to get our patients access to the next appropriate level of care. We will continue to embrace evidence-based technology and be a leader in implementation.

Our electronic connectivity with the inpatient and outpatient worlds will enable us to navigate the system seamlessly to effect health care. When we admit patients, it will be a smooth process with warm-handoffs as the electronic medical record will automatically glean and format the information necessary for admission. We will continue to be the place for emergency care, and our expertise for emergency medicine will continue to be excellent.

My skill set includes clinical Emergency Medicine, academic leadership, and healthcare system leadership. All are crucial as we lead our specialty into the future. I recognize and understand the challenges facing our specialty. ACEP needs experienced leaders to lead through this critical time in health care. I have been an involved ACEP member since 1993 and have over 20 years of experience in community, academic, and now health system leadership. I will use my skills to keep Emergency Medicine's excellence within complex systems as we shape the future of our specialty.

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

I work clinically in a high-volume community ED and teach EM residents. I have served as a medical director, tackled reimbursement issues for my group, tort reform at the state level, and understand that unnecessary requirements of our time and energy matter. I have worked to decrease documentation requirements that do not add to patient care.

As a past academic chair, I bring additional experience to navigate challenges to our specialty and residency support. I also understand the challenges associated with addressing these issues.

As a current health system executive vice president and Chief Clinical Officer, overseeing 47 hospitals and over 1.5 million ED visits per year, I have led efforts for hospitals to be incentivized to rapidly admit patients, supported resources for timely consults, and worked to build bridges with other specialties, and am actively involved in improving electronic medical record use.

My experience as ACEP Steering Committee member, Committee Chair for Public Relations, Chair National Chapter Relations, AAWEP Chair, and Membership Committee Chair have provided key leadership opportunities and understanding of ACEP administration and positive change.

I value, seek out, and treasure opportunities to listen to physicians. The importance of listening-to-understand cannot be overstated. I would continue to seek these opportunities as a member of the BOD and collaborate with the board to incorporate the concerns and solutions offered by our members into the work we do in our state chapters and nationally to advance Emergency Medicine.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

ACEP is THE umbrella organization for the house of emergency medicine. Collaboration with other Emergency Medicine organizations is a laudable ACEP goal. ACEP provides mentorship for the next generation of emergency physician. It is our professional home and the premier organization to provide guidance, support, mentoring and professional networking throughout our careers. ACEP is the best source for the ongoing career needs of emergency physicians.

CANDIDATE DATA SHEET

Kathleen J. Clem, MD, FACEP

Contact Information

169 Vista Oak Drive, Longwood, FL 32779

Phone: (919) 599-9660

E-Mail: kathleen.clem@ahss.org

Current and Past Professional Position(s)

HOSPITAL APPOINTMENTS

Loma Linda University Medical Center 1992-1998

Kaiser Permanente Riverside 1991- 1992 (during residency)

Riverside General Hospital 1992-1998 (per diem)

San Antonio Community Hospital – 1991-1998 (per diem)

Suburban Hospital, Maryland 1993-1998

(per diem to care for family member with terminal illness)

Duke University Medical Center 1998 – 2007

Loma Linda University Medical Center 2007-2016

Loma Linda University Children's Hospital 2016

Florida Hospital – 2017-present

Adventist Health System – 2018-present

CURRENT ACADEMIC APPOINTMENTS

Professor Emergency Medicine, University Central Florida, College of Medicine

PAST ACADEMIC APPOINTMENTS

1992 Instructor LLSOM- Department of Emergency Medicine

1994 Assistant Professor LLSOM – Department of Emergency Medicine

1999 Associate Professor Duke University SOM – Department of Surgery

2007 Professor Emergency Medicine and Pediatrics, LLU School of Medicine

LEADERSHIP POSITIONS

Chief, Division of Emergency Medicine, Department of Surgery, Duke University 1999-2007

Chair, Department of Emergency Medicine, Loma Linda University 2007-2016

Chief Medical Officer, Vice President, Florida Hospital East Orlando 2016-2017

Executive Vice President Chief Clinical Officer Adventist Health System 2018-present

Education (include internships and residency information)

EDUCATION AND TRAINING

ASN

Loma Linda University School of Nursing

BSN

Tennessee Technological University

1989

Loma Linda University School of Medicine

1989- 1992

Residency Loma Linda University- Emergency Medicine

MD 1989

Certifications

ABEM

1994 Emergency Medicine – initial

2004 Emergency Medicine – recertification

2013 Emergency Medicine – recertification

Professional Societies

ACEP

Florida Chapter

Vermont Chapter

SAEM

National ACEP Activities – List your most significant accomplishments

American College of Emergency Physicians (ACEP) Steering Committee 2016-2018

ACEP Well Being Committee – 2015-2016

Wellness Week Task Force **Chair** 2016Association of Women Emergency Physicians (AAWEP) – **Chair** 2013-2015

American College of Emergency Physicians (ACEP) 1992-present

ACEP International Section Councilor 2000-2001

ACEP American Association of Women in Emergency Medicine 1992-present

ACEP Public Relations Committee member 2002-2008 **Chair** 2002-2004

ACEP Council Awards Committee 2008-2009

ACEP Membership Committee 2014-2016

Chair 2016-2017

ACEP Reference Committee Chair - 2014

ACEP National Chapter Relations Committee 2008-2015 **Chair** 2008-2010

ACEP Speakers Bureau Subcommittee – 2006

ACEP Geriatrics Subcommittee – 2006 - 2007

ACEP Candidate Forum Subcommittee 2005-2006

ACEP Council Steering Committee 2005-2007, 2017-present

ACEP Emergency Preparedness Steering Committee 2007

ACEP State Chapter Grants in Public Relations and Chapter

Grant Review for National/State Chapter Relations Committee 2004-to present

ACEP Chapter Activities – List your most significant accomplishments

North Carolina Chapter of ACEP - Councilor 2005-2008

North Carolina Chapter ACEP – Board Member 2001-2007

California Chapter ACEP Education Committee 1996-1998, 2008

Florida Chapter – Task Force to implement statewide implementation of EDIE and Opioid Task Force

Practice Profile**Total hours devoted to emergency medicine practice per year:** 432 Total Hours/Year**Individual % breakdown the following areas of practice. Total = 100%.**Direct Patient Care 7 % Research 1 % Teaching 2 % Administration 80 %

Other: _____ %

Describe current emergency medicine practice. (e.g. type of employment, type of facility, single or multi-hospital group, etc.) Group Employment – multi-hospital -community hospital with affiliated ACGME accredited EM residency.**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****0 Cases**

CANDIDATE DISCLOSURE STATEMENT

Kathleen J. Clem, MD, FACEP

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

Employer: Adventist Health System

Address: 900 Hope Way

Altamonte Springs, FL 32714

Position Held: Executive Vice President/Chief Clinical Officer

Type of Organization: Health System

Employer: TeamHealth

Address: 265 Brookview Centre Way Suite 400

Knoxville, TN 37919

Position Held: Part-time attending physician

Type of Organization: CMG

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: SAEM - Board of Directors Member-at-Large 2013-2016

Address: 1111 East Touhy Ave. Suite 540

Des Plaines, IL 60018

Type of Organization: Emergency Academic Medicine Society

Duration on the Board: 3 years

Organization: Loma Linda University School of Medicine Alumni Association

Address: Loma Linda, California

Type of Organization: Alumni Association

Duration on the Board: 2 years

Organization: Loma Linda University Board of Directors

Address: Loma Linda California

Type of Organization: University

Duration on the Board: 3 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.

X 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.

X 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.

X 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.

X 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?

X NO

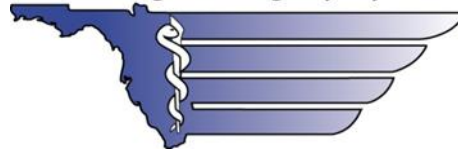
☐ If YES, Please Describe:

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

Kathleen J Clem, MD

Date

July 10, 2018



July 13, 2018

The Florida College of Emergency Physicians (FCEP) is extremely pleased to endorse the candidacy of Kathleen Clem, MD, FACEP, for a position on the American College of Emergency Physicians Board of Directors.

Over the past 25 years, Dr. Clem has dedicated her career to building up organizations and individuals. The notable number of “firsts” among her many accomplishments speak to a combination of superlative leadership skills and infectious passion. Examples include inaugural Division Chief of Emergency Medicine at Duke University, first female Division Chief within Surgery at Duke University, first female Chair of a Department at Loma Linda University School of Medicine, and founding president of the AAWEF’s sister organization, the Academy for Women in Academic Emergency Medicine (AWAEM).

Reviewing her accomplishments, it should come as no surprise that Dr. Clem has established a reputation as a worthy role model for women in Emergency Medicine, and her award-winning service as Chair of the AAWEF Section is yet further evidence of her broad impact. Beyond her work with AAWEF, Dr. Clem’s contributions to ACEP over the last two decades also include Chair roles for the Public Relations Committee, the Wellness Week Task Force, the Membership Committee, and the National Chapter Relations Committee. Additionally, her experience as Councilor for both the ACEP International Section and the North Carolina Chapter, her service on the North Carolina Chapter Board of Directors, as well as her extensive committee work all demonstrate an in-depth understanding of ACEP policies and priorities befitting a candidate for the Board of Directors.

Since taking the Chief Clinical Officer at Adventist Health, Dr. Clem has become very active in ensuring quality measures and patient satisfaction measures are in place at the multiple emergency departments under her jurisdiction with the hospital system. Dr. Clem is also participating in a Task Force working for the establishment of opioid addiction treatment centers. Dr. Clem is also working clinically and has developed great relationship with the EM residents at Florida Hospital East.

Dr. Clem’s leadership, passion, and experience make her a uniquely qualified candidate for the ACEP Board of Directors, FCEP is very pleased to fully and enthusiastically endorse her candidacy.

Joel Stern, MD, FACP
President, FCEP

Kathleen J. Clem, MD, FACEP

ACEP needs experienced leaders to guide us through this critical time in health care. I have been an involved ACEP member since 1992 and have over 20 years of experience as a leader for community and academic Emergency Medicine. I know how to work within and for complex systems as we shape the future of our specialty.

I have served as an ED medical director, tackled reimbursement issues, fought for tort reform at the state level, advocated for residency support, and I understand the burdens and obstacles to efficient use of our time and energy, whether you are a young physician just out of residency or in the middle of your career. I continue to work clinical shifts and teach EM residents. As a past academic chair, chief medical officer and now health system executive vice president, I bring additional experience in knowing how to work with others to obtain the resources we need to both give great care and enjoy our practice. I value, seek out, and treasure opportunities to listen to physicians.

I have designed specific strategies to recruit and retain young physicians by defining designated chapter leadership positions for residents and specific leadership development tracks. Our youngest members need increased opportunities for mentorship and connectivity. I continue to nurture strong professional relationships and believe this is one of the best ways to insure ongoing success of our young EPs. As a past AAWEP Chair, I am the inaugural leader for the AAWEP Leadership Pipeline initiative and continue to serve as a mentor for women in EM.

We need to further leverage and build on the work that ACEP has initiated to address burnout and resiliency. I was Chair for the inaugural ACEP Wellness Week and I am proud of the programs we have put into place. ACEP must continue to address unnecessary stressors such as: nursing staff shortages, unreasonable documentation demands, unrealistic expectations for EDs to solve hospital throughput issues without administrative commitment/action, and inappropriate patient satisfaction demands. As a Department Chair, and health system leader, I am experienced in putting solutions into place – and getting them to stick!

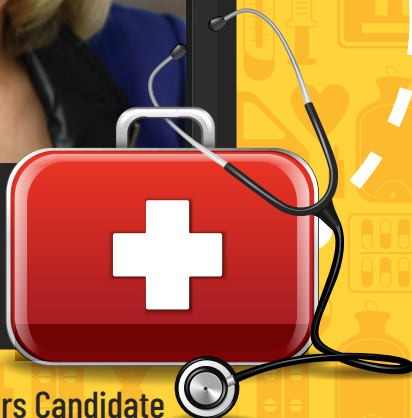
I understand that when we can deliver the excellence that we expect of ourselves within a supportive system, the true joy of practice will be realized. I want to be at the forefront to promote our core values and continue to deliver the highest quality of care for our patients by serving as a member of the ACEP Board of Directors. I am ready to give back and I have the support and time to serve. Now is the right time for me to bring my skills and experience to the ACEP BOD and I am asking for your vote

Thank you!

Kathleen Clem, MD, FACEP



KATHLEEN J CLEM
MD, FACEP



ACEP Board of Directors Candidate
Endorsed by The Florida Chapter of Emergency Physicians

- Gets things done in our complex and changing healthcare environment
- Strong track record as a physician advocate and mentor
- Experienced leader within,
 - Academic Emergency Medicine
 - Community Emergency Medicine
 - System Health Care

I am proud to be an emergency physician and will work relentlessly on your behalf to make our specialty stronger. I am honored and grateful to have served ACEP throughout my career. My focus has been on ensuring that we have the resources we need to enjoy our practice and continue to give outstanding patient care. My experience has given me the skills essential to serve capably on the ACEP BOD as we lead our specialty into the future. It would be my privilege to advocate for you as a member of the ACEP BOD. I ask for your support. I will make your vote count.

Kathleen Clem, MD, FACEP

ACEP SERVICE HIGHLIGHTS

- Membership Committee Chair
 - Diversity and Inclusion Task Force
 - Wellness Week Task Force Chair
 - International Section, SAEM, International Section Councilor
 - AAWEF Chair
 - Public Relations Committee Chair
 - Council Awards Committee
 - National Chapter Relations Committee Chair
 - Speakers Bureau Subcommittee
 - Spokespersons Network
 - North Carolina (NCEP) Board member
 - Emergency Preparedness Steering Committee
 - Candidate Forum moderator
 - ACEP Steering Committee member
-

CLINICAL EXPERIENCE/ LEADERSHIP

- 18 years leadership Level 1 trauma centers
 - Community EDs- single and double coverage
 - Community ED Directorships in CA and NC
 - CMO at community hospital
 - Current Executive VP/Chief Clinical Officer Advent Health System
 - Current clinical practice community ED >120K/yr with EM residents
-

PROFESSIONAL SERVICE HIGHLIGHTS

- Works for hospitals to be incentivized to rapidly admit patients and support resources for timely consults
 - Fights against inappropriate demands on physician time
 - Experienced in reimbursement, tort reform, residency support
 - Focus on diversity and inclusion
 - Developed leadership pipeline for women via AAWEF
 - Focus on physician wellness
 - Developed structured opportunities for physician mentors
-

ACADEMIC LEADERSHIP

- Founding Chief- Division of Emergency Medicine -Duke University
 - Emergency Medicine Department Chair- Loma Linda University (LLU)
 - International EM Fellowship Director- LLU
 - Administrative Fellowship Director- LLU
 - National speaker for ACEP, SAEM, Joint Commission
 - Women Executives in Science and Healthcare – Board of Directors
 - Society for Academic Emergency Medicine – Board of Directors
 - Professor of Emergency Medicine – LLU, University Central Florida
-

AWARDS

- Distinguished Faculty Award – Duke University
- ACEP Hero of Emergency Medicine
- SAEM Founders Award – Academy for Women in Academic Emergency Medicine (AWAEM)
- Outstanding Reviewer – Academic Emergency Medicine
- SAEM Global Emergency Medicine Academy International Collaboration
- SAEM Advancement of Women in Academic Emergency Medicine
- SAEM Outstanding Department
- Physician Leadership – LLU
- AAWEF Leadership
- SAEM Academy for Diversity and Inclusion in EM Service

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Francis L. Counselman, MD, CPE, FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

Forecasting the future is no easy task. We know change is inevitable, and that successful organizations adapt to it- it is a constant and dynamic process. Having been practicing Emergency Medicine for the past 32 years, I have learned the importance of keeping a moral compass to guide me, while adapting to the surrounding environment. I have proven to be someone that can evolve with change and become a better physician and leader over time. I look forward to the challenges and opportunities the future will offer.

