

2016-17
Final Committee Objectives

Academic Affairs Committee

Chair: Eric Gross, MD, FACEP

Board Liaison: Hans House, MD, MACM, FACEP

Staff Liaison: Marjorie Geist, RN, PhD

1. In collaboration with ACOEP and EMRA, develop educational material for medical students about the transition of the AOA/ACGME single accreditation system for emergency medicine residency training.
2. In collaboration with CORD, SAEM, and the Education Committee Simulation Subcommittee, develop mock cases on incorporating simulation to assist residents in preparing for oral board certification exams.
3. Work with ACEP website staff to redesign and/or organize academic-related information on the ACEP website.
4. Review and update academic affairs related information (papers, medical student slides, and other written material and resources) on the ACEP website. Collaborate with the Research Committee on research resources.
5. Implement the national faculty and junior faculty teaching awards.
6. Implement the excellence in bedside teaching award.
7. Implement the national and local medical student awards. Revise the awards processes as needed.
8. Review journal articles, texts, and practice guidelines relating to ABEM's Lifelong Learning Self-Assessment (LLSA).
9. In collaboration with EMRA, identify strategies to increase medical student and resident diversity and inclusion. Work with the Diversity & Inclusion Task Force as needed. (Academic Affairs is the lead committee.)
10. Identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. Work with EMRA and the Well-Being Committee as needed. (Academic Affairs is the lead committee.)
11. Work with the Pediatric Emergency Medicine Committee as needed to develop resources to encourage emergency medicine residents to enter pediatric emergency medicine and improve competency of training. (Pediatric Emergency Medicine is the lead committee).

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Audit Committee

Chair: Gary Starr, MD, FACEP

Board Liaison: William P. Jaquis, MD, FACEP, Secretary-Treasurer

Staff Liaison: Layla Powers

1. Oversee the audit function of the College as stated in the Audit Committee charter.
2. Complete and implement the Disaster Plan and Business Continuity Plan.

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Awards Committee

Chair: President-Elect

Board Liaison: President-Elect

Staff Liaison: Sonja Montgomery, CAE

1. Recommend 2017 award recipients.

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Bylaws Committee

Chair : Richard N. Bradley, MD, FACEP
Board Liaison: John J. Rogers, MD, CPE, FACEP
Staff Liaison: Leslie Moore, JD

1. Provide ongoing review of national Bylaws to identify areas in which revision may be appropriate and submit recommendations to the Board of Directors.
2. Continue implementation of the revised Chapter Bylaws Review Plan.
3. Clarify the Chapter Bylaws approval process to make it more effective and efficient. Revise ACEP Bylaws Chapter Review Process.
4. Review proposed 2017 Bylaws resolutions to identify conflicts with other portions of the Bylaws and provide comments to the authors as needed.
5. Review 2016 Bylaws amendments adopted by the Board for potential Bylaws Committee action as needed.

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Bylaws Interpretation Committee

Chair: Elected by Committee Members

Board Liaison: John Rogers, MD, CPE, FACEP, Vice President

Staff Liaison: Leslie Moore, JD

Note: The committee is assigned as needed for definitive interpretation of Articles VIII – Council, IX – Board of Directors, X – Officers/Executive Director, XI – Committees, and XIII – Amendments, of the ACEP Bylaws.

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Clinical Data Registry Committee

Chair: Stephen K. Epstein, MD, FACEP
Board Liaison: James J. Augustine, MD, FACEP
Staff Liaison: Stacie Jones, MPH

Research and Publications Subcommittee

1. Develop a scalable method or methods to review, adjudicate, and recommend responses to data requests.
2. Develop methods to link CEDR with other health services databases.
3. Advise, design, publish, and disseminate registry research results.

Measure Development and Validation Subcommittee

1. Develop, specify, maintain, and recommend quality measures to protect and enhance emergency care.
2. Consider development of measures in the following priority areas:
 - a. EMS related measures, such as offloading (Work with the EMS Committee.)
 - b. Opioid Management
 - c. Healthcare disparity (Work with the Diversity & Inclusion Task Force.)
 - d. Pediatrics (Work with the Pediatric Emergency Medicine Committee.)
3. Review data reports from the data registry vendor for face validation.
4. Provide input and advice to the data registry vendor, Quality Measures Technical Expert Panel, and the ACEP Board of Directors regarding administrative data, claims-based data, clinical and HER data sets, data sources, data definitions, and data standards.

Education & Learning Collaborative Subcommittee

1. Develop Maintenance of Certification (MOC) Part II and Part IV activities regarding registry implementation, registry metrics, quality improvement collaborative, and registry research results in conjunction with the Education MOC Subcommittee (Education Subcommittee as the lead subcommittee.)
2. Develop integration with the E-QUAL network. (E-QUAL is the lead.)

Member Outreach, Recruitment, & Marketing Subcommittee

1. Review the marketing materials for hospital return on investment information and revise as necessary.
2. Engage clinical data registry participants and participating groups and advise on outreach efforts.

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Clinical Policies Committee

Chair: Michael D. Brown, MD, FACEP

Board Liaison: Robert E. O'Connor, MD, MPH, FACEP

Staff Liaison: Rhonda Whitson, RHIA

1. Continue to monitor clinical policies developed by other organizations, abstract information pertinent to emergency medicine, post the abstraction on the ACEP website, and communicate the information to members through ACEP communications.
2. Review and comment on other organizations' guidelines under development or for which endorsement has been requested, post the endorsement information on the ACEP website, and communicate the information to members through ACEP communications.
3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.
4. Continue updating or modification of current clinical policies as necessary:
 - a. Syncope
 - b. Acute heart failure syndromes
 - c. Headache
 - d. Mild traumatic brain injury
 - e. Community-acquired pneumonia
 - f. Appendicitis
 - g. Acute blunt abdominal trauma
 - h. Opioids (Include elements of Amended Resolution 35-15)
 - i. Asymptomatic elevated blood pressure
5. Develop a clinical policy addressing imaging in suspected renal colic.
6. Work with the Quality & Patient Safety Committee as needed to identify new performance measures in new and revised clinical policies. (Quality & Patient Safety is the lead committee).
7. Develop a policy statement on reversal of non-vitamin K oral anticoagulants (NOACs) in the presence of life-threatening bleeding.
8. Develop a policy statement on mechanical ventilation.
9. Review and revise as needed the policy statement, "Sedation in the Emergency Department" as part of the policy sunset review process.

