

Academic Affairs Committee

1. In collaboration with CORD and SAEM, review implications/outcomes of AOA/ACGME merger for emergency medicine residency training.

Outcome: The American Osteopathic Association (AOA) and EMRA survey results indicate that 98% of osteopathic programs will participate in the ACGME's single accreditation system (SAS), and that osteopathic residents are not concerned with the SAS. In June 2016, the Board approved the subcommittee's recommendations to educate medical students about the merger during the transition process and to explore methods for encouraging the development of programs in rural communities.

2. In collaboration with CORD and SAEM, and the Education Committee Simulation Subcommittee to develop mock cases on how to incorporate simulation to help residents in taking their oral Board exams. Consult with the Education Simulation Subcommittee as needed.

Outcome: Nine cases with storyboards were submitted to CORD. CORD requested continued collaboration to develop more cases for the 2016-17 committee year.

3. Review and update all academic affairs-related pages on the ACEP website. Collaborate with the Research Committee on research resources.

Outcome: This objective will continue for 2016-17. In collaboration with the Research Committee and ACEP's web staff, issues/actions the subcommittee needs to address include:

- How much subcommittee should do this year regarding format since there will likely be a national ACEP website redesign in the next year
 - Look for website titles/design subcommittee likes – the Research Committee liked the American Academy of Neurology format
 - Need to complete the card sort - can add new categories
 - Need to determine if a subcommittee member could maintain and update a News & Notes on information received from ACEP staff or other resources
 - Need to talk to communications director about changing top blue line, maybe can change next blue category & can definitely change/add grey boxes beneath each subcategory.
 - Add to social media formats
 - Add page for ongoing events.
4. Work with the Emergency Ultrasound Section to develop sample free open access medical education (FOAMed) curricula for 2-4 week rotations in the ED.

Outcome: In collaboration with ACEP's web staff, the ultrasound section reviewed the curricula, which is divided into novice, intermediate, and advanced. Continuing collaboration with the Academic Affairs Committee's website subcommittee is needed to identify best method to include on the academic web site.

5. Revise the PREP, "Guidelines for Undergraduate Education in Emergency Medicine."

Outcome: In June 2016, the Board approved recommendations to use the Clerkship Directors of Emergency Medicine's (CDEM) resources in lieu of a PREP

6. Implement the national faculty and junior faculty teaching awards.

Outcome: In June 2016, the Board approved five nominees for the national faculty teaching award and three nominees for the national junior faculty teaching award.

7. Identify and correct any barriers to the national faculty and junior faculty teaching awards application process. Explore the inclusion of an “excellence in bedside teaching” for both awards.

Outcome: In June 2016, the Board approved an excellence in bedside teaching award. Revisions to the application process include:

- Reformat categories listed on application.
 - Provide feedback to applicants not accepted for nomination and encourage them to reapply.
 - Seek permission from accepted nominees to use their application as an example.
 - Use slides developed by Dr. Edens.
 - Submitted didactic proposal to CORD on how to apply for an award.
 - Survey committee members about options on how to handle applications that are incorrectly formatted.
 - Consider asking past recipients to help mentor applicants.
 - Move deadline up one week to provide more time for committee members to review applications.
 - Promote awards via podcasts and social media next year.
 - Review cut-off scores next year.
 - Attach chair and resident letters to applications.
8. Implement the national and local medical student awards; revise awards’ processes as needed.

Outcome: The Board approved ten award recipients and six honorable mention award recipients in April 2016. The criteria were changed to allow third year medical students to apply for the national award.

9. Review journal articles, texts and practice guidelines relating to ABEM’s Lifelong Learning Self-Assessment (LLSA).

Outcome: The committee suggested adding disaster medicine references to the topic list. Thirty-three references were submitted to ABEM. The subcommittee collaborated with ACEP’s Emergency Quality Network (E-QUAL) in submitting references relating to quality. The reference list will be published on the faculty development web site.

10. In collaboration with EMRA, develop a leadership/business curriculum for medical students and residents.

Outcome: This objective will continue in 2016-17. A survey is in development to send to EMRA, CORD, and the AACEM.

11. Address utilization of written/published documents of electronic medical records (EMRs) for effective various transfers, such as shift change, nursing home, or discharge transitions of care in the ED.

Outcome: Survey from eight sites is completed; manuscript submitted to Board for review for publication consideration.

12. 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.

Outcome: This objective was completed by the Pediatric Emergency Medicine Committee. The May 2018 Academic Emergency Medicine consensus conference approved, “Aligning the Pediatric Emergency Medicine Network Agenda to Reduce Health Outcome Gaps.”

13. Work with the agencies that provide GME funding to create measures to ensure that all institutions receiving GME funding be required to maintain publicly available records of the distribution and utilization of these funds, as directed in Amended Resolution 19(15) Graduate Medical Education Funding.

Outcome: In collaboration with the ACEP-SAEM GME Work Group, the ACEP Board approved recommendations in June 2016 that ACEP delay engaging in discussions with the Centers for Medicare and Medicaid Services (CMS) regarding GME funding transparency and accountability until reporting requirements are further defined and researched and potential consequences are studied. The GME Work Group is drafting an RFP to address the value of emergency medicine residency programs to institutions and hospitals.

14. Develop a policy statement to address Amended Resolution 31(15) American Board of Medical Specialties Maintenance of Certification (MOC) and Maintenance of Licensure (MOL).

Outcome: The following recommendations will be submitted to the Board for review in October 2016:

- Support the first resolved that ACEP communicate its appreciation to ABEM for its efforts in the realm of ABMS mandates.
- Develop policy actively opposing mandates linking MOC as the only path to MOL.
- Develop policy opposing specialty boards as the sole source mandating continuing education credit.
 - Take no further action at this time on these items.
 - There are ongoing state initiatives regarding MOL and its relationship to MOC. Some states have passed legislation preventing linking MOL to MOC. More information will be needed to see how these state regulations affect this resolution.
 - This resolution seems to be based on preventing negative occurrences experienced by ABIM diplomates. Useful information will likely come by waiting for the resolution of issues with ABIM and its diplomates.
 - The committee has concerns about possible political implications surrounding the relationship between ACEP and ABEM. The committee was not provided data showing that the ACEP membership is unhappy with the efforts ABEM has made with MOC and its relationship to MOL. At this time, ACEP should not pursue these policies since ABEM diplomates are not experiencing similar issues to that of ABIM diplomates.

Other *ad hoc* subcommittees:

- The Subcommittee on Resident Duty Hours submitted recommendations that were approved by the Board in January 2016 regarding ACGME resident duty hours. The recommendations addressed:
 - Formal position on current duty hour requirements, including impact analyses.
 - Formal recommendations on dimensions of resident duty hour requirements.
 - Formal recommendations on standards governing key aspects of the learning and working environment.

ACEP was represented during the ACGME's Congress and, per the request of the ACGME, presented testimony at the meeting. The subcommittee's recommendations will be submitted for publication consideration.

- The Subcommittee on EM Model revisions submitted comments to the ABEM EM Model Task Force for consideration. ACEP has a designated representative on the task force.
- The Subcommittee on ACGME Program Revisions provided comments to the ACGME by the August 31, 2016, deadline.

Audit Committee

1. Oversee the audit function of the College as stated in the Audit Committee charter.

Outcome: The committee reviewed the audited financial statements with the auditors from BKD. The committee reviewed the IRS form 990 and it was reviewed by the Board in October 2015, before the filing deadline of November 15, 2015.

2. Complete and implement the Disaster Plan and Business Continuity Plan.

Outcome: The disaster recovery plan was updated to include the significant changes to infrastructure after the move to the Amazon Web Services in April 2016. The Business Continuity Plan is still in development and the work will continue in 2016-17.

Awards Committee

1. Recommend 2016 award recipients.

Outcome: The Board approved the committee's recommendations in April 2016 and selected the following award recipients:

John G. Wiegenstein Leadership Award

Linda L. Lawrence MD, FACEP

James D. Mills Outstanding Contribution to Emergency Medicine Award

Lewis R. Goldfrank, MD, FACEP

Outstanding Contribution in Education Award

James R. Roberts, MD, FACEP

Outstanding Contribution in Research Award

Carlos A. Camargo, Jr. MD, DrPH, MD, FACEP

Outstanding Contribution in EMS Award

Juliette M. Saussy, MD, FACEP

Colin C. Rorrie, Jr. Award for Excellence in Health Policy

Marilyn J. Heine, MD, FACEP

John A. Rupke Legacy Award

Kathleen Cowling, DO, MS, FACEP

Honorary Membership Award

Beth P. Brunner, CAE, and Barb Burgess

Bylaws Committee

1. Provide ongoing review of national Bylaws to identify areas in which revisions may be appropriate and submit recommendations to the Board of Directors.

Outcome: The Young Physicians Section submitted a resolution to revise Article IX, Section 2 of the ACEP Bylaws to add a young physician position to the Board of Directors. The committee provide input and the resolution was submitted as a non-Bylaws resolution for the Council to support the concept. If adopted, resolutions to amend the Bylaws, College Manual, and Council Standing Rules will be developed for the 2017 Council. The Bylaws Committee will assist in that process as required.

The Bylaws Committee submitted a resolution to revise the ACEP Bylaws Article V, Section 2 to clarify that previously designated ACEP Fellows under any prior criteria shall retain Fellow status. The Board reviewed the resolution in June 2016 and agreed to cosponsor. The resolution was submitted to the 2016 Council.

2. Continue implementation of the revised *Chapter Bylaws Review Plan*.

Outcome: The committee continued to utilize the revised *Chapter Bylaws Review Plan* and contact chapter representatives to discuss committee suggestions to the revised chapter's Bylaws. The Board approved revisions to the Model Chapter Bylaws in April 2016.

3. Review proposed 2016 Bylaws resolutions to identify conflicts with other portions of the Bylaws and provide comments to the authors as needed.

Outcome: The committee reviewed proposed 2016 Bylaws resolutions as required by the Bylaws.

4. Review 2015 Bylaws amendments adopted by the Board for potential Bylaws Committee action as needed.

Outcome: The committee identified a change needed to Article V, Section 2 regarding ACEP fellows. (See objective one.)

5. Implement a chapter bylaws review process that ensures compliance with the Texas Business Organizations Code (TBOC) guidance and ACEP's obligation regarding chapter bylaws, including the frequency of chapter bylaws reviews.

Outcome: The committee determined this objective was previously addressed and no further work is required.

Bylaws Interpretation Committee

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.

Outcome: The committee was not convened in 2015-16 as there were no Bylaws interpretation issues to address.

Clinical Data Registry Committee

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

Data Integrity & Research Subcommittee

1. Review, adjudicate, and recommend responses to data requests.
2. Advise registry vendor on internal audit and validation procedures.
3. Review responses to inquiries that address questions regarding accuracy of data.
4. Advise, design, publish, and disseminate registry research results.

Outcome: The subcommittee prepared the “Guiding Principles for Data Sharing” that were approved by the ACEP Board in June 2016. The subcommittee continues to work on standard operating procedures for the Board’s review. The work will continue in 2016-17.

Measure Development Subcommittee

1. Develop, specify, maintain, and recommend quality measures to protect and enhance emergency care.

Outcome: Eight measures were developed and approved by the Board in October 2015 for the 2016 Clinical Emergency Data Registry:

- Measure #1: Sepsis Management: Septic Shock: Lactate Level Measurement
- Measure #2: Sepsis Management: Septic Shock: Blood Cultures Ordered
- Measure #3: Sepsis Management: Septic Shock: Antibiotics Ordered
- Measure #4: Sepsis Management: Septic Shock: Fluid Resuscitation
- Measure #5: Sepsis Management: Septic Shock: Repeat Lactate Level Measurement
- Measure #6: Sepsis Management: Septic Shock: Lactate Clearance Rate $\geq 10\%$ (Outcome measure)
- Measure #7: Appropriate Foley Catheter Use in the Emergency Department
- Measure #8: Appropriate Use of Imaging for Recurrent Renal Colic

Data Standards Subcommittee

1. Provide input and advice to the data registry vendor, Quality Measures Technical Expert Panel, and the ACEP Board regarding administrative data, claims-based, clinical and EHR data sets, data sources, data definitions, and data standards.

Outcome: The subcommittee reviewed the data elements, codes, and value sets developed by consultants from the Physician Consortium for Performance Improvement and ACEP’s technical partner, FIGmd, for the 2016 Data Dictionary.

Member 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.)

Outcome: The subcommittee worked with ABEM and FIGmd to determine best practices for registry attestation of MOC Part IV. A conference call was held with relevant leaders regarding the Application Programming Interface that needs to be established between CEDR and ABEM.

Member Outreach, Recruitment, & Marketing Subcommittee

1. Recruit, engage, and engage clinical data registry participants and participant groups and advise on outreach efforts.

Outcome: More than 3,500 emergency clinicians have applied to participate in CEDR.

Clinical Policies Committee

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.