The good news is, 2028 will still need Emergency Medicine and emergency physicians. In fact, our role in the house of medicine will continue to expand, just as it has over the past decade. Artificial intelligence will play a very large role in the practice of medicine, and Emergency Medicine in 10 years. Historically, and even today, a physician subconsciously runs through their personal database after performing a history and physical examination, determining pretest probabilities and differential diagnoses. In ten years, we will have devices that will scour enormous, national databases, to assist us with testing and treatment decisions. We will have significantly better information on risk/benefit ratios regarding treatment and patient disposition decisions. We will be able to inform our patients much better regarding prognosis and what to expect. To be clear, this “new” information will not be correct 100% of the time, but much better than what we currently possess.

Laboratory testing and imaging study turn around times will be improved in the future, decreasing some of the current bottlenecks present in ED patient throughput. This will be one of those rare achievements that makes emergency physicians, patients and hospital administrators all happy.

I suspect we will see a shift in the type of patients we see in the ED, with a significant trend toward high acuity. Low acuity patients will have many more efficient and cheaper alternatives. Emergency physicians will get to treat the type of patients they specifically trained for- acute MIs, stroke, DKA, severe asthma attacks, penetrating trauma- the list is long.

As a physician and leader that has been practicing for over three decades, I know and have experienced significant change- I look forward to it because with it, there is always the opportunity to do things even better.

Question #2: Describe how your election to the Board would enhance ACEP’s ability to speak for all emergency physicians.

Professionally, I’m a hybrid - equal mix community and academic EM physician. After Emergency Medicine residency graduation, I joined Emergency Physicians of Tidewater (EPT) - a private practice, democratic group of board-certified emergency physicians. In addition, I began serving as an Assistant Program Director of the EM residency program from which I graduated.

In 1990, I was appointed the Program Director of the EM residency. I served in this role for the next 20 years, and oversaw its growth and maturation. In many ways, it’s the best job in all of EM. This job only deepened my commitment to quality EM education; it is part of my DNA.

When I started, EM was a division of the Department of Family Medicine at Eastern Virginia Medical School (EVMS). It was clear to me we should be an academic department. I spent one year meeting with every department chair, explaining why we deserved such status. In 1992, we were granted academic departmental status, becoming the first in Virginia and only the 26th in the nation; I was appointed the inaugural chair and continue to serve today. This taught me how to effectively deal and negotiate with other departments, advocate for EM clinically and academically, and run a multimillion dollar enterprise.

For the past 20 years, I have served on the Board of Directors of EPT, helping lead our democratic practice group through the changing health care environment, demands from hospital administration, reimbursement issues, and all manner of other threats.

In 2008, I was asked to serve as the President of the Medical Staff of our 1100+ physician, two hospital system; the first emergency physician to do so. I gained invaluable experience and education in dealing closely with hospital administration, interacting with other clinical services, and overseeing the hospital transition to an electronic medical record. I now see EM through many different lenses, but always guided by the desire and passion to promote a healthy working environment for all emergency physicians.

Finally, I have served as President of two national EM organizations- the Association of Academic Chairs of Emergency Medicine and the American Board of Emergency Medicine. I have first-hand experience in serving large groups of emergency physicians- academic and community-by listening, advocating, and working hard on their behalf.

From all of my experiences, I am acutely aware of the challenges and opportunities offered by private practice and academic EM. While some make a hard distinction between the two, there is much more in common, than unique. Issues of fair reimbursement, coding and billing, appropriate staffing, LWBS, patient satisfaction, boarders, throughput metrics, and on-call availability are all important, regardless of your practice type. You have to be knowledgeable of all of these issues, and advocate for a working environment that is healthy, professionally rewarding, and satisfying for patients and emergency physicians. I have the passion and the experience to work hard on these issues on behalf of all of the ACEP membership. I hope you will support my nomination..

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

Every organization needs to take a hard look at itself and decide what is it's purpose; why do we exist ? Some organizations in Emergency Medicine have a very specialized purpose, and cannot, and should not, be placed under a large umbrella. A good example of this is the American Board of Emergency Medicine (ABEM). Their primary purpose is in setting the competency standards regarding board-certification and maintenance of certification. The Council of Residency Directors in Emergency Medicine (CORD-EM) is another example; it has a very specific and important role to play in EM residency education, and does not lend itself to being neatly folded under an umbrella

The American College of Emergency Physicians, while not as an umbrella, is never the less best suited to take the lead for our specialty, primarily due to its large and diverse membership base and its tremendous legislative advocacy work, at the national, state and local levels. I see more of a hub and spokes model, rather than an umbrella. ACEP would be at the center (hub), with other organizations working closely and collaboratively with ACEP, but also focusing on their niche; be it research, board-certification, or EM residency training (the spokes). ACEP, and the various EM organizations should make every effort to work together on common issues, and avoid duplication of efforts at every opportunity. There is too much work that needs to be done on behalf of emergency physicians to waste time on inconsequential (in the big picture) turf issues, and strive to work together instead.

I have had the good fortune to hold leadership positions in many EM organizations- ACEP, ABEM, AACEM, and SAEM. Each has its particular strengths and focus. These organizations should continue to focus on their reason for existence. But at the same time, all organizations should work hand in hand with ACEP, ensuring a common understanding and an offer of assistance when needed. While there will certainly be differences of opinion on certain issues, it can almost always be worked out to a satisfactory conclusion when discussed and debated in a collegial atmosphere.

ACEP focuses on the practicing emergency physician- private practice, academic, employed, independent contractor, partner, locum tenens- which means just about everyone in the house of emergency medicine. If you practice our specialty, ACEP represents you, whether you are a member or not. As I have told my residents, fellow, and junior colleagues and anyone else); its not an either/or prospect when joining an EM organizations, its an "and" issue. You should belong to ACEP, and to...(you fill in the blank).

Francis L. Counselman, MD, CPE, FACEP

Contact Information

Department of Emergency Medicine, Rm 304 Raleigh Building, 600 Gresham Drive, Norfolk, Virginia 23507

Phone: 757-388-3397

E-Mail: counsefl@evms.edu

Current and Past Professional Position(s)

Founding Chairman, Department of Emergency Medicine, Eastern Virginia Medical School, 1992-present.

Program Director, Emergency Medicine residency, Eastern Virginia Medical School, 1990-2010.

Associate Program Director, Emergency Medicine residency, Eastern Virginia Medical School, 1986-1990.

Attending Physician, Emergency Physicians of Tidewater, 1986-present.

Editor-in-Chief, ***Emergency Medicine***, 2018-present.

Associate Editor-in-Chief, ***Emergency Medicine***, 2006-2017.

Education (include internships and residency information)

Residency: Emergency Medicine, Eastern Virginia Medical School, 1984-1986.

Internship: Internal Medicine, Eastern Virginia Medical School, 1983-1984.

Medical Degree (M.D.), Eastern Virginia Medical School, 1983..

Certifications

American Board of Emergency Medicine: 2007-2020; 1997-2007; 1987-1997.

Certified Physician Executive (CPE), 2010-present

Certificate in Business Management, Raymond A. Mason School of Business,
College of William and Mary, 2016

Professional Societies

American College of Emergency Physicians, 1984-present.

Virginia College of Emergency Physicians, 1984-present.

American Board of Emergency Medicine, Diplomate, 1987-present

Society for Academic Emergency Medicine, 1990-present.

Council of Emergency Medicine Residency Directors, 1990-present.

Norfolk Academy of Medicine, 1990-present.

Association of Academic Chairs of Emergency Medicine, 1993-present.

Alpha Omega Alpha (AOA) Honor Medical Society, 1994-present.

Medical Society of Virginia, 1996-present.

American Association for Physician Leadership, 2009-present.

National ACEP Activities – List your most significant accomplishments

Received ACEP Award for Outstanding Contribution in Education, Oct 2017

Faculty, ACEP Teaching Fellowship, 2004-2016 (each year)

ACEP Academic Leader/Residency Visit Program, 2005-present

Chairman, Third Emergency Medicine Workforce Study, 2007-2009.

Membership Committee, 2001-2006

-Chairman, 2004-2006

Academic Affairs, 1996-2001

-Chairman, 1999-2001

ACEP Chapter Activities – List your most significant accomplishments

Board of Directors, 1989-1997

Secretary, 1993-1994

President-elect, 1994-1995

President, 1995-1996

Immediate Past-President, 1996-1997

Received the VA ACEP Heatwole Career Achievement Award, 2001

Education Committee, 1989-2000

-Chairman, 1996-2000; 1993-1995

Councilor, 1990

Alternate Councilor, 1991-1995, 1997-1998

Practice Profile

Total hours devoted to emergency medicine practice per year: 2200 Total Hours/Year

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

Direct Patient Care 50 % Research 5 % Teaching 20 % Administration 25 %

Other: _____ %

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

I am employed by Emergency Physicians of Tidewater, a democratic private practice group of ABEM certified emergency physicians and advanced practice providers providing emergency services to five hospital EDs and two free standing EDs, with a combined patient volume of @ 360,000 annually.

I also serve as the Chairman of the Department of Emergency Medicine for Eastern Virginia Medical School, where I am fulltime, non-salaried.

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 16 Cases Plaintiff Expert 7 Cases

CANDIDATE DISCLOSURE STATEMENT

Francis L. Counselman, MD, CPE, FACEP

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

Employer: Emergency Physicians of Tidewater
4092 Foxwood Drive, Suite 101

Address: Virginia Beach, Virginia 23462

Position Held: Board of Directors since 2000. Responsible for academic arm of group

Type of Organization: Private practice, democratic group of ABEM board-certified physicians (@ 65+) providing coverage for five hospital EDs and two free standing EDs.

Employer: Eastern Virginia Medical School

Address: 825 Fairfax Avenue, Norfolk, Virginia 23507

Position Held: Chairman, Department of Emergency Medicine (since 1992. Full-time, nonsalaried)

Type of Organization: A public-private 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: American Board of Emergency Medicine

Address: 3000 Coolidge Road, East Lansing, MI 48823-6319

Type of Organization: One of 24 medical specialty certification boards recognized by the American Board of Medical Specialties (ABMS).

Duration on the Board: 2008-2016

Organization: Educational Commission for Foreign Medical Graduates (ECFMG)

Address: 3624 Market Street, 4th floor, Philadelphia, PA 19104

Type of Organization: Private, nonprofit. The world leader in promoting quality healthcare.

Duration on the Board: 2017-2021

Organization: Virginia College of Emergency Physicians (VA ACEP)

Address: 2924 Emerywood Parkway, Suite 202, Richmond Virginia 23294

Type of Organization: State chapter of the American College of Emergency Physicians

Duration on the Board: 1989-1997

Organization: Eastern Virginia Medical School Alumni Association
Office of Alumni Relations, 721 Fairfax Avenue, Suite 505, Norfolk, Virginia
Address: 23507

Type of Organization: Volunteer board to raise money for Eastern Virginia Medical School

Duration on the Board: Board of Trustees, 1996-2005

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) 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 serve as the Editor-in-Chief of *Emergency Medicine*, a peer-reviewed practice journal for emergency 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:

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?

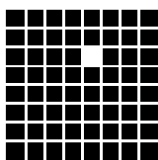
☒ NO

☐ If YES, Please Describe:

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

Francis L Counselman MD, CPE, FACEP Date

June 6, 2018



VIRGINIA COLLEGE OF EMERGENCY PHYSICIANS

2018 Board of Directors

Bruce Lo, MD, MBA, FACEP
President

Kenneth Scott Hickey, MD, FACEP
President-Elect

Cameron Olderog, MD, FACEP
Secretary-Treasurer

Mark R. Sochor, MD, MS, FACEP
Immediate Past President

Kirk Cumpston, DO, FACEP, FACMT
Jon D'Souza, MD, FACEP
Derrick Swartzentruber, MD
Kean Feyzeau, MD
Jason T. Garrison, MD, FACEP
Randy Geldreich, MD, FACEP
Jared Goldberg, MD, FACEP
Christopher Hogan, MD, FACEP
Scott Just, MD, MBA, FACEP
Lauren Wingfield, MD
Adam Morcom, MD
Joseph Lang, MD, FACEP
Darren S. Lisse, MD, FACEP
Todd Parker, MD, FACEP
Renee D. Reid, MD
C. Christopher Turnbull, MD
Edward G. Walsh, 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

June 12, 2018

To the ACEP Nomination Committee:

The VACEP Board of Directors voted at our June 7, 2018 Board of Director meeting to endorse the nomination of Dr. Francis Counselman, MD, FACEP as a candidate for ACEP's Board of Directors.

Dr. Counselman served as VACEP's president from 1995-1996 following eight years on the Chapter's Board of Directors. He served as six years as VACEP's chair of our Education Committee.

Please let us know if you need anything else from us.

Sincerely,

Dr. Bruce Lo, MD, MBA, FACEP

VACEP President

Francis L. Counselman, MD, CPE, FACEP

I am very excited about running for the Board of Directors of the American College of Emergency Physicians (ACEP). I have been a member of ACEP since I was a resident, and would love to give back to the organization and members that have supported and encouraged me for the past three + decades.

I am a hybrid – I am both a community emergency physician (EP) and an academic EP. I am a member of a private practice, democratic group of board-certified emergency physicians; Emergency Physicians of Tidewater (EPT). I joined EPT right out of EM residency training and have been practicing with them full-time since July 1986. In addition, for the past 20+ years, I have served on EPT's Board of Directors, help leading our group forward. At the same time, I am volunteer faculty at Eastern Virginia Medical School (EVMS), where my appointment is “full-time, nonsalaried.” At EVMS, I was able to lead the change from a division of the Department of Family and Community Medicine to our own academic department of Emergency Medicine. We were the first academic department of Emergency Medicine in Virginia, and only the 26th in the nation at that time (1992). I continue to serve in the role of Chairman today.

I work in the ED, seeing patients primarily and also supervising EM residents and medical students in the delivery of care. I work holidays, weekends, and evenings. In our democratic group, I work the same number of holiday and weekend shifts as the most junior partner. I know firsthand the challenges of practicing both community and academic emergency medicine.

I feel I have the experience, temperament, and leadership skills necessary to serve on the ACEP Board of Directors, and to help move the specialty forward. Over the years, I have served on committees, and in leadership positions, with ACEP, SAEM, and ABEM. I have chaired two important ACEP committees – Academic Affairs and Membership. As you well know, membership is the lifeblood of any organization, and we need to continue to meet the needs of our membership going forward. I served on the ACGME Residency Review Committee for Emergency Medicine (RRC-EM) for six years; I well understand and appreciate the policies and program requirements necessary for EM residency accreditation. I served on the Executive Committee (and eventually, President) of the Medical Staff of my hospital – Sentara Hospitals Norfolk. This includes two hospitals (Sentara Norfolk General Hospital, the areas only Level 1 Trauma Center and primary teaching hospital for EVMS, and Sentara Leigh Memorial Hospital). The medical staff includes over 1000 physicians, representing every specialty. During my year as President, I oversaw the transition to an electronic medical record and a Joint Commission visit – it was an exciting year.

I have also served on the Board of Directors of the American Board of Emergency Medicine (ABEM). I was actively involved in the negotiations with the American Board of Surgery and the American Board of Anesthesia resulting in allowing EM residency trained physicians to be eligible for critical care fellowships, and sitting for the critical care examinations. I was also very involved in the development and introduction of the eOral cases into the ABEM Oral Certifying Examination.