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Coding & Nomenclature Advisory Committee

Chair: Michael J. Lemanski, MD, FACEP
Board Liaison: William P. Jaquis, MD, FACEP
Staff Liaison: David McKenzie, CAE

1. Identify and analyze Medicare, Medicaid, and private payer claims processing policies that deviate from CPT principles and/or documentation guidelines and recommend strategic solutions. Maintain a spreadsheet tracking payer issues such as denials, rates, appeals, and pay for performance. Monitor the Recovery Audit Contractor (RAC), and other audit activities, and react appropriately to issues affecting emergency medicine.
2. Track ICD-10 implementation and continue to provide educational material on ICD-10 for members to aid in the transition. Develop content for web-based training materials related to ICD-10 coding. Work with the Quality & Performance Committee as needed to ensure ACEP measures use appropriate ICD-10-CM/PCS mapping assignments. Continue to monitor the impact of ICD-10 implementation, evaluate the effect on reimbursement, and modify educational materials as needed.
3. Continue to advocate nationally for emergency medicine issues through the AMA CPT process and through possible CMS development of physician or facility documentation guidelines. Monitor efforts for transparency and claims processing edits. Explore development of an ED-specific code, such as using alternative payment models (APMs), for care coordination or transition to the post-acute setting.
4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with up-to-date information that will facilitate an effective balance between optimal coding and compliance.

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Compensation Committee

Chair: John Skiendzielewski, MD, FACEP
Board Liaison: None
Staff Liaison: Layla Powers

1. Establish stipends for Board members, Board officers, and Council officers.
2. Monitor compensation trends for the Board of Directors and officers of other medical specialties to ensure ACEP members are compensated appropriately.
3. Survey the Board of Directors and Council officers regarding their time commitment to ACEP.

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Disaster Preparedness & Response Committee

Chair : Ira R. Nemeth, MD, FACEP

Board Liaison: Christopher S. Kang, MD, FACEP

Staff Liaison: Pat Elmes

1. Utilize identified national and international organizations active in disaster medical preparedness and response to assure appropriate liaisons and channels of communication with ACEP and seek opportunities to increase collaboration and member participation.
2. Identify subject matter experts to serve as ongoing resources to address disaster issues and communicable/ infectious diseases. Develop a list of topics and current resources available for disaster response. Create new resources as needed.
3. Develop a national Hazard Vulnerability Analysis (HVA) and apply to improve readiness for the most likely events.
4. Explore additional expanded roles between emergency physicians and local/regional disaster emergency management planning through health care coalitions and local Emergency Operations Centers with focus on building products for use by the grassroots membership including assessing and refining the Mass Casualty Medical Operations Management Course.
5. Implement the Disaster Medical Sciences Award.
6. Monitor the national disaster medicine environment for federal regulations, new guidelines, standards, and technologies that potentially significantly impact disaster medicine and provide recommendations to the Board as needed.
7. Continue to provide input to the Education Committee as needed regarding online and other disaster training for emergency physicians. (Education is the lead committee.)
8. Develop resources to promote diversity and inclusion in disaster management. Investigate leadership development initiatives related to diversity and inclusion. Work with the EMS Committee and the Diversity & Inclusion Task Force as needed to develop a policy statement regarding the importance of diversity and inclusion in EMS and disaster response personnel. (EMS is lead committee.) Investigate a clinical curriculum regarding diverse patient populations and the delivery of care within domestic and international disaster response.
9. Work with the Emergency Medicine Practice Committee as needed to revise the policy statement, "Hospital Disaster Physician Privileging." (Emergency Medicine Practice is the lead committee.)
10. Work with the EMS Committee as needed in collaboration with the ACS-COT on the development of a policy statement on community disaster plans. (EMS is the lead committee.)

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Education Committee

Chair: Jeff Tabas, MD, FACEP

Board Liaison: Stephen H. Anderson, MD, FACEP

Staff Liaison: Robert Heard, MBA, CAE

1. Identify member educational needs based on assessments from a variety of sources, including state and facility CME requirements, board certification requirements, quality measures, test results, activity evaluations, member surveys, ACEP.org search terms and ACGME Milestones.
2. Design, implement, evaluate, and revise educational activities that meet identified needs and enhance ACEP's position as the primary source for state-of-the-art emergency medicine education, including:
 - Live and enduring CME activities on the emergency medicine core content designed to reinforce cognitive expertise
 - Alternative educational opportunities such as simulation courses for procedural competencies and skills
 - Mobile and online CME courses and other activities that incorporate new learning technologies
 - PI-CME activities approved for ABEM MOC Assessment of Practice Performance
 - Digital editions of ACEP titles published for a variety of reading devices
 - EMS subspecialty certification prep resources
 - Activities designed to help students, residents, and young physicians during early years of practice
 - Activities specific to the issue of litigation stress (Amended Resolution 35-11)
 - In cooperation with SEMPA and AAENP, advanced training for physician assistants and nurse practitioners
 - Educational products related to CEDR Learning Collaborative
3. Submit a nomination for the 2017 ACEP Award for Outstanding Contribution in Education.
4. Investigate creating additional recognition or awards in education, publications, and other areas not currently acknowledged in the national awards structure.
5. Continue to pursue strategic partnerships with publishers and other organizations that contribute to the College's CME mission, goals, and objectives.
6. Investigate CME activities for physicians and other providers practicing emergency medicine and for others practicing in resource-limited settings.
7. Explore cost-efficient ways to provide education to international emergency physicians. Enhance ACEP's expertise internationally in marketing publications and meetings.
8. Explore online and other disaster training for emergency physicians. Work with the Disaster Preparedness & Response Committee as needed. (Education is the lead committee)
9. Work with the EMS Committee and CECBEMS to develop education resources on the culture change of spinal motion restriction in emergency medicine for EMTs and Paramedics. (Education is the lead committee.)
10. Explore development of CME for education about the Physician Orders for Life Sustaining Treatment (POLST) or similar programs. Work with the State Legislative/Regulatory Committee as needed. (Education is the lead committee.)
11. Work to create a centralized emergency medicine learning portal.
12. Explore ways to increase diversity in the faculty for ACEP educational meetings. Work with the Diversity & Inclusion Task Force as needed.

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13. Ensure educational programs include diversity and inclusion throughout offerings and include topics such as unconscious bias in clinical care and practice management. Work with the Diversity & Inclusion Task Force as needed.
14. Work with the Well-Being Committee as needed to develop an interactive online tutorial (several short modules) on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. (Well-Being is the lead committee.)

