American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

President-Elect Candidates

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2018 President-Elect Candidates

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2018 PRESIDENT-ELECT CANDIDATE WRITTEN QUESTIONS

Jon Mark Hirshon, MD, PhD, FACEP

Question #1: **What is the most common public misperception about emergency physicians that you would like to dispel?**

The public and policy makers perceive emergency physicians as "the good guys"- in an old western movie, we would be the heroes wearing white hats. We work days, nights, weekends, holidays- one of us will always be found in the emergency department no matter what time of day or night. We are trained diagnosticians who quickly sort through a huge mass of frequently confusing and incomplete information in order to come up with an evaluation algorithm and likely diagnosis. We are found rushing to emergencies and disasters in order to help and not fleeing due to fear. We hold dying patient's hands and comfort bereaved families. We are many things to many people, but it is important for the public to not misperceive us as superheroes. We are hard-working, dedicated, thoughtful, professionals who care about our patients and our colleagues, but we do not have superhuman or supernatural powers; we are not infallible.

I've had to intubate my own resident who was in respiratory distress, perform a lumbar puncture on a colleague and friend with an intractable headache, and care for other friends and co-workers with many different medical problems throughout my career. It is part of my job, and I am proud to do it. We are blessed with a job that has meaning, is well respected and makes a difference- both for individuals and for society. However, at times I feel like Atlas holding a massive globe on my shoulders. We are faced with many heavy burdens, including increasing health system demands, electronic medical record complexity and changing practice environments. We need institutional and system support in order to be able to do our job in the best way possible. It is critical that we let colleagues, politicians and the public know we are dedicated, hard-working and caring professionals, but that we need support in order to assure we can deliver the highest quality emergency care possible.

Question #2: **As ACEP president, how would you help unify the house of emergency medicine? Are there any impediments that you see as particularly challenging?**

Unifying the house of emergency medicine requires us to work together despite our differences. While this may sound simple, there many impediments and obstacles to accomplishing this important goal. Unifying the house of emergency medicine remains a challenge, as we have a multitude of opinions and perspectives. While a diversity of opinions is important for strength and for the growth of emergency medicine, at times these perspectives can be diametrically opposed. We need to find areas of agreement, which are many, and work collaboratively on these. On other topics where agreement is more difficult, we need to be able to respectfully and professionally disagree. There is no room for *ad hominem* attacks. Division weakens us as a specialty and diminishes our voice. We need a clear and unified voice in order to be heard above the cacophonous din found in our state capitols and in Washington, D.C.

There is an old African proverb- *If you want to go fast, go alone. If you want to go far, go together.* This proverb has been a guiding principle of my career; I consistently work to build bridges and break down barriers. This is true during my time on the ACEP Board of Directors as well as in my other professional activities. With the support of ACEP, I helped to create and now lead the Emergency Department Sickle Cell Care Coalition (EDSC^3). This is a collaboration of multiple public, governmental and professional partners whose purpose is to provide a national forum dedicated to the improvement of the emergency care of patients with sickle cell disease in the United States. Outside of ACEP, for over a dozen years, I have worked in the Middle East as the principal investigator on a NIH funded injury research training project in Egypt and now Sudan. Through this project, we have helped to develop and promote emergency medicine and improved trauma care collaboratively with many different academic, private and governmental partners. We have trained over 1000 physicians, produced multiple papers and developed many relationships. We have gone far because we have worked together.

Dr. Paul Kivela has worked hard during his presidency to improve the relationships between the various emergency medicine specialty societies and find areas of collaboration and agreement. This has been a frequent topic of discussion during our Board meetings. The June Board meeting, at which Dr. John Rogers submitted his resignation as president-elect, was turbulent and challenging in many ways. As Dr. Roger's stated in his email to the ACEP Council, he did what he thought was best, not only for the College but for our specialty. His words remain eloquent: "we are siblings in the EM family, and allies in a common cause: to provide the best care possible to patients, to advance the science of our craft, and to

improve the lives of those who practice it." These are great words from a thoughtful, dedicated leader. In the end, *if we want to go far, we must go together*. This will allow the unity we need to assure access to high quality emergency care.

Question #3: **What are the biggest internal and external threats to emergency medicine and how will you address them?**

The other night, during a busy shift, a mid-sixties woman came into my emergency department via ambulance with hypotension and inferior changes concerning for a ST-elevation MI on the EMS transmitted EKG. Upon arrival, we confirmed the EKG changes, activated the catheter lab and shortly thereafter, the patient went upstairs for catherization and stenting. The system worked- a life was saved! Unfortunately, our dysfunctional, fragmented U.S. health care system is under siege and threatened from many directions, both internally and externally. While the system worked today for my patient, will it work tomorrow for your patient or your family member with an acute life-threatening emergency?

Assuring appropriate financial and societal support remains a critical external threat to for emergency medicine. Long time emergency physician Paul Seward recently penned an article on Stat News describing emergency departments as "the 'chewing gum and duct tape' holding together U.S. health care". As the cost of health care in the U.S. has skyrocketed, emergency departments are viewed as the health care safety net- or as stated by a previous U.S. president: *"I mean, people have access to health care in America," he said. "After all, you just go to an emergency room."* Out of pocket medical expenses are mounting astronomically while insurance companies are making record profits. Many Americans are only one medical emergency away from poverty or homelessness. We, as frontline providers, see this on a daily basis. Our emergency departments may be our neighbors' front door to the hospital, but it is our window to the problems seen in our communities.