Outcome: The following abstracts of other organizations' guidelines were prepared and information shared with the membership through *ACEP Now* and posted on the ACEP website:

- The American College of Surgeons recommendations on tourniquet use, August 2015.
- European Association of Urology - urological trauma guidelines, November 2015.
- World Health Organization guidelines for community management of opioid overdose, February 2016.
- American Academy of Otolaryngology adult sinusitis guidelines, June 2016.

Two other abstractions were prepared and submitted and are pending publication in *ACEP Now*: guideline on management of an unprovoked first seizure from the American Academy of Neurology and the American Epilepsy Society; and a guideline on thoracotomy from the Eastern Association for the Surgery of Trauma.

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.

Outcome: Comments were provided by members on guidelines from the following organizations:

- American Academy of Otolaryngology-Head and Neck Surgery
- American College of Radiology (ACR)
- American College of Cardiology (ACC)/American Heart Association (AHA)
- American College of Occupational and Environmental Medicine
- American Epilepsy Society (AES)
- Brain Attack Coalition
- Infectious Diseases Society of America/Society of Healthcare Epidemiology of America (IDSA/SHEA)
- Paralyzed Veterans of America/Consortium for Spinal Cord Medicine

The following guidelines were endorsed by ACEP and information shared with the membership on the ACEP website:

- IDSA/SHEA guidelines on implementing an antibiotic stewardship program.
- AES guidelines on treatment of convulsive status epilepticus in children and adults.
- ACR/ACC guidelines on appropriate utilization of cardiovascular imaging in EDs patients with chest pain.

3. Provide recommendations for appointments to outside entities requesting member representation on guideline development panels.

Outcome: Recommendations were provided and approved for new appointments of members to the following outside guideline groups:

- IDSA/SHEA – antimicrobial stewardship
- AHA/American Stroke Association – cryptogenic stroke
- ACR/ACC – cardiovascular imaging – chest pain
- ACC/AHA – syncope
- ACR – Image Gently Think-A-Head
- Brain Trauma Foundation – prehospital management of traumatic brain injury
- ACC – heart failure.

Member representation continued to the following organizations:

- Brain Attack Coalition

- NIH National Heart, Lung, and Blood Institute - Asthma
- CDC – pediatric mild traumatic brain injury
- AHA - ACLS Subcommittee and Emergency Cardiovascular Care Committee
- ACC – syncope
- Society of Nuclear Medicine and Molecular Imaging – ventilation/perfusion imaging in pulmonary embolism
- Surviving Sepsis Campaign.

4. Develop a clinical policy on TIA.

Outcome: This clinical policy was approved by the ACEP Board in June 2016, endorsed by the Emergency Nurses Association (ENA) in July 2016, and is available on [ACEP's website](#). It will be published in *Annals of Emergency Medicine* in September 2016. An article is being prepared for an ACEP communication piece and the policy will be submitted to the National Guidelines Clearinghouse for abstraction.

5. Continue updating or modification of current clinical policies as necessary:

a. Pediatric fever

Outcome: The clinical policy was approved by the ACEP Board in January 2016, endorsed by ENA in February 2016, published in *Annals of Emergency Medicine* in May 2016, and is available on [ACEP's website](#). An article about the policy appeared in *ACEP Now* in May 2016, which included a CME activity for one free credit hour. The policy was submitted and accepted for abstraction by the National Guideline Clearinghouse.

b. Psychiatric patient

Outcome: The clinical policy was drafted and made available for open comments through September 19, 2016. The committee will continue to work on the clinical policy in 2016-17.

c. Non-ST-Segment Elevation acute coronary syndromes

Outcome: A draft clinical policy was prepared and is being finalized for the 60-day open comment period.

d. Reperfusion therapy – suspected AMI

Outcome: A draft clinical policy was prepared and is being finalized for the 60-day open comment period..

e. Syncope

Outcome: Revision of this clinical policy is pending review of another organization's syncope guideline. ACEP has a designated representative to the organization's guideline committee.

f. Acute heart failure syndromes

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

g. Carbon monoxide poisoning

Outcome: A draft clinical policy was prepared and will be presented to the Board for approval in October 2016.

h. Headache

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

i. Mild traumatic brain injury

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

j. Community-acquired pneumonia

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

k. Appendicitis

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

l. Acute blunt abdominal trauma

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

m. Pulmonary embolism

Outcome: An initial draft was prepared and the work will continue in 2016-17.

n. Early pregnancy

Outcome: The clinical policy was drafted and made available for open comments through July 25, 2016. The draft clinical policy will be presented to the Board for approval in October 2016.

o. Opioids

Outcome: Subcommittee assignments were made and the work will continue in 2016-17.

6. Work with the Quality & Patient Safety Committee as needed to develop clinical quality measures for emergency medicine. (Quality & Patient Safety is the lead committee.)

Outcome: The committee provided comments on ACEP's draft quality measures. The Quality & Patient Safety Committee is asked to provide input to the clinical policy development process during the topic/question and review stages. A member of the Quality and Patient Safety Committee serves as a liaison to the Clinical Policies Committee and participates in the committee meetings and conference calls.

7. Continue to review and evaluate clinical policy development processes and resources for increased efficiency and productivity, and to remain in compliance with guideline industry standards.

Outcome: The committee continues to review and evaluate the clinical policy development processes, resources for increased efficiency and productivity, and has remained in compliance with guideline industry standards. Two additional methodologists were added to the committee, for a total of five methodologists, which has improved turnaround time for literature grading. There have been an increased number of committee conference calls that are in addition to the meetings. A total of eight clinical policy drafts were developed in 2015-16.

8. Revise the following policy statements as part of the policy sunset review process:
- Verification of Endotracheal Tube Placement

Outcome: The revised [policy statement](#) was approved by the Board in January 2016 and the previous policy statement was rescinded.

9. Develop a clinical policy for treatment of patients presenting to the emergency department in opioid or benzodiazepine withdrawal and create a practice resource to educate emergency providers about the science of opioid and benzodiazepine addiction (Amended Resolution 35-15).

Outcome: This issue will be included in the revision of the 2012 opioid clinical policy. Subcommittee assignments were made and the work will continue in 2016-17.

Coding & Nomenclature Advisory Committee

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.

Outcome: A committee workgroup provided close monitoring of the coding environment to inform advocacy and educational efforts. The Outpatient Prospective Payment System (OPPS) final rule resulted in a slight decrease in payments in 2016. Observation OPPS continues the past trend of increased bundling of services with an increased Ambulatory Payment Classification (APC) payment to offset labs and minor procedures previously billed separately. Pre-payment audits were being initiated by several payers for CPT code 99285. Medicaid contractor CGS was requiring individual documentation of at least 10 systems in the Review of Systems. Noridian published its critical care review and found a 37% error rate during the audit it conducted. Improper documentation, missing signatures, and failure to submit documentation were cited in a majority of the cases.

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. Create prioritized list of changes to documentation templates that would help groups comply with ICD-10. Work with the Quality & Patient Safety Committee as needed to ensure ACEP measures that currently use ICD-9-CM codes are modified to use ICD-10-CM/PCS equivalents before the mandated compliance date. Review the impact of ICD-10 implementation after six months, evaluate the effect on reimbursement, and modify educational materials as needed.

Outcome: An aggressive educational campaign was designed and implemented to prepare members for the transition to ICD-10 in October 2015, including FAQs, articles, and daily tweets in the weeks before and after the change. [Resources](#) are available on ACEP's website. Analysis of the impact showed that ICD-10 implementation decreased productivity, mostly over unspecified code adjudication. Less than one percent of claims denials were because of an invalid ICD-10 code. Some payers were making lower payments with reported ICD-10-CM unspecified codes. Some Medicaid providers were using a list of codes to delay or deny payments. The CMS grace period for ICD-10 specificity is expected to sunset in October 2016.

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 such as the Colorado Clean Claims initiative. Explore development of an ED-specific code for care coordination or transition to the post-acute setting.

Outcome: ACEP received the AMA CPT Excellence in Education Award in recognition for its [educational materials](#) on the website, in the ACEP conferences, and webinars. A letter was sent objecting to CCI edits on casting, splinting, and strapping with an E/M code. A code change proposal was submitted to CPT dealing with potential codes to describe APM in the ED 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.

Outcome: The workgroup updated 10 [FAQ sets](#) and published three articles in *ACEP Now*, one of which was recognized as the top 20 most read article on the ACEP website in the first quarter of 2016.

Compensation Committee

1. Establish stipends for Board members, Board officers, and Council officers.

Outcome: The Board approved the committee's recommendation to maintain the current stipends for the 2015-16 term and the current Relative Service Units for each position.

2. Monitor compensation trends for medical specialties.

Outcome: The committee reviewed stipends from other medical specialties.

Disaster Preparedness & Response Committee

1. Identify national and international organizations active in disaster medical preparedness and response to assure appropriate liaisons, channels of communication with ACEP, and seek opportunities for collaboration and member participation.

Outcome: The workgroup identified international organizations and meeting and conference dates as potential opportunities for networking and collaboration. The group also identified potential ACEP members as regular contributors and resources to international organizations involved in disaster response.

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.

Outcome: The workgroup created a list of Subject Matter Experts (SMEs) and their topics. Potential SMEs were contacted to verify their potential participation. The Disaster Medicine Section also assisted in identifying and documenting additional ACEP members to serve as SMEs. The workgroup continues to review the identified resources available and consider next steps to pursue.

3. Explore grant funding opportunities, such as technologies, regarding development of a disaster simulator, a mass casualty incident software program, game for emergency physicians on disaster preparedness, and research and training on pediatrics or burn care.

Outcome: The workgroup prepared information on the available technologies and instructional design strategies matching technologies to disaster medicine learning objectives, examples of current commercial disaster medicine simulation and e-learning technologies, and develop recommendations for additional ACEP efforts, including partnering with other organizations and recommendations for specific grants or federal funding. The information will be made available on the ACEP website when completed.

4. Collaborate with stakeholders, including federal and state government agencies, other medical and disaster preparedness organizations, and various private vendors to develop a methodology to extract data regarding disaster related injuries and illness for use in planning for response and research. Explore collaboration with the National Institute of Health Office of Emergency Care Research (NIH-OECR). Work with the Research Committee as needed and incorporate directives from Amended Resolution 20(13) Disaster Research.

Outcome: The workgroup continues to work on identifying federal and state government agencies and disaster organizations and the types and availability of disaster related data and funding for research. ACEP continues to explore potential areas for collaboration with the National Institutes of Health/Office of Emergency Care Research.

5. 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 such as small, multi casualty incident management, crisis management, how to use incident command, and rapid triage.

Outcome: The workgroup developed information indicating tiered physician involvement in disasters, developing a policy on the role of Freestanding EDs in disasters, and a Job Aid/ Reference Tool to outline responsibilities between Emergency Operation Centers to hospitals and other relationships.

6. Implement the Disaster Medical Sciences Award.

Outcome: Nominations were collected and Andrew Bern, MD, FACEP, was approved by the Board in April 2016 as this year's recipient. The award will be presented at the Disaster Medicine Section meeting at ACEP16.

7. Review and revise the disaster preparedness competencies for emergency physicians and research their current adoption by fellowships.

Outcome: The workgroup developed a Disaster Medicine Competencies summary listing articles and manuscripts regarding competencies to date. The final document will be distributed to disaster fellowships and residency directors for consideration of adoption.

8. 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.

Outcome: The workgroup identified House Bill 865 regarding limited liability for personnel who volunteer for disaster response. ACEP supports the bill and is monitoring its progress along with the Senate version.

9. Revise the following policy statements as part of the policy sunset review process:
 - Personal Protective Equipment Guidelines for Health Care Facility Staff (work with the Disaster Section)
 - Disaster Data Collection

Outcome: The Board approved the revised policy statements “[Personal Protective Equipment Guidelines for Health Care Facility Staff](#)” and “[Disaster Data Collection](#)” in June 2016. The committee also revised the policy statement “Unsolicited Medical Personnel Volunteering at Disaster Scenes,” a joint policy with the National Association of EMS Physicians. The Board provided direction for further policy development. The work will continue in 2016-17.

10. Provide input to the Education Committee as needed regarding online disaster training for emergency physicians. (Education is the lead committee.)

Outcome: A workgroup was assigned to evaluate course summaries of previously presented disaster medicine/emergency management topics, personal experiences of the educational sessions, and provide recommendations for topics best suited to benefit most emergency physicians. Their recommendations were presented to the Education Committee’s EMS Education Subcommittee. Additionally, the workgroup plans to determine the which of the previously established disaster medicine/emergency preparedness competencies would be helpful to most emergency physicians, determine existing courses (local and national) to recommend, and identify any gaps in current educational programs for future course development.

Education Committee

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.

Outcome: The educational needs assessment report was presented to the Education Steering Committee in January 2016. The report comprised data from 11 sources, including *PEER VIII* pretest results, PIAA closed-claims data, liaison reports, *ACEP15* course attendance, state and facility CME requirements, and, for the first time, an analysis of trends from the ABEM ConCert exam.