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Emergency Medicine Practice Committee

Chair: Michael A. Turturro, MD, FACEP

Board Liaison: Mark S. Rosenberg, DO, MBA, FACEP

Staff Liaison: Margaret Montgomery, RN, MSN

1. Work with the State Legislative/Regulatory Committee and the Reimbursement Committee to monitor, report, and share information on telehealth legislation, clinical practice, and reimbursement. (Emergency Medicine Practice is the lead committee on the clinical practice component.).
2. Explore creating excellence awards for non-academic departmental leaders and bedside clinicians.
3. Further define a valid statistical patient experience survey size for groups and individuals.
4. Revise the following policy statements as part of the policy sunset review process:
 - Alternative Methods to Vascular Access in the Emergency Department
 - Boarding of Admitted and Intensive Care Patients in the Emergency Department
 - Electronic Prescription Monitoring
 - Emergency Physicians' Patient Care Responsibilities Outside the Emergency Department
 - Health Information Standards
 - Hospital Disaster Physician Privileging (Work with Disaster Preparedness & Response Committee as needed.)
 - Patient Satisfaction Surveys
 - Prior Authorization
 - Specialty Hospitals
 - Triage Scale Standardization
 - Writing Admission and Transition Orders
5. Complete revisions to the policy statement, "Optimizing the Treatment of Pain in Patients with Acute Presentation."
6. Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues.
7. Develop definitions of rural, rural emergency medicine, and rural emergency department and recommend other organizations and groups adopt the definitions using the work initiated by the *Journal of Rural Emergency Medicine* as a guide. Work with the Rural Emergency Medicine Section as needed. (Emergency Medicine Practice is the lead committee.)
8. Explore development of a policy statement and other information for dissemination regarding appropriate emergency medicine credentialing models for rural/underserved areas (Amended Resolution 41-15). Work with the Rural Emergency Medicine Section and other committees as needed. (Emergency Medicine Practice is the lead committee.)
9. Review and compile resources to develop an information paper on the delivery of care in rural settings, such as freestanding EDs, critical access hospitals, federal legislation, and use of telemedicine.
10. Work with the Pain Management Section to compile and develop resources for opiate free emergency departments. (Emergency Medicine Practice is the lead committee.)
11. Compile clinical resources for the care of the bariatric patient in the ED (continuation of implementation for Resolution 33-14).
12. Collaborate with ENA, AAENP, SEMPA, and other emergency care provider organizations to develop a joint position statement endorsing the use of sub-dissociative ketamine under the same procedures and policies as other analgesic agents administered by nursing staff in the emergency department setting (Amended Resolution 37-15).

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13. Work with the Reimbursement Committee as needed to develop tools to encourage coverage options for patients in expansion and non-expansion states to include worker's compensation and auto insurance, and any new programs through PPACA, in Medicaid expansion states and exchanges. (Reimbursement is the lead committee.)
14. Work with the Well-Being Committee and Membership Committee as needed to develop a resiliency tool kit and include information such as decompression tips after a shift, debriefing after critical incidents, and multitasking. Explore the use of screening tools such as the Mayo Clinic document. Develop additional resources for medical directors and department chairs. (Well-Being is the lead committee.)
15. Develop an information paper on diversity and inclusion regarding practice management issues such as leadership development, human resources, team management, and quality of care. Work with the Diversity & Inclusion Task Force as needed.
16. Revise the policy statement "Interpretation of Imaging Diagnostic Studies" to reflect the intent of the guiding principles for critical communications for ED radiology findings (Amended Resolution 32-15).
17. Serve as a resource to the Quality & Patient Safety Committee regarding Choosing Wisely. (Quality & Patient Safety is the lead committee.)

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EMS Committee

Chair: Jeffrey M. Goodloe, MD, FACEP
Board Liaison: Debra G. Perina, MD, FACEP
Staff Liaison: Rick Murray, EMT-P

1. Perform a comprehensive review of ACEP policies, resource papers, and educational resources that are applicable to EMS with a goal to reduce unintended conflicting information, redundancy, and to streamline these resources for increased usability.
2. Revise and/or recommend sunset for the following policy statements as part of the policy sunset review process:
 - a. EMS as an Essential Public Safety Service
 - b. Implementation of EMS Interventions
 - c. Physician Medical Direction of EMS Dispatch Programs
3. Work with ACEP's Technology Services staff to create an email forum bank for section and committee discussion threads that can be cataloged by topic.
4. Analyze EMS educational resources that ACEP should offer members and the EMS community, including format(s) of such resources and ACEP's courses for EMS and non-EMS physicians. Develop a prioritized list of desirable resources and construct with at least two resources to be available prior to ACEP17. Work with the EMS Education Subcommittee as needed. (EMS is the lead committee).
5. Create a guide for new EMS fellows for finding jobs, what to expect in contracts, negotiations, and real world advice. Work with the EMS Education Subcommittee, NAEMSP Fellows and Graduates Committee, and NAEMSP's Council of EMS Fellowship Directors as needed. (EMS is the lead committee.)
6. Continue collaboration with NAEMSP to develop resources to support members that have obtained or will be pursuing subspecialty certification in EMS (e.g. continue ACEP support for Certification Review Course).
7. Develop resources to promote diversity and inclusion in EMS leadership. Work with the Disaster Preparedness & Response Committee and the Diversity & Inclusion Task Force as needed to address diversity issues in EMS and disaster preparedness and response. Develop educational resources for care issues related to diverse populations that are encountered in the practice of EMS medicine, such as a webinar on care of diverse populations in EMS available for EMS leaders within and outside ACEP prior to ACEP17.
8. Submit a nomination for the 2017 ACEP Outstanding Contribution in EMS Award.
9. Collaborate with NAEMSP's Board and Advocacy Committee to develop strategies regarding EMS physician reimbursement for online and offline medical direction.
10. Continue collaboration with stakeholders involved in controlled substances regulations (e.g. DEA regulations) with focus on HR4365 and S2932 in the 114th Congress. Plan educational resources related to any new regulations, specifically those serving as EMS medical directors.
11. Develop resources, such as an information paper and an online repository with scenarios and a question/answer bank, for EMS leaders on the importance of the skill of critical thinking in EMS personnel.
12. Collaborate with stakeholders to explore new resources promoting EMS safety, such as the effects of fatigue on patient care, personnel wellness and safety, and safety during tactical operations. Evaluate the legislative environment for current and needed laws related to assault of EMS personnel. Work with the Tactical Section as needed.
13. Review the medically appropriate role for helicopter EMS systems (HEMS) and integration in regional EMS systems. Identify principles and best practices for HEMS operations and billing practices. Work with the Air

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Medical Section and NAEMSP's Standards and Practice Committee and others as needed to update the Joint PREP "Appropriate and Safe Utilization of Helicopter EMS."

14. Collaborate with ACS-COT and NAEMSP on revisions to the spinal motion restriction policy.
15. Collaborate with ACS-COT on the development of a policy statement on community disaster plans. Work with the Disaster Preparedness & Response Committee as needed. (EMS is the lead committee.)
16. Collaborate with NAEMSP, ACEP's Mobile Integrated Healthcare/Community Paramedicine Task Force, and related stakeholders regarding development of resources and guidelines for Mobile Integrated Healthcare programs.
17. Collaborate with the Pediatric Emergency Medicine Committee as needed on EMS-C issues and with other relevant stakeholders involved with new and/or revised best practices in pediatric out-of-hospital care. (EMS is the lead committee.)
18. Collaborate with the Clinical Data Registry Committee for EMS-related quality measures (e.g., offload, bed-wait times, etc). (Clinical Data Registry is the lead committee.)
19. Collaborate with the Ethics Committee in their development of a manuscript on Ethical Issues in Collaboration with and Oversight of Pre-Hospital Care. (Ethics is the lead committee.)