My various experiences have taught me the importance of listening, doing the right thing, not the easy thing, and the tremendous amount of work that a small group of dedicated individuals can accomplish. I am asking for your vote for the ACEP Board of Directors; I would like to work hard on your behalf. Thank you.

Francis L. Counselman, M.D., CPE, FACEP

Francis L. Counselman, MD, CPE, FACEP

Candidate, Board of Directors, American College of Emergency Physicians



The Virginia College of Emergency Physicians proudly endorses Dr. Francis Counselman for election to the ACEP Board of Directors. Francis has unflagging enthusiasm for our profession. His hard work and loyalty continues to contribute to the strength of emergency medicine in Virginia. Francis's expertise reflects the depth and breadth of his well-rounded experiences. His leadership and service to ABEM as well as to his home department and community demonstrate his commitment to advancing emergency medicine. We respectfully ask for your vote for Dr. Francis Counselman.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Lo'.

Bruce Lo, MD, MBA, FACEP

President

Virginia College of Emergency Physicians

Virginia Service

- Virginia ACEP, Board of Directors, 1989-1997
- Virginia ACEP, President, 1995-1996

ACEP Service

- ACEP Award for Outstanding Contribution in Education, 2017
- ACEP Registry Review Workgroup, 2014
- ACEP Teaching Fellowship Faculty, 2004-2016
- ACEP Third Emergency Medicine Workforce Study Group, Chairman, 2007-2009
- ACEP Membership Committee, 2001-2006, Chairman, 2004-2006
- ACEP Academic Affairs Committee, 1996-2001, Chairman, 1999-2001

Other Service

- American Board of Emergency Medicine, Board of Directors, 2008-2016, President, 2014-2015
- Association of Academic Chairs of Emergency Medicine, President, 2002-2003

My promise to you is to work hard on behalf of the ACEP membership to advance our specialty. I respectfully request your support in this year's Board of Directors election.

Francis Counselman, MD, CPE, FACEP

ACEP BOARD OF DIRECTORS CANDIDATE 2018

FRANCIS L COUNSELMAN, MD, CPE, FACEP

Current Practice

- Full time EM practice (32 years)
- Board of Directors (20+ years)
of Emergency Physicians of Tidewater
-a 40 year old democratic practice group of board-certified EM physicians

Additional Leadership Experience

- President of Medical Staff, Sentara Hospitals Norfolk, 2008-2009 (two hospitals:1,000+ physicians)
- Program Director, EM Residency, Eastern Virginia Medical School, 1990-2010
- President, Norfolk Academy of Medicine, 1998-1999

Recognition

- Award for Outstanding Faculty Achievement, Eastern Virginia Medical School, 2016
- Mason Andrews Community Service Award, Sentara Hospitals Norfolk, 2014
- Heroes of Emergency Medicine, Virginia, American College of Emergency Physicians, 2008
- Parker J. Palmer "Courage to Teach" Award, Accreditation Council for Graduate Medical Education, 2005
- Residency Director of the Year Award, Emergency Medicine Residents' Association, 2003



DEDICATION LEADERSHIP EXPERIENCE

Endorsed by the Virginia College of Emergency Physicians
(VA ACEP) and the Association of Academic Chairs of
Emergency Medicine (AACEM)

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

J.T. Finnell, MD, FACEP, FACMI

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

Healthcare is entering a period of rapid change. Advancement of new technologies will fundamentally change how we practice medicine. Hospitals will become smaller as more healthcare will be done at home. Precision medicine where treatments will be based on genetic, environmental and lifestyle factors. Aging will become a treatable disease. Cars that drive themselves, drastically reducing rates of traumatic injuries. When was the last time you did a saphenous vein cutdown, or diagnostic peritoneal lavage? Advances in technology have already changed and will continue to change how we practice emergency medicine.

We should be working smarter, not harder. We should be building tools to help us manage the deluge of clinical data we must consume in order to make rational treatment decisions. In Indiana, we are already working on tools to help mine “Big Data”. Similar to how Amazon will present you relevant buying decisions, why can’t your EHR do the same? Patient’s with chest pain have their last EKG, Cardiology notes, Stress and Cath reports (regardless of health system) available for review. We’ve discovered this saves over 5 minutes of chart review down to just seconds.

How we use knowledge is different today than when we were younger. A quarter-century ago, when we first started going online, we took it on faith that the web would make us smarter: more information would breed sharper thinking. However, what we’ve seen instead is that we often sacrifice our ability to turn information into knowledge. We get the data but lose the meaning.

In a recent study, a group of volunteers read 40 brief factual statements and then typed the statements into a computer. Half the people were told that the machine would save what they typed: the other half were told that the statements would be immediately erased. The Google effect was born. The Google effect, also called digital amnesia, is the tendency to forget information that can be found readily online by using Internet search engines such as Google. This is changing how we practice, and more importantly, how we certify emergency physicians. What information should an emergency physician “know” versus have the ability to “look up”?

As a child, and before technology, I remember my father during a party game would boldly state there are five state capitals where “city” is part of their name. There are actually only four, so no one could ever come up with the fifth. My father would claim it was Indiana, and Indiana City as the capital. No one would disagree.

Psychologist and philosopher William James said in an 1892 lecture, “the art of remembering is the art of thinking.” Upgrading your devices will not solve the problem. We need to give our minds more room to think.

Question #2: Describe how your election to the Board would enhance ACEP’s ability to speak for all emergency physicians.

How many of us recall growing up with “Emergency!” which debuted on NBC on January 15, 1972? What an awesome team. Firefighters Johnny Gage and Roy DeSoto working together with nurses (Dixie McCall) and emergency physicians Kelly Brackett, and Joe Early MD, FACS, **ACEP**. Yes, ACEP was listed in their credentials, founded only four years earlier, found its way into our hearts and living rooms.

ACEP continues to represent a family of physicians who share a commitment to improving the quality of emergency care. I’ve been a member of ACEP for over 30 years and have practiced in multiple settings. I’ve worked for both private and small groups, and currently serve as the program director of Clinical Informatics and as teaching faculty in the Indiana University

residency program. While we all wear many hats, I consider ACEP to be my home, and my informatics training to add unique value, which will truly complement the existing ACEP board.

Healthcare is entering a period of rapid change. Advancement of new technologies will fundamentally change how we practice medicine. Hospitals will become smaller as more healthcare will be done at home. Precision medicine where treatments will be based on genetic, environmental and lifestyle factors. Aging will become a treatable disease.

I'm well aware that the "promise of technology" with the advent of electronic records has presented new challenges. The burden of the electronic record has resulted in increased rates of physician burnout and spawned a new class of scribes. However, my particular set of skills helps to transform the realities of all emergency physicians. True transformation requires trusted data and sound analytics. We all work with problematic electronic records, order sets, and decision support that drive us crazy. However, I've built systems that truly reflect emergency medicine's best practices and our particular realities of care. I've led collaborative and creative teams to streamline our existing processes in order to enhance the efficiency of our department. I understand the nuances of data collection and measurement and can help our Board to insure the success of all of our practices.

As part of my extensive career I've been able to bridge the crucial gap between generations of physicians through the use of technology. We are all part of connected teams. Using tools like Slack, Trello, and Basecamp to bridge that divide. I want us to work smarter, not harder. We are currently working on tools to help mine "Big Data". When a patient presents to the ED with chest pain, why should we have to search for an old EKG, cardiology notes, or stress reports? These all should be readily available and instantly viewable.

Nomination to ACEP's board is an honor and a privilege. I would like the opportunity to bring the advances in emergency medicine that we have in Indiana to ACEP. I have the full support of my family, practice group, and state to serve you. I'm asking for your support and will bring your voice to lead our college into the future.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

As Mark Twain once said: "The difference between the right word and the almost right word is the difference between lightning and a lightning bug." I endorse the ACEP's Mission statement.

The ACEP 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.

CANDIDATE DATA SHEET

John T. Finnell, MD, FACEP, FACMI

Contact Information

505 South 5th Street, Zionsville, IN 46077

Phone: 317-454-1089

E-Mail: jtfinnell@gmail.com

Current and Past Professional Position(s)

Fellowship Program Director, Clinical Informatics

President AMIA Academic Forum

Member AMIA Board of Directors

Member AMIA Education Committee

ABEM Senior Case Examiner Reviewer

ABEM Item Writer

ABEM Oral Examiner

ABEM Case Development Panel

Education (include internships and residency information)

B.S., Biology, University of Vermont 1983-1987

M.D., University of Vermont 1987-1991

Residency: Emergency Medicine, UCSF-Fresno 1991-1995

EMF/ACEP Teaching Fellowship, Dallas Tx 1997-1998

Evidence Based Medicine, McMaster University 2001

M.Sc., Clinical Research, Indiana University 2002-2004

Informatics Fellow, National Library of Medicine 2002-2005

M.D., University of Vermont 1991

Certifications

Diplomate, American Board of Emergency Medicine 1996-Present

Diplomate, American Board of Preventive Medicine in
Clinical Informatics 2013-Present

Professional Societies

ACEP

Indiana ACEP

SAEM

AMA

AMIA (American Medical Informatics Association)

CCIPD (Clinical Informatics Program Directors)

National ACEP Activities – List your most significant accomplishments

Board of Directors Nominee 2016-Present

Council Steering Committee 2013-2015

Chairman Reference Committee 2014

Education Committee	2014-Present
Indiana Counselor	2010-Present
Tellers, Credentials Committee Member	2010-2013
State Leader 911 Network	2010-Present
Reference Committee Member	2010-2013
Clinical Policies Committee – Informatics Liaison	2004-2007
Academic Affairs Committee	1999-2003
Secretary Informatics Section	2002-2003

ACEP Chapter Activities – List your most significant accomplishments

Past-President INACEP	2014
President INACEP	2013-2014
Board of Directors	2009-Present

Practice Profile

Total hours devoted to emergency medicine practice per year: 1864 Total Hours/Year

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

Direct Patient Care **25 %** Research **5 %** Teaching **50 %** Administration **20 %**

Other: _____ %

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

Eskenazi Health (formerly Wishard Memorial) is a county, level 1 trauma and burn center. It is one of the major teaching hospitals for central Indiana. The academic faculty are employed by Indiana Health, an affiliate of Indiana University.

Expert Witness Experience

If you have served as a paid expert witness in a medical liability or malpractice case in the last ten years, provide the approximate number of plaintiff and defense cases in which you have provided expert witness testimony.

Defense Expert 0 Cases Plaintiff Expert 0 Cases

CANDIDATE DISCLOSURE STATEMENT

John T. Finnell, MD, FACEP, FACMI

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

Employer: Indiana University

Address: Bloomington, IN

Position Held: Emergency Medicine Attending Physician

Type of Organization: Health Care / Hospital

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: American Medical Informatics Association (AMIA)

Address: Bethesda, Maryland 20814

Type of Organization: Member Organization for Biomedical Informatics

Duration on the Board: 1 year

Organization: Outrun The Sun

Address: Indianapolis, IN

Type of Organization: Non-Profit, Melanoma Advocacy

Duration on the Board: 4 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: Maria, my wife, is employed by Anthem/Medicaid.

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:

John T. Finnell, MD

July 16, 2018



INDIANA CHAPTER
American College of Emergency Physicians
630 No. Rangeline Rd. Suite D, Carmel, IN 46032
Phone: (317) 846-2977 Fax: (317) 848-8015
Email: inacep@inacep.org

January 23, 2018

John G. McManus, Jr., MD, MBA, FACEP
Chair, Nominating Committee
P.O. Box 619911
Dallas, TX 75261-9911

Dear Dr. McManus,

The Indiana ACEP Chapter highly recommends John Thomas Finnell MD, FACEP as a candidate for the national ACEP Board of Directors. As you can see from his Curriculum Vitae, Dr. Finnell has not only spent many years in leadership positions with the Indiana Chapter, but has also been very involved with numerous national ACEP committees, as well as ABEM and the national ACEP Council.

His energy and continued commitment to ACEP's interests are outstanding and his leadership skills are impeccable. He has formal training in BioMedical Informatics, is board certified in Clinical Informatics and is the program director for the first EM based Clinical Informatics program in the country. This specific skill set would help ACEP realize its informatics goals with CEDR and other data initiatives.

The Indiana ACEP Board of Directors wholeheartedly supports John Thomas Finnell MD, FACEP for candidacy to the national ACEP Board of Directors.

Sincerely,

E. Nicholas Kestner

Indiana ACEP Officers and Board of Directors 2017/2018

Gina Huhnke MD, FACEP
President

Chris Ross MD, FACEP
Vice President

Bart Brown MD, FACEP
Secretary-Treasurer

Lindsay Weaver MD, FACEP
Immediate Past President

Board Members:

Chris Cannon MD FACEP
Emily Fitz MD

Tyler Johnson DO FACEP
Andrew McCanna MD FACEP
John Rice MD FACEP
Courtney Soley MD

Lauren Stanley MD FACEP
Jonathan Steinhof MD FACEP
Matt Sutter MD FACEP

E Nicholas Kestner III
Executive Director

John T. Finnell, MD, MSc, FACEP

Dear Colleagues,

It is an honor and privilege to have been selected to be a candidate for your Board of Directors.

As you review the qualities of each of the exceptional candidates, I'd like for you to consider some of my core values that will give you a sense of who am I am, and the type of Board member I will be, if elected.

Service. Service is the ability to put aside your needs for the greater good of the group. For physicians specializing in Emergency Medicine - our schedules are 365/24/7. We work nights, weekends, and holidays. We work during major sporting events (Super Bowl in Indy) that we'd rather be attending. I value the commitment I've made to our specialty and I will work tirelessly for you to ensure your needs are being met in order to make the best decisions in the interest of our specialty.

Health. Wellness matters. We must do things outside of our work lives to keep us whole. For me, I'm a runner. I find the time I use running helps to clear my head and helps me to prepare for the challenges that lie in the days/weeks ahead. I'm very fortunate that my family can join me on these activities so we can spend these precious hours together.

Innovation. I like to explore new ways to do things and I think outside of the box. I have been fortunate at Indiana University to have worked with other schools on campus and have been awarded patents based upon our work together. I find that innovation comes not from one person, but from a group of individuals who wish to make something unique and better. I promise to bring these talents to your board to help make your job and our specialty better.

Informatics. Looking at the composition of the current ACEP board, I can help fill a void. We all experience the challenges related to electronic medical records and rising rates of dissatisfaction and burn out. In Indiana, we create tools to allow us to become more efficient with our time to be more productive. The simple reality of a practicing emergency physicians life includes information technology. EMR, building order sets to reflect best practices, streamlining our existing processes to enhance efficiency, and understanding data measurement are skills that I possess.

I look forward to getting to know more of you. For those that do not yet know me – here are some words that others I work with have used to describe the type of person I am.

“Calm, caring, creative, collaborative, driven, engaged, enthusiastic, experienced, fair, focused, knowledgeable, honest, insightful, open minded, personable, relaxed, thoughtful.”

I ask for the honor and privilege to serve you, and for your vote for the ACEP Board of Directors.

Sincerely,

JT

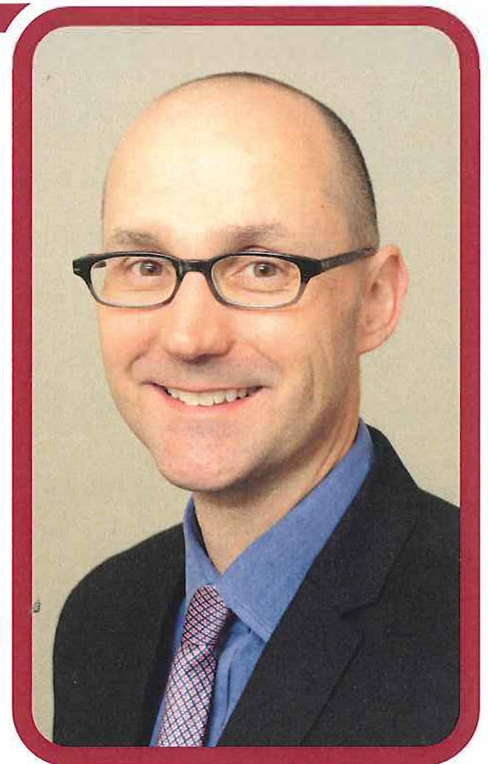
• ACEP Board of Directors Candidate •

Today's reality of practicing emergency medicine includes Information Technology (EMRs, Order Sets, Clinical Data).