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

Outcome:

The following meetings occurred: *ACEP15*, *Advanced PEM Assembly*, *Simulation-based Immersive Medical (SIM) Training Course*, *Reimbursement and Coding*, 2 offerings of the *Emergency Department Directors Academy (EDDA) Phase I*, one offering of *EDDA Phase II and Phase III* and *Leadership & Advocacy Conference*.

- Successful courses focusing on simulation and procedural competencies and skills occurred at *ACEP15*, *PEM Assembly*, and the *Simulation-based Immersive Medical (SIM) Training Course*.
 - Many clinical and management courses at *ACEP15* were identified to help students, residents, and young physicians.
 - A course on litigation stress was offered at *ACEP14* and continues to be offered as a virtual product.
 - SEMPA and ACEP partnered to plan the 3-phase EM Academy, scheduled for implementation in FY 2016-17, targeting emergency medicine physician assistants and physicians practicing in rural areas.
 - [DART](#), the new web-based tool to help identify and treat sepsis, was launched.
 - Seventy new courses were added to ACEP eCME.
 - Two new educational podcasts were launched, "ACEP Frontline" and "ACEP SA Replay."
 - *Emergency Department Design: A Practical Guide to Planning for the Future*, 2e, was released.
 - The iPad edition of *Cardiovascular Emergencies* was released.
 - Kindle editions of *Cardiovascular Emergencies* and *PEER VIII* were released.
 - A collection of [online courses on sepsis](#) was released in support of CMS's Transforming Clinical Practice Initiative.
3. Submit a nomination for the 2016 ACEP Award for Outstanding Contribution in Education.
- Outcome:* A nomination was submitted by the deadline. The Board approved the committee's nominee in April 2016.
4. Investigate the possibility of creating additional recognition or awards in education, publications, and other areas not currently acknowledged in the national awards structure.

Outcome: A publishing award will be created during the 2016-17 committee year.

5. Continue to pursue strategic partnerships with publishers and other organizations that contribute to the College's CME mission, goals, and objectives.

Outcome: ACEP and Astute Technologies began a collaboration on *PEER IX*, scheduled for release in October 2016. Other collaborations continued, including those with ABEM on the patient safety LLSA, with HippoEM on the LLSA prep materials, with Jones and Bartlett Learning on the Emergency Care and Safety Institute and eACLS, with McGraw-Hill on *Tintinalli Study Guide* and derivative works, and with SonoSim on ultrasonography training.

6. Investigate CME activities for physicians and other providers practicing emergency medicine and for others practicing in resource-limited settings.

Outcome: The EM Academy had a target market of emergency medicine physician assistants, nurse practitioners, and physicians practicing in rural areas. The Section on Rural Emergency Medicine selected 15 courses from *ACEP15* that cover subjects of interest and educational need to rural physicians and other providers. These courses were packaged into a collection of online courses, "The Resource-Challenged ED," and were released in July 2016.

7. Explore cost-efficient ways to provide education to international emergency physicians. Enhance ACEP's expertise internationally in marketing publications and meetings.

Outcome: This objective is ongoing and will continue in 2016-17. Activities to date include hosting exhibit booths at three international conferences (Taipei, Abu Dhabi, Cape Town) that included ACEP eCME, Virtual ACEP, and *Scientific Assembly* promotions offering discounted rates for selected packages, subscriptions, and/or registrations. International cadaver labs hosted in São Paulo, Bangkok, Copenhagen, and Dublin were underwritten in full by Teleflex and offered to international physicians at no charge.

8. Work with the Disaster Preparedness & Response Committee to explore online disaster training for emergency physicians. (Education is the lead committee)

Outcome: The Education Committee's EMS Subcommittee collaborated with the Disaster Preparedness & Response Committee to recommend previous *Scientific Assembly* courses for adaptation to online course material/video lecture format. The recommendations were submitted in July 2016 for consideration along with an outline of recommended future plans.

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.)

Outcome: This objective will continue in 2016-17. ACEP is collaborating with the American College of Surgeons Committee on Trauma and the National Association of EMS Physicians to combine separate organizational policies on spinal motion restriction. Development of educational resources will be based on the new joint policy.

10. Work with the State Legislative/Regulatory Committee to explore development of CME for education about the Physician Orders for Life Sustaining Treatment (POLST) or similar programs. (Education is the lead committee.)

Outcome: The MOC-MOL Subcommittee began development of a PI-CME activity on palliative care and the content include POLST. It is being designed for approval by ABEM as an MOC Part IV activity and is scheduled for release in 2016-17.

Emergency Medicine Practice Committee

1. Revise the following policy statements as part of the policy sunset review process:

- Advanced Life Support Courses
- Appropriate Interhospital Patient Transfer
- Optimizing the Treatment of Pain in Patients with Acute Presentations
- Patient Medical Records in the ED

Outcome:

- Advanced Life Support Courses

Outcome: The Board approved the revised policy statements “[Advanced Life Support Courses](#)” and “[Use of Short Courses in Emergency Medicine as Criteria for Privileging or Employment](#)” in January 2016. The Board also approved rescinding the policy statement “Comprehensive Advanced Life Support.”

- Appropriate Interhospital Patient Transfer

Outcome: The Board approved the revised policy statement “[Appropriate Interfacility Patient Transfer](#)” in January 2016.

- Optimizing the Treatment of Pain in Patients with Acute Presentations

Outcome: Content experts, representatives from the Emergency Nurses Association, the Society of Emergency Medicine Physician Assistants, the American Academy of Emergency Nurse Practitioners, and a representative of the Pain Management Section are currently drafting a policy statement. Completion is expected by January 2017.

- Patient Medical Records in the Emergency Department

Outcome: The Board approved the revised policy statement “[Patient Medical Records in the Emergency Department](#)” in January 2016.

2. Explore development of a policy statement in support of quality improvement initiatives for the care of geriatric patients in the ED and ensure its consistency with the Geriatric ED Guidelines (Referred Resolution 38-14). Work with the Quality & Patient Safety Committee and the Geriatric Emergency Medicine Section as needed. (EM Practice is the lead committee.)

Outcome: The Board approved the policy statement “[Quality Improvement Initiatives for the Care of Geriatric Patients in the Emergency Department](#)” in April 2016.

3. Work with the Quality & Patient Safety Committee as needed to develop a definition of “admit time.” (Quality & Patient Safety is the lead committee.)

Outcome: The committee provided input to the Quality & Patient Safety Committee as requested. The Board approved the policy statement “[Definition of ‘Admit Time’](#)” in June 2016.

4. Revise and update the 2008 paper “[Emergency Department Crowding High-Impact Solutions](#)” and explore new innovations to address boarding in the ED. (Amended Resolution 42-15).

Outcome: Representatives from the Emergency Nurses Association, the Society of Emergency Medicine Physician Assistants, and the American College of Osteopathic Emergency Physicians worked with the committee to revise the information paper. The revised paper was reviewed by the Board in June 2016. The paper will be formatted for distribution to members and stakeholder organizations.

5. Submit a nomination for the 2016 Rorrie Health Policy Award.

Outcome: The committee submitted a nomination by the deadline.

Annual Committee Reports 2015-16

6. Continue to review and provide input to outside organizations (such as AHA, TJC, AMA) on emergency medicine practice issues.
 - Review NHLBI Evidence Based Guidelines: Managing Acute Complications of Sickle Cell Disease for dissemination to members and ED Vaso-occlusive Crisis Management: Adults and Children Algorithm for dissemination to members.

Outcome: Concerns about the content were shared with the organization.

- Review CMS draft measure specifications for the Safe Use of Opioids- Concurrent Prescribing Measure.

Outcome: Committee responses were compiled along with responses from additional committees for the development of a comment letter approved by ACEP's President.

7. Develop an information paper on the role and value of emergency medicine. Work with the Public Relations Committee as needed. (EM Practice is the lead committee.)

Outcome: The draft information paper will be submitted to the ACEP Board for review in October 2016.

8. Work with the Ethics Committee, Medical-Legal Committee, and the Palliative Medicine Section as needed to develop an information paper on the ethics of palliative and end of life care in the ED. (Ethics is the lead committee.)

Outcome: The committee reviewed the information paper developed by the Ethics Committee and provided comments. The Ethics Committee will submit the paper to the Board for review when finalized.

9. Work with Ethics Committee, Medical-Legal Committee, and Emergency Telemedicine Section as needed to develop a policy statement on the ethics of appropriate use of telemedicine in the ED. (Ethics is the lead committee.) Investigate and evaluate the positive, negative, and potential unintended consequences of telemedicine and develop appropriate policy that supports remote access to specialist care that also assures the establishment of an appropriate doctor-patient relationship (Resolution 45-15).

Outcome: The Board approved the new policy, "[Emergency Medicine Telemedicine](#)" in January 2016. The Ethics Committee developed the policy statement "[Ethical Use of Telemedicine in Emergency Care](#)" and it was approved by the Board in June 2016. Although the current policy statement does not enumerate the unintended consequences of telemedicine, the Emergency Medicine Practice Committee agreed that the policy addressed the intent of the resolution and recommended no changes to the current policy. The Board approved the committee's recommendation in June 2016.

10. Explore development of an information paper on the clinical pharmacist as part of the emergency medicine team. Work with the Quality & Patient Safety Committee as needed. (EM Practice is the lead committee.)

Outcome: Representatives from the American Society of Hospital Pharmacists worked with content experts and committee members on the development of the information paper. The paper is anticipated to be completed by January 2017 and submitted to *Annals of Emergency Medicine* for publication consideration.

11. Compile clinical resources for the care of the bariatric patient in the ED (continuation of implementation for Resolution 33-14).

Outcome: The committee worked with representatives from the American Association of Metabolic and Bariatric Surgeons to compile resources for emergency physicians on the acute treatment of bariatric patients in the ED. The information will be submitted to the Board of Directors in October 2016 and compiled in a "[DART type](#)" format for member access.

12. Explore development of a policy statement in support of quality improvement initiatives for the care of geriatric patients in the ED and ensure consistency with the Geriatric ED Guidelines. Work with the Quality & Patient Safety Committee and the Geriatric Emergency Medicine Section as needed. (EM Practice is the lead committee.)

Outcome The Board approved the policy statement “[Quality Improvement Initiatives for the Care of Geriatric Patients in the ED](#)” in April 2016.

13. Explore development of a policy statement on screening questions at triage (Amended Resolution 46-14).

Outcome: The Board reviewed the information paper “Screening Questions and Streamlining Triage” in November October 2015 and it is available on the ACEP website. The Board reviewed a draft policy statement, “Screening Questions at Triage,” in April 2016 and referred the policy back to the committee to request comments from the Emergency Nurses Association and to consider as a joint policy statement. ENA’s comments were provided in July 2016. The ENA Board of Directors will review the revised draft at their September 2016 meeting and submitted to the ACEP Board of Directors in October 2016.

14. Provide recommendations to the Board regarding the effects on patient care from the lack of availability of appropriate medications and medical equipment due to group purchasing practices, medication shortages, and orphan product restrictions (first resolved of Amended Resolution 20-15).

Outcome: Survey questions on the lack of availability of appropriate medication and medical equipment due to medication shortages were included in an Emergency Medicine Practice Research Network (EMPRN) survey distributed in July 2016. Results from the survey are being compiled and will be provided to the Board and communicated to ACEP members. Information on group purchasing and the potential effects on medication shortages will be posted on the ACEP website.

15. Work with the American College of Radiology to develop a joint best practice guideline regarding imaging findings that should be communicated in real-time and in a closed-loop manner by the radiologist to the emergency provider, weighing the benefit of immediate communication of critical information against the risk of excessive interruptions in provider workflow (Amended Resolution 32-15)

Outcome: The committee developed “Guiding Principles for Critical Communication for Emergency Department Radiology Findings.” These principles were reviewed by the Board in April. ACEP leaders met with leaders of the American College of Radiology in June. ACR is interested in a joint writing task force to address communication between radiology and emergency physicians. The EMPC is assigned an objective for the coming committee year to incorporate the “Guiding Principles” into existing policy.

16. Work with the Freestanding Emergency Centers Section as needed to develop a policy statement defining an urgent care center in order to protect patients by ensuring accurate consumer information as to provider qualifications, resources available, and value to make informed decisions when seeking care (first resolved of Amended Resolution 33-15).

Outcome: A draft policy was developed with input from the Freestanding Emergency Centers Section. It will be submitted to the Board in October 2016.

17. 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).

Outcome: A draft policy statement was developed and will be submitted to the Board in January 2017.

18. Review ACEP's current policy statements regarding patient satisfaction surveys/scores and determine if any revisions are needed or whether an additional policy statement should be developed to address Resolution 38(15).

Outcome: The Board approved the revised policy statement "[Patient Experience of Care Surveys](#)" in June 2016.