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Ethics Committee

Chair: Arvind Venkat, MD, FACEP

Board Liaison: Vidor E. Friedman, MD, FACEP

Staff Liaison: Leslie Moore, JD

1. Identify and develop educational opportunities and materials on ethics issues, including at least three articles for ACEP publications including:
 - Ethical Issues Concerning Patients Who Refuse Emergency Medical Care (AMA)
 - Ethical Issues in the Use of Social Media as it relates to the Emergency Department
 - Ethics of Critical Care Resource Utilization in Patients with Limitations on Resuscitative Measures
 - Defining and Resolving Conflicts of Interest in Emergency Department Practice
 - Ethical Implications of Physician Resiliency and Burnout and Monitoring of Quality of Care (Work with the Well-Being Committee as needed.)
 - Ethical Issues in Collaboration with and Oversight of Pre-Hospital Care (Work with the EMS Committee as needed.)
 - Ethical Issues in Considering Observerships in the ED
2. Review the *Policy Compendium of the Code of Ethics for Emergency Physicians* and recommend needed revisions to the Board of Directors.
3. Review and provide recommendations to the Board of Directors on ethics complaints.
4. Work with the Medical-Legal Committee as needed to develop a policy statement regarding professionalism in the use of social media. (Medical-Legal is the lead committee.)
5. Develop didactic submissions regarding ethical issues for the annual Scientific Assembly.
6. Work with the Palliative Medicine Section to develop model POLST registry guidelines for use by emergency physicians including training standards for interpretation (Amended Resolution 36-15).
7. Revise the following policy statements as part of the policy sunset review process:
 - Disclosure of Medical Errors
 - Law Enforcement Information Gathering in the ED
8. Develop an information paper on unconscious bias and cultural sensitivity and its effect on clinical and practice management and professional development. Work with the Diversity & Inclusion Task Force as needed.
9. Review the *Code of Ethics for Emergency Physicians* regarding felony convictions for crimes of moral turpitude.
10. Develop an information paper on ethical issues in delayed treatment in for-profit and non-profit hospital EDs.
11. Develop an information paper on ethical issues in the delivery of ED care regarding anticipated changes under the Affordable Care Act and novel reimbursement models.

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Federal Government Affairs Committee

Chair: Ashley B. Norse, MD, FACEP
Board Liaison: Rebecca B. Parker, MD, FACEP
Staff Liaison: Gordon Wheeler

1. Closely monitor the presidential and congressional elections to accurately understand and communicate the political environment.
2. Develop and submit recommended strategies to the ACEP president immediately following the presidential and congressional elections.
3. Analyze and recommend legislative and regulatory priorities for the First Session of the 115th Congress and develop new legislative/regulatory recommendations as appropriate, including advocating for tort reform/medical liability reform, and safe harbor proposals.
4. Maintain and expand the 9-1-1 legislative network. Evaluate and enhance the network's role in advancing ACEP's legislative/regulatory agenda. Encourage committee members to meet with their congressional representatives either locally or on Capitol Hill.
5. Establish and maintain a regular dialogue with Congressional members and staff on the critical issues in emergency medicine, specifically on the value added services that emergency medicine provides to the health care system.
6. Work with Congress and related organizations on Medicare physician reimbursement, particularly the implementation of the SGR repeal (MACRA).
7. Develop strategies to remove the exemption of Medicaid from the prudent layperson standard. Work with the Reimbursement Committee as needed. (Federal Government Affairs is the lead committee.)
8. Work with the Quality & Patient Safety Committee, Reimbursement Committee, and the Observation Section as needed to complete the development of an information paper on readmissions vs. observation as an "outcome" of quality measures. (Observation Medicine Section is the lead.)
9. Assess the likelihood of legislation at the state and federal level and other activity on out-of-network/balance billing and the advisability of introducing federal legislation. Work with the Joint ACEP-EDPMA Task Force, Reimbursement Committee, and State Legislative/Regulatory Committee as needed. (Federal Government Affairs is the lead committee.)

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Finance Committee

Chair: David C. Packo, MD, FACEP

Board Liaison: William P. Jaquis, MD, FACEP, Secretary-Treasurer

Staff Liaison: Layla Powers

1. Perform duties as delineated in the *Compendium of Financial Policies and Operational Guidelines*, including:
 - Review the annual College budget and make recommendations to the Board.
 - Review the financial status of the College monthly.
 - Consider budget modifications and make recommendations to the Board.
 - Review and monitor expenses for the new building.
 - Review and monitor expenses for the Clinical Emergency Data Registry
2. Review the *Compendium of Financial Policies and Operational Guidelines* and make recommendations to the Board regarding any necessary revisions.
3. Review contributions made by ACEP to affiliated organizations quarterly.

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Medical-Legal Committee

Chair: Andrew H. Koslow, MD, JD, FACEP
Board Liaison: Paul D. Kivela, MD, MBA, FACEP
Staff Liaison: Sandra Schneider, MD, FACEP

1. Revise the following policy statements as part of the policy sunset review process:
 - Civil Commitment
 - Health Courts
 - Reform of Tort Law
 - Use of Nurse Implemented Order Sets
2. Submit a nomination for the 2017 Rorrie Health Policy Award.
3. Develop a policy statement regarding professionalism in the use of social media. Work with the Ethics Committee as needed. (Medical-Legal is the lead committee.)
4. Review, update, and provide information to members on medical legal matters that impact the administrative and clinical practice of emergency medicine.
5. Participate in the review of clinical policies and provide information on potential medical-legal issues.
6. Review ACEP's Choosing Wisely recommendations to determine any medical-legal issues and report findings to the Quality & Patient Safety Committee.
7. Complete development of an information paper on the influence of liability concerns (defensive medicine) and the relation to the practice of emergency medicine.
8. Work with the State Legislative/Regulatory Committee as needed to review and update resources on state liability legislation and to develop a survey to chapters on their experiences. Identify three chapters to apply for grants to pilot introduction of state liability reform legislation. (State Legislative/Regulatory is the lead committee.)