ACEP must, and I will, continue to fight to assure high quality emergency care for all Americans. This is a multi-pronged approach, including legal, educational and lobbying activities on both federal and state levels. Last summer, while having lunch with my Senator Ben Cardin, the federal champion of the prudent layperson standard, he was shocked to learn that prudent layperson was under siege again. We are now suing, along with the Medical Association of Georgia, Anthem Blue Cross and Blue Shield of Georgia because of their policy allowing for retrospective denial for some care delivered in emergency departments. Previously, we sued the U.S. Department of Health and Human Services (HHS) to require transparency of data and fair insurance coverage for emergency patients who are "out of network" because of a medical emergency. Our lobbying and educational efforts include almost daily interactions with policy makers and regulators, including high quality, effective presentations at the RVS Update Committee to assure that we are paid for the work that we do. We must, and I will, fight to make sure that we receive fair compensation for the care we deliver through supporting legal action, developing coalitions and partnerships and testifying in front of politicians and the public.

However, assuring fair compensation is only one external threat we face. The ever-increasing regulatory burden remains a significant problem, negatively impacting our productivity and our well-being. We face this concretely on a daily basis with the growing burden of documentation as enforced by our electronic medical records. For every 5 minutes I spend with a patient, I spend 15 to 20 minutes chained to a computer documenting. This negatively impacts my rapport with patients, co-workers and trainees. Reducing administrative burdens is critical and was a central theme of my testimony earlier this year before the House Committee on Ways and Means' Health Subcommittee on reducing administrative burdens for physicians in the Medicare program. Decreasing regulatory burden and improving our work environment are critical aspects of improved care delivery and emergency physician well-being. This will be a critical objective of my time as ACEP President.

Internally, we are faced with the challenge of unifying the multiple voices in emergency medicine into a strong and effective chorus. We are a diverse group and bring many different perspectives together in order to care for our varied patients. Companies with greater diversity have been shown to be more successful from a business perspective. ACEP will be more successful through embracing diversity, and not just gender and race diversity, but the many aspects of our practices- gender, race, ethnicity, large groups, small groups, academics, rural providers, young physicians, individuals near retirement, etc. Together, we can agree on specific topics and issues and work together collaboratively on these. This will strengthen our voice. On other topics, we can continue to disagree respectfully and professionally without personal attacks. Speaking with one voice will allow us to be heard above the discordant clamor found in Washington, D.C. and in many state capitols.

Emergency physicians are caring, thoughtful professionals. We work hard, and we play hard. We care about our patients and for our colleagues. ACEP and emergency medicine play a critical and ever-increasing role within the health care system. I will work together with our many partners forcefully advocate for emergency medicine and to sustain and to grow the support for our important work. Working together we can, and we will, make a difference.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

CANDIDATE DATA SHEET

Jon Mark Hirshon, MD, PhD, MPH, FACEP

Contact Information

Department of Emergency Medicine
University of Maryland School of Medicine
110 S. Paca Street, 6th Floor, Suite 200
Baltimore, Maryland 21201
Phone: 410-328-8025
Cell: 410-271-4825
E-Mail: jhirshon@acep.org

Current and Past Professional Position(s)

My current position is as Professor, Department of Emergency Medicine and Department of Epidemiology and Public Health, University of Maryland, School of Medicine. I am also Senior Vice-Chair of the University of Maryland, Baltimore Institutional Review Board. Prior positions include assistant professor at University of Maryland School of Medicine and Johns Hopkins School of Medicine, as well as prior clinical employment in several community emergency departments in Baltimore, Maryland.

Education (include internships and residency information)

1984	Bachelor of Arts, Biology and French Literature, University of California, Santa Cruz
1990	Doctor of Medicine, University of Southern California, School of Medicine
1990–1993	Emergency Medicine Residency, Johns Hopkins Hospital, Johns Hopkins University
1994–1995	Preventive Medicine Residency, Johns Hopkins Bloomberg School of Public Health,
1994	Master in Public Health, Johns Hopkins Bloomberg School of Public Health, Special Emphasis on International Health
2011	Doctor of Philosophy in Epidemiology, Department of Epidemiology and Public Health, University of Maryland School of Medicine

Certifications

1991–current	Diplomate, National Board of Medical Examiners
1994, 2004, 2014	Diplomate, American Board of Emergency Medicine
1997–current	Fellow, American College of Emergency Physicians
1998–current	Fellow, American Academy of Emergency Medicine
2002, 2012	Diplomate, American Board of Preventive Medicine
2002–current	Fellow, American College of Preventive Medicine

Professional Societies

1990–current	Alpha Omega Alpha Medical Honor Society
1998–current	American Academy of Emergency Medicine (fellow)
1997–current	American College of Emergency Physicians (fellow)
2002–current	American College of Preventive Medicine (fellow)
1994–current	Delta Omega Public Health Honor Society
1993-current	Society for Academic Emergency Medicine
2011-current	African Federation of Emergency Medicine
2016-current	American Medical Association