As an informatician and data scientist, I ask for your vote to help lead ACEP into our future.

WHO I AM:

- Associate Professor of Clinical Emergency Medicine
- Associate Professor of Informatics
- Current INACEP Board Member
- Fellowship director of the first EM Clinical Informatics fellowship
- 20+ Years practicing academic physician in a Level 1 Trauma Center in an Urban Environment



PROVEN LEADERSHIP:

- Department Chair Health Informatics, Indiana University
- Fellowship Program Director, Clinical Informatics

MY GOALS AS A BOARD MEMBER:

- Physician wellness (EHRs are a major burden)
- Enhance communication around our Advocacy Issues
- Innovative on-line communities for support / mentorship



LEADERSHIP



SERVICE



DATA SCIENTIST

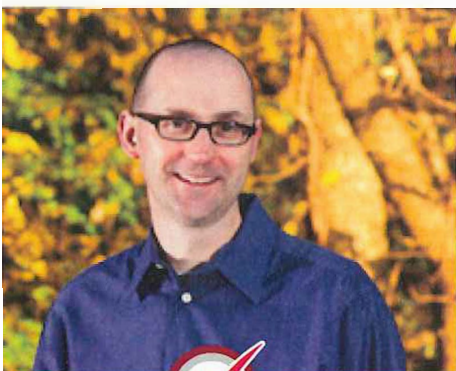
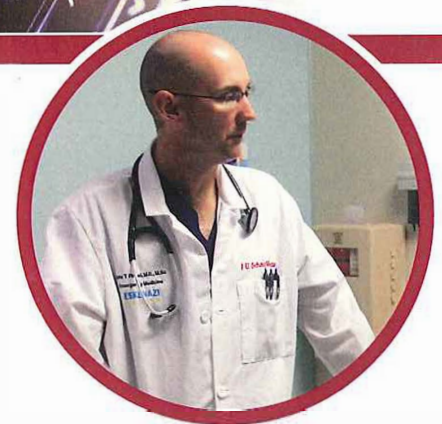
JOHN T. FINNELL MD, MSc, FACEP

• ACEP Board of Directors Candidate •



National / Chapter Service:

- ACEP Council Steering Committee 2013 - 2015
- ACEP Chairman Reference Committee 2014
- ACEP Education Committee 2014 - Present
- ACEP Indiana Councillor 2010 - Present
- ACEP Tellers, Credentials Committee 2010-2013
- ACEP State Leader 911 Network - Present
- ACEP Reference Committee 2010-2013
- ACEP Clinical Policies Committee Informatics Liaison 2004 - 2007
- ACEP Academics Affairs Committee 1999 - 2003
- INACEP Past-President 2014
- INACEP President 2013 - 2014
- INACEP Board of Directors 2009 - Present



SERVICE:

- ABEM Oral Board Examiner
- ABEM Item Writing Committee
- ABEM Case Reviewer
- American Medical Informatics Association Board of Directors



LEADERSHIP



SERVICE



DATA SCIENTIST

Endorsed by Indiana ACEP & ACEP Informatics Section

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Jeffrey M. Goodloe, MD, FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

Emergency medicine will become more valued for its role in resuscitating, stabilizing, and navigating higher acuity, unscheduled patients. Despite a continuing multitude of attempts to simplify healthcare in the United States, largely for cost containment, with some focused upon improving the patient care experience and/or clinical outcomes, developing integrated networks of care will heavily depend upon emergency physicians throughout all hours of the day.

If history is a sage predictor of future behavior, emergency medicine will retain its “front door to the hospital” status in traditional settings. Emergency medicine is also poised to continue to find developing markets in health care as patients understandably value ease of access, efficient diagnostic capabilities, and effective treatments. Whether within a traditional emergency department or in a developing capacity (e.g. multi-national telemedicine) the emergency physician will always embody the best in patient protection and advocacy.

ACEP is widely, and appropriately, held in regard for advancing not just the science of emergency care, but doing so within the strengths of our humanity, our passions for aiding others on often the worst days of their lives. No future technology in emergency medicine can fully succeed without these strengths, fostered best within the ACEP community.

My skills include being a careful student of history to learn the lessons well from days past to enable us to move with calculated safety and effectiveness into the future. My skills also include being an optimistic futurist, with an open mind, challenging the status quo, in finding answers to the current challenges, and always remaining poised for “the next big thing” that can’t yet be anticipated.

Protecting the foundations and responsibilities of the patient-emergency physician relationship, avidly incorporating the perspectives of all generations of leaders in emergency medicine, and always serving with a “What if?” and “How can we?” mindset enables me to help lead ACEP and its members effectively into and through the coming decade.

Question #2: Describe how your election to the Board would enhance ACEP’s ability to speak for all emergency physicians.

Speaking for emergency physicians translates specifically to advocating for emergency physicians. Effective advocacy for emergency physicians is built upon understanding and respecting us. *All* of us.

I’m celebrating 20 years since emergency medicine residency graduation. In my journey 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 female and male, spiritual and not spiritual, and as diverse in interests as I could have ever imagined. I’ve found valuable medical and life lessons from them all.

I’ve worked at a rural/small suburban community hospital, with its 16 bed ED and with phone handsets duly worn, proving the frequency of transfers to “the big city” that most often involved more than one conversation (aka persuading, pleading, and/or praying). I’ve worked at 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” while my partners and I routinely saw 4-5 patients/hour throughout 10+ hour shifts, many with acuities requiring invasive airway management, central lines pre-routine ultrasound guidance, and trauma/STEMI/stroke/sepsis teams that were 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 those experiences, while still learning emergency medicine advances daily, as I teach fellows, residents, and medical students in the base hospital for an EM residency and conduct research in a historically medically underserved state.

Also, as an emergency physician, I've built upon my love for pre-hospital care that I discovered as a paramedic in college and medical school years. I've served in EMS for 30 years, 22 of those as a medical oversight physician, currently the clinical leader for over 4,000 credentialed 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 an axis of being an emergency physician. Add in years of advocacy and service in state and national ACEP and I can't hardly believe what started as a hopeful vision has come to this fulfilling reality.

If you recognize yourself in any of the above, I can effectively help to speak for you. If you don't, I'm sincerely willing to listen so I can better understand and factor your perspectives.

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 serve you as a member of the ACEP Board of Directors, speaking for you.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a constituency?

Neither. ACEP must respect the democracy of medicine itself. Just as other specialty societies respected the formation and now continual advancement of ACEP itself, ACEP must acknowledge and respect the rights and abilities of emergency physicians that form other organizations centered upon our specialty. Simultaneously, ACEP must commit to advocate for all emergency physicians, avoiding unnecessary fractionation among us...all of us.

No 37,000+ member organization can ever speak in unanimity, but sincere and careful adherence to ethics, respect for differences, and responsible, responsive leaders can, and I believe will continue to position ACEP as the leading voice of emergency medicine, for its physicians, and for its patients and communities we are privileged to collectively serve.

Jeffrey M. Goodloe, MD, FACEP

Contact Information

3720 E 99th PL, Tulsa, OK 74137 (Home)

Phone: 918-704-3164 (Cell); 918-298-0502 (Home)

E-Mail: jeffrey-goodloe@ouhsc.edu (Work/Public); jgoodloemd@aol.com (Personal/ACEP staff use)

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

Medical Director, Medical Control Board, EMS System for Metropolitan Oklahoma City & Tulsa, OK

Medical Director, Oklahoma Highway Patrol

Medical Director, Tulsa Community College EMS Education Programs

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

Certifications

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

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, 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 2 % Teaching 10 % Administration 38* %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 are multiple, including 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 currently partially staffs four emergency departments in Tulsa and Oklahoma City, employing a university academic group/private group collaborative structure. I currently 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 Medical Director for the EMS System for Metropolitan Oklahoma City and Tulsa, clinically leading over 4,000 credentialed 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, 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

July 16, 2018



August 1, 2018

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 am writing with an enthusiastic endorsement for our current President, Dr. Jeffrey M. Goodloe, to be elected to the ACEP Board of Directors.

Dr. Goodloe is already well known nationally within ACEP, starting prior to his EMRA presidency in the late 1990s and continuing since. He is an active councillor, with past 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, regularly attending ACEP's Leadership and Advocacy Conference, and well-known among Oklahoma's US Representative and Senators. He is an active promoter of our specialty's future in supporting the Emergency Medicine Foundation, recruiting members to 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.

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 immediately volunteered for service in OCEP. He was promptly elected to our Board of Directors as a councillor, given his experience and expertise representing EMRA for several years in the ACEP Council and his activity within the Texas College of Emergency Physicians. He 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 impacts of resolutions on ACEP. 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 his 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, testifying 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 then work with the American Stroke Association and Oklahoma legislators to ultimately craft a bill that truly strengthens stroke care capabilities for Oklahomans, from first medical contact by EMTs and paramedics to

President
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Jeffrey Johnson, MD

Juan Nalagan, MD, FACEP
Carolyn Synovitz, MD, MPH, FACEP

Executive Director
Gabe Graham, CPA gabegraham11@gmail.com

Jeffrey M. Goodloe, MD, FACEP

Hello, fellow councillors, colleagues, and friends. I'm Jeffrey Goodloe and I'm honored and incredibly excited to be running for the ACEP Board of Directors.

Many we serve are disenchanted with government and industry leaders and/or pundits that opine about them. Truth can seemingly get defined by the holders of facts, whether real or manufactured. This is decidedly not a 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.

Speaking for emergency physicians translates specifically to advocating for emergency physicians. Effective advocacy for emergency physicians is built upon understanding and respecting us. *All* of us.

I'm celebrating 20 years since emergency medicine residency graduation. In my journey 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 female and male, spiritual and not spiritual, and as diverse in interests as I could have ever imagined. I've found valuable medical and life lessons from them all.

I've worked at a rural/small suburban community hospital, with its 16 bed ED and with phone handsets duly worn, proving the frequency of transfers to "the big city" that most often involved more than one conversation (aka persuading, pleading, and/or praying). I've worked at 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" while my partners and I routinely saw 4-5 patients/hour throughout 10+ hour shifts, many with acuities requiring invasive airway management, central lines pre-routine ultrasound guidance, and trauma/STEMI/stroke/sepsis teams that were 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 those experiences, while still learning emergency medicine advances daily, as I teach fellows, residents, and medical students in the base hospital for an EM residency and conduct research in a historically medically underserved state.

Also, as an emergency physician, I've built upon my love for pre-hospital care that I discovered as a paramedic in college and medical school years. I've served in EMS for 30 years, 22 of those as a medical oversight physician, currently the clinical leader for over 4,000 credentialed 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 an axis of being an emergency physician. Add in years of advocacy and service in state and national ACEP and I can't hardly believe what started as a hopeful vision has come to this fulfilling reality.

If you recognize yourself in any of the above, I can effectively help to speak for you. If you don't, I'm sincerely willing to listen so I can better understand and factor your perspectives.

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 serve you as a member of the ACEP Board of Directors, speaking for you.

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:



Jeffrey M. Goodloe, MD, FACEP

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

jeffrey-goodloe@ouhsc.edu

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Christopher S. Kang, MD, FACEP, FAWM

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

Three years ago, I predicted that the next decade would mark a dynamic and historic time of opportunity for our College as emergency medicine transitioned from fighting for acceptance by the members of the House of Medicine, to being recognized as one of their leaders. That transition is now underway. As a newly emerged leader at a time when healthcare has become increasingly complex, subject to greater scrutiny, and factionalized, our College must undertake new challenges and responsibilities, engage its internal and external critics, and respect competing priorities with fewer resources. It is essential that the College continue to have experienced, strategic, and visionary leaders.

For 25 years, I have practiced in a variety of settings around the world, from austere environments and the back of ground and air ambulances, public health to mass casualty events, and in rural facilities and modern medical centers. As Medical Project Director for an ACEP grant, I visited and evaluated the disaster preparedness of dozens of hospitals and agencies across the country. Over the past three years, I have represented the College at state and national meetings with other professional, industry, and government organizations. Trust and respect have been earned, individual and specialty relationships developed, and the foundations for future collaboration fortified. I would like to continue to build upon these advancements.

As a military officer, I became proficient with strategic planning and management – assessing the context of a situation, setting common objectives, identifying resources, foreseeing contingencies, and adjusting plans in response to changing priorities and conditions. As research director, I objectively studied proposals, reviewed current literature, and critically evaluated data. As a result, I can rapidly interpret and effectively employ those analyses.

As President, I led the Washington Chapter as it transitioned from a small to medium chapter and its emergence as a leading resource for the College for several critical initiatives, including repudiating psychiatric boarding, curtailing opioid use and deaths, improving patient care coordination, and advocating for user-oriented clinical information sharing technologies. Also, programs for resident physician liaisons and past state leaders were started, greater engagement with state emergency nursing and medical associations fostered, and the recruitment and mentorship of future chapter leaders expanded. I have continued to seek out and serve as advisor and mentor to several generations of College members at the section, committee, chapter, and national levels. Cultivating tomorrow's emergency medicine leaders is just as important as confronting today's issues.

These skills and track record make me uniquely qualified to continue to lead the College's efforts to better serve our patients, members, and profession and to successfully sustain its role as the leader of emergency medicine and the House of Medicine.

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

My continued service on the Board of Directors would advance the College's ability to speak for all emergency physicians because of my affinity and ability to see from and appreciate diverse perspectives that stem from my personal background and professional career and which are evidenced by my College service.

I spent my childhood in Asia, North America, and Europe, where I was sometimes a member of the majority, sometimes the minority. Since medical school, I have observed and practiced a wide range of medicine in various settings across the country and around the world, including Asia, Central America, and the Middle East. I welcome and respect different values, cultures, and clinical practices.

Professionally, my career reflects the diversity of the practice models of emergency medicine. I work at a federally-operated medical center and for an independent group in a community hospital. I also serve on the faculty of an accredited emergency

medicine residency and emergency medicine physician assistant fellowship program. My responsibilities have included advisor, curriculum development, didactic and simulation instruction, research director, faculty development, and liaison to other departments and hospitals. Both jobs provide me first-hand experience with different patient populations, levels and generations of emergency medicine providers, healthcare systems, and employment and reimbursement models.

Within the College, I have solicited the counsel of past leaders and advised resident physicians, junior members, and committee and chapter leaders. I have assisted the composition, presentation, and adoption of numerous Council resolutions, some of which involved emerging and contentious issues. Over the past three years, I have visited multiple chapters and sought out and served as a liaison to numerous College sections to learn more about and foster your interests. I have also represented the College at state and national meetings with other professional, industry, and government organizations. Trust and respect have been earned, individual and specialty relationships forged, and the foundations for future collaboration cultivated. Continued appreciation for and inclusion of you will enhance patient care and rapport, fortify membership identity and contentment, and promote the growth and maturation of our specialty.

As a result of my unique background and career, I can and will continue to represent and advocate for emergency physicians and their clinical practices, interests, and priorities to advance quality emergency care and the evolution of our profession.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

Our College should and must continue to represent, advocate for, and lead one constituency – emergency medicine.