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Membership Committee

Chair: Kathleen Clem, MD, FACEP

Board Liaison: Hans R. House, MD, MACM, FACEP

Staff Liaison: Patty Stowe, CAE

1. Increase regular/life membership by 2% and total membership (including candidate members) by 3%. Increase the number of ACEP Fellows 3%.
2. Develop recruitment and retention tools to use as resources for emergency physician's at each major stage of their life and career, specifically late career physicians, transitioning members, and board certified physicians.
 - a. Include end of career transitioning tools, networking opportunities for mid-career physicians, and resources to aid in work-life balance for mid- and late-career members.
 - b. Use the Public Relations Committee's recommendations to expand ACEP's social media presence as appropriate for communications to members in various stages of life cycles to increase awareness of membership value and recognition of ACEP's name
 - c. Work with the Emergency Medicine Practice Committee and the Well-Being Committee as needed to develop a resiliency tool kit and include information such as decompression tips after a shift, debriefing after critical incidents, and multitasking. Explore the use of screening tools such as the Mayo Clinic document. Develop additional resources for medical directors and department chairs. (Well-Being is the lead committee.)
3. Review current efforts for retention of members transitioning from candidate to regular membership and work with EMRA and the Young Physicians Section to propose enhancements to increase retention by 2%. Recommend palatable dues options for members transitioning from residency to a fellowship program resulting in increased retention. Explore new licensed physician program and other state-specific welcoming programs (e.g., the tracking method used by the Texas Medical Association).
4. Review and analyze the chapter dues structure for transitioning members and develop recommendations to address dues disparities. Work with the National/Chapter Relations Committee as needed. (Membership is the lead committee.)
5. Create a value-added information kit for Medical Directors, department chairs, and other decision makers regarding the allocation of funds for ACEP membership and educational opportunities.
6. Develop ways to demonstrate the value of membership and educate physicians on the reasons for joining ACEP and maintaining membership.
7. Review the benefits and requirements for emergency physician group participation in the 100% Club and suggest program improvements
8. Evaluate results of recommendations for increased international presence in membership recruitment. Develop a Bylaws amendment that provides options for international members to attain fellow status.
9. Serve as a resource to assist in the development of a personalized member portal.
10. Explore ways to use social media to increase member engagement and for expanded dissemination of toolkits and other resources developed by the committees (e.g., human trafficking, observation, DART program, etc.).
11. Work with the Diversity & Inclusion Task Force to develop and implement improved member engagement and opportunities for leadership, networking, and professional development within ACEP. (The Diversity & Inclusion Task Force is the lead on tactic development.)
12. Work with the Emergency Medicine Practice Committee and the Well-Being Committee as needed to develop a resiliency tool kit and include information such as decompression tips after a shift, debriefing after critical incidents,

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and multitasking. Explore the use of screening tools such as the Mayo Clinic document. Develop additional resources for medical directors and department chairs. (Well-Being is the lead committee.)

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Sections Subcommittee

Chair: Michelle Blanda, MD, FACEP

Board Liaison: Hans R. House, MD, MACM, FACEP

Staff Liaison: Maude Hancock

1. Oversee the annual section grant process and select the grant recipients for recommendation to the Board.
2. Select recipients of the annual section awards for recommendation to the Board.
3. Provide recommendations to enhance the section grant and awards programs.
4. Provide recommendations to increase the value of section membership and encourage ACEP members to join a section.
5. Address section issues, such as membership compliance for councillor allocation.
6. Review requests for formation of new sections and provide recommendations to the Board.

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National/Chapter Relations Committee

Chair: Marco Coppola, DO, FACEP

Board Liaison: Jon Mark Hirshon, MD, PhD, MPH, FACEP

Staff Liaison: Dawn Scrofano, CMP

1. Evaluate the new chapter grant awards application process and make any necessary changes.
2. Administer and maintain the Chapter Grant Program.
3. Continue to coordinate with the Council Leadership Development Advisory Group in updating and promoting efforts to expand accessible leadership resources on ACEP's website for chapter leaders and members. Develop online resources, such as podcasts or webinars, on leadership skills for chapter leaders.
4. Continue working with the Council Leadership Development Advisory Group, chapter presidents, chapter executives, EMRA, and the Diversity & Inclusion Task Force to identify potential future leaders and create a structured leadership and mentorship program.
5. Evaluate the offerings at the Leadership & Advocacy Conference to ensure sufficient leadership training opportunities and provide recommendations for planning of the next conference, and coordinate a session for members interested in chapter and national leadership.
6. Develop a plan to support and grow smaller chapters, include mentoring, clarifying of expectations, provision of resources, and national leader visits.
7. Explore new methods to share resources between chapter executives and leaders. Develop a resource for chapter executives on best practices, ACEP chapter management, and networking.
8. Promote ACEP's initiatives on diversity and inclusion to the chapters and encourage implementation of similar initiatives at the chapter level. Work with the Diversity & Inclusion Task Force as needed.
9. Work with the State Legislative/Regulatory Committee and the NEMPAC/911 Legislative Network as needed to explore the creation of a rapid response team to assist chapters in responding to emergency situations. (State Legislative/Regulatory is the lead committee.)
10. Work with the Membership Committee as needed to review and analyze the chapter dues structure for transitioning members and Active Duty Military personnel and develop recommendations to address dues disparities. (Membership is the lead committee.)

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Pediatric Emergency Medicine Committee

Chair: Madeline M. Joseph, MD, FACEP
Board Liaison: Debra G. Perina, MD, FACEP
Staff Liaison: Sandy Schneider, MD, FACEP

1. Work with the CDC as part of a panel of experts to complete the development of pediatric guidelines for Mild Traumatic Brain Injury in children and adolescents.
2. Be integrally involved with the National Pediatric Readiness Survey and work with the Public Relations Committee to assure that emergency medicine is appropriately represented, including:
 - Develop a model position description for the pediatric emergency care coordinator, as recommended for each ED by the National Pediatric Readiness Project.
 - Work with the Public Relations Committee to increase awareness of resources available and in development for pediatric preparedness of community EDs.
3. Collaborate with the newly formed EMSC Innovation & Improvement Center (EMS IIC) to ensure ACEP is recognized as a full partner of the IIC; work with the IIC to create its leadership and policy infrastructure to develop strategies to optimize resource utilization between general emergency medicine and pediatric emergency medicine.
4. Work with AAP on the Emergency Information Form (EIF) for children with special needs to revise and update the joint policy statement and consider updating the EIF form.
5. Contribute to the ACEP-AAP project regarding access to care.
6. Develop resources to encourage emergency medicine residents to enter pediatric emergency medicine and improve competency of training. Work with the Academic Affairs Committee as needed. (Pediatric Emergency Medicine is the lead committee).
7. Serve as a resource to the Clinical Data Registry Committee regarding the development of pediatric emergency medicine-specific quality measures. (Clinical Data Registry is the lead committee.)
8. Serve as a resource to the EMS Committee in working with the EMS-C and other stakeholders to explore the need for new or revised guidelines and strategies for pediatric out-of-hospital care. (EMS is the lead committee.)
9. Work with the Education Committee's Maintenance of Certification/Maintenance of Licensure Subcommittee as needed to develop Maintenance of Certification and pediatric safety/quality products. (Education is the lead committee.)
10. Develop an information paper on pain management strategies (topical, regional, systemic pain control) for pediatric patients in the emergency department (Amended Resolution 48-13).
11. Work with the AAP and the Pediatric Surgery Society on the children's surgical center designation initiative to refine the criteria to ensure all EDs meet the designation requirements at some level to provide appropriate care for children with surgical diseases in all hospitals regardless of size.
12. Work with the AAP and the Pediatric Surgery Society to develop a policy statement on trauma imaging in the pediatric patient population according to existing guidelines and decreasing unnecessary radiation in pediatric trauma patients.
13. Develop an information paper on the role of telemedicine in pediatric emergency care and in support of community emergency departments.