19. Provide recommendations to the Board to address Amended Resolution 43(15) Required CME Burden. Work with organizations such as the American Hospital Association, the American Heart Association, and related state hospital organizations, regulatory bodies, and credentialing agencies to provide resources, support, and understanding of the comprehensiveness of board certified/eligible emergency physicians to be able to readily care for all emergency department patients without costly and redundant requirements, unless found to be necessary for individual physicians based on assessment and oversight by the ED medical director.

Outcome: The Board approved the policy statement "[CME Burden](#)" in April 2016.

20. Provide a recommendation to the Board regarding further action on Referred Resolution 39(15) Patient Satisfaction Scores in Emergency Medicine.

Outcome: The Board approved the revised policy statement "[Patient Experience of Care Surveys](#)" in June 2016.

EMS Committee

1. Continue to collaborate with EMS stakeholders regarding development of resources and guidelines for Community Paramedicine and Mobile Integrated Healthcare programs. Develop a PREP as an adjunct to the policy statement, “Medical Direction of Community Paramedicine Programs.”

Outcome: The committee workgroup continues to participate with several stakeholders on joint workgroups that are exploring and monitoring the development of MIH/CP programs across the country to establish a list of needed resources and guidelines. ACEP’s Mobile Integrated Healthcare/Community Paramedicine Task Force was assigned to take the lead on the PREP in October 2015.

2. Continue to assist the DEA to develop rules and regulations specific to the use of controlled substances by EMS and EMS Medical Directors in the out-of-hospital environment.

Outcome: This will be an ongoing objective until the DEA releases their new rules and regulations for EMS providers. The committee assisted ACEP’s Washington Office in the development and support of HB 4365, the Protecting Patient Access to Emergency Medications Act of 2016.

3. Work with the American College of Surgeons Committee on Trauma and the National Association of EMS Physicians’ (NAEMSP) Standards and Practice Committee on issues of mutual interest.

Outcome: The committee is working on a new joint spinal motion restriction policy with ACS-COT and NAEMSP and continues to explore other collaborative opportunities. ACS-COT and NAEMSP are also represented on ACEP’s High Threat Emergency Casualty Care Task Force.

4. Continue to work with EMS and other healthcare stakeholders to develop resources to address EMS drug shortages and their impact on patient care.

Outcome: This will be an ongoing objective to work with the FDA and DEA until long-term solutions are identified by the federal government. The committee worked with the ACEP’s Communications Department to develop and publish an [article](#) on drug shortages in *ACEPNow*.

5. Submit a nomination for the 2016 Outstanding Contribution in EMS Award.

Outcome: A nomination was submitted by the deadline. The Board approved the committee’s nomination in April 2016.

6. Work with NAEMSP to develop an information paper regarding guidelines for EMS medical director reimbursement and benefits (e.g., malpractice insurance, workers comp, etc.).

Outcome: The committee is working closely with NAEMSP on developing the paper and anticipates submitting it to the ACEP Board in January 2017.

7. Develop benchmarks and metrics for EMS clinical care and quality based on available evidence-based medicine.

Outcome: The committee continues to work on this objective and anticipates submitting information to the Board in January 2017.

8. Work with the EMS-C and other stakeholders to explore the need for new or revised guidelines and strategies’ for pediatric prehospital care. Obtain input from the Pediatric Emergency Medicine Committee as needed.

Outcome: The committee workgroup, working with the Pediatric Emergency Medicine Committee and the American Academy of Pediatrics, anticipates submitting a draft document to the ACEP Board in January 2017.

9. Explore the need for a policy statement or information paper on EMS stroke care destination.

Outcome: A draft information paper will be submitted to the Board in October 2016.

10. Develop active collaboration with the Emergency Care Coordination Center (ECCC), the Office of the Assistant Secretary for Preparedness and Response (ASPR), and other governmental agencies. Explore joint initiatives and work products to enhance out-of-hospital care.

Outcome: The committee workgroup established contacts within the ECCC and provided assistance on their priority projects. The committee also established other contracts within the Department of Homeland Security – Office of Health Affairs, ASPR/Healthcare Preparedness Program, and the Agency for Healthcare Research & Quality to provide assistance by reviewing and commenting on various documents and promoting information to members on key projects.

11. Revise the following policy statements as part of the policy sunset review process:

- Military Emergency Medical Services Systems
- Role of the State EMS Medical Director

Outcome: The Board approved the revised policy statement “[Military Emergency Medical Services Systems](#)” in April 2016. The Board approved the revised policy statement “Role of the State EMS Medical Director” in June 2016 and it is currently being reviewed by NAEMSP and the National Association of State EMS Officials as a joint policy statement.

12. Work with the Education Committee and CECBEMS as needed to develop education resources on the culture change of spinal motion restriction in emergency medicine for EMTs and Paramedics. (Education is the lead committee.)

Outcome: The committee is working with the ACS-COT and NAEMSP to develop a new joint policy on spinal motion restriction. The policy must be completed before developing educational resources..

13. Investigate the potential Stark Law implications of various EMS medical director relationships and develop appropriate guidance and resources for members to help identify and avoid potentially problematic and contractual relationships as directed in Resolution 23(14) Examination of Stark Law Potential Implications.

Outcome: An EMS Medical Directors Contracts Evaluation Toolkit was developed and reviewed by the Board in April 2016.

Ethics Committee

Chair: Joel M. Geiderman, 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:
 - Ethics of State Prescriber databases
 - Article that examines the meaning and implications of Principle 9 of the ACEP Principles of Ethics for Emergency Physicians, “Emergency physicians shall act as responsible stewards of the health care resources entrusted to them.”
 - What are the ethical claims for ECMO in the ED?
 - Development of a paper on establishing a standard for evaluating futile/non-beneficial clinical care in the emergency department.
 - Safe and Effective Prescribing of Pain Medications in the ED: When to Hold Them and When to Fold.

Outcome: The following articles were developed or are in development for publication.

<i>An Ethical Framework for the Management of Pain in the Emergency Department</i>	<i>Academic Emergency Medicine</i> July 2015
<i>Ethical Pain Management in the Emergency Department: The Canary in the Coal Mine</i>	<i>Pain Management</i> July 2015
<i>Palliative Care Screening and Assessment in the Emergency Department: A Systematic Review</i>	<i>Journal of Pain and Symptom Management</i> Aug 31, 2015
<i>Ethical Issues in Emergency Psychiatry</i>	<i>Emerg Med Clin North Am</i> 2015 Nov, 33(4): 863-874
<i>Ethical Dilemmas in Emergency Medicine</i>	Paperback book published October 2015
<i>ED patient satisfaction: factors associated with satisfaction with care</i>	<i>American Journal of Emergency Medicine</i> November 2015
<i>Do-not-resuscitate orders among trauma patients</i>	<i>American Journal of Emergency Medicine</i> December 2015
<i>Ethics in Emergency Medicine</i> <i>Observation Care: Ethical and Legal Considerations for the Emergency Physician</i>	<i>The Journal of Emergency Medicine</i> January 8, 2016
<i>Navigating Ethical Conflicts between Advance Directives and Surrogate Decisions Makers’ Interpretations of Patient Wishes</i>	<i>CHEST Journal</i> , January 2016
<i>How to Handle a Medical Mistake</i>	ACEPNow April 13, 2016
<i>Law Enforcement and Emergency Medicine: An Ethical Analysis</i>	<i>Annals of Emergency Medicine</i> May 4, 2016 online; June 2016–In Press
<i>Fun, Friends, Flexible Hours Part of Providing Medical Care in Antarctica</i>	ACEPNow May 18, 2016
<i>Prescription Drug Monitoring Programs: Ethical Issues in the Emergency Department</i>	<i>Annals of Emergency Medicine</i> May 13, 2016 online; June 2016–In Press
<i>Naloxene Distribution to Patients in Emergency Department Raises Controversy</i>	ACEPNow June 15, 2016

2. Review the *Policy Compendium of the Code of Ethics for Emergency Physicians* and recommend needed revisions to the Board of Directors.

Annual Committee Reports 2015-16

Outcome: A recommendation of ethics related policies to be included in the *2016 Code of Ethics Policy Compendium* was reviewed and adopted by the Board in June 2016 meeting.

3. Review and provide recommendations to the Board of Directors on ethics complaints.

Outcome: An ethics charge was reviewed in July 2015 by a subcommittee of the Ethics Committee and a recommendation was presented to the Board during in October 2015. The Board conducted a hearing on the ethics matter in June 2016.

4. Develop a policy statement on the use of body cameras in the ED.

Outcome: A draft policy statement was submitted to the Board in June 2016. The Board provided direction for further policy development. Work on this objective will continue in 2016-17.

5. Conduct a survey of ACEP members about ethical issues and how ACEP can provide assistance.

Outcome: The survey was distributed to ACEP members and more than 800 responses (3% response rate) were received. The data was analyzed and an article was submitted to *ACEPNow* for publication consideration.

6. Develop an information paper on the ethics of palliative and end of life care in the ED. Work with the Emergency Medicine Practice Committee, Medical-Legal Committee, and the Palliative Medicine Section as needed. (Ethics is the lead committee.)

Outcome: The information paper is nearing completion. Work will continue in 2016-17.

7. Develop a policy statement on the ethics of appropriate use of telemedicine in the ED. Work with the Emergency Medicine Practice Committee, Medical-Legal Committee, and Emergency Medicine Telemedicine Section as needed. (Ethics is the lead committee.) Investigate and evaluate the positive, negative, and potential unintended consequences of telemedicine and develop appropriate policy that supports remote access to specialist care that also assures the establishment of an appropriate doctor-patient relationship (Resolution 45-15).

Outcome: The Board approved the policy statement “[Ethical Use of Telemedicine in Emergency Care](#)” in June 2016.

8. Revise the following policy statements as part of the policy sunset review process:

- Code of Ethics for Emergency Physicians

Outcome: The Board approved the revised policy statement in June 2016.

- Non-beneficial (“Futile”) Emergency Medical Intervention

Outcome: The committee will continue to work on the revised policy in 2016-17.

- Patient Confidentiality

Outcome: The committee will continue to work on the revised policy in 2016-17..

9. Develop an information paper on the effect of reimbursement and access to emergency care (i.e., address whether Medicaid, Medicare, and out-of-network payments prevent access to care). Work with the Reimbursement Committee as needed. (Ethics is the lead committee.)

Outcome: The committee will continue to work on the information paper in 2016-17.

10. Complete development of an information paper to address law enforcement issues in Emergency Medicine and review and update the policy statement, “Law Enforcement Information Gathering in the Emergency Department.”

Outcome: The Board reviewed the information paper and it was submitted to *Annals of Emergency Medicine* for publication consideration. The committee will continue to work on the policy statement in 2016-17.

11. Review and revise the “Procedures for Addressing Charges of Ethical Violations and Other Misconduct” as directed by Amended Resolution 11(15) Ethical Violations by Non-ACEP Members. Develop a College Manual resolution for submission to the 2016 Council. Work with the Medical-Legal Committee as needed. (Ethics is the lead committee.)

Outcome: The Ethics Committee and the Medical-Legal Committee had differing viewpoints about the resolution and presented their recommendations to the Board in June 2016. The Board assigned a workgroup of Board members and members of both committees to develop recommendations for implementation of the resolution. Their work will continue in 2016-17.

12. Provide a recommendation to the Board regarding further action on Referred Resolution 30(15) Use of Body Cameras Worn by Law Enforcement in the ED.

Outcome: A draft policy statement was submitted to the Board in June 2016. The Board provided direction for further policy development. Work on this objective will continue in 2016-17.

Federal Government Affairs Committee

1. Analyze and recommend legislative and regulatory priorities for the Second Session of the 114th Congress and develop new legislative/regulatory recommendations as appropriate, including advocating for tort reform/medical liability reform and safe harbor proposals.

Outcome: The Board approved the priorities for Second Session of the 114th Congress in January 2016.

2. 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.

Outcome: The recommendations developed under the Expand/Enhance program have been successful. The 911 Network now has more than 2,000 members and the number of congressional districts covered is at a record high, with only 37 uncovered. There were a record number of visits on Capitol Hill during the 2016 Leadership & Advocacy Conference from a record number of attendees.

3. 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.

Outcome: Completed 106 meetings with Members of Congress, attended 96 fundraisers, and provided comments and recommendations to every Member of Congress regarding opioid/pain management policies.

4. Work with Congress and related organizations on Medicare physician reimbursement, particularly the implementation of the SGR repeal (MACRA).

Outcome: In April 2015, Congress voted to repeal the SGR, thereby eliminating the annual threat to physicians' reimbursement under the Medicare program. ACEP and all other medical specialty societies and organizations have provided numerous comments to CMS through comment letters and responses to requests for information. ACEP provided eight comment letters addressing physician and hospital inpatient and outpatient payment and quality provisions and numerous other subjects, including APMs, and ACOs.

5. Work with the Emergency Medicine Action Fund to pursue legislative issues that are complimentary to the Fund's charter.