Our College will achieve this mission by doing three things,

1. Remain devoted to advancing quality emergency patient care – patients first should always be our foremost professional responsibility;
2. Continue to have the mechanisms and resources to represent, promote, and inspire emergency physicians' interests, practices, and advocacy – they are essential to the growth, evolution, and success of our specialty; and,
3. Conduct itself and lead with fidelity, integrity, and sincerity – although sibling rivalries will occasionally arise with various emergency medicine members and organizations because of contrasting priorities, trust and respect will be earned by and successful collaboration within and outside of emergency medicine will ensue for our College and emergency medicine family.

Christopher S. Kang, MD, FACEP, FAWM

Contact Information

2184 Bob's Hollow Lane, DuPont, WA 98327

Phone: (253) 964-1445

E-Mail: Christopher.s.kang@gmail.com

Current and Past Professional Position(s)

Current Employment

1. Department of Emergency Medicine, Madigan Army Medical Center, Tacoma, WA (2001-Present)
Faculty, Emergency Medicine Residency, Madigan Army Medical Center
2. Olympia Emergency Services, PLLC, Providence St. Peter Hospital, Olympia, WA (2007-Present)

Past Employment

1. Mt. Rainier Emergency Physicians, PLLC, Good Samaritan Hospital, Puyallup, WA (2004-2005)
2. Emergency Medical Services, 121st General Hospital, Yongsan, Seoul, Republic of Korea (2000-2001)

Academic Appointments

1. Assistant Professor, Adjunct, Uniformed Services University of the Health Sciences (2008-Present)
2. Assistant Professor, Clinical, University of Washington (2006-Present)
3. Assistant Professor, Physician Assistant Program, Baylor University (2008-Present)
4. Clinical Instructor, University of Washington (2002-2006)

Additional Emergency Medicine-Related Positions and Responsibilities

1. Peer Manuscript Reviewer, Annals of Emergency Medicine (2013-Present)
2. Disaster Clinical Advisory Council, Northwest Healthcare Response Network (2013-Present)
3. Peer Manuscript Reviewer, Journal of Wilderness and Environmental Medicine (2008-Present)
4. Peer Manuscript Reviewer/Section Co-Editor, Western Journal of Emergency Medicine (2007-Present)

Additional Professional Positions and Responsibilities

1. Institutional Review Board, Madigan Army Medical Center (2006-Present)
2. Research Director, Emergency Medicine Residency Program, Madigan Army Medical Center (2006-2015)
3. U.S. Army Safety Center Accident Investigation Board, Iraq (2004)
4. Field Surgeon, 2-3 Stryker Brigade Combat Team, Iraq (2003-2004)
5. Flight Surgeon/Emergency Treatment Physician, Joint Task Force Bravo, Honduras (2002)
6. Patient Safety Committee, Madigan Army Medical Center (2001-2003)
7. Instructor, ACLS (2001-Present)
8. Instructor, PALS (2001-Present)
9. Battalion Surgeon and Flight Surgeon, 52nd Medical Battalion, Republic of Korea (2000-2001)

Education (include internships and residency information)

Residency: Emergency Medicine, Northwestern University (1996-2000)

Medical School: Northwestern University (1992-1996)

Undergraduate: Northwestern University (1989-1992)

Doctorate of Medicine, Northwestern University (1996)

Certifications

Emergency Medicine, American Board of Emergency Medicine (2001, Recertification 2011)

Fellow, Academy of Wilderness Medicine (2009)

Professional Societies

American College of Emergency Physicians (1993-Present)

- Washington Chapter
- Government Services Chapter
- Prior Chapter – Illinois
- Sections – Disaster Medicine, EM Locum Tenens, EM Research, Pain Management, Wilderness Medicine
- Prior Sections – EM Informatics, Forensics

American Academy of Emergency Medicine (2018)

Society for Academic Emergency Medicine (2012-Present)

American Medical Association (2014-Present)

Washington State Medical Association (2007-Present)

Wilderness Medical Society (2002-Present), Fellow in Academy of Wilderness Medicine (FAWM)

U.S. Army Society of Flight Surgeons (2000-Present)

National ACEP Activities – List your most significant accomplishments

Board of Directors (2015-Present)

- Liaison - Disaster Preparedness and Response Committee (2015-Present)
- Liaison - Ethics Committee (2016-Present)
- Liaison - American College of Surgeons, Committee on Trauma (2016-Present)
- Chair, Workgroup for EM Workforce Initiative
- 50th Anniversary Task Force
- Section Liaison - Air Medical Transport, Disaster Medicine, Event Medicine, Undersea and Hyperbaric Medicine, Wilderness Medicine

Council Steering Committee (2013-2014)

Council Reference Committee (2012)

Chair, Disaster Preparedness and Response Committee (2013-2015)

National Chapter Relations Committee (2014-2015)

Secretary and Chair Elect, Disaster Medicine Section (2011-2015)

Survey Team Member and Project Medical Director, ACEP-DHS-FEMA Community Healthcare Disaster Preparedness Assessment Grant Project (2006-2012)

Advisor, Emergency Medicine Basic Research Skills Course (2009-Present)

EMF – Wiegenstein Legacy Society, 1972 Club

NEMPAC – Give a Shift Donor 5+ Years

911 Legislative Network

InnovatED Code Black (2013-2015)

Emergency Medicine Practice Research Network

ACEP Chapter Activities – List your most significant accomplishments

Washington Chapter

- Treasurer, President Elect, President (2013), Immediate Past President
- Board of Directors (2010-Present)
- Councillor (2010-2015)
- Education Committee (2008-Present), Chair (2011-2012)

Practice Profile**Total hours devoted to emergency medicine practice per year:** 1948 Total Hours/Year**Individual % breakdown the following areas of practice. Total = 100%.**Direct Patient Care 50 % Research 10 % Teaching 35 % Administration 5 %

Other: _____ %

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

1. Department of Emergency Medicine, Madigan Army Medical Center, Tacoma, WA
Federal Government Employee, Civilian
Military Medical Center - Level II State Trauma Center, State Cardiac Center, State Stroke Center
Direct Patient Care, Faculty for Emergency Medicine Residency and Emergency Medicine Physician Assistant Fellowship Programs
2. Providence St. Peter Hospital, Olympia, WA
Part-Time Employee, Non-Partner of Independent Group
Community Hospital – Level III State Trauma Center, State Cardiac Center, State Stroke Center
Direct Patient Care

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

Christopher S. Kang, MD, FACEP, FAWM

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

Employer: Department of the Army, Madigan Army Medical Center

Address: 9040 Fitzsimmons Boulevard

Tacoma, WA 98431

Position Held: Attending Physician

Type of Organization: Federal Government

Employer: Olympia Emergency Services, PLLC

Address: 413 Lilly Rd NE – Providence St. Peter Hospital

Olympia, WA 98506

Position Held: Attending Physician

Type of Organization: Independent Emergency Medicine Group

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: Washington Chapter, American College of Emergency Physicians

Address: 2001 6th Avenue, Ste 2700

Seattle, WA 98121

Type of Organization: Non-Profit Professional Medical Organization, Emergency Medicine

Duration on the Board: 2010-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) 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?

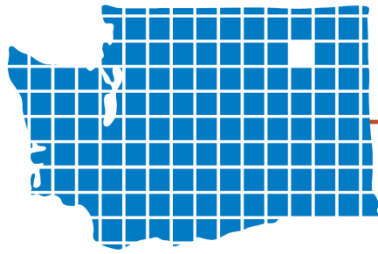
☒ NO

☐ If YES, Please Describe:

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

Christopher S. Kang, MD, FACEP, FAWM Date

9 July 2018



WASHINGTON CHAPTER
ADVANCING EMERGENCY CARE

American College of
Emergency Physicians



Aug. 6, 2018

Dear Members,

Please accept the Washington Chapter of the American College of Emergency Physicians' wholehearted endorsement of the candidacy of Christopher Kang, MD, FACEP for re-election to the American College of Emergency Physicians' National Board of Directors.

The state of Washington has been fortunate to have Chris as a leader for many years. Dr. Kang has made a career of serving his country in the Army for many years, including serving as residency research director at Madigan Army Medical Center, in addition to deployments all over the world. He has extensive experience in pre-hospital care, aviation medicine, disaster and emergency preparedness, wilderness medicine, and research. As member of Washington ACEP, Chris has truly done it all. Chris has lead state legislative efforts on opiate policy, psychiatric boarding, and reimbursement. While serving as chapter president, he organized the state chapter effort to host ACEP13, which was a very successful conference. He created our resident liaison program, and has mentored many Washington ACEP members to successful roles at the state and national level. Beyond his accomplishments, two qualities defined Chris Kang: he is an incredibly effective leader who gets things done, and he does it with the utmost humility, the ultimate team player who would rather promote others than get the credit himself.

Since his election to the national board of ACEP, Chris Kang has continued to be an important voice for emergency medicine. When the Ebola epidemic hit, Chris assisted with the publication of an article on Ebola in the *Annals of EM*. He is currently working on the Playbook for Social Media in the College. Because Chris is such an effective communicator, he serves in multiple liaison roles for the Board of Directors. He was also previously Chair of the Disaster Preparedness and Response Committee. Chris is an exemplary role model, who will help mold the next generation of leaders within ACEP.

The Washington Chapter is proud of the leadership that Chris Kang has brought to the Board of Directors. I hope that all ACEP members will give him the strongest consideration in re-election to the ACEP Board of Directors.

Sincerely,

Liam Yore, MD, FACEP
Washington ACEP President

Christopher S. Kang, MD, FACEP, FAWM

Dear Colleagues,

It is a privilege to have been selected to be a candidate for your Board of Directors.

As you assess each candidate, please consider the following four attributes that may attest to the type of Board member I will be if elected that may not be gleaned from the written responses, data sheets, and disclosure statements.

Awareness. Having been a history major, I incorporate lessons from past events and counsel from senior leaders. Because of my travels, I welcome and respect different values and points of view. Ingrained from my military service, I constantly seek to know and learn about what is and will be happening around me. As a result, I analyze issues from several perspectives and timelines to make decisions in the best interest of the College.

Strategic. I strive to plan ahead. However, when unfamiliar with an issue, I diligently do my homework, consult more knowledgeable peers, and organize the resources at hand. Then, I assess multiple scenarios and their impacts to determine the optimal timing and strategy for success.

Accountability. I treat everyone with respect and in the manner I want to be treated. I will not ask others to complete a task without sufficient guidance and resources, and that I have not done or would not do myself. If successful, the team members receive the credit, praise, and opportunity to grow. If not successful, it is my responsibility.

Character: For those who do not know me, please talk with anyone with whom I have worked. Ask them to describe me, how and why I did my work, and about my successes and mistakes. It is my hope that integrity, service to others, mentor, and steadfast loyalty to the College and its members are among the words mentioned.

As we celebrate our College's 50th anniversary, it is essential for us to appreciate those who have led us to this milestone and what has been achieved thus far. It is equally as important to recognize the increasingly complex issues and challenges ahead as well as those who will lead our College into the next 50 years.

If the above resonates with you and exemplifies the type of Board of Director member you want and that our College and specialty needs, please entrust me with your vote and the opportunity to serve, work with, and represent you.

Sincerely,

Christopher S. Kang, MD, FACEP, FAWM

As we celebrate our 50th anniversary and leadership within the House of Medicine, our College needs continued visionary leadership that:



- Cultivates the innovation and priorities of the next generation while also respecting the work and wisdom of our founders;
- Promotes the occupational and professional well-being of its members;
- Fosters broader member engagement and leadership at local and national levels;
- Empowers and collaborates with chapters and other organizations with the challenges we face;
- Restores the autonomy and prestige of our profession.

I will be that leader.

Christopher Kang, MD, FACEP, FAWM

Leadership: Dynamic • Veteran • Servant

For Re-election to 2018 ACEP Board of Directors

Past Service:



Board of Directors

Washington Chapter President

Council Steering Committee

Chair, Disaster and Preparedness Committee

National Chapter Relations Committee

Council Reference Committee



Liaison, Ethics Committee

Liaison, Multiple Sections

Wiegenstein Legacy Society

Medical Director, ACEP/DHS Grant

Residency Research Director

Multiple Academic Faculty Appointments

Christopher Kang, MD, FACEP, FAWM

For Re-election to 2018 ACEP Board of Directors

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Michael J. McCrea, MD, FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

There will always be external challenges to emergency medicine: new federal and state regulations, practice care guidelines written by other specialties that affect us in the ED. Yet whenever this happens, we do what we do best: prepare as best we can for the unknown and be ready to act against whatever may come. Issues will arise for which we may be unprepared, or even could not have predicted. Sometimes those issues will be something on which I am a context expert but oftentimes not. I have learned through my time with state and national ACEP, our residency program, and in my involvement on multiple hospital committees, how important it is to ask for more information when you need it. I have demonstrated that I will put in the work to help guide action. In such times leadership and careful deliberation are of utmost importance before action.

During my second term as Ohio ACEP President, such an unforeseen and unprecedented event occurred: the contract change involving the Akron Summa EM residency. Never before had a residency program been so affected by a group contract change, ultimately resulting in the loss of ACGME accreditation and closure of the program. There were calls for Ohio ACEP to act swiftly, to do “something,” but we did not know what that should be. To ensure that our Board could make an informed decision, I spent hours listening to our members from both groups, the chief residents of the Summa program, and many past leaders and mentors within the Ohio Chapter. I felt mounting pressure that we must speak out, but for whom, and what should we say?

What I learned most from the experience is that sometimes patience and restraint are more important than being heard first. Other organizations released statements before Ohio ACEP, for which I was criticized. And yet, taking an extra half-day, not rushing a response, proved the most prudent course in the end. For our Chapter statement embodied the message of who we were: a Chapter that represents all practicing emergency physicians, residents, and patients. This is the skill set I believe I have to help keep ACEP in the forefront: deliberation, thought, hard work, and never forgetting that we serve our patients and communities.

Question #2: Describe how your election to the Board would enhance ACEP’s ability to speak for all emergency physicians.

My voice is your voice. I have worked in an eight-bed critical access ED. I have worked in a sixty-bed urban tertiary care center. I have been a community medical director of a single coverage rural ED. I am an assistant program director supervising forty-two EM residents. I have been a democratic partner, an independent contractor, and an employee of a contract medical group. Although I am core faculty for our residency, I still work in the community without residents at a single coverage ED within our health system. Currently I am a teacher and mentor to residents and medical students, but I have never forgotten my roots in the community, fresh out of residency, just trying to get through the rack. I bring this varied and shared experience to my leadership

This diverse background of practice experiences allowed me to speak and advocate for EM physicians in Ohio during my two terms as Ohio ACEP President. Having worked in nearly all practice environments provided me with first hand insight into the issues that face emergency physicians. When I met with legislators or government officials, my personal experience gave real credibility to our message as I spoke for emergency physicians in Washington, D.C. or in our state capitol. I have testified before the Ohio House of Representatives on multiple occasions and I have developed personal relationships with the state and national officials from my district. Those relationships began at ACEP’s Leadership and Advocacy Conference and Ohio ACEP’s Advocacy Day. I have learned and seen firsthand the value of our advocacy. Although Ohio ACEP is widely known for our education courses, it is advocacy that ranks number one in importance to our chapter members every year on the chapter member survey.

Yet we must not forget that ACEP speaks for EM residents in training and medical students as well as the practicing physician. During my tenure on the Ohio Chapter Board, we separated our resident assembly from our annual member meeting into a standalone event to emphasize the importance of resident members in our Chapter. This year I authored a bylaws amendment for our Chapter to designate one Ohio councillor seat for a resident. It passed unanimously at our annual meeting. For the past four years I have chaired a new event, the Midwest Medical Student Symposium, for medical students interested in EM. Our medical student membership has grown as a result. Working daily with residents and medical students allows me to respond to these members' needs as well.