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Public Health & Injury Prevention Committee

Chair: Isabel A. Barata, MD, MPH, FACEP
Board Liaison: Paul D. Kivela, MD, MBA, FACEP
Staff Liaison: Margaret Montgomery, RN, MSN

1. Revise the following policy statements as part of the policy sunset review process:
 - Alcohol Screening in the Emergency Department
 - Bloodborne Infections in Emergency Medicine
 - E-Codes and Injury Surveillance Data Systems
 - Emergency Department Utilization During Outbreaks of Influenza
 - Guidelines for Smallpox Vaccination for Health Care Workers
 - Physician Reporting of Potentially Impaired Drivers
 - Tobacco Products- Public Safety Measures
 - Universal Bicycle Helmet Use
2. Continue development of talking points or “smart phrases” for discharge summaries and/or educational resources on public health, injury prevention issues. (Examples: why antibiotics were not prescribed, appropriate use of CT, concussion, obesity, smoking, blood pressure medication, etc.)
3. Compile and distribute information on health care disparities and strategies to address the disparities. Work with the Diversity & Inclusion Task Force as needed.
4. Develop an information paper on the transition of care for patients seen in the ED with substance abuse issues (e.g., “warm handoffs,” sobering centers, prescribing Suboxone etc.).
5. Compile resources on assessment and prevention of falls for use in the ED.
6. Develop an information paper on screening for intimate partner violence and elevated risk of intimate partner homicide. Ensure consistency with the policy statement, “Domestic Family Violence.”
7. Work with the Well-Being Committee as needed to promote availability of resources to reduce ED workplace violence and abuse and explore mechanisms to apply resources to individual practice environments. (Well-Being is the lead committee.)
8. Explore tangible ways members can decrease incidents of firearm violence in their communities. Review data on firearm injuries and compare data from states with and without open carry laws and develop an information paper on the findings.

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Final Committee Objectives

Public Relations Committee

Chair: Howard K. Mell, MD, MPH, FACEP
Board Liaison: Stephen H. Anderson, MD, FACEP
Staff Liaison: Laura Gore

1. Provide direction to public relations staff on promoting the specialty of emergency medicine, focusing on ACEP's priority issues and key message, including:
 - promoting the interests of emergency physicians and emergency patients as health care reforms are implemented.
 - increasing ACEP's name recognition (branding) and relevancy of emergency medicine among its public audiences (advocacy)
 - mobilizing public support for funding emergency care and promoting the need for tort reform
 - refuting myths about emergency medicine and advocating to reduce "boarding"
 - communicating the need to protect access to emergency care as regulations are developed to implement the health care reform legislation and deflect efforts to harm the prudent layperson
 - developing and reviewing public relations materials distributed to the news media and the general public
 - promoting the value of emergency medicine and positive stories about emergency physicians caring for patients of all ages. Incorporate directives from Amended Resolution 24(13) Promulgation of Emergency Medicine as applicable.
 - promoting placement of ACEP spokespersons in media roles, such as medical correspondents, to help represent emergency physicians to the public.
 - promote the diversity and inclusion of emergency physicians and breadth of the patient population they serve.
2. Provide technical review and consultation for promoting *Annals of Emergency Medicine*.
3. Provide oversight to the ACEP Journalism Awards Program.
4. Expand and further unify the spokesperson network to more effectively deliver messages at the local level and continue to expand public education efforts to Spanish-speaking Americans and other communities.
5. Provide input and increase ACEP's name recognition thru social media platforms. Expand ACEP's social media presence to increase Twitter, Facebook, Vine, You Tube, and podcasts, etc. Work with the Membership Committee as needed. (Public Relations is the lead committee.)
6. Provide input into the implementation of the comprehensive public relations plan, including internal and external messaging.
7. Provide guidance on messaging about reimbursement issues to avoid perceptions by policymakers that ACEP's focus is primarily about reimbursement.
8. Promote fair coverage for emergency patients and educate policymakers and the public on out of network issues. Work with the Joint ACEP-EDPMA Task Force as needed.
9. Develop campaigns for non-reimbursement topics such as opioids, falls, traumatic brain injury, diversity and inclusion, and EMS. Work with the Diversity & Inclusion Task Force as needed on diversity issues.
10. Work with the Pediatric Emergency Medicine Committee as needed to increase awareness and promote educational materials regarding the National Pediatric Readiness Project, including resources available and in development, for pediatric preparedness of community EDs. (Pediatric Emergency Medicine is the lead committee.)

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Final Committee Objectives

Quality & Patient Safety Committee

Chair: Michael P. Phelan, MD, FACEP
Board Liaison: Vidor E. Friedman, MD, FACEP
Staff Liaison: Alexis Amankwanor, MPH