National ACEP Activities – List your most significant accomplishments

1996-2006	Member, then Chair, Public Health Committee

2001–2010	ACEP Liaison to the American Public Health Association
2002–2003	Terrorism Response Task Force
2003	ACEP Representative to the Institute of Medicine's Meeting on Committee on Smallpox Vaccination Program Implementation
2004–2008	Tellers, Credentials, & Elections Committee
2004–2008	Scientific Review Committee
2006–2008	Council Steering Committee
2006–2007	Finance Committee
2006–current	International Ambassador to Egypt (starting 2006) and Sudan (starting 2016)
2006–2009	National Report Card Task Force, Chair, Data Subcommittee
2008	Hero of Emergency Medicine, American College of Emergency Physicians
2008–2009	ACEP Liaison to the Healthy People Consortium
2011-current	Member, International Ambassador Program Committee
2011-2013	Chair, National Report Card Task Force
March 16th, 2014	Testified before the Subcommittee on Oversight and Investigations of the House of Representatives' Energy and Commerce Committee concerning access to emergency care related to mental health and the shortage of psychiatric services.
2014-current	***National Board of Directors***, multiple tasks and roles, including: Liaison/member to the following committees and task forces: Clinical Policies Committee, Coding & Nomenclature Committee, ED Health Information Technology Safety Task Force, Epidemic Expert Panel, Finance Committee, Freestanding Emergency Centers Task Force, National/Chapter Relations Committee, Nominations Committee, Reimbursement Committee, ACEP/SAEM Research Work Group, State Legislative/Regulatory Committee Liaison to the following sections: Air Medical Transport, Emergency Medicine Informatics, Emergency Medicine Practice Management and Health Policy, Wilderness Medicine Chair, Emergency Department Sickle Cell Care Collaborative (EDSC^3), a private/public partnership, which provides a national forum dedicated to the improvement of the emergency care of patients with SCD in the United States.

ACEP Chapter Activities – List your most significant accomplishments

2000–2001	Board of Directors
2000–current	Education Committee
2001–2002	Treasurer
2001–2014	Representative or Alternate Representative from Maryland ACEP to the National ACEP Governing Council
2001–current	Public Policy Committee
2002–2004	Vice-President
2004–2007	President
2007	Award in Appreciation for Outstanding Leadership, Dedication and Support of Emergency Medicine as President, Maryland Chapter, ACEP
2007–2009	Immediate Past President
2015	Physician of the Year, 2015. Maryland Chapter, ACEP

Practice Profile

Total hours devoted to emergency medicine practice per year: **2000** Total Hours/Year

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

Direct Patient Care **40** % Research **15** % Teaching **20** % Administration **25** %

Other: _____ ____%

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

My primary clinical site is a busy, academic emergency department with an approximate annual volume of 65,000 adults. In this location, I work closely with residents, students and advance practice providers. Teaching is an important aspect of the work I do, but I also see patients by myself. In addition to the inner-city, adult population that we serve, we are a tertiary referral center that receives many referrals from around the state. Of note, the State of Maryland is a unique practice environment because of our Global Budget Revenue hospital funding model, which is a population-based payment model that caps total hospital revenue growth. This model, which is starting to be replicated in other states, is driving substantial practice changes including increased pressure to decrease hospital admissions and to coordinate 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

Jon Mark Hirshon, MD, PhD, MPH, FACEP

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

Employer: University of Maryland School of Medicine

Address: 110 S. Paca Street, 6th Floor, Suite 200

Baltimore, Maryland 21201

Position Held: Professor, Senior Vice-Chair of the Institutional Review Board

Type of Organization: University

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: Maryland Chapter, ACEP

Address: 1211 Cathedral Street

Baltimore, Maryland 21201

Type of Organization: Professional Society

Duration on the Board: 2000-2009

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

☒ NONE

☐ If YES, Please Describe:

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

☒ NONE

☐ If YES, Please Describe:

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

☐ NONE

☒ If YES, Please Describe:

I am a consultant and advisory board member to Pfizer, Inc. concerning the medical care and treatment of patients with sickle cell disease.

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:

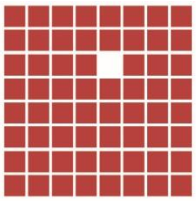
6. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO
☐ If YES, Please Describe:

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

Jon Mark Hirshon Date July 22, 2018

1211 Cathedral Street
Baltimore, MD 21201-5585
410-727-2237
e-mail: info@mdacep.org
www.mdacep.org



Maryland Chapter
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

August 14, 2018

Dear Colleagues,

On behalf of Maryland ACEP, it is with pride that we enthusiastically support Dr. Jon Mark Hirshon's candidacy for ACEP President-Elect. Our Chapter wholeheartedly endorses his candidacy because we know that his leadership will benefit both the College and specialty during these trying times in the U.S. health care system. He is uniquely qualified because he is a dedicated and respected practicing clinician, an enthusiastic leader, a keen organizer, a master of the data concerning the emergency care environment. He is a man with the wisdom, knowledge and vision to help improve access to high quality emergency care in the U.S. and globally. He is the type of leader we need to continue moving ACEP forward.