Outcome: ACEP's Public Affairs Line of Service worked with committees of the House and Senate on report language to accompany two appropriations bills. The report language suggested guidance to the executive branch (CCIIO) on its regulation regarding out of network payments. ACEP continues to work for adoption of this language as Congress moves on year end spending legislation.

6. 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.)

Outcome: The Second Session of the 114th Congress has not offered opportunities for legislation modifying Medicaid. Work on this objective will continue in 2016-17 with the 115th Congress.

7. 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. (Quality & Patient Safety is the lead committee.)

Outcome: A literature search was completed and is under review by the committee.

Annual Committee Reports 2015-16

8. Work with the ACEP/EDPMA Task Force, Reimbursement Committee, and State Legislative/Regulatory Committee to provide a recommendation to the Board regarding further action on Referred Resolution 28(15).

Outcome: The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016.

Finance Committee

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.
 - Monitor expenses for the new building

Outcome: The budget for FY16-17 was approved by the committee and the Board in June 2016. The committee reviewed the financial statements monthly and held video conferences throughout the year. The committee also reviewed all budget modifications during the year and received monthly new building cost reports and progress updates.

2. Review proposed changes to the *Financial Compendium* and make recommendations to the Board.

Outcome: No changes were recommended for the *Compendium* for this fiscal year.

3. Review contributions made by ACEP to affiliated organizations quarterly.

Outcome: The committee continued to review contributions related to affiliate organizations during the year.

Medical-Legal Committee

1. Develop resources for members that address the risk aspects of Choosing Wisely, electronic health records, and social media.

Outcome: Information has been prepared and will be presented to the Board in October 2016. The information is being considered for publication in an ebook on the risk aspects of practice.

2. Develop an information resource on managing Advanced Practice Providers and ensuring their competency in caring for patients with increasing acuity.

Outcome: A paper was developed and permission sought from the Society from Emergency Medicine Physicians to use information published on their website. The paper will be submitted to the Board for review in October 2016.

3. Revise and repeat a poll of emergency physicians, utilizing the Emergency Medicine Practice Research Network, related to the frequency of being sued, experiences, outcomes, and the types of cases.

Outcome: The survey was reviewed by the Board in April 2016 and distributed to the EMPRN. Results are being compiled and will be presented to the Board in October 2016 and then submitted for publication consideration.

4. Review, update, and provide information to members on medical legal matters that impact the administrative and clinical practice of emergency medicine.

Outcome: The committee responded to questions and provided assistance to members throughout the year .

5. Participate in the review of clinical policies and provide information on potential medical-legal issues.

Outcome: The committee reviewed and provided feedback on the following clinical policies:

- Clinical Policy: Children Younger Than Two years Presenting to the ED With Fever
- Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients With Suspected Transient Ischemic Attack in the Emergency Department
- Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Acute Carbon Monoxide Poisoning
- Clinical Policy: Critical Issues in the Initial Evaluation and Management of Patients Presenting to the Emergency Department in Early Pregnancy
- Clinical Policy: Critical Issues in the Diagnosis and Management of the Adult Psychiatric Patient in The Emergency Department

6. Recommend topics of interest on medical legal matters to the ACEP*Now* editorial board.

Outcome: The committee continues to research topics of interest for ACEP*Now*.

7. Submit a nomination for the 2016 Rorrie Health Policy Award.

Outcome: The committee submitted a nomination by the deadline. The same nominee was submitted by another committee. The nominee was approved by the Board in April 2016.

8. Review ACEP's Choosing Wisely recommendations to determine any medical-legal issues and report findings to the Quality & Patient Safety Committee.

Outcome: The committee reviewed the current Choosing Wisely recommendations and found no medical legal issues.

9. Complete development of a briefing paper for distribution on the influence of liability concerns (defensive medicine) and the relation to the practice of emergency medicine.

Outcome: A draft document will be provided to the Board in October 2016.

10. Finalize the information paper on indemnification clauses in contracts.

Outcome: The Board reviewed the information paper “[Indemnification Clauses in Emergency Medicine Contracts](#)” in April 2016. Develop an information paper on the differences between testimony in civil and criminal cases for emergency physicians.

Outcome: The committee has struggled with the components of this objective since 2013 and sought clarification regarding the desired outcome. The president and president-elect agreed to cease work on the objective in May 2016.

11. Explore development of a policy statement on anonymous affidavits of merit.

Outcome: The Board approved the policy statement “[Anonymous Affidavits of Merit](#)” in June 2016.

12. Work with the Ethics Committee, Emergency Medicine Practice Committee, and the Palliative Medicine Section as needed to develop an information paper on the ethics of palliative and end of life care in the ED. (Ethics is the lead committee.)

Outcome: The committee provided comments on the draft information paper. The Ethics Committee will continue to work on this objective in 2016-17.

13. Work with Ethics Committee, Emergency Medicine Practice Committee, and Emergency Telemedicine Section as needed to develop a policy statement on the ethics of appropriate use of telemedicine in the ED. (Ethics is the lead committee.)

Outcome: The Board approved the policy statement “[Emergency Medicine Telemedicine](#)” in January 2016 and the policy statement, “[Ethical Use of Telemedicine in Emergency Care](#)” in June 2016.

14. Work with the Public Health & Injury Prevention Committee, as needed, and other stakeholders to explore the development of recommendations for commercial aircraft availability of onboard testing capabilities and communications with onboard and on-ground medical personnel for in-flight medical emergencies. Potential stakeholders to include: Air Medical Transport Section, Medical-Legal Committee, Aerospace Medical Association, and the AMA. (Public Health & Injury Prevention is the lead committee.)

Outcome: The committee provided input as requested. An information paper was drafted outlining subcommittee discussions and recommendations. ACEP has a designated representative to the Aerospace Medical Association Airline Medical Kits Working Group and a report with recommendations was reviewed by the Board in June 2016.

15. Work with the Ethics Committee as needed to review and revise the “Procedures for Addressing Charges of Ethical Violations and Other Misconduct” as directed by Amended Resolution 11(15) Ethical Violations by Non-ACEP Members. Develop a College Manual resolution for submission to the 2016 Council. (Ethics is the lead committee.)

Outcome: The Ethics Committee and the Medical-Legal Committee had differing viewpoints about the resolution and presented their recommendations to the Board in June 2016. The Board assigned a workgroup of Board members and members of both committees to develop recommendations for implementation of the resolution. Their work will continue in 2016-17.

Annual Committee Reports 2015-16

16. Review Referred Resolution 44(16) State Medical Board Review of Emergency Medicine Practice and provide a recommendation to the Board regarding further action on this resolution.

Outcome: The committee will continue to work on this objective in 2016-17 and anticipates providing a recommendation to the Board in January 2017.

Membership Committee

1. Increase regular/life membership by 2% and total membership (including candidate members) by 3%.

Outcome: Total membership increased by 4.73 % over the prior year and regular/ life increased 2.5%.

2. Continue to develop innovative national and chapter membership recruitment and retention tools, communications, and strategies focused on the emergency physician's life cycle/career and differing generational needs, specifically late career physicians, transitioning members, and board certified physicians, to 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.

Outcome: The committee continues to work with staff to ensure appropriate and useful recruitment methods are used and tools are available to members. The EM Futures tools developed by the Texas Chapter have been utilized extensively. The committee also worked with staff to ensure young members take advantage of section membership. The committee reviewed membership surveys to determine member interest and provide information based on those interests. Additional resources were identified to assist members in work/life balance and in late career.

Changes to the Maintenance of Certification area of the ACEP website were made last year and no additional changes were identified by the committee.

The committee also:

- Recommended mentorship strategies for chapters and sections.
 - Worked with staff to enhance Mobile ACEP.
 - Suggested discussion forums for the ACEP website.
 - Suggested ACEP*Now* podcasts.
 - Suggested developing a "Tech 101" course for older members.
 - Recommended creating additional online CME for early and mid-career members.
 - Recommended creating aged-based e-mail messages.
 - Reviewed two video vignettes for older members. Other vignettes are in development.
 - The Board approved the committee's recommendation in April 2016 to change the billing structure for transitioning residents by extending the grace period from four months to six months.
3. 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.

Outcome: Work on this objective will continue in 2016-17.

4. Develop ways to demonstrate the value of membership and educate physicians on the reasons for joining ACEP and maintaining membership.

Outcome: This objective was combined with objective two. See comments for objective two.

5. Review the benefits and requirements for EM physician group participation in the 100% club and suggest program improvements. Identify value-added for groups and physicians employed by groups while dispelling negative connotations regarding ACEP's involvement with contract groups.

Outcome: The committee reviewed current processes and agreed they were appropriate and did not need enhancements at this time. Changes in group demographics will require a larger emphasis on this objective in 2016-17 with the expectations that additional incentives will be needed to entice groups to pay for ACEP membership.

6. Evaluate the success of the EM Futures program for those chapters who have committed to the process, develop information to help smaller chapters ease into the process, and continue to expand the program to more geographical regions.

Outcome: A subcommittee worked diligently with the designers of EM Futures program to determine if enhancements were necessary. An audio presentation was developed for inclusion in the chapter web portal. The committee concurred that the work on this objective has been accomplished.

7. Implement and evaluate results of recommendations for increased international presence in membership recruitment.

Outcome: The committee monitored international membership activity and recommendations were provided to the International Emergency Medicine Section.

8. Increase the number of ACEP Fellows through retention and increased applications.

Outcome: Special recruitment efforts continue for new fellows and to members who have recertified. Though we have been unable to secure lists of those board certified through AOBEM, Staff continue to work on recruiting efforts to osteopathic physician members who are board certified in emergency medicine.

9. Investigate the benefit and consequences of reducing membership rates for all EM fellows in training, including new residency graduates and active members returning to training.

Outcome: The committee determined this objective should be postponed to a future year since the restructuring Bylaws amendment was adopted in 2014 and the Board's approval in April 2016 to extend the grace period from four months to six months.

National/Chapter Relations Committee

1. Evaluate the chapter grant awards process and make necessary changes.

Outcome: Eleven chapter grant applications were submitted totaling \$107,603. Nine regular chapter grant applications and two development grant applications were received. The committee recommended five proposals for grant funding, totaling \$44,989 (\$42,500 regular chapter grant and \$2,489 development grant.). The Board approved funding for the five chapter grants in January 2016:

Arizona - \$4,000

Project: Arizona Rural Emergency Care Staffing Survey: Characterizing the Rural Workforce and Identifying Opportunities to Enhance Support for Rural Emergency Care Providers

Florida - \$4,500

Project: The Plug It Project - Creating a Platform of Awareness Surrounding the Dangers of *Naegleria Fowleri* and Primary Amebic Meningoencephalitis (PAM)

Ohio - \$14,000

Project: What Emergency Physicians Have To Say About Ohio's Heroin and Opiate Epidemic Start Talking-EM Straight Talk

Massachusetts - \$20,000

Project: Suicide Prevention Course

Alaska - \$2,489 (Development)

Project: Enhanced Alaska State Emergency Medicine Journal Club

2. Administer and maintain the Chapter Grant Program.

Outcome: Potential areas of improvement were identified and are in process for implementation:

- Develop an online uniform application process with standardized sections and character limits
- Increased promotion and notification of deadlines to apply for Chapter Grants.
- Provide additional assistance to chapters for the chapter grant process.
- Develop an instructional video and FAQ set to include on the chapter portal.

3. Develop a webinar or an audio recording of the Chapter Executives Forum for chapter executives unable to attend the meetings.

Outcome: The Chapter Executives Forum at the 2016 Leadership & Advocacy Conference (LAC) was recorded and added to the chapter portal on the ACEP website. The link was emailed to all chapter executives.

4. Evaluate the offerings at the Legislative Advocacy Conference & Leadership Summit to ensure sufficient leadership training opportunities and provide recommendations for planning of the next conference.

Outcome: A subcommittee reviewed the conference schedule, evaluations, and feedback from the previous three Leadership & Advocacy Conferences and suggested objectives for leadership lectures and possible topics/formats.

- Recommended Objectives for Leadership Lectures
 - Develop future national Chapter Leaders.
 - Create opportunities for mentorship.
 - Develop skills for managing a chapter.
 - Learn how to engage members.

- Recommended Topics/Formats
 - Panel Discussion
 - Chapter leaders, What got them interested, what tools do they need?
 - Working with Staff
 - Knowing Bylaws
 - How to implement a successful committee meeting.
 - Starting/Utilizing a PAC and/or Lobbyist

The recommendations were provided to staff and physician leaders developing the 2016 LAC program. The last day of the conference will continue to be devoted to leadership topics. The recommendations will be used to develop future LAC programming since the majority of the 2016 program was already in place. The committee will provide their recommendations for future programming earlier in the planning process.

5. Develop a plan to support and grow smaller chapters, include mentoring, clarifying of expectations, provision of resources, and national leader visits.