Our members want voices that listen to their needs, speak for them, and advocate for our profession and our patients. My experiences have refined my voice and demonstrated that I can speak confidently for all current and future emergency physicians as a member of the ACEP Board of Directors.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

This seemed like a simple question for me. I had always felt the same way going back to residency: that emergency medicine should only be practiced by residency trained, board certified emergency physicians. However perspective, maturity, and most of all, recent events in the College have caused me to re-examine exactly this question.

While struggling with this issue, I sought guidance from our College "Mission, Vision, and Values" and ACEP's definitions of "Emergency Medicine" and an "Emergency Physician." I'm pretty sure that I had read them before, but only now have I truly thought about these guiding principles for what ACEP is, who we are, and whom we represent. If you haven't read them recently or, gasp, ever, please do so. If you're feeling really adventurous, read the College Bylaws' section on membership too. One of my friends just yelled "nerd alert," but I'm on the Bylaws Committee, so I think I'm obligated to plug the Bylaws whenever I can. Joking aside, without knowing our defining principles and guiding policies, how can we possibly have an informed conversation on the topic as important as "Who does ACEP represent?"

When a non-EM boarded physician works in an ED, she or he does not introduce herself or himself as "I'm the NOT emergency physician today but I'll be taking care of you anyway." The bright red, all-capital-letter, "EMERGENCY" sign out front does not rotate to something else when a non-EM boarded physician is working. Regardless who is working: be it a residency-trained, board-certified Emergency physician; a physician boarded in something else; or in some states, a non-physician advanced practice provider, patients have the expectation and right that they will receive "the highest quality of emergency care." When we travel to Washington, D.C. each spring for ACEP's Leadership and Advocacy conference, we never couch our legislative agenda with the following caveat: "but we only want this legislation to apply to EM-boarded docs who pay ACEP dues."

Until recently, I had never thought of it this way. We advocate for everyone who works in an emergency department, whether they are members of ACEP, someone who is eligible for ACEP membership but for whatever reason has chosen not to join or renew, or a provider who is not eligible. Anyone who sees patients "dedicated to the diagnosis and treatment of unforeseen illness or injury" benefits from the tireless work and advocacy done by the College, from our clinical policies and policy statements, to committee and Board white papers that help guide all facets of emergency medicine.

I have worked with non-EM trained physicians in the community. As a community medical director, I never could have filled our schedule in our rural ED without them. They cared for patients in the same rooms with the same problems as I did. I took their sign-outs and they took mine. I came to realize how could I not see them as emergency physicians, albeit our different backgrounds and paths?

And yet, on the opposite end of the spectrum, I am an assistant residency director for forty-two residents and future board-certified emergency physicians. I unequivocally believe that dedicated training in emergency medicine following the Core Content model is important and must be valued. Residency training and board certification in emergency medicine are the ideal and highest achievement in our specialty.

So if I cannot reconcile these two conflicting issues for myself, how can ACEP? Is it quixotic to think that someday all patients seen in an ED will be cared for by an EM-boarded physician? Probably, but such a goal does not mean it should not be an ideal for which we continue to strive even if we never achieve it. However, until that day, and that may never come, I now believe that ACEP must find a way to represent all physicians who care for patients in an ED. I don't have that solution yet, but I look forward the possibility of helping ACEP accomplish this goal.

Michael J. McCrea, MD, FACEP

Contact Information

13100 Five Point Rd
Perrysburg, OH 43551

Phone: 614-975-5370

E-Mail: mmccrea2@gmail.com

Current and Past Professional Position(s)

Mercy Emergency Care Services, Team Health

Lucas County Emergency Physicians, Inc., Premier Physician Services

Attending Physician and Core Faculty, September 2009 - Present

Emergency Professionals of Ohio, Inc., Team Health

Staff Physician, July 2017 - Present

Wood County Emergency Physicians, Inc., Premier Physician Services

Medical Director, March 2013 – June 2014

Mid-Ohio Emergency Physicians, LLP

Staff Physician, August 2009 – May 2010

Richland County Emergency Physicians, Inc., Premier Health Care Services

Assistant Medical Director and Staff Physician, December 2008 – August 2009

Emergency Medicine Physicians of Richland County, Ltd.

Staff Physician, November 2006 – December 2008

Education (include internships and residency information)

The Ohio State University Medical Center

Emergency Medicine Residency 2004 – 2007

Medical College of Ohio at Toledo

M.D. 2000 – 2004

Ohio Wesleyan University

B.A. Biochemistry 1996 – 2000

Certifications

American Board of Emergency Medicine

Initial certification 2008, renewed 2017

Professional Societies

American College of Emergency Physicians
Ohio ACEP
American Academy of Emergency Medicine
Council of Residency Directors
American Medical Association
Ohio State Medical Association

National ACEP Activities – List your most significant accomplishments

Council Steering Committee, 2016-17
Bylaws Committee, 2015 – current
State Legislative and Regulatory Committee, 2012 – current
Council Horizon Award recipient, 2014
Council Tellers, Election, and Credentials Committee, 2013-16
Council Reference Committee, 2012
ACEP Teaching Fellowship alumnus 2010-11 class

ACEP Chapter Activities – List your most significant accomplishments

Ohio Chapter President, 2015-16, 2016-17
Ohio Chapter Immediate Past President, 2017-18
Ohio Chapter President Elect, 2013-14, 2014-15
Ohio Chapter Secretary, 2011-12, 2012-13
Ohio Chapter Board of Directors, 2011 – current
Chair, Midwest Medical Student Symposium, 2016 – current
Councillor, 2011 – current
Course Co-Director, Oral Board Review Course, 2012-17
Faculty, Emergency Medicine Review Course, 2011 – current

Practice Profile

Total hours devoted to emergency medicine practice per year: 1920 Total Hours/Year

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

Direct Patient Care 60 % Research <1 % Teaching 40 % Administration 0 %

Other: _____ %

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

Employee, Mercy Emergency Care Services, TEAM Health, staffing a single site tertiary care urban community teaching hospital.

Core faculty and assistant program director, Mercy Health - St. Vincent Medical Center Emergency Medicine Residency for forty-two EM residents

Moonlight at a single coverage rural ED within Mercy Health system as an independent contractor

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

CANDIDATE DISCLOSURE STATEMENT

Michael J. McCrea, MD, FACEP

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

Employer: Mercy Emergency Care Services, Inc. Team Health

Address: 2213 Cherry St

Toledo, OH 43608

Position Held: Attending physician

Type of Organization: Employee model

Employer: Emergency Professionals of Ohio, Inc, Team Health

Address: 7123 Pearl Rd

Middleburg Heights, OH 44130

Position Held: Staff physician

Type of Organization: Independent contractor model

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: Ohio Chapter ACEP

Address: 3510 Snouffer Rd

Columbus, OH 43235

Type of Organization: Professional medical association

Duration on the Board: 2011 - current

Organization: Ohio State Emergency Medicine Alumni Society

Address: 791 Prior Hall, 376 W 10th Ave

Columbus, OH 43210

Type of Organization: Alumni society for Ohio State emergency medicine graduates

Duration on the Board: 2017 – current

Organization: University of Toledo College of Medicine Alumni AffiliateAddress: 2801 W Bancroft St, MS 301Toledo, OH 43606Type of Organization: Alumni society for MCO/UT medical school graduatesDuration on the Board: 2014 - 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) 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 James McCrea, MD, FACEP Date

6/14/18

The Board of Directors of the Ohio Chapter, American College of Emergency Physicians is proud to endorse our friend and colleague, Michael J. McCrea, MD, FACEP for election to the ACEP Board of Directors.

The Ohio Chapter has benefited immeasurably from Dr. McCrea's participation on our committees and Board of Directors (2010-present). He has served on Chapter committees, including Government Affairs and Education, and served the Chapter two terms as President (2015-2017), where his strategic focus and leadership was deeply appreciated. While extremely active with the Chapter's educational programs as a contributing faculty member, his ability to testify and speak to legislators has also been of great value to the Chapter. He is a compelling and powerful advocate for his profession. Dr. McCrea has also represented the Chapter as a Councillor annually since 2011, after a year as an Alternate Councillor with the Ohio ACEP Leadership Development Academy. Dr. McCrea was awarded, by Ohio ACEP, the 2017 *Bill Hall Award for Service*, the chapter's highest honor for service with distinction.

Dr. McCrea has additionally always demonstrated the highest level of commitment to Emergency Medicine and the College. He has shared without hesitation his expertise on committees of the College, including the Bylaws Committee and the State Legislative-Regulatory Committee. His leadership in the College has been recognized by appointments to the Council Reference Committee; Tellers, Election, and Credentials Committee; and Council Steering Committee. His engagement and effectiveness at Council was further recognized in 2014 when he received the Council Horizon Award. His commitment to Council and mentoring future leaders led him to develop for the Chapter "The First-Timers Guide to Council," a guide for encouraging ACEP service. A skillful listener, communicator, and leader, he has demonstrated at every turn his commitment to the cause and mission of emergency medicine and is well prepared to serve as a member of the ACEP Board of Directors.

The Ohio Chapter ACEP proudly endorses Michael J. McCrea, MD, FACEP for election to the ACEP Board of Directors.

Sincerely,



John Queen, MD, FACEP
Chapter President

Ohio ACEP Executive Committee

President
John R Queen, MD,
FACEP

President-Elect
Bradley D. Raetzke, MD,
FACEP

Treasurer
Ryan Squier, MD, FACEP

Secretary
Nicole A. Veitinger, DO,
FACEP

Immediate Past President
Purva Grover, MD,
FACEP

Executive Director
Laura L. Tiberi, MA, CAE

Ohio ACEP Board of Directors

Eileen F. Baker, MD,
FACEP

Dan C. Breece, DO,
FACEP

B. Bryan Graham, DO

John L. Lyman, MD,
FACEP

Thomas W. Lukens, MD,
PhD, FACEP

Daniel R. Martin, MD,
FACEP

Michael J. McCrea, MD,
FACEP

Matthew J. Sanders, DO,
FACEP

Ryan Squier, MD, FACEP

Thomas A. Tallman, DO,
FACEP

Brooke Pabst, MD, EMRO
Rep

Michael J. McCrea, MD, FACEP

Fellow Councillors:

Fifteen years ago I chose emergency medicine to be my career. As a medical student, I could not have foreseen that teaching residents and my work with ACEP advocating for our patients and our specialty would become my two professional passions. Today I am asking you to elect me to your ACEP Board of Directors.

It was through education that I became involved with Ohio ACEP but also where I first learned that I have a passion and skill for advocacy. My varied practice experience provides me insight into issues affecting all emergency physicians. During my two terms as Ohio Chapter President, I helped to defeat an out-of-network billing issue and have advocated recently for a bill that has already passed the Ohio House to extend our state's "I'm sorry" liability statute.

Through my commitment to our Chapter I have mentored future leaders. I created an insider's guide for first-timers to Council and LAC. As Chapter President I sought to better engage and address our practicing members concerns and created a membership committee. I also focused on future members by assisting in the development of a standalone Resident Assembly. I have chaired the Midwest Medical Student Symposium since it's inception.

I am unafraid to ask difficult or unpopular questions during debate. In fact, we need fresh ideas, innovation, and debate to move good solutions forward. I facilitate the conversation during meetings to ensure that differing viewpoints are heard. My leadership commitment is to moderate the conversation towards consensus for the betterment of our members.

We face real threats to the prudent layperson standard from multiple insurers across the country, non-evidence based metrics and regulations, and ever-mounting bureaucratic obstacles leading to burnout. We need to stand strong together, unified as emergency physicians celebrating our 50th anniversary as the American College of Emergency Physicians. We must always remind ourselves that we serve our members for the benefit of our specialty and our patients.

I know from my proven leadership, my passion for advocacy, and my commitment to membership, that I can help find solutions to these issues and whatever may come. I would be honored to serve you on the ACEP Board of Directors.

I look forward to seeing you in San Diego.

Michael McCrea, MD, FACEP

mmccrea2@gmail.com

614-975-5370



MICHAEL McCREA, MD, FACEP

FOR ACEP BOARD OF DIRECTORS

SERVICE TO ACEP

ACEP & COUNCIL

- Steering Committee
- Bylaws Committee
- Recipient, Council Horizon Award
- State Legislative and Regulatory Committee
- Tellers, Election, and Credentials Committee
- Reference Committee
- Alumnus, ACEP Teaching Fellowship

OHIO CHAPTER ACEP

- Two-term Chapter President
- Board of Directors
- Recipient, Bill Hall Award for Service to Ohio ACEP
- Medical Education Advisory Committee
- Government Affairs Committee
- Course Faculty
 - Co-Director and Examiner, Oral Board Review Course
 - Instructor, Written Board Review Courses
 - Instructor, LLSA Review Course
- Chapter Editor
 - *Dr. Carol Rivers' Written Board Review Materials*
 - *Dr. Carol Rivers' Oral Board Review Materials*
- Graduate, Leadership Development Academy
- ACEP Councillor

PROFESSIONAL

- Assistant Program Director and Simulation Education Director, Mercy St. Vincent Medical Center EM Residency
- Rural ED Medical Director
- Community Trauma Center ED Assistant Medical Director



PROUDLY ENDORSED BY:



PROVEN LEADERSHIP. EFFECTIVE ADVOCACY. COMMITMENT TO MEMBERSHIP.

2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Mark S. Rosenberg, DO, MBA, FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

Emergency medicine is not going away. Not during my lifetime and not during yours. One thing for sure, there will be changes. During the years ahead, the impact of legislators, insurers, lobbyists, and changing demographics will continue as well as the paradigm shift from a medical model to a population health model of medicine. Emergency medicine will continue to expand diverse delivery options such as mobile care units, telemedicine, free standing mental health emergency centers, and urgent care centers to name a few. Some changes may be based on new diseases, viruses, or epidemics. New inventions such as self-driving cars may increase the number of car accidents or decrease them. New medications may change the infectious disease landscape. New treatments for addiction, cardiovascular disease, stroke, and cancer may change delivery systems. Value-based payment models and bundled payment strategies are already changing reimbursements. Recent numbers show that Emergency Department (ED) visits are decreasing nationwide and the use of advanced practice providers is on the rise. In the future, it is possible that we will have all of the emergency physicians necessary to fill all of ED slots. A workforce analysis is critical as it may affect how our residency programs function, possibly necessitating changes in emergency medicine curriculums. It is impossible to know all of the changes that will happen.

So, the question is how will my skill set place ACEP successfully in the forefront over the next decade. My career has been a lifelong process of learning. It has been a process of learning to negotiate with different departments within a hospital, expanding to community partners and government leaders. Emergency medicine has been my first and only love from my first rotation years ago. Throughout my career, I have worked in a variety of different environments including academics, private emergency department practice, inner city, and suburban settings. I have been president and CEO of a large, national emergency medicine practice management company as well as the sole owner of a small emergency department group. I am currently an employed physician at St Joseph's Health where I am Chairman of Emergency Medicine and Chief Innovations Officer.

I understand the national landscape from being on the ACEP board for the past three years. I understand the state landscape from being active in New Jersey ACEP for more than a decade. This can be an exciting time for us as we need innovation, and that's what I do. Over the past decade I have started several programs in the ED including palliative care, Geriatric Emergency Departments and the Alternative to Opioids (ALTO) program which is on its way to becoming national legislation and was already passed by the House of Representatives. All of these programs provide necessary resources for emergency physicians to help provide better patient care and better outcomes. Creating these programs helps to address the evolving needs of our populations but also requires collaboration with community leaders, senators, congressmen, and other government representatives. This type of collaboration keeps ACEP at the legislative table as a leading voice for emergency care.