It is important to list some of his accomplishments to demonstrate Dr. Hirshon's solid and deep experiences in emergency medicine. For many years, he has been an integral and vital member of Maryland ACEP. He is a Past President of Maryland ACEP, having completed the executive offices of Secretary, Vice President and President. His passion for our patients, our colleagues and our organization is evidenced by his dedication to ACEP's legislative efforts, both within Maryland and nationally. He was a national ACEP Councillor or Alternate Councillor for approximately 15 years prior to his election to the Board of Directors. Additional roles included service on ACEP's Steering Committee and Task Force Chair for the 2014 ACEP Report Card. This second position not only demonstrated his keen intellect and knowledge of the multitude of forces impacting emergency care today, but also highlighted his skill and ability to promote ACEP to television, radio and print media.

Dr. Jon Mark Hirshon is a well-respected national and international leader in public health and emergency medicine. He is the Senior Vice Chair of the University of Maryland's Institutional Review Board and is a former director of the Charles McC. Mathias, Jr. National Study Center for Trauma and EMS. He has been the principal investigator on over $8 million in federal research and training grants. He has taught emergency physicians, residents and medical students domestically and in the Middle East. Dr. Hirshon serves as a role model and mentor by practicing high quality clinical emergency

medicine while broadening the frontiers of scientific knowledge through collaborative research efforts.

His vision, leadership and contributions of time as a volunteer while working to enhance the profession of emergency medicine, improve patient care and his extraordinary efforts toward optimal emergency medicine practices are inspiring. His career has been dedicated to delivery of the very finest quality of emergency care which has included not only his personal commitment to emergency medicine, but a greater calling to the education of others and himself, advocacy for patients, and support of organizations and causes beyond himself, all of which have benefited by his national and international efforts to further emergency medicine.

Maryland ACEP was also honored to select Dr. Hirshon as the "Physician of the Year 2015." His career constantly and consistently demonstrates his passion for emergency medicine, his belief in life long education, his commitment to public health and, most importantly, his dedication to the delivery of the highest possible quality of emergency care to those in need.

Clearly, Dr. Hirshon has worked tirelessly to improve access to emergency care and to promote emergency medicine, both in the U.S. and globally. He is a superb candidate and Maryland ACEP is honored to support his candidacy for ACEP President-Elect.

Respectfully,

Orlee Panitch

Orlee Panitch, MD, FACEP
Maryland ACEP President

Jon Mark Hirshon, MD, PhD, MPH, FACEP

Dear Friends and Colleagues,

Every day that I work in the emergency department, I face the same challenges and problems that you face. Problems that include:

- Boarded patients
- Prolonged psychiatric stays
- Work place violence
- Too much time in front of computers instead of in front of patients.

And let's be clear, none of us went to medical school for this. Wellness includes both when we play and when we work. Something needs to be done to improve our lives within the emergency department.

There is an old African proverb- *If you want to go fast, go alone. If you want to go far, go together.* This proverb has been a guiding principle of my career; I consistently work to build bridges and break down barriers. This is true during my time on the ACEP Board of Directors as well as in my other professional activities. It has been both an honor and a privilege to serve you as a member of the ACEP Board of Directors and to passionately advocate for you, our patients, and our profession

In addition to the daily challenges we face in our clinical work are the divisions and conflicts within the house of emergency medicine. As we all know, ACEP has had its share of controversy over the past three months. We are a diverse group and bring many different perspectives together in order to care for our varied patients. Our strength springs from our diversity. However, we are faced with the challenge of unifying the multiple voices in emergency medicine into a strong and effective chorus.

You may ask, why I am running for ACEP president-elect? *I am running because I know I can make a difference.*

What will I do for you as ACEP President? *Fight to improve our lives in the emergency department and to assure high quality emergency care for our patients*. We must:

- Decrease regulatory burden. Earlier this year I testified on this topic before a congressional subcommittee. Physician wellness needs to include an improved work environment. As emergency physicians, we should be spending less time in front of computers and more helping our patients.
- Assure appropriate financial and societal support for emergency medicine. Whether this is through ACEP's quality efforts, such as CEDR, or policy efforts such as our lawsuit against Anthem in Georgia over their controversial emergency care policy.

We are caring, thoughtful, hard working professionals. We care about our patients and for our colleagues. ACEP and emergency medicine play a critical and ever-increasing role within the health care system. Together we *will* go far and make a difference.

I ask for your support and your vote as ACEP President-Elect. Thank you.