1. Monitor quality initiatives and comment on behalf of ACEP to external organizations to ensure appropriateness of quality measures that impact the practice of emergency medicine, the emergency department, and the reimbursement of emergency physicians.
2. Develop and submit recommended measures and measure concepts to the Board of Directors through the multi-stakeholder Quality Measures Technical Expert Panel that protect and enhance emergency medicine.
 - a. Follow through on the development, specification, and testing of the ACEP Board approved or adopted measure concepts through QCDR and MOC Part IV implementation.
 - b. Initiate the next phase of quality measures development by:
 - Continue exploring methods to reduce measurement burden by aligning with hospital efforts for quality measurement.
 - Align measure development work with the Clinical Data Registry Committee (Subcommittee #2) to ensure valid and reliable measures are developed for CEDR.
 - Work with the Clinical Policies Committee as needed to identify new performance measures in new and revised clinical policies. (Quality & Patient Safety is the lead committee).
3. Work to improve quality and patient safety by reducing unconscious bias and preventing knowledge gaps in treatment of diverse populations. Work with the Diversity & Inclusion Task Force as needed regarding development of health disparity specific measures.
4. Nominate emergency physicians to represent ACEP to internal and external bodies developing quality measures that have relevance to the practice of emergency care.
5. Comment on the quality provisions of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), the Physician Fee Schedule (PFS), Medicare Access and CHIP Reauthorization Act (MACRA), and Affordable Care Act (ACA) related regulations and educate members regarding implementation and best practices for quality measures and federal quality measurement programs. Develop educational resources and tools to assist members with navigating the Physician Quality Reporting System (PQRS), Measure Applicability Validation (MAV) Process, Value-Based Modifier (VM), future Merit-Based Incentive Payment System (MIPS), and work with the Alternate Payment Models (APM) Task Force to monitor quality measures in APMs.
6. Monitor and respond to requests from the Choosing Wisely initiative. Obtain input from the Emergency Medicine Practice Committee and the Medical-Legal Committee.
 - a. Provide periodic evidence-based literature review and updates to existing Choosing Wisely recommendations. Obtain input from the Emergency Medicine Practice Committee and Medical-Legal Committee.
 - b. Provide periodic evidence-based reviews and consensus activities to support new areas for ACEP Choosing Wisely recommendations.
 - c. Monitor recommendations of other Choosing Wisely partners for their potential impact on emergency care. Identify opportunities for collaboration on future efforts.
 - d. Make recommendations for responding to other requests from the Choosing Wisely initiative.
7. Conduct an environmental scan of emergency medicine with quality and patient safety to include social media presence. Develop recommendations to coordinate projects and expand ACEP's presence in this topic.
8. Work with the Observation Medicine Section, Federal Government Affairs Committee, and Reimbursement Committee as needed to complete development of an information paper on readmissions vs. observation as an "outcome" of quality measures. (Observation Medicine Section is the lead.)

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Final Committee Objectives

Reimbursement Committee

Chair: Michael A. Granovsky, MD, FACEP
Board Liaison: William P. Jaquis, MD, FACEP
Staff Liaison: David McKenzie, CAE

1. Identify and analyze the governmental reimbursement environment as it pertains to emergency medicine and assist in positioning the College appropriately on issues of importance. Concentrate on audit activity and payment policies throughout the Medicare system.
2. Continue to identify and analyze reimbursement challenges that impact emergency medicine and recommend strategic solutions. Continue to monitor private payer practices such as balance billing and fair payment, and challenge health plan claim bundling practices. Track out of network payments and payer mix shifts based on the ACA and databases such as FAIR Health.
3. Continue to support the efforts of the liaisons to the AMA RBRVS process, and advocate for improvement of work, practice expense, and malpractice relative values. Participate in any episode of care development activity in that venue.
4. Identify and develop educational materials such as articles, webinars, and Frequently Asked Questions (FAQs) to provide members with practical information on developing reimbursement trends. Develop specific content for residents and young physicians. Develop a plan to publicize the information.
5. Develop a strategy for emergency medicine to be represented in alternate payment models, including episodes and population health, to prepare for the transition from fee for service reimbursement to value-based reimbursement. Provide analysis of new payment models for emergency physician services that may replace or supplement the predominant fee for service model and offer advice on how ACEP members should prepare for these new models (ACOs, bundled payment, value based reimbursement, etc.) Work with the Alternative Payment Models Task Force as needed.
6. Monitor Medicaid reforms at the state level and provide resources as appropriate. Participate as necessary with the National Conference of Insurance Legislators (NCOIL) on related activity addressing fair payment issues.
7. Work with the Federal Government Affairs Committee as needed to develop strategies to remove the exemption of Medicaid from the prudent layperson standard. (Federal Government Affairs is the lead committee.)
8. Serve as a resource to public affairs staff and state legislative staff in working with appropriate parties at federal and state levels to advocate for legislation and regulation that will provide fair payment by all payers for appropriate services provided by telemedicine as directed in Amended Resolution 28(14) Fair Payment for Telemedicine Services. Work with the Emergency Medicine Practice Committee and the State Legislative/Regulatory Committee to monitor, report, and share information on telehealth legislation, clinical practice, and reimbursement. (Reimbursement is the lead committee on reimbursement.)
10. Work with the Observation Medicine Section, Federal Government Affairs Committee, and the Quality & Performance Committee as needed to complete the development of an information paper on readmissions vs. observation as an “outcome” of quality measures. (Observation Medicine Section is the lead.)
11. Develop tools to encourage coverage options for patients in expansion and non-expansion states to include worker’s compensation and auto insurance, and any new programs through PPACA in Medicaid expansion states and exchanges. Work with the Emergency Medicine Practice Committee as needed. (Reimbursement is the lead committee.)
12. Work with the Joint ACEP-EDPMA Task Force, Federal Government Affairs Committee, and State Legislative/Regulatory Committee to assess the likelihood of federal and state legislation and other activity on out-of-

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network/balance billing and the advisability of introducing federal legislation. (Federal Government Affairs is the lead committee.)

13. Work with the State Legislative/Regulatory Committee and the Joint ACEP-EDPMA Task Force as needed to develop resources to assist chapters with advocating for legislative solutions addressing fair payment and restrictions on balance billing. (State Legislative/Regulatory is the lead committee.)
14. Identify and implement novel ways to identify and engage new and future leaders within the emergency medicine reimbursement community. Work with the Diversity & Inclusion Task Force, EMRA, and the Young Physicians Section as resources. (Reimbursement Committee is the lead.)

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Research Committee

Chair: Phillip D. Levy, MD, FACEP

Board Liaison: Robert O'Connor, MD, MPH, FACEP

Staff Liaison: Marjorie Geist, RN, PhD

General Research Committee Objectives

1. Submit a nomination(s) for the 2017 ACEP Award for Outstanding Contribution in Research.
2. In collaboration with the Academic Affairs Committee (AAC), continue to review and update research web sites, including the latest grant funding opportunities, *Research Forum* announcements and links, and research papers or articles developed by the Research Committee.
3. In collaboration with the American College of Osteopathic Emergency Physicians (ACOEP), identify strategies and resources to assist emergency medicine osteopathic residency programs accredited in the ACGME's single accreditation system (SAS) in meeting scholarly activity requirements for faculty and residents.
4. In collaboration with SAEM's Research Committee, review and submit responses to the NIH's requests for information (RFIs).
5. Compile an accurate list of all current and former NIH grant reviewers in the specialty of emergency medicine.
6. Work with the American College of Osteopathic Emergency Physicians and the Diversity & Inclusion Task Force to identify future leaders in emergency medicine research.

Pipeline Subcommittee

7. Work with Scientific Review Subcommittee to review and revise as needed EMF training and development grant opportunities. Consider inclusion of new junior faculty awards.
8. Use previously compiled survey recommendations to develop a roadmap to enhance research education in emergency medicine residency programs.

Research Forum Subcommittee

9. Develop strategic plan to make the *Research Forum* the premier research venue in emergency medicine.
10. Implement the 2016 *Research Forum* meeting and evaluate the integration of *Research Forum* with ACEP16.
11. Identify strategies to improve and promote the *Research Forum*, including development of promotional language addressing the value and integration into *Scientific Assembly*.
12. Select recipients for medical students, residents, young investigators, and best paper awards.
13. Develop and maintain a working list of past, present, and potential future non-committee member *Research Forum* abstract reviewers and e-poster session moderators.