Outcome: There are currently 16 small chapters (less than 200 members): AK, AR, DE, HI, ID, KS, MS, MT, ND, NE, NH, NM, PR, VT, SD, and WY. Subcommittee members contacted the president of each small chapter to discuss their needs, issues, and challenges. Ten chapters responded. Common themes included:

- Appreciation for the personal contact.
- Appreciation for ACEP staff assistance.
- Appreciation for staff and leader visits to small chapters.
- Appreciation for the wealth of resources on the ACEP website.
- Appreciation for LAC, but difficulty in getting members to attend.
- Inadequate resources to accomplish tasks.
- Lack of understanding and utilization of the membership portal.
- Collaboration with other small chapters is desired.
- Difficulty in growing membership in some small chapters contrasted with membership growth in other small chapter.

The subcommittee recommended:

- Contact presidents of small chapter annual to obtain feedback.
 - Allocate more staff time to the needs of small chapters.
 - Automatically provide the membership portal reports to small chapters.
 - Continue visits to small chapters by leaders and staff. Consider “virtual visits” for rural states.
 - Provide leadership development and Board management tools electronically.
 - Assist small chapters in developing collaborations with other small chapters.
6. Work with the Council Leadership Development Advisory Group, chapter presidents, and chapter executives to identify potential future leaders and create a structured leadership and mentorship program.

Outcome: Work has begun to create an enhanced offering of leadership and mentoring information on the ACEP website, including the Chapter Officer’s Resource Page.

7. Improve the Chapter Leadership Section of the Website and make it more user friendly

Outcome: The website was revised to include a Professional Development section for [Chapter Leadership Development](#).

Pediatric Emergency Medicine Committee

Chair: Madeline M. Joseph, MD, FACEP
Board Liaison: Debra G. Perina, MD, FACEP
Staff Liaison: Dan Sullivan

1. Work with the CDC as part of a panel of experts to complete the development of guidelines for Mild Traumatic Brain Injury.

Outcome: This has been a multi-year project and substantial progress was achieved this year. The objective moved from the research phase to writing and review phases. Review, editing, and final publication will occur in 2016-17. The final report that describes the systematic review and the recommendations, entitled “Report From the Pediatric Mild Traumatic Brain Injury Guideline Workgroup: Systematic Review and Clinical Recommendations for Clinicians on the Identification, Diagnosis, and Management of Mild Traumatic Brain Injury Among Children” will be submitted to the National Center for Injury Prevention and Control (NCIPC) Board of Scientific Counselors (BSC) for review, deliberation, and approval. After approval, the CDC will use the report as a foundation to draft a scientific manuscript. The manuscript will undergo formal CDC clearance at the Center and Agency level, a 30-day public comment period, and external peer review. Once finalized, the guideline manuscript will be shared with the Workgroup and ad hoc experts for a final review, and then submitted by the CDC for publication in a peer-reviewed scientific journal.

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 when results are made available to the public.

Outcome: The committee participated in multiple efforts with the National Pediatric Readiness Project (NPRP) to bring readiness to the state level. Pilot project/state champions were identified and contacted. The committee worked with the AAP, ENA and EMSC to develop quality improvement programs and initiatives for all hospitals. The newly created EMSC Innovation and Improvement Center (EIIC) will take a leading role in the NPRP going forward and the state pilot projects may be assumed by the EIIC. Committee members will remain involved as partners with the ongoing work of the NPRP project. A report on the NPRP was provided to the Board in January 2016.

3. Work with the American Academy of Pediatrics (AAP) to develop strategies for strengthening communication and optimizing resource utilization between general emergency medicine and pediatric emergency medicine. Develop an information paper on the systemization of pediatric emergency services and optimizing inter-facility transfers.

Outcome: This project overlaps with objective #2. Work will continue in 2016-17 to connect and integrate this project with the NPRP and the EIIC’s efforts.

4. Work with the AAP to complete development of the medication safety guidelines.

Outcome: Draft guidelines were developed and extensive comments received and incorporated. The committee will continue to work on this objective in 2-16=17 to finalize the guidelines.

5. Work with AAP on the Emergency Information Form.

Outcome: The committee has worked with AAP to address confusion and frustration expressed by primary care physicians, specialists, and caregivers in utilizing the form. Patients typically present with a portfolio of issues and addressing their needs properly requires a portfolio of resources. Work on updating the form was further delayed by AAP’s extensive review process.

6. Contribute to the ACEP-AAP project regarding access to care.

Outcome: The committee continues to work with AAP’s Committee on Pediatric Emergency Medicine to develop a joint policy statement. Work on this objective will continue in 2016-17.

7. 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.)

Outcome: The committee collaborated with a work group from SAEM and led a multi-organizational team (including ACEP, SAEM, AAP, EMSC, EMRA, NAEMSP, and ENA) to develop a proposal for the 2018 SAEM Consensus Conference. The proposal, “Aligning the Pediatric Emergency Medicine Research Agenda to Reduce Health Outcome Gaps,” was accepted. The committee is also developing a Pediatric Emergency Medicine Speaker Database Initiative (PEM+SDI) in collaboration with the Pediatric Emergency Medicine Section. The database will serve as a resource for education, clinical policy review, advocacy, and research expertise, and represents an exciting new way to help connect educators with departments that have educational gaps.

8. Define medical conditions that span all age groups and would be appropriate for pediatric emergency physicians to evaluate and treat.

Outcome: The committee is developing an extensive document that encompasses physiological and age elements of pediatric patients and scope of practice, legal, and ethical ramifications. Work on this objective will continue in 2016-17.

9. Review ACEP’s policy statement, “Firearm Safety and Injury Prevention,” determine if revisions are needed specific to pediatrics. Work with the Public Health & Injury Prevention Committee as needed. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The committee worked closely with the Public Health & Injury Prevention Committee and submitted a revised policy statement to the Board in April 2016. The Board postponed action to January 2017 in light of recent shooting events and in anticipation of 2016 resolutions on the topic.

10. Serve as a resource to the Quality & Patient Safety Committee regarding the development of pediatric emergency medicine-specific quality measures. (Quality & Patient Safety is the lead committee.)

Outcome: The committee participated in the development of four measures:

- Weighing all patients in kilograms.
- Administration of corticosteroids prior to or within one hour of ED arrival for pediatric patients with acute asthma exacerbation, who receive a second dose of bronchodilator.
- Time to pain main management for long bone fractures: 30 minutes or less upon presentation.
- The presence of Pediatric Emergency Care Coordinator (PEEC) physician/nurse in emergency departments caring for children.

The committee will continue to be involved in developing additional pediatric-related quality measures.

11. Explore development of a policy statement or information paper on the treatment of pediatric patients at “minute clinics/retail clinics” and the use of telemedicine services.

Outcome: The Board reviewed the information paper “Urgent Care Centers and Retail Clinics in June 2017 and it was submitted to *Annals of Emergency Medicine* for publication consideration.

12. Revise the following policy statements as part of the policy sunset review process:
 - Corporal Punishment of Children

Outcome: A revised policy statement “Corporal Punishment of Children” was submitted to the Board in June 2016. A quorum was not present and action was postponed to October 2016.

- Emergency Information Form for Children with Special Health Care Needs

Outcome: See comments on objective #5.

- Guidelines for Care of Children in the ED

Outcome: This is a joint policy with the AAP. Work is underway and will continue in 2016-17. The proposed title for the revised guidelines is “Pediatric Readiness for Optimal ED Care.”

13. 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 pre-hospital care. (EMS is the lead committee.)

Outcome: The committee and AAP’s Committee on Pediatric Emergency Medicine provided input to the EMS Committee as requested. A draft document is anticipated by January 2017.

14. Work with the Maintenance of Certification/Maintenance of Licensure Subcommittee as needed to develop Maintenance of Certification and pediatric safety/quality products. (MOC/MOL Subcommittee lead.)

Outcome: The committee provided input to the MOC/MOL Subcommittee as requested. The MOC/MOL Subcommittee produced a module on pediatric medication safety and is now working on a Pediatric Readiness module related to equipment in the ED.

15. Complete development and dissemination of education materials regarding topical anesthetics for children as directed by Amended Resolution (48)13 Topical Anesthetics in the ED.

Outcome: A draft paper was circulated for comments. Work on this objective will continue in 2016/17 and the committee anticipates submitting it to the Board in January 2017.

Public Health & Injury Prevention Committee

1. Develop 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.)

Outcome: Smart phrases regarding antibiotics and Narcan were developed and will be submitted to the Board for review in October 2016. Additional smart phrases are in development and will be posted on the ACEP website as a member’s only resource.

2. Submit a nomination for the 2016 Rorrie Health Policy Award.

Outcome: The committee’s nomination was unable to accept the nomination because of a governmental conflict of interest.

3. Explore development of an information paper on the role of the ED in population health as defined by Triple Aim.

Outcome: The Board reviewed the information paper “Emergency Medicine’s Role in Improving Population Health, Enhancing Patient Experience of Care, and Reducing Per Capita Cost” in April 2016 and it was submitted for publication consideration.

4. Complete work on development of an information paper on the evidence to support selected public health and injury prevention strategies targeted for the ED (e.g., alcohol screening).

Outcome: The Board reviewed the information paper “Alcohol Screening in the ED” in January 2016 and it was submitted for publication consideration.

5. Revise the following policy statements as part of the policy sunset review process:
 - Automatic Crash Notification and Intelligent Transportation Systems

Outcome: The policy statement and PREP were revised and will be submitted to the Board in October 2016.

6. Work with the Pediatric Emergency Medicine Committee as needed to review ACEP’s policy statement, “Firearm Safety and Injury Prevention,” determine if revisions are needed specific to pediatrics. (Pediatric Emergency Medicine is the lead committee.)

Outcome: The committee provided input to the Pediatric Emergency Medicine Committee as requested. A revised policy statement was submitted to the Board in April 2016. The Board postponed action to January 2017 in light of recent shooting events and in anticipation of 2016 resolutions on the topic.

7. In collaboration with the Quality & Patient Safety Committee, review the IOM report on diagnostic errors and provide recommendations for next steps. (Quality & Patient Safety is the lead committee.)

Outcome: The committee provided input to the Quality & Patient Safety Committee as requested.

8. Explore development of a policy statement on human trafficking.

Outcome: The Board approved the policy statement, “[Human Trafficking](#)” in April 2016. The information paper developed in the last committee year, “Human Trafficking: A Guide to Identification and Approach for the Emergency Physician” was accepted for publication in *Annals of Emergency Medicine*. Several articles on human trafficking have also been published in *ACEPNow*.

9. Work with stakeholders to explore the development of recommendations for commercial aircraft availability of onboard testing capabilities and communications with onboard and on-ground medical personnel for in-flight medical emergencies. Potential stakeholders to include: Air Medical Transport Section, Medical-Legal Committee, Aerospace Medical Association, and the AMA. (Public Health & Injury Prevention is the lead committee.)

Outcome: An information paper was drafted outlining subcommittee discussions and recommendations. ACEP has a designated representative to the Aerospace Medical Association Airline Medical Kits Working Group and a report with recommendations was reviewed by the Board in June 2016.

10. Develop a policy statement in support of Resolution 41(14) Pedestrian Injuries are Preventable.

Outcome: The Board approved the policy statement "[Pedestrian Injury Prevention](#)" in January 2016.

11. Complete development of a policy statement and/or information paper in support of Amended Resolution 30(14) Sexual Assault Victims' DNA Bill of Rights.

Outcome: The Board reviewed the information paper, "[Sexual Assault Victims' DNA Bill of Rights](#)" in February 2016. The committee recommended that a policy statement not be developed at this time. The Board approved the committee's recommendation in April 2016.

12. Develop recommendations to address Resolution 17(15) Electronic Nicotine Delivery Systems (second and third resolveds).

Outcome: The committee drafted revisions to the "Tobacco Products- Public Policy Measures" policy statement in addition to drafting recommendations to address the resolveds. The revised policy and recommendations will be submitted to the Board in October 2016.

13. Review Amended Resolution 29(15) Support for Drug "Take Back" Programs and determine if additional information is needed to develop a policy statement.

Outcome: The Board approved the policy statement "[Drug Take Back Programs](#)" in June 2016.

14. Review and revise the policy statement, "Protection from Physical Violence in the Emergency Department Environment" and the document, "ED Violence: An Overview and Compilation of Resources."

Outcome: The Board reviewed the "ED Violence: An Overview and Compilation of Resources" document in April 2016 and also approved the revised policy statement "[Protection from Physical Violence in the Emergency Department Environment.](#)"

Public Relations Committee

Chair: Ryan Stanton, MD, FACEP
Board Liaison: William P. Jaquis, 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 messages, 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.

Outcome: Committee members provided significant strategic input on the messaging for the two major ACEP campaigns in 2015-16 that were designed to promote the interest of emergency physicians as health care reforms are implemented: 1) Fair Coverage campaign about out-of-network issues. This campaign and its website positioned ACEP as a leader on this issue among medical specialty organizations. 2) Campaign to counter health insurance industry statements about "surprise billing" and portraying medical providers as "predatory billers." Committee members provided medical review of all ACEP consumer press releases on health and safety topics. These education pieces promoted the value of emergency medicine and portrayed emergency physicians as experts, contributing to a "white hat" environment in which ACEP can advocate on the policy issues.