Jon Mark Hirshon, MD, PhD, MPH, FACEP
Cell: 410-271-4825
Email: jhirshon@acep.org

JON MARK HIRSHON

MD, PHD, MPH, FACEP

Leadership

Integrity

Passion

Dedication

Candidate for President-Elect

SELECTED LIST OF ACEP SERVICE

- **ACEP Board of Directors, 2014-2018**
- **Past President of Maryland ACEP**
- **Chair, National Report Card Task Force 2014**
- **Past Chair of ACEP's Public Health Committee**
- **Board Liaison to multiple National Committees and Sections, including:**
  - **Emergency Medicine Informatics**
  - **Clinical Policies**
  - **State Legislative**
  - **Reimbursement**
  - **National/Chapter Relations**
- **Testified before Congress on the national crisis related to psychiatric boarding**
- **Member of multiple ACEP Task Forces, including:**
  - **Epidemic Expert Panel**
  - **Freestanding Emergency Center Accreditation TF**
  - **ED Health Information Systems Safety TF**
- **ACEP International Ambassador to Egypt and Sudan**

Personal Statement:

There is an old African proverb- *If you want to go fast, go alone. If you want to go far, go together.* This proverb has been a guiding principle of my career; I consistently work to build bridges and break down barriers. Healthcare is rapidly changing in these times of economic and political turbulence. Specific challenges facing us and our patients include the shifting of the cost of medical care from insurance companies to patients and providers through increased co-pays, deductibles, inadequate physician networks and limited medical coverage. As Emergency Physicians, we are caring, thoughtful professionals. We work hard, and we play hard. We care about our patients and for our colleagues. ACEP and emergency medicine play a critical and ever-increasing role within the health care system. I will work together with our many partners to forcefully advocate for emergency medicine and to sustain and to grow the support for our important work. Working together we can, and we will, make a difference.

ACEP's mission is to promote the highest quality of emergency care and be the leading advocate for emergency physicians, our patients, and the public. This has been our mission during my time on the ACEP Board of Directors and for me personally in my other professional activities. It has been my honor and privilege to serve as your representative and voice on the ACEP Board of Directors for the past four years, to strive to achieve our mission, and for the vision of access to emergency care for all our patients in need- regardless of time of day, ability to pay, disease status or social circumstances. Over the past 25 years, I have been passionately dedicated to improving access to the highest quality emergency care. Whether at the bedside, in the board room, meeting with my Senator or standing in front of policy makers and the public, I continue to passionately, thoughtfully and tirelessly advocate for you, our profession, and our patients.

I ask for your vote for President-Elect in order to continue to serve as your advocate.

Background: Jon Mark Hirshon, MD, MPH, PhD, FACEP

- ***Professor,*** Department of Emergency Medicine and the Department of Epidemiology and Public Health at the University of Maryland School of Medicine.
- ***Mentor and Teacher,*** both domestically and internationally
- ***Senior Vice-Chairman,*** Institutional Review Board, U. of Maryland, Baltimore
- ***Federally funded researcher and teacher*** with specific interest in improving access to acute care and in developing emergency departments as sites for surveillance and hypothesis driven research in public health and emergency department operations
- ***Prolific Author*** of over 100 articles and chapters on emergency care topics, including placing emergency care on the global health agenda.
- Honored by his peers and the American College of Emergency Physicians as a "***Hero of Emergency Medicine***".

CONTACT INFORMATION:
Department of Emergency Medicine
University of Maryland School of Medicine
110 South Paca Street, 6th Floor, Suite 200
Baltimore, Maryland 21201
Cell: 410-271-4825
Email: jhirshon@acep.org

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2018 PRESIDENT-ELECT CANDIDATE WRITTEN QUESTIONS

William P. Jaquis, MD, FACEP

Question #1: **What is the most common public misperception about emergency physicians that you would like to dispel?**

A widely held misperception is that the Emergency Department (ED) is full of people that "don't need to be there." Physicians outside Emergency Medicine also seem to have that perception, in part because of their self-professed time they have spent in the ED. In addition, our own colleagues in the ED often speak loudly, in person and on social media, about their experiences with low acuity patients who they feel did not need to be seen in the ED. Finally, the media has become a conduit for misinformation on this concept, leading to bad policy and reimbursement decisions by legislators and insurance companies like Anthem.

While we can all identify those instances where we are taking care of patients who could have received care in a lower intensity setting, I believe we should consider that the ability to access acute care in another venue is dependent on several realities. First and foremost, we are the only site of care that is open at all times and to all people regardless of the ability to pay. Though this causes frustration at times for all of us, it is fundamental to our specialty that we serve as the safety net. As one of my colleagues described it, we are the wall off which the rest of medicine bounces. Second, the definition of "who needs to be there" is not dependent on our medical knowledge or on a retrospective look by a payer, but on the patient's perception (the prudent layperson) of whether a delay could cause her or him harm. State and federal laws have codified this, though it is frequently challenged by insurers. Third, in the three decades that I have been an emergency physician, the acuity and complexity of the patients I see in the ED has steadily increased. We might disagree on the number of patients who could receive care in another setting, but whatever that number is, it has definitely declined over the years. With the advent of longer hours for physicians' offices, after-hours and retail clinics, urgent care centers, and care delivery through tele health, many of the low acuity patients are no longer coming to us for care.

The downstream effects of this misperception are important. Allowing this line of thought to continue creates an atmosphere where we in the ED are not perceived as having significant value. Payment systems then become aligned to dissuade patients from using the ED for care. Patients are therefore forced to diagnose their own illness and to place a price tag on their symptoms, at times with significant adverse outcomes. We see patients who have waited too long to see us and who clearly need our services for evaluation and stabilization, and then we hear weeks later that the visit was determined retrospectively to be "unnecessary."