Scientific Review Subcommittee

14. Assist EMF with funding opportunities.
15. Continue to explore potential collaborations with other specialty groups for grants.
16. Review grant proposals for EMF and recommend applicant funding and provide on-going monitoring of funded grant progress reports.
17. Expand the pool of EMF grant reviewers through development of a junior faculty mentorship program and establishment of a list of pre-approved ad hoc reviewers.
19. Initiate a standardized process for EMF grant reviewer development.
19. Continue to identify potential areas of further targeted research that are of interest to the members.
20. Re-evaluate the current grant review form and revise as needed.
21. Review the EMF grant portfolio with a specific focus on pipeline (i.e., training and development) awards and revise as needed.

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State Legislative/Regulatory Committee

Chair: Alison Haddock, MD, FACEP

Board Liaison: Jon Mark Hirshon, MD, MPH, PhD, FACEP

Staff Liaison: Harry Monroe

1. Monitor and report on state implementation of elements of the Affordable Care Act. Identify and explore developments related to health care exchanges and Medicaid expansion likely to impact access to emergency care, ED utilization, and emergency physician reimbursement. Utilize appropriate resources, such as the ED Benchmarking Alliance, the U.S. Department of Health & Human Services, the Gallup-Healthways Well-Being Index, etc., to obtain data. Work with the Joint ACEP-EDPMA Task Force as needed.
2. Develop an information paper highlighting waiver proposals related to Medicaid expansion, with a focus on how such proposals may impact access to emergency care. Also consider the impact of Medicaid bundled payment programs on emergency medicine. Work with the Joint ACEP-EDPMA Task Force as needed.
3. Research and report on novel state programs and innovative opportunities for bolstering state Medicaid funding. Work with the Joint ACEP-EDPMA Task Force as needed.
4. Research and report on successful approaches to opioid prescribing legislation impacting emergency departments, with a focus on state mandates related to Prescription Drug Monitoring Programs, the use of clinical guidelines, programs with state agencies, (e.g. “warm hand off” programs and expansion of local treatment programs) and the availability of naloxone. Focus on successes those provisions have had in reducing drug-seeking behavior in the emergency department.
5. Research and report on current state legislation addressing fair payment and restrictions on balance billing, and state legislation that sets forth a methodology for determining reimbursement from insurers for out-of-network services when balance billing is restricted or prohibited. Work with the Reimbursement Committee as needed. (State Legislative/Regulatory is the lead committee.)
6. Work with the Joint ACEP-EDPMA Task Force, Federal Government Affairs Committee, and the Reimbursement Committee as needed to assess the likelihood of legislation at the state and federal level and other activity on out-of-network/balance billing and the advisability of introducing federal legislation. (Federal Government Affairs is the lead committee.)
7. Develop an information paper on the role of regional or statewide care coordination in improving continuity of care and patient outcomes while decreasing health system costs. Include the experience of Washington State’s Patient Review and Coordination program and Emergency Department Information Exchange and Maryland’s global budget program.
8. Research and report on efforts by states to address mental health boarding in emergency departments, including the extent of the problem, state responses that have been successful, and identification of resources for emergency departments.
9. Continue to promote and administer the state public policy grant program.
10. Submit a nomination for the 2017 Rorrie Health Policy Award.
11. Create and promote a mechanism for sharing information regarding current advocacy efforts across state chapters. Review responsiveness to the chapter legislative survey in recent years and make recommendations to improve its effectiveness as a research tool.
12. Revise the “Alcohol Taxation” policy statement as part of the policy sunset review process.

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13. Explore the creation of a rapid response team to assist chapters in responding to emergency situations. . Identify three topics for 2016-17, such as out-of-network, opioids, and Medicaid. Work with the National/Chapter Relations Committee and the NEMPAC/911 Legislative Network as needed. (State Legislative/Regulatory is the lead committee.)
14. Provide input to the Education Committee as needed regarding CME for education about the Physician Orders for Life Sustaining Treatment (POLST) or similar programs. (Education is the lead committee.)
15. Review and update resources on state liability legislation. Survey chapters on their experiences and identify three chapters to apply for grants to pilot introduction of state liability reform legislation. Work with the Medical-Legal Committee as needed. (State Legislative/Regulatory is the lead committee.)
16. Work with the Emergency Medicine Practice Committee and the Reimbursement Committee to monitor, report, and share information on telehealth legislation, clinical practice, and reimbursement. (State Legislative/Regulatory is the lead committee on state legislation.)

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Well-Being Committee

Chair: Rita Manfredi-Shutler, MD, FACEP
Board Liaison: Jay A. Kaplan, MD, FACEP
Staff Liaison: Dan Sullivan

1. Continue to enhance and implement the Wellness Week program for emergency physicians and providers to encourage personal and professional wellness strategies.
2. Identify and implement processes for measuring outcomes of Wellness Week programs.
3. Develop an interactive online tutorial (several short modules) on resiliency strategies for members as part of Wellness Week activities and explore the possibility of providing CME. Work with the Education Committee as needed. (Well-Being is the lead committee.)
4. Develop a resiliency tool kit and include information such as decompression tips after a shift, debriefing after critical incidents, and multitasking. Categorize by group size and career stage. Explore the use of screening tools such as the Mayo Clinic document. Develop additional resources for medical directors and department chairs. Work with the Emergency Medicine Practice Committee and Membership Committee as needed. (Well-Being is the lead committee.)
5. Promote availability of resources to reduce ED workplace violence and abuse and explore mechanisms to apply resources to individual practice environments. Work with the Public Health & Injury Prevention Committee as needed. (Well-Being is the lead committee.)
6. Promote wellness information available for members, including social media messages, with an emphasis on making members aware of available resources.
7. Develop a series of articles for submission to *ACEP Now*. Topics to be considered include The Seven Spokes of the Wellness Wheel and Washington State Medical Association's "Healthy Doctors, Healthier Patients" initiative.
8. Monitor and make recommendations for offerings and services at the ACEP Wellness Booth and the promulgation of information to members for their individual wellness and health screening.
9. Revise the "Emergency Physician Shift Work" policy statement and corresponding PREP Circadian Rhythms and Shift Work as part of the policy sunset review process.
10. Work with the Academic Affairs Committee and EMRA as needed to identify and/or develop resources for residents and medical students to address resiliency and coping mechanisms. (Academic Affairs is the lead committee.)
11. Serve as a resource to the Ethics Committee in their development of an article or paper on the Ethical Implications of Physician Resiliency and Burnout and Monitoring of Quality of Care. (Ethics is the lead committee.)