Committee members conducted scores of news interviews in the past year, many promoting the value of emergency medicine and contributing to the more than 50,000 media hits ACEP achieved from July 1, 2015, to June 30, 2016. Each week, members week offer advice and information in breaking news situations to help public relations staff refute myths and correct misinformation. Additionally, many committee members participated in a letters to the editor campaign promoting ACEP's key messages and expanded their roles as medical correspondents to the media.

2. Provide technical review and consultation for promoting *Annals of Emergency Medicine*.

Outcome: A subcommittee, working with public relations staff, held monthly conference calls to discuss upcoming new research in the journal and to determine which ones to promote. Based on the discussions, 26 press releases were developed and distributed promoting *Annals* studies and papers and generated media coverage in news organizations including TIME magazine, USA Today, MSN, NPR, Consumer Reports, Yahoo News, Slate, Huffington Post, Politico, Forbes, Associated Press, the Wall Street Journal, CBS News, NBC News and Reuters. Committee efforts contributed to an impact score of 5.008, its highest-ever score, representing a 6.67% increase over last year's record score of 4.695.

3. Provide oversight to the ACEP Journalism Awards Program.

Outcome: A subcommittee reviewed the candidates and selected three recipients that were approved and recognized during ACEP's Leadership & Advocacy Conference as 2016 Journalism of Excellence Award recipients:

- Liz Szabo, reporter, and Dennis Kelly, former editor for a USA Today special series “The Cost of Not Caring: The Financial and Human Toll for Neglecting the Mentally Ill.”
- Dr. Kevin Pho of KevinMD.com for publishing a series of fair and balanced blog articles over the past two years on emergency medicine issues, including fair payment and balance billing, the effects of the Affordable Care Act on emergency departments and the value of emergency medicine.
- KRQE-TV in Albuquerque, NM and reporter Larry Barker, producer Mark Corey, and editor Ron Romero, for an investigative report on emergency department wait times.

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.

Outcome: More than 200 emergency physicians received media training in the past year during ACEP15 and ACEP’s Leadership & Advocacy Conference. Committee members provided input on expanding ACEP’s presence among Spanish-speaking Americans. Spanish-speaking spokespersons grew from 17 to 24 media-trained emergency physicians. Public relations staff continued to send press releases in Spanish to the Spanish spokespersons and Spanish media.

5. Provide input into promoting and using social media.

Outcome: The committee’s “Tweet Team” efforts contributed to an increase in ACEP’s overall Twitter impressions to 1,232,600 since July 1, 2015. The number of external Twitter followers increased by 1,539 to more than 10,600 – a 15.7% increase. Additionally, committee members posted many articles to ACEP’s new DocBlog on www.EmergencyCareforYou.org, ACEP’s website for the general public. In the past year, ACEP posted and promoted 39 blogs, many written by committee members, on topics including Zika and vaccines.

6. Provide input into the implementation of the comprehensive public relations plan, including internal and external messaging.

Outcome: Committee members continued to work toward integration of external and internal communications and engaged in several discussions about ACEP members who communicate messages that are in conflict with ACEP messages and how to resolve those conflicts. Committee members provided important insights to staff on messaging for a variety of issues, including firearms.

7. Provide guidance on messaging about reimbursement issues to avoid perceptions by policymakers that ACEP’s focus is primarily about reimbursement.

Outcome: Committee members discussed messaging for policymakers to reframe out-of-network issues as patient access problems and style emergency physicians as patient advocates in the Fair Coverage Campaign and the campaign to counter health plan statements on “surprise billing.”

8. Work with the Emergency Medicine Practice as needed in the development of an information paper on the role and value of emergency medicine. (EM Practice is the lead committee.)

Outcome: The committee provided input to the Emergency Medicine Practice Committee as requested. The draft information paper will be submitted to the ACEP Board for review in October 2016. Once finalized, the Public Relations Committee will promote it.

9. Update the Saving Millions infographic and promote it to chapters and all ACEP members.

Outcome: The infographic was updated and promoted by email to chapters and the Spokespersons’ Network. It was also promoted to ACEP members during ACEP15 and through ACEP.org. ACEP’s Saving Millions campaign is being

updated with new high-value messages in 2016 to promote the value of emergency medicine. The infographic will be updated and promoted when new messages are developed.

10. Develop public media campaign materials to increase the use of advance directives on drivers' licenses (Amended Resolution 22-15).

Outcome: The committee provided medial review for a press release on advance directives and an article on ACEP's public website www.EmergencyCareforYou.org.

Quality & Patient Safety Committee

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.

Outcome: The committee submitted comments on quality measures that impact the emergency department including:

- CMS: Safe Use of Opioids—Concurrent Prescribing measure.
 - CMS: Measures under Consideration 2015-2016
 - OP-21- Median Time to Pain Management for Long Bone Fracture
 - The Joint Commission : Acute Stroke Measures
 - NQF: New Endorsement and Ratification Process
 - NCQA: HEDIS 2017
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 NQF endorsement (*optional*) and CMS and MOC Part IV implementation.
 - b. Initiate the next phase of quality measures development by:
 - Exploring measures of care coordination and joint accountability by engaging with other specialties (American College of Radiology, American Academy of Neurology, primary care specialties) and external stakeholders (The Joint Commission, American Hospital Association, and others).
 - Continue to explore 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. (Clinical Policies is the lead committee).
 - c. Develop transition plan to fully migrate measure development to the Clinical Data Registry Committee for 2016-17.

Outcome: The Board of Directors approved Quality Measurement Concepts for the CEDR in October 2015:

- Pediatrics
 1. Percentage of pediatric patients <18 years old, weighed in kilograms in the emergency department
 2. Initiation of systemic corticosteroids prior to or within one hour of emergency department arrival for patients 2-18 years old with acute asthma exacerbation, who receive a second dose of bronchodilator.
- Ultrasound
 3. FAST exam for hemodynamically unstable blunt trauma patients (systolic blood pressure < 90 mmHg or heart rate > 130) in the emergency department
- Affordability
 4. Use of generic prescriptions among patients in the emergency department
- Geriatrics
 5. Falls risk assessment (Patient Safety)
- Population health and equity
 6. Interpreter health service measure

The workgroup will continue working with subject matter experts for each concept moving forward.

3. Nominate emergency physicians to represent ACEP to internal and external bodies developing quality measures that have relevance to the practice of emergency care.

Outcome: The Nominations Workgroup made recommendations to the ACEP president to ensure emergency physician representation to several national quality initiatives:

- Donald Yearly's nomination was accepted by NQF and now serves on the Pulmonary and Critical care Steering Committee
 - Stephen Huff's nomination was accepted by NQF and now serves on the Neurology Standing Committee
 - Keith Kocher's nomination was accepted by NQF's Attribution: Principles and Approaches 2015-2016 Committee
 - Mike Phelan's nomination was accepted to CMS's Technical Expert Panel End-Stage Renal Disease Emergency Department Visits
 - Mitesh Rao's application was submitted to NQF: Person- and Family-Centered Care
 - Fermann
 - Jeremiah Schuur's nomination submitted to the 2016-2017 roster for NQF's Measure Applications Partnership (MAP)
 - Arjun Venkatesh currently serves on NQF's Health and Well Being Phase 3
 - Wes Fields and Jeremiah Schuur currently serve on NQF's All-Cause Admissions/Readmission
4. 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 (VBM) and future Merit-Based Incentive Payment System (MIPS).

Outcome: The workgroup contributed their expertise by commenting on the quality provisions of many federal proposed rules and Requests for Information that impact the emergency department including:

- CMS: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
 - Cross cutting and CMS final rule comments and information paper
 - Centers for Medicaid and Medicare Quality Measure Development Plan (MDP)
 - Proposed Medicare Physician Fee Schedule (MPFS) and Outpatient Prospective Payment System (OPPS) rules
 - Inpatient prospective payment system (IPPS)
5. 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.

Outcome: The workgroup identified 49 Choosing Wisely recommendations highly relevant to emergency care and narrowed them down to 38 recommendations after removing those that were redundant. The workgroup is currently reviewing this smaller set of recommendations to identify those with the greatest potential impact on emergency medicine and will develop a summary of these findings for review by the committee and the Board of Directors.

6. Work with the Emergency Medicine Informatics Section as needed to monitor implementation of measures using EHRs and other electronic systems. (EM Informatics Section is the lead on this objective.)

Outcome: The committee is available to serve as a resource to the section as needed.

7. Monitor the development strategy for emergency medicine to be represented in alternate payment models ensuring quality is maintained or improved. Work with the Reimbursement Committee and the Alternate Payment Models Task Force as needed. (Reimbursement Committee is the lead committee.)

Outcome: The committee provided input to the Reimbursement as requested.

8. Complete development of an information paper on readmissions vs. observation as an “outcome” of quality measures. Work with the Observation Section, Federal Government Affairs Committee, and Reimbursement Committee as needed. (Quality & Patient Safety is the lead committee.)

Outcome: A literature search was completed and will be used to complete the development of an information paper in 2016-17.

9. Work with the Emergency Medicine Practice Committee and the Geriatric Emergency Medicine Section as needed to explore development of a policy statement in support of quality improvement initiatives for the care of geriatric patients in the ED and ensure its consistency with the Geriatric ED Guidelines. (EM Practice is the lead committee.)

Outcome: The committee provided input to the Emergency Medicine Practice Committee as requested. The Board approved the policy statement “[Quality Improvement Initiatives for the Care of Geriatric Patients in the ED](#)” in April 2016.

10. Develop a definition of “admit time.” Work with the Emergency Medicine Practice Committee as needed. (Quality & Patient Safety is the lead committee.)

Outcome: The Board approved the policy statement “[Definition of ‘Admit Time’](#)” in June 2016.

11. Review the IOM report on diagnostic errors and provide recommendations for next steps. Solicit input from the Public Health & Injury Prevention Committee, (Quality & Patient Safety is the lead committee.)

Outcome: The workgroup will continue working on this objective in 2016-17.

12. Work with the Emergency Medicine Practice Committee as needed to explore development of an information paper on the clinical pharmacist as part of the emergency medicine team. (EM Practice is the lead committee.)

Outcome: The committee provided input to the Emergency Medicine Practice Committee as requested. Representatives from the American Society of Hospital Pharmacists worked with content experts and committee members on the development of the information paper. The paper is anticipated to be completed by January 2017 and submitted to *Annals of Emergency Medicine* for publication consideration.

13. Work with stakeholders to create a quality measure that is related to safe prescribing of controlled medications (second resolved of Amended Resolution 38-15).

Outcome: Work on this objective will continue in 2016-17.

Reimbursement Committee

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.

Outcome: A review and update of the Preparing for an Audit paper was completed. The workgroup developed a survey to be sent to ED billing companies and a sample of ACEP members to query their audit process outcomes. We are developing a mailing list with contact information for billing departments and those EDs that do their own billing internally. The recent State Legislative survey experience is to be used as a guide for implementation. The workgroup continues to monitor the increasing ALJ audit problems, with delays, regional variance from national CMS standards, and involvement of Contactor medical directors becoming more prevalent and making suggestions for action to the full Committee.

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.

Outcome: Work continued towards expanding on the roadmap document for state legislative issues and the evolving state legislative toolkit. The workgroup coordinated efforts with the ACEP/EDPMA Joint Task Force of Reimbursement Issues on out of network payments, balance billing, and Medicaid payment issues. They identified tools that will be helpful at the state level on how to address or defend balance billing for out of network claims. The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016.

3. Continue supporting 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.

Outcome: Work continues in support of ACEP’s RUC Team. ACEP along with the Americana Society of Anesthesiology, surveyed code 31500, intubation, endotracheal, emergency for presentation. ACEP presented the revised moderate sedation codes and participated in several focus groups. Both presentations received favorable valuation from the RUC. The RUC Relativity Assessment Workgroup (RAW) considered 13 fracture care codes and 40650 full thickness lip repair. ACEP recommended that CPT Assistant articles instructing on correct coding be used rather than conducting RUC surveys for all 14 low volume codes.

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. Develop a plan to publicize the information.

Outcome: The workgroup reviewed and updated the six [FAQ sets](#) along with additional material in its purview.

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.). Obtain input from the Quality & Patient Safety Committee as needed.

Outcome: The announcement from HHS that 50% of reimbursement should be value based within a few years increases pressure on groups to move forward with workable alternative payment models. ACEP formed a task force and is

developing three separate Alternative Payment Models, including models based on episodes, population health, and discharge planning/care coordination.

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.

Outcome: The workgroup monitored activity in Medicaid programs around the country. The biggest issues include states limiting the number of covered emergency diagnoses, proposed bans on balance billing, and limiting the number of covered ED visits in a given year, regardless of presenting complaint. The draft legislation is mostly concerned with balance billing issues and out of network payments.