We have to correct this misperception and we have to create solutions – solutions that will create a more effective care system by care coordination, broader views of population health, and payment solutions that improve transparency. We must continue to work through our messaging, demonstrate our value and improve outcomes however possible.

Question #2: **As ACEP president, how would you help unify the house of emergency medicine? Are there any impediments that you see as particularly challenging?**

Our leadership has worked very hard in the last several years to identify opportunities to find common ground with other groups not only in emergency medicine but the bigger house of medicine. The approach to Medical Merit Badges, acute unscheduled sedation summit, and council on psychiatric emergencies are great examples of that effort. I was appreciative of being a part of a Wellness Summit at SAEM 2017, and have had an active role with groups both within EM and across the house of medicine on the approach to fair coverage and fair payment. Working with multiple other specialties in medicine on this significant concern, there are often differences in how we might approach this issue. What is common to all of those collaborations is that we found the places where we have a shared vision, put aside our differences that might exist in other areas, and worked toward goals that would provide better care for our patients and a more satisfying work environment for our physicians. With that background, however, the very recent (at the time of writing) challenge to one of our senior leaders and friend and our own sense of division, is very much top of mind.

We are more frequently in situations that require more meaningful conversations. As delineated in the book Crucial Conversations - stakes are high, opinions vary, and emotions run strong. We can choose to ignore the differences, continue to fight, or we can find the areas of common ground and principles of conduct that move us to a higher level of performance.

Those of you who attend ACEP's Council have seen how the process can work to a better outcome. We have representation from 53 chapters as well as other sections and organizations. The group has widely disparate ideas on many issues, yet we discuss and debate and move forward. In the high stress, high stakes time when emotions run high, there is a high necessity to listen. My leadership style is to listen to the opinions and thoughts of the experts we have in many areas of care and policy, using the expertise to move forwards with informed decisions.

Two impediments are top of mind for me – the nature of physicians to focus on the exceptions, and the current means of expression of our thoughts. From our first observation as medical students we are taught to look for the "zebras." We look at the work of others with a critical eye in an attempt to be sure our patients are getting the best care possible. While this works well as advocates for the individual patient, it sometimes falls short when we look to the greater good. Unifying the house requires us to refocus on the greater good. Certainly leaders across the house of medicine have learned that skill, and we must hone it at this time.

The second impediment is the potential for our opinions to rapidly be disseminated to a large audience. Access to information and conversation is immediate but does not always reflect what is accurate or affirming. Social media can be of great value in sharing experiences and providing information, but can also do considerable harm to people and issue when not clearly considered. When and where possible, we need to be on message about the significant work that all of you do, both in your clinical and your leadership practices.

Question #3: **What are the biggest internal and external threats to emergency medicine and how will you address them?**

Externally, the biggest threat is our current form of funding and paying for health care. The "system" is far from a coordinated entity but more a collection of stakeholders with their own interests exceeding the needs of the system as a whole. Those who fund and pay for the care are often deeply separated from the consumers of care, and the complicated approach to payments leaves us all confused. Consumers should have more transparency about what the cost to them of their care will be, but we are unable to give it to them because we have no idea across our delivery system how we will be paid, if at all. We have insurers who have hidden lists for which they will retrospectively deny payment, and every day it seems there is a new story or "study" that highlights "excessive" ED costs. In this setting it is incredibly difficult to provide timely care for patients, help them understand the costs of that care to them, and appropriately staff and reimburse our providers. EM is unique in this battle from our EMTALA mandate to see all patients regardless of ability (or intent) to pay. Addressing this issue will take all of us acting in many different venues. For our patients, we need to continue to advocate for access by requiring essential health services to be covered and paid according to prudent layperson laws. This also has and may continue to require legal action such as the current suit (July) against Anthem. We have some solutions that are improvements to the issue of fair coverage, and that message needs to continue through coalitions, the courts, social media and public relations.

Internally, our biggest threat is our inability in many situations to find a shared vision as a physician community. As the phrase goes, we have met the enemy and he is us. I cannot determine how many meetings I have attended where the physicians spent a great deal of time arguing with each other while the non-physician team stands by, leading to no directed action. Through many means in society as a whole, we are becoming more polarized rather than recognizing what is shared in the middle. This is true of EM at times as well. Do not misunderstand, I highly value the discourse of opposing views, as they often lead me and us to a better understanding of an issue. We must, however, make sure that in doing so, we do so with respect, and we understand there must be a forward direction. We can do so by continuing the dialogue on our important issues with civility, keeping our criticisms more private, and moving forward publically with a shared vision and praise.

We are well positioned to address the threats and the opportunities to EM. The leadership of the College – both physician and ACEP staff – are strong and well informed. The working relationships with Committees and Sections and Task Forces are constructive, utilizing the immense talent we have within the College. The Council leadership and the members of the Council have consistently shown their dedication to defining the important work we do. Our leaders have influence not only in the College, but within their groups, within other specialty societies, and leaders in the health systems. At the turn of our 50th year, we should recognize the tremendous growth and influence we have had not only in EM but in the entire health care system at a national level. Honoring that growth, we also remain vigilant, building our practice and our leaders for the next 50 years.