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

In the very beginning, my mentor told me to join ACEP for life and that is exactly what I did. I have been a member ever since 1979. I have served on the council, committees, and task forces and was elected to the ACEP Board in 2015.

During my career I have had the opportunity to work in small community hospitals as well as large medical centers. I have experience working with large, national companies as well as small groups. I have had the privilege of owning my emergency medicine practice management company as well. Currently, I am employed as Chairman of Emergency Medicine and Chief Innovations Officer in a teaching hospital with an emergency medicine residency program. Emergency medicine residents are mirrors of our profession. They question the status quo, verbalize obstacles and barriers, and communicate opportunities to improve our practice. We have the opportunity to listen, discuss, collaborate, and innovate throughout our department, hospital, and community. We learn from each other.

Through my work with ACEP as well as my work within my hospital community, I have found myself collaborating with senators and congressman on issues of importance to emergency physicians such as out of network billing, access to care and population health issues. I have found that I am not shy and have a love affair with the microphone. I have learned not to talk for the sake of talking but to have a goal and know what needs to be said. I have been successful most recently with legislation for an alternative to opioid (ALTO) program in my home state of New Jersey and is now on its way to becoming national legislation. The ALTO program is an example of our discipline adapting to the needs of our communities. We remain that safety net across the country.

I remember where I started. I remember staying up all night wondering what I could have done differently when I have lost a patient. At this point in my career, I am up all night wondering what I can do for our college and how best can I serve. I believe I enhance ACEP's ability to speak for all emergency physicians because of my diverse practice experiences, my activities with ACEP, and my genuine love and respect for our profession. Thank you.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

The question of whether ACEP should be an umbrella organization or to represent a particular constituency requires serious discussion. However, time is of the essence. Over the years Emergency Medicine has become divided and that is just the nature of our specialty as it matures and grows. I think we all realize that as emergency physicians we have more in common than not. Our specialty started with us as a unified college and ACEP has become the largest EM professional organization with more than 37,000 members, even as many of our members belong to multiple EM organizations.

I believe the House of EM is stronger as one unified voice on issues of vital importance. To that end, I recommend that an EM Council be created to include representatives from each emergency medicine organization and foundation. This council's mission would be to find the common ground and identify areas that divide EM. This forum would allow for the leadership, and collaboration necessary to debate concerns of today such as protecting EM as an essential health care benefit or the prudent layperson standard. Ultimately, the EM Council would be the sounding platform for the house of EM in which we need to survive the harsh practice environment and allow us to speak with one voice and one message.

Mark S. Rosenberg, DO, MBA, FACEP

Contact Information

38 North Ridge Road Denville, NJ 07834

Phone: 9732240570

E-Mail: mrosenberg@acep.org

Current and Past Professional Position(s)

CURRENT POSITIONS

Chairman, Emergency Medicine – 2008-Currently

Chief Innovation Officer (CINO) – 2017-Currently

Associate Professor Emergency Medicine

St Joseph's Health, Paterson NJ

Board of Directors - American College of Emergency Physicians (**ACEP**)

Board of Directors - Emergency Medicine Foundation (**EMF**)

Pain Management Task Force - U.S Department of Health & Human Services (**HHS**)

Pain Task Force - Institute of Healthcare Improvement (**IHI**)

PAST POSITIONS

Chief Population Health -- St Joseph's Health Paterson NJ

Chief, Geriatric Emergency Medicine 2009 to 2015 – St Joseph's Health Paterson NJ

Chief, Palliative Medicine 2010 to 2015 – St Joseph's Health Paterson NJ

President and CEO, Evergreen Emergency Solutions, Contract Management Group, FL and NJ – 2004 - 2008

President PhyAmerica Physician Services, Contract Management Group, Ft Lauderdale, FL – 1997 - 2004

Vice President of Medical Affairs, Coastal Physician Services – 1995 – 1997

Chief, Emergency Services, The Germantown Hospital and Medical Center, Philadelphia, PA – 1993 - 1997

Director of Emergency Services, Roxborough Memorial Hospital, Philadelphia, PA – 1987 - 1993

Director of Emergency Services, Metropolitan Hospital - Parkview Division, Philadelphia PA – 1982 – 1986

Education (include internships and residency information)

Masters, Business Administration in Medical Management

St. Joseph's University

Philadelphia, Pennsylvania 19131

1990 to 1995

Internship and Residency, Emergency Medicine

Metropolitan Hospital

201 8th Street

Philadelphia, PA

1978-1980

Doctor of Osteopathic Medicine

Philadelphia College of Osteopathic Medicine

Philadelphia, PA 19131

1974 to 1978

Certifications

Board Certified Emergency Medicine (AOBEM-AOA)

Certificate No. 161, Feb. 29, 1988

Board Certified Emergency Medicine (ABEM-ABMS)
December 6, 1995; September 2004, October 2013

Board Certified Hospice and Palliative Medicine (ABIM)
December 31, 2010

Professional Societies

American Academy of Hospice and Palliative Medicine
American College Emergency Physicians
American Geriatric Society
American Osteopathic Association
American Medical Association
American College Osteopathic Emergency Physicians
New Jersey Chapter of the American College Emergency Physicians
Society of Academic Emergency Medicine

National ACEP Activities – List your most significant accomplishments

ACEP Board of Directors - Current
Multiple activities as BOD Member
Emergency Medicine Foundation Board of Directors – Current
HHS Pain Management Task Force – Representing ACEP
IHI Opioid Task Force – Representing ACEP
Past Chairman, ACEP Section of Geriatric Emergency Medicine 10/2011-2013
Past Chairman and Founder, ACEP Section of Palliative Medicine 10/2012-10/2014
ACEP Councilor 2011-2017
ACEP Disaster Committee 2013-2015
ACEP Ethics Committee 2014-2016
ACEP NOW – Editorial and Advisory Board 2014-Present
ACEP Practice Management Committee 2014-2016
ACEP Steering Committee 2013-2015

ACEP Chapter Activities – List your most significant accomplishments

NJ-ACEP President 7/2015-6/2016

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 5 % Research 5 % Teaching 20 % Administration 70 %

Other: _____ %

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

I am Chairman of Emergency Medicine as a hospital employee and Manage two emergency departments. The larger is a bust inner city teaching hospital that sees 170,000 visits per year. The second is a community hospital Emergency Department seeing 30,000 visits/year

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

CANDIDATE DISCLOSURE STATEMENT

Mark S. Rosenberg, DO, MBA, FACEP

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

Employer: St Joseph's Health

Address: 703 Main Street

Paterson NJ 07503

Position Held: Chairman, Emergency Medicine and Chief Innovations Officer

Type of Organization: Healthcare

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: ACEP

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: Emergency Medicine Membership Organization

Duration on the Board: 3 Years

Organization: D2i formally EMBI

Address: 110 Cornelia Street

Boonton, NJ 07005

Type of Organization: Data Analytics

Duration on the Board: 4 Years

Organization: EMF, Emergency Medicine Foundation

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: Research Foundation

Duration on the Board: 1 year

Organization: New Jersey Hospital Association Health Research Educational Trust

Address: 760 Alexander Road

Princeton NJ

Type of Organization: Education and Research Funding

Duration on the Board: 9/2014- Currently

Organization: American College of Osteopathic Emergency Medicine

Address: 142 E Ontario Street Suite 1500

Chicago IL 60611

Type of Organization: Professional Membership Organization

Duration on the Board: 2012-2014

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.

X 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.

X 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.

X 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.

X 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?

X NO

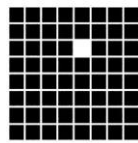
☐ If YES, Please Describe:

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

Mark Rosenberg

Date

7/1/18



NEW JERSEY CHAPTER

AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

August 7, 2018

John G. McManus, Jr., MD, MBA, FACEP
Chair, Nominating Committee
4950 W. Royal Ln
Irving, TX 75063

Dear Dr. McManus:

The New Jersey Chapter of the American College of Emergency Physicians (NJ-ACEP) would like to provide our support once again to Mark Rosenberg, DO, MBA, FACEP, FAAHPM for the national ACEP Board of Directors. Our Chapter wholeheartedly endorses Mark's candidacy because we know that his continued presence on the Board will immeasurably benefit our college for years to come. He has created a significant impact in emergency medicine with his vision in the areas of pain management, geriatrics, palliative medicine, and most importantly the role of the emergency department as a major hub in future healthcare systems.

Mark's career spans 39+ years ranging from bedside ED physician to administrator to business owner. His intuition has served him well in terms of understanding the need to constantly evaluate and test new processes in the delivery of emergency care. Mark's vast experience has allowed him to forge ahead with pilot programs, innovations, and creative solutions utilizing existing resources as well as identifying new solutions and strategies. Currently, Mark is the Chairman of Emergency Medicine at St. Joseph's University Medical Center in Paterson, NJ. This large teaching hospital is home to one of the busiest emergency departments in the country with over 170,000 visits. At St. Joe's, Mark started one of the nation's first comprehensive Geriatric Emergency Departments and also developed an ED based Palliative Medicine program called 'Life Sustaining Management and Alternatives'. He serves as faculty for their EM residency and was instrumental in three new fellowship offerings: EM Neuro Stroke Fellowship, Acute Pain Fellowship and a Mental Health and Addiction Fellowship. In 2016, he helped develop The Alternatives to Opioids (ALTO) program at St. Joe's, to address the issue of variation and over-prescribing. In 2018 the ALTO program was written in to House and Senate legislative bill. He testified in congress supporting this bill and it has passed the House. It is anticipated this will be signed into law this summer or fall.

Mark has a sophisticated, broad based and profound understanding of the complex nature of our specialty and its relationship to all of medicine. He is a nationally

recognized leader and has authored many articles and textbook chapters. In addition, he has lectured internationally in Geriatric Emergency Medicine, Palliative Medicine, and Opioid reduction strategies.

Mark has been an ACEP member since 1979 and has embraced service to ACEP with gusto and determination over the last few years. He is Past-President of the Geriatrics and Palliative Medicine Sections, both of which he founded. Through those sections he has helped guide not only ACEP's positions on these important matters but also many members with similar interests.

He is active in our state chapter, serving as President from 2015-2016. He continues to provide guidance by attending quarterly Board meetings as a Past President in a non-voting capacity. He is an effective communicator at both the state and national levels, testifying before the New Jersey state legislature on Out-of-Network legislation in 2016, to most recently testifying before Congress in March regarding the need to combat the nation's opioid crisis.

His strongest qualities are his innovative management style (highly collaborative), a desire and willingness to innovate to improve care, and a passion for our specialty. I have been happy to see him expand into the areas of national leadership and academics and look forward to seeing what the future holds for him.

I welcome the opportunity to talk with you at any time to discuss our enthusiastic support of Dr. Mark Rosenberg to serve a second term on the ACEP Board of Directors. Our proud chapter stands behind him as he seeks to advance the advocacy of emergency medicine through our vital organization.

Sincerely,

Marjory Langer

Marjory Langer, MD, FACEP
President, New Jersey Chapter

Mark S. Rosenberg, MD, MBA, FACEP

To my fellow Councillors:

The purpose of this letter to the council is to give you a brief glimpse of who I am as a person and board member. To let you know what my successes have been on the ACEP board these past three years and what my thoughts are for the future. I have learned a tremendous amount about the board, the college, and the challenges of chapters and practices across the country. I have worked tirelessly on advocacy efforts at the local, state, and national level. As an EMF Board member, I work to promote the mission and support the research that improves our patients' care.

I have been a member of ACEP for over 39 years. I have acquired a unique set of skills throughout my career that offers leadership, advocacy, innovation, financial/business, and graduate medical education expertise. Currently, I serve as Chairman of Emergency Medicine and Chief Innovations Officer of one of the largest EDs in the country seeing over 170,000 visits annually. In that role I have developed a dual accredited AOA and ACGME program, which now has 24 residents and includes several fellowship programs: Acute Pain management, Administration, Mental Health and Addiction, and ED Neuro-Stroke.

As a board member, besides being liaison to many committees, sections and task forces, I have also had the great opportunity to develop several programs and projects.

- **Palliative Medicine in the ED:** After successfully starting the Palliative Medicine section, this palliative initiative was chosen as part of ACEP's Choosing Wisely Campaign. The pilot program, Life Sustaining Management and Alternatives (LSMA), went on to achieve nation recognition.
- **Geriatric Emergency Department (GED) and Accreditation Development:** I had the opportunity to open our nations first *ED run* GED in 2009 and was instrumental in the development of the GED Guidelines in 2012. As a board member, I worked with ACEP to develop the GED Accreditation Program in 2017. Several healthcare systems and hospitals have been accredited and many are in the accreditation process. This is a great initiative for our patients, their families, and for emergency physicians as more resources are brought to the ED to better care for this group of patients.
- **Alternatives to Opioids Program (ALTO):** I started the first ED Acute Pain Fellowship. The following year, 2016, I developed the national acclaimed ALTO program. Partnering with ACEP accelerated the success of this program. ALTO is now the leading prevention strategy for the opioid epidemic. The program not only provides evidenced-based opioid reduction strategies but also provides Medical Assisted Treatment and a warm handoff to hospital and community resources. Together with ACEP, ALTO was introduced into congressional bills that have passed the house and hopefully will become law before the end of the year.
- **Mental Health and Addiction Fellowship:** In 2018, in conjunction with ACEP, I developed a mental health and addiction fellowship. The goal of the program is to develop simple evidence-based protocols for managing this challenging set of patients that present to our EDs across the country. These protocols will assist emergency physicians in providing exceptional evidence-based care, make it easier to manage patients, and decrease psych holding.

I believe I possess the necessary qualifications and work experience to be re-elected to the ACEP Board of Directors. I ask you for your vote to the ACEP Board of Directors, so that I may continue to advocate for our membership as well as identify innovations for Ease of Best Practice as well as our future success as a college.

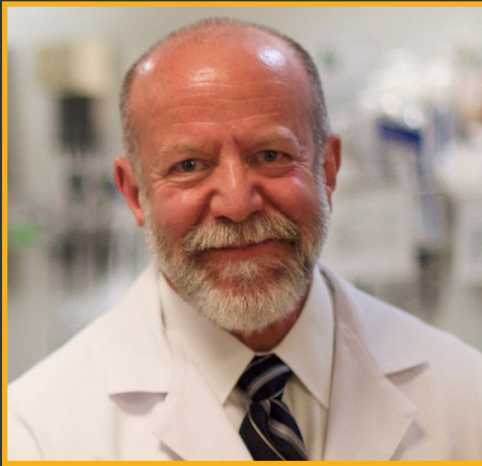
Sincerely

Mark Rosenberg

mrosenberg@acep.org

Mark Rosenberg, DO, MBA, FACEP, FAAHPM

Candidate, Board of Directors (Incumbent)



ACEP LEADERSHIP

- Board of Directors, ACEP
- Board of Directors, EMF
- Board of Governors, Geriatric Emergency Department Accreditation Program
- ACEP Governance Task Force
- Transition of Care Task Force

CLINICAL LEADERSHIP

- Chairman, Emergency Medicine, St. Joseph's Health
 - The nation's third busiest Emergency Department
 - 170,000 visits/year
- Chief Innovation Officer (CINO)
- Associate Professor Emergency Medicine
- Fellowship Program Development
 - Acute Pain Management
 - Mental Health and Addiction

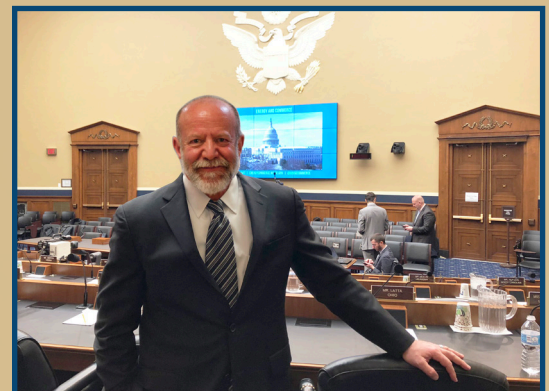
INNOVATOR

- Founded and developed the Alternatives to Opioids Program (ALTO®) in 2016. This is a multimodal, multidisciplinary acute pain management program and provides treatment for addiction and dependency with MAT and Peer Counselors.
- Developed the Geriatric Emergency Department at St. Joseph's University Medical Center, one of first departments in the country – and the only one in New Jersey to achieve accreditation from the American College of Emergency Physicians - ACEP.
- Developed Emergency Department Palliative Care Program called, Life Sustaining Management and Alternatives (LSMA)



NATIONAL APPOINTMENTS

- U.S. Department of Health & Human Services (HHS) - Pain Management Task Force
- Institute for Healthcare Improvement (IHI) – Opioid Best Practice Task Force
- Center of Disease Control (CDC) – Opioid Prescribing Estimate Project
- Board of Directors - Emergency Medicine Foundation (EMF)
- Board of Directors American College of Emergency Physicians (ACEP)



2018 BOARD OF DIRECTORS CANDIDATE WRITTEN QUESTIONS

Thomas J. Sugarman, MD, FACEP

Question #1: Where do you expect emergency medicine to be in 10 years and how will your skill set place ACEP in the forefront?