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

CANDIDATE DATA SHEET

William P. Jaquis, MD, FACEP

Contact Information

215 SE 8th Avenue #580, Fort Lauderdale, FL
Phone: 4103007242
E-Mail: Wjaquis@acep.org

Current and Past Professional Position(s)

Current: Senior Vice President, Alliance Operating Unit - Envision, East Florida Division
August 2017 – present

Attending Physician, Aventura Hospital
Aventura, FL
April 2018 – present

Prior: Chief, Emergency Medicine, Sinai Hospital of Baltimore
Baltimore, MD
April 2001 – June 2017

Medical Director, St. James Hospital
Chicago Heights, IL
1998-2001

Medical Director, Holy Cross Hospital
Chicago, IL
1994-1998

Attending Physician, Holy Cross Hospital
Chicago, IL
1992-1998

Attending Physician, Michael Reese Hospital
Chicago, IL
1992-1994

Education (include internships and residency information)

B.A., Cedarville University, Cedarville, OH 1980-1984
M.D., Medical College of Ohio, Toledo, OH 1985-1989
EM Residency, Case Western – Mt. Sinai, Cleveland, OH 1989-1992

Certifications

BCEM - ABEM

Professional Societies

Member, ACEP, Maryland Chapter
Member, AMA

National ACEP Activities – List your most significant accomplishments

Board of Directors 2012–2018
Vice President, 2016-2017 (Liaison to Bylaws, Annals of Emergency Medicine, EMRA, Young Physicians)
Secretary/Treasurer, 2015-2016 (Liaison to Audit, Finance Committees)

Liaison to
Committees
National/Chapter Relations 2016-2018
Awards 2015
Coding and Nomenclature 2013-2015
Reimbursement 2013-2015
Public Relations 2014-2015
Nominating 2014
EM Practice 2012-2013
Sections
Critical Care 2017-2018
EM Practice Management and Health Policy 2017-2018
Ultrasound 2012-2018
(Clinical Ultrasound Accreditation 2015-2018)
Palliative Medicine 2012-2015
Task Forces (includes those before Board)
Governance 2018
Joint Task Force on Reimbursement (EDPMA) 2015-2018
Alternative Payment Model 2015-2018
Clinical Ultrasound (ABEM) 2015-2018
End-of Life 2015-2016
Cost Effective Care 2012-2015
Sedation 2012-2015
Delivery System Reform 2011-2012
Episodes of Care/Integration 2010-2011
Chair – Advisory Group 2012-2015
Past Chair – EM Practice Committee 2010-2012

ACEP Chapter Activities – List your most significant accomplishments
MD Chapter 2001-current
Past-President, Vice President, Secretary, Treasurer
Two terms on Board of Directors
Appointed to Community Health Resources Commission

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 **20** % Research **0** % Teaching **20** % Administration **80** %
Other: **Work in residency program, patient care and clinical teaching are concurrent** %

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

As Senior Vice President for Envision, I lead the EM and HM programs for 14 hospitals in East Florida. Within those programs are three EM residency programs as well. These hospitals include small rural hospitals, community hospitals, urban teaching hospitals, and academic centers.

As as attending physician, I work at Aventura Hospital which is a community teaching hospital with an EM residency (among other teaching programs).

I am also have leadership over five free-standing emergency departments (hospital-based)

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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ADVANCING EMERGENCY CARE

CANDIDATE DISCLOSURE STATEMENT

William P. Jaquis, MD, FACEP

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

Employer: Envision Health

Address: 18167 US Highway 19 N Suite 650

Clearwater, FL 33764

Position Held: Senior Vice President

Type of Organization: Physician practice management

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 Royal Lane

Irving TX

Type of Organization: Specialty society

Duration on the Board: 5 years

Organization: Maryland Chapter ACEP

Address:

Type of Organization: Specialty society

Duration on the Board: 6 years

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

☒ NONE

☐ If YES, Please Describe:

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

☐ NONE

☒ If YES, Please Describe:

As above, I work for a physician practice management company as a Senior VP. My equity interest is far less than 1%

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:

As above, I work for a physician practice management company as a Senior VP. My equity interest is far less than 1%

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:

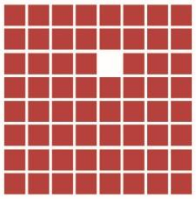
6. Do you believe that any of your positions, ownership interests, or activities, whether listed above or otherwise, would constitute a conflict of interest with ACEP?

☒ NO
☐ If YES, Please Describe:

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

William Jaquis Date July 18, 2018

1211 Cathedral Street
Baltimore, MD 21201-5585
410-727-2237
e-mail: info@mdacep.org
www.mdacep.org



Maryland Chapter
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

August 14, 2018

Members of the Council,

The Maryland Chapter of the American College of Emergency Physicians enthusiastically supports the candidacy of Dr. William Jaquis for President-Elect. We firmly and confidently believe that the leadership he has shown during the past 26 years on the local, state, and national levels have prepared him well to serve as the leader of ACEP. Time and time again, over many years, Bill has demonstrated that he has the great wisdom and savvy necessary to lead our organization forward. He has been a skillful spokesman who is able to get people to listen and act.