I believe EM will continue to flourish because we meet so many different needs of our communities. The question is how will the health care system value emergency care? It is clear that payers – and our patients – will continue to push to reduce the overall cost of health care in the US. In order to ensure our patients and our communities have affordable access to high quality care, true physician leadership will be paramount. EPs are expert at making decisions to save lives. As a College we must use our skills collaboratively to save the health care system. ACEP is the perfect organization to bring together the diverse interests and stakeholders in emergency medicine to fulfill this vision.

ACEP members working collaboratively in the section and committee structure have produced great improvements in care delivery. Through these efforts, ACEP supports high quality care with clinical policies, non-clinical policies, education, and physician wellness. I have been an active member of the Emergency Practice Committee and the State Legislative/Regulatory Committee. In addition, I was appointed to serve on four ACEP task forces: sedation, mobile integrated healthcare/community paramedicine, contract transitions and the ACEP/EDPMA joint task force on reimbursement issues. When I was president of California ACEP, we initiated a public health improvement program, which continues today. During my presidential year, the first 2 initiatives, statewide dissemination of safe prescribing guidelines and a toolkit to facilitate implementation of the PECARN pediatric head CT guidelines, were rolled out. As a BOD member, I will continue to work to facilitate and shorten the time needed for every practice to adopt best practices that will improve both patients' lives and EPs' practices. Providing better more coordinated care is key to increasing and proving the value of EM.

Over the next decade, I expect there will be more and more pressure to control the cost of medical care with attempts to control costs by simply cutting. For profit driven insurance companies, the easy solution seems to be to just pay less. However, physicians know that without adequate reimbursement, access to care will suffer. EPs can lead the way towards developing a more rational health care system. In the era of cost containment, EPs should be adequately reimbursed for providing services that reduce avoidable healthcare costs.

The battles over surprise bills, out of network coverage and denying coverage for retrospectively determined “non-emergencies” will continue. California had a particularly absurd bill this year, AB 3087, which literally fixed prices for commercially insured patients at a multiple of Medicare for physicians and hospitals. Of course the bill did nothing to ensure Medicaid (Medi-Cal) or non-funded patients' care would be adequately reimbursed. Fortunately, California ACEP, the California Medical Association, the California Hospital Association and other stakeholders killed the bill, but not before it passed out of committee. This episode should be a wake up call to others across the country. Just as HMO implementation and balance billing bans in California portended these problems in other states, I believe price fixing and cost cutting efforts will occur again – not just in California, but also in many other states.

ACEP, as the voice of EPs, must continue to be at the forefront of political advocacy. I believe our best strategy will be to work with our patients, their employers, like-minded medical specialties, and healthcare innovators. In the current environment, it's not just politics that will be local – so will the best solutions for our practices. I believe we need grassroots effort in every community, every state chapter, with our national organization helping us promote best practices and tactics more widely with policy makers. My skills developed during my time on the BOD and as president of California ACEP, president of my county medical association and BOD member for both EMAF and NEMPAC, and alternate director for PFC will allow me to bring valuable perspectives to the ACEP BOD as we navigate these challenges.

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

ACEP is the preeminent organization advocating on behalf of emergency physicians and our patients. Since completing my EM residency in 1992, I have averaged at least 10 shifts a month as a pit doctor, practicing in 3 states and in multiple practice settings. I primarily practice at small, but busy, suburban hospital (60,000 visits/year). My group, Vituity, (formerly CEP America) is a democratic partnership and 100% physician owned with no investor ownership. We share best practices and solutions across our multiple sites, spanning the breadth of EM. Vituity exists to offer doctors the opportunity for a fulfilling medical practice, delivering care the way we want our families to receive care. My personal practice experiences include rural hospitals, urban hospitals, teaching hospitals, for profit, non-profit and government owned hospitals. As an actively practicing pit doc, I understand the challenges facing EPs and our patients.

During my years in California ACEP and ACEP leadership, I learned that listening and understanding various perspectives is key to influencing positive change. ACEP BOD members must not only understand the needs and goals of all EPs, but also the views of patients, other specialties, government officials, payers, hospitals and other stakeholders in the medical system. We must educate and innovate for our patients and communities to enjoy high quality emergency care that is both available and affordable. Patients deserve to feel secure when seeking care for perceived emergencies without fear of dire economic consequences. They also deserve better tools to access the right care at the right time, with the right follow-up for post-stabilization care. Without stabilizing reimbursement, improving practice enjoyment and increasing resources for EM training, there will not be enough high-qualified EPs to deliver emergency care. ACEP, on behalf of EPs, must thread the needle by improving the value of the care EPs provide and ensuring that EM practices are sustainable. As an example, working with the EMS committee, California ACEP and the mobile integrated healthcare/community paramedicine task force, we were able to modernize ACEP's policy on community paramedicine. The new policy allows for care to be delivered in appropriate settings without undermining access to emergency care and EMTALA.

I will represent you and make decisions on the board from a paradigm of improving patient care and ensuring access to quality care. ACEP must mitigate EP practice hurdles such as administrative hassles, excessive time documenting in EHRs and unreasonable MOC requirements so EPs can focus on clinical care. I remain convinced that the best paradigm to advocate for improvements to our EM practices is to view the situation from the patients' perspectives. What is good for our patients and the community will be good for emergency medicine and emergency physicians.

I humbly ask for your vote so that I may represent you on the BOD. Thank you.

Question #3: Should ACEP be an umbrella organization for the house of emergency medicine encompassing other EM organizations or should ACEP represent a particular constituency?

The American College of Emergency Physicians is an organization representing emergency physicians. I believe that ABEM or AOBEM certification is the gold standard for EPs. I agree with our current membership policies that require EM residency or fellowship completion to join ACEP. However the reality is that there are many providers caring for emergency patients that are not board certified EPs. Our education interests, practice challenges and, most importantly, our patients are the same. Since the best way to advocate for EPs, is to advocate for emergency patients, ACEP should strive to provide services including education, practice support and advocacy (where there is alignment) for the broader community of physicians (and advanced providers) caring for emergency patients. That said, ACEP must be very careful to never undermine the concept that residency/fellowship training and board certification is the gold standard. ACEP will be more effective if we appreciate the perceptions of our patients, legislators and all emergency providers.

The more inclusive the EM house that ACEP represents, educates and supports, the more effective ACEP will be representing the best interests of EPs. ACEP should improve collaboration with other organizations representing EPs such as AAEM, ACOEP and SAEM. If I am elected to the ACEP BOD I will continue to work towards reconciliation with AAEM (of which I am a member). AAEM represents an important constituency of ACEP members, but the vast majority of goals and aspirations of both organizations are shared by all EPs.

The challenges facing us are great. EM practice is growing more complex. Reimbursement pressures are increasing. Too many of us are losing the sense of joy and fulfillment in our personal and professional lives. Rather than fighting within the house of EM or between specialties, we must work collegially to improve our practices and the care we deliver. As a united voice we will be more effective at convincing policy makers to make patient centered decisions that target high quality, high value care rather than sticker price. EP job satisfaction and fulfillment will improve when our practices allow us to focus on providing high quality care. The most effective way to improve emergency medicine is to unite to achieve our common goals.

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 member, 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 member, 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 55 % Research 0 % Teaching 0 % Administration 10 %

Other: Advocacy 35 %

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

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 St #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 organizations and addresses for which you have served as a board member. Include type of organization and duration of term on the board.*

Organization: California ACEP

Address: 1121 L St #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 Ave, 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: Political action committee

Duration on the Board: 2017-current

Organization: EMAF

Address: 2121 K Street, NW, Suite 325, Washington, DC 20037

Type of Organization: Advocacy fund promoting emergency medicine

Duration on the Board: 2018-current

Organization: Physicians for Fair CoverageAddress: 8400 Westpark Drive, 2nd Floor McLean, VA 22102Type of Organization: Advocacy organization focusing on surprise insurance gaps/billingDuration on the Board: Alternate BOD member 2018-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:

I am a physician partner with < 1% equity interest with Vituity. Vituity's legal name is CEP America. I am the Senior Director of Government Affairs. Vituity has a quality clinical data registry and offers physician (and other providers) CME.

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 President of Alameda Contra Costa Medical Association (term ends November 2018).

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

July 15, 2018



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 our Chapter with incredible enthusiasm and dedication in a variety of leadership roles for more than a decade. 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 those practice barriers.

Dr. Sugarman is a tireless and enthusiastic 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, Dr. Sugarman is currently serving as President of his local medical society and as a delegate to the California Medical Association House of Delegates. For nearly a decade he has served as a representative to the Medical Association'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. For example, his work includes 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.

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. 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 a tireless and enthusiastic 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,

AIMÉE MOULIN, MD, FACEP

President

1121 L Street, Ste 407
Sacramento, CA 95814

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FX 916.325.5459

TF 800.735.2237

E-Mail info@californiaacep.org

www.californiaacep.org

Thomas J. Sugarman, MD, FACEP

Fellow Councillors:

I am honored to be nominated for the ACEP board, the preeminent organization representing EP's. I spend the majority of my professional time practicing clinically, and I love it. I am acutely aware of the increasing pressures we all face at the bedside. My passions to deliver excellent care and improve our specialty drive my advocacy and leadership endeavors. **As a board member, my main goal for the College will be enabling EPs to focus on patient care. By reducing on-shift hassles and ensuring EPs are fairly compensated, EM will be more fulfilling and sustainable. My vision is that collaboration, innovation and redesign— facilitated and supported by ACEP—will make our system of care healthier for everyone.**

Advocacy

At LAC, 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 EPs to harness the collective power of a united voice to benefit our patients. As an example, I led California ACEP's effort to improve the ability of EPs to place mental health holds resulting in decreased ED boarding and less EP frustration.

Clinical Practice Support

ACEP should strive to shorten the time and expense needed to adopt clinical enhancements that increase the value of EM. During my presidency, California ACEP developed safe opioid prescribing and PECARN pediatric head trauma CT toolkits. Tools included sample letters to medical staff, scripting for patient/parent discussions, and clinician pocket cards. Facilitating best practice implementation and mitigating burdensome regulations reduce burnout risks and improve care.

Reimbursement

We all know that EPs provide efficient, timely, life-saving care. But we must do a better job *communicating* the value of EM. Given the higher cost of care in America, financial pressure on the acute care system will increase. Accountable physicians must guard against cost containment efforts that threaten quality or access and member wellness. Emergency care must be a covered benefit without unaffordable patient financial risk. ACEP needs to promote price transparency by facilities and outcomes research that demonstrate our true value to both public and private insurers.

Workforce

ACEP members comprise less than two thirds of the ED workforce. Many physicians practicing in underserved EDs do not qualify for College membership. Many rural and metropolitan ED's utilize advanced providers to meet local demand for emergency care. ACEP should formally review and consider the differences between physician and advanced provider skills, experience, and roles in healthcare.

MOC guarantees the public that ABEM Diplomates are expert EPs, but we need ongoing efforts to ensure MOC is not overly burdensome.

Medical students, residents and newer graduates deserve relief from debt burdens hindering their ability to practice in the community of their choosing.

As an organization representing member EPs, 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). The College should play a leading role

in developing telemedicine and other care delivery modalities, such as mobile integrated healthcare, to close the performance gaps in many communities. Multiple challenges face the ACEP board to fulfill our primary mission.

Councillors:

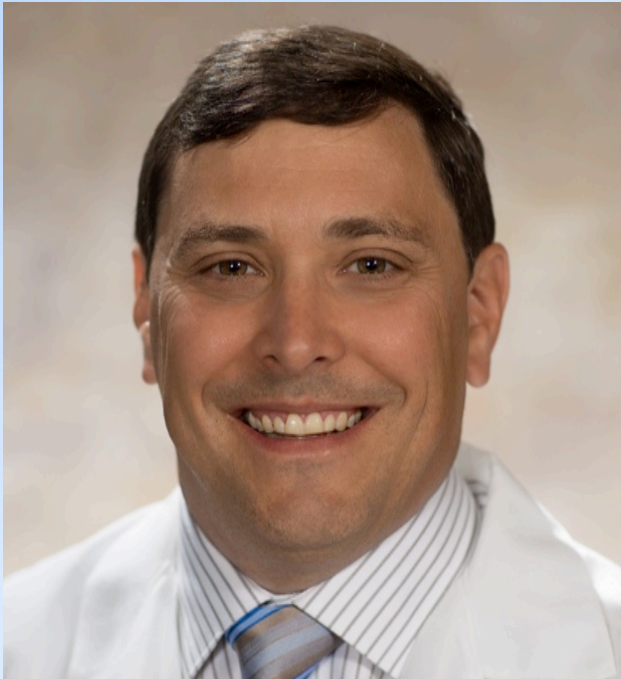
My College service on committees and task forces, presidency of California ACEP and my county medical association demonstrate my long-term passion and ability to collaborate, innovate and co-develop practical solutions to real-world problems. As a BOD member, I will continue advocating to empower EPs to focus on patient care. I humbly ask for your vote to represent current and future ACEP members.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom', with a small '2' above the 'm'.

Thomas J. Sugarman, MD, FACEP

Thomas.Sugarman@Vituity.com 510-219-7261



- ◆ Active Clinician
- ◆ Advocacy expertise
- ◆ Reduce on-shift hassles
- ◆ Ensure sustainable and fulfilling EM practices
- ◆ California ACEP endorsed

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

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 for the College will be enabling emergency physicians to focus on providing patient care. By reducing on-shift hassles and ensuring EPs are fairly compensated, EM will be more fulfilling and sustainable.

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

Selected Experience and Service

ACEP

- Councillor, 2007-current, Alternate, 2006
- Emergency Practice Committee member, 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
- Joint ACEP/EDPMA Task Force on Reimbursement, 2017-current
- NEMPAC BOD member, 2017-current
- Emergency Medicine Action Fund BOD member, 2018-current
- **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
- **During Presidency (2013-2014)—led California ACEP’s development of implementation toolkits for Safe Prescribing and for PECARN CT guidelines for minor pediatric head injuries**
- Advocated successfully to improve PDMP use and availability without onerous requirements for EPs
- **Awarded Walter T. Edwards Meritorious Service Award, 2015**

Physicians for Fair Coverage

- Alternate BOD member, 2018-current

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 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, significantly fewer high MME prescriptions and co-prescribing, increased MAT use**

I am the right candidate to serve ACEP members on the BOD because I am a clinician with an in depth understanding of the impact of healthcare policy on our practices. 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.