Bill's commitment begins at the local level. His 26 years of clinical work have included a leadership commitment for most of that time as well. For 16 years he served as the Chief of Emergency Services for LifeBridge Health, a growing health care network in the Baltimore area. In that role, he integrated the ED with comprehensive service lines and clinical initiatives, including education, trauma, stroke, and cardiac programs.

At the local chapter level, he has been an active participant with the Maryland team through his 17 years in Maryland. His input into our committee structure has continued throughout this time despite his many other activities. He actively served on our Education, Practice Management, EPIC Newsletter, and Public Policy Committees. He consistently demonstrates excellence and integrity in chapter service and advocacy; and he is always willing and ready to serve in any capacity asked of him. He served on our Board for two terms, and has held every officer position culminating in the Presidency for the years 2015-2016. During that time, he also extended his leadership to the Maryland community through other volunteer service. He was appointed by the Governor to be a Commissioner on the Community Health Resources Commission, looking for ways to direct state grant activities to the underserved people and communities in Maryland.

Maryland ACEP was also honored to select Bill as the "Physician of the Year 2013." His vision, leadership and contributions of time volunteering to enhance the profession of emergency medicine and improve patient care are extraordinary and inspiring. His career has been dedicated to delivery of the very finest quality of emergency care. He has

approached these goals through personal commitment to emergency medicine, advocacy for patients, and support of organizations and causes beyond himself.

Likely, you are more aware of the governance Bill has shown at the national level from committee member to committee Chair then to the Board of Directors. As a member of the Board, he has guided the work of multiple committees, sections, and task forces. He was elected by his peers to be the Secretary-Treasurer and currently the Vice President of ACEP. He continues to lead on many topics that are key to the continued ability of our members to practice effectively, including the issues of balance billing and payment models. His experience in Maryland has also given him experience on the integration of the ED into Population Health.

In summary, both personally and as the current President of Maryland ACEP, I strongly recommend that you consider electing Bill to be the next President-Elect of ACEP.

Respectfully,

Orlee Panitch

Orlee Panitch, MD, FACEP
Maryland ACEP President

William P. Jaquis, MD, FACEP

My anticipation always begins to build this time of year as we approach Council and the Scientific Assembly. For those six days, I generally find myself both exhausted and energized. The knowledge and energy that you will bring, along with the range of interests and ideas that you bring are invaluable. In addition, as with the last five times while I have been on the Board, the reconciliation of what we need to do, and the issues you need us to pursue keeps my focus as a Board leader fresh.

Every year brings challenges that we will meet together, but this year seems to have been filled with exceptional issues. While we memorialize the short 50-year history of our specialty and the leaders that brought us here, we also celebrate our rapid integration of our ideals into the delivery of health care. However, while the "system" could not likely express what our patients would do without emergency care, those who drive payment and policy have failed to appropriately recognize its value. Our patients are left not knowing where and how to get the care they need while considering the financial risk they might face. In many cases our diplomacy has failed, and extraordinary measures have been needed just to try to maintain the access patients have been given by law. Taking legal action against the federal government and against bad payer behavior is a poor way to use the resources in the system but has become a necessary step in trying to maintain access to care for our patients and fair payment for your exceptional work.

I have been fortunate to work with passionate Boards, leadership, and staff within ACEP on these key issues for six years now. I have also been fortunate to work along so many of you whose passion also helps me understand the unique issues that you face. Through these efforts, we can share the knowledge and develop plans that will make the delivery of medicine more effective. To look at a couple of examples, I look to the work I have been focused on as Board liaison to the ACEP/EDPMA Joint Task Force (JTF) on Reimbursement and the APM Task Force. On the JTF, we have shared resources across entities to address the tide of legislation that threatens the access to care through failed payment policy. On the APM TF we have discovered new ways of thinking about our unique value and the nature of reimbursement related to it.

At the heart of it all is the heart of emergency medicine. I believe the struggle we have with burnout and wellness represents the struggle I have when I see patients that you have as well. We can see the issues that face our patients. We know how to be more efficient and effective. We know how to lead and integrate teams of care, and we know the solutions that would help our communities have more productive, healthy lives. But our knowledge and our voices have been marginalized while others try to fill the gap in ineffective ways. I believe my role as a leader is to steadily find ways to bridge that gap, by listening, learning, and acting, building a shared vision of better care and better experience while being cost effective. I also believe the way to get there is to reengage physicians in finding solutions, realizing the value we bring to these priorities. I look forward to your support and your votes that will allow me to continue to lead. You stay classy San Diego.

WILLIAM JAQUIS, MD, FACEP

CANDIDATE
•
PRESIDENT ELECT

THE FUTURE IS NOW

Protect our Mission

Serve our Communities

Rediscover the Passion

Experienced Leader

- Vice President ACEP
- Secretary Treasurer ACEP
- Past President Maryland ACEP
- Board Liaison
  Reimbursement Task Force
  APM Task Force
- Past EM Practice Chair
- Chief of Service 16 years
- EM Clinician 25 years