7. Work with the Federal Government Affairs Committee to develop strategies to remove the exemption of Medicaid from the prudent layperson standard. (Federal Government Affairs is the lead committee.)

Outcome: The Second Session of the 114th Congress has not offered opportunities for legislation modifying Medicaid. Work on this objective will continue in 2016-17 with the 115th Congress.

8. Work 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.

Outcome: The committee continues to work with the Federal Government Affairs Committee and the State Legislative/Regulatory Committee as appropriate. Committee members reached out to the Emergency Telemedicine Section, the Rural Emergency Medicine Section, and the Iowa Chapter for feedback on developing talking points and to identify opportunities for legislative advocacy on telemedicine issues.

9. Revise the following policy statements as part of the policy sunset review process:

- [Balance Billing](#)
- Emergency Physician Overhead
- [Fair Payment for Emergency Department Services](#).

Outcome: The three revised policy statements were approved by the Board in April 2016.

10. Work with the Ethics Committee as needed to develop an information paper on the effect of reimbursement and access to emergency care (i.e., address whether Medicaid, Medicare, and out-of-network payments prevent access to care). (Ethics is the lead committee.)

Outcome: The Reimbursement Committee stands ready to assist the Ethics Committee on this assignment. The Ethics Committee will continue to work on the information paper in 2016-17.

11. Work with the Federal Government Affairs Committee, Quality & Patient Safety 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. (Quality & Patient Safety is the lead committee.)

Outcome: The Reimbursement Committee stands ready to assist the Quality and Patient Safety Committee on this assignment. A literature search was completed and will be used to complete the development of an information paper in 2016-17.

12. Work with the State Legislative/Regulatory Committee as needed to develop resources to assist chapters with advocating for legislative solutions to address fair payment and restrictions on balance billing. (State Legislative/Regulatory is the lead committee.)

Outcome: The Reimbursement Committee stands ready to further assist the State Legislative/Regulatory Committee on this assignment.

13. Develop a policy statement declaring that insurance companies and other payers reimburse emergency physicians for ultrasound studies and services that they perform and interpret as separate and identifiable procedures while providing patient care services in the Emergency Department and support efforts to reduce payment denials for appropriately performed and documented clinical ultrasonography. (Amended Resolution 27-15)

Outcome: The Board approved the policy statement “[Payment for Ultrasound Services in the Emergency Department](#)” in June 2016.

14. Work with the ACEP/EDPMA Task Force, Federal Government Affairs Committee, and State Legislative/Regulatory Committee to provide a recommendation to the Board regarding further action on Referred Resolution 28(15).

Outcome: The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016. The Reimbursement Committee worked closely with the Joint Task Force and other ACEP committees in developing resource material and strategies as outlined in Resolution 28(15). (See objectives 2, 6, 9 and 12.)

Research Committee

General RC

1. Review and score abstracts for the *Research Forum*.

Outcome: 821 abstracts were submitted compared to 761 abstracts submitted in 2015. 407 abstracts were accepted.

General Subcommittee Objectives

2. Submit a nomination(s) for the 2016 ACEP Award for Outstanding Contribution in Research.

Outcome: The committee submitted a nomination by the deadline. The Board approved the committee's nominee in April 2016.

3. Continue the Technical Advisory Group (TAG) of firearm researchers and other stakeholders to develop a research agenda and to consider the use of available research networks (including the EM-PRN) to perform firearm research.

Outcome: The TAG conducted an EM-PRN survey regarding firearm injury and are reviewing the results. The ACEP president approved the manuscript for publication submission. The TAG chair discussed with the Democratic presidential nominee's advisor regarding interest in prevention of firearm injuries. The TAG continues to work on a list of potential executive actions to advance firearm injury prevention. Course directors agreed to include a panel discussion on this topic at the 2016 *Research Forum*.

4. In collaboration with the Academic Affairs Committee (AAC), review and update research websites, including research papers or articles developed by the Research Committee.

Outcome: The committee continued to collaborate with ACEP's Academic Affairs Committee on reorganizing and reformatting the research website. The target audience is new investigators.

5. Explore development of grants to fund research in non-academic, community based settings.

Outcome: The Emergency Medicine Foundation is exploring identification of non-academic sites willing to participate, after Strategies to Innovate Emergency Care Clinical Trials Network (SIREN) sites are identified.

Pipeline Subcommittee

6. Review and implement pipeline and longitudinal survey recommendations regarding strategies and tools to address gaps in research education in EM residency programs.

Outcome: The subcommittee continues to work on this objective and is exploring the availability of e-publications and possibility including links on ACEP's research website. Recommendations also include prioritizing on-line modules to serve as repositories for young investigators.

7. Explore development of follow-up processes regarding research career outcomes for EMF scholars to EMBRs, EMBRs' grant award recipients and medical student, resident and young investigator award recipients.

Outcome: The committee anticipates completing this objective by October 2016.

8. Explore feasibility of development of list of biostatisticians to assist emergency care researchers; include contractual feasibility.

Outcome: The committee anticipates completing this objective by October 2016. SAEM survey results are pending. This information will be helpful to identify different types of statisticians (basic science, health services research, etc.). Partnership with professional societies such as the American Society of Epidemiology is also being explored.

Research Forum Subcommittee

9. Develop the 2016 *Research Forum* meeting.

Outcome:

- EMF supports co-branding with a joint reception during *Research Forum*.
- Six individual classroom sessions located within main *ACEP16* classrooms.
- Registration is now integrated with *ACEP16* registration.
- *Research Forum* will be conducted for three days to facilitate better integration with *ACEP16* educational sessions.
- Abstract topic presentations will be better coordinated with *ACEP16* topic presentations
- Some *ACEP16* speakers will moderate *Research Forum* abstract presentations.
- The *ACEP16* opening session will highlight the *Research Forum*.
- Information about *Research Forum* abstracts will scroll between sessions.

10. Implement the 2015 *Research Forum* meeting.

Outcome: Expanded the number of moderators and increased the quality of research. The networking luncheon for EMF oral presenters was successful. The Medicine Company sponsored the research simulation with 90 participants. The location and noise level was not acceptable and changes were implemented for the 2016 offering.

11. Identify strategies to improve and promote the *Research Forum*, including development of promotional language addressing the value of the *RF* and integrating the *RF* into *Scientific Assembly*.

Outcome: See comments on objective #9.

12. Select research award recipients for medical students, residents, young investigators and best paper.

Outcome: The award recipients were selected and notified.

13. Submit a report for the June 2016 Finance Committee meeting describing the value of *Research Forum* including justification for continued funding.

Outcome: The committee invited the Finance Committee members to attend the 2015 *Research Forum*, however, no Finance Committee members responded. The following information was provided to the Finance Committee regarding the value of the *Research Forum*:

- Provides an opportunity for medical students, residents, and young investigators to present their research in a moderated session with a content expert and other researchers. Provides an opportunity for learning and experiencing the research process of feedback to improve future research endeavors and to assist in “growing the pipeline” of emergency medicine researchers.
- Provides a broad range of topics (ultrasound, EMS, palliative medicine, geriatric, pediatrics, cardio, etc.) for clinicians to access to improve their practice.
- All accepted abstracts are published in *Annals of Emergency Medicine*.
- ACEP’s Public Relations staff promotes specific research to the media. Publication of abstracts results in PubMed citation for researchers that help in their faculty portfolio for scholarly activity, which is also important for ACGME program accreditation.
- Selected Teaching Fellowship abstracts are also presented and published as part of faculty development education and medical educational research.
- Provides a venue for researchers to network.
- The integration of *Research Forum* with *ACEP16* will allow more focus on promoting to clinicians to review research of interest and to help them improve their practice.

14. Explore development of a *Research Forum* award to enable derivation of new pilot data from existing, funded projects.

Outcome: The committee will continue to work on this objective in 2016-17.

Scientific Review Subcommittee (SRS)

15. Assist EMF with funding opportunities.

Outcome: EMF funded \$1.7 million in grants.

16. Continue to explore potential collaborations with other specialty groups for grants.

Outcome: New directed grants included funding from Teva and Novartis. New partnered grants included CORD, the Academy of Architecture for Health Foundation, and the Heart Failure Society.

17. Review grant proposals for EMF and recommend applicant funding.

Outcome: EMF received a record number of grant applications, awarded a record number of grants, and doubled the amount funded to a record \$1.7 million+. Additional ad hoc reviewers were added to assist with the large number (>120) of applications. The application process was revised so that future proposals will be scored by three reviewers. The subcommittee is also exploring toxicology grants. The pool of reviewers with content expertise was expanded. The committee is considering dividing into two groups: basic sciences and health services research.

18. Review and approve mid-year and year-end progress reports for EMF grants.

Outcome: Completed.

19. Explore possibility of funding for patient safety and medical liability (e.g. innovative procedures for tracking patient safety incidents in emergency departments) with EMF.

Outcome: The subcommittee determined that funding for such grants is not feasible.

20. Continue to identify potential areas of further targeted research that are of interest to the members.

Outcome: Committee members submitted ideas for directed research and career development grants.

21. Review and revise the EMF grant RFPs.

Outcome: The subcommittee is considering development of a flow diagram to ensure grant applicants submit to the correct category.

State Legislative/Regulatory Committee

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.

Outcome: The workgroup has compiled data and begun the work of analysis, in the process further identifying challenges related to the usefulness of available reporting. The extensive work that has been done will provide helpful baselines for continued work in future years.

2. Develop an information paper highlighting key state health policies impacting access to emergency care. Potential examples include Medicaid expansion, state or federal exchanges, existence of certificate of need laws regulating freestanding EDs/urgent care centers/retail clinics, etc. Include relevant metrics of ED volumes in representative states to suggest patterns of how policies may impact ED visits.

Outcome: The workgroup developed information based on responses to the chapter legislative survey. Work on this objective will continue in 2016-17.

3. Research and report on recent state efforts to reform traditional Medicaid programs with accountable care organizations, global payment structures or similar initiatives, including states that are seeking federal waivers as part of their Medicaid expansion proposals. Focus on real or potential impacts on emergency medicine and opportunities for chapters to advocate for provisions that benefit emergency care.

Outcome: Interviews with members from numerous states with reported ACO activity were conducted and documented with no information suggesting evidence of Medicaid ACOs addressing emergency medicine. The collected information provides an effective baseline for monitoring future activity.

4. Research and report on opioid prescribing legislation impacting emergency departments, with a focus on state mandates related to Prescription Drug Monitoring Programs, the use of clinical guidelines, and the availability of naloxone. Identify and report on any successes those provisions have had in reducing drug-seeking behavior in the emergency department.

Outcome: The committee prepared a summary document with recommendations. Topics addressed included Prescription Drug Monitoring Program mandates, limits on opioid prescriptions, access to Naloxone, and other issues.

5. Research and report on the status of state legislation affecting the provision of and reimbursement for telemedicine services as it relates to emergency departments. Consider the impact of legislation implementing the Interstate Medical Licensure Compact on the availability of telemedicine services to emergency departments.

Outcome: The committee documented numerous resources available from a variety of sources and developed a summary report.

6. Research and report on state legislation addressing fair payment and restrictions on balance billing, as well as 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 to develop resources to assist chapters with advocating for legislative solutions. (State Legislative/Regulatory is the lead committee.)

Outcome: The committee worked closely with the Federal Government Affairs Committee, the Reimbursement Committee, and the ACEP/EDPMA Joint Task Force on Reimbursement Issues to prepare materials of value to chapters.

The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016.

7. Research state models for state legislation requiring insurers to reimburse emergency departments for intervention services (intimate partner violence, violence prevention, etc.) and create a toolbox for state chapter advocacy efforts. Work with the Trauma & Injury Prevention Section as needed.

Outcome: Information was collected based on legislation enacted in California. Some materials remain under development because the curriculum is in development by an advocacy group addressing these issues.

8. Research and report on the status of state legislation and regulation of free standing emergency departments, including a comparison of how their regulation relates to traditional hospital-based emergency departments.

Outcome: The committee developed a summary document addressing these issues.

9. 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 as one model.

Outcome: The committee will continue to work on this objective in 2016-17.

10. Continue to promote and administer the state public policy grant program.

Outcome: The program was promoted to all chapters by email and the annual chapter survey and to individual chapters through individual consultation. Requests for grants were submitted from four chapters: New York, South Carolina, Florida, and Georgia. The committee recommended for all four grants and they were approved by the Board.

11. Submit a nomination for the 2016 Rorrie Health Policy Award.

Outcome: The committee submitted a nomination by the deadline. The committee’s nominee was approved by the Board in April 2016.

12. 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.)

Outcome: The committee provided assistance to the Education Committee as requested. The MOC-MOL Subcommittee began development of a PI-CME activity on palliative care and the content includes POLST. It is being designed for approval by ABEM as an MOC Part IV activity and is scheduled for release in 2016-17.

13. Work with state and federal stakeholders to advocate for appropriate regulatory standards for urgent care centers. (Amended Resolution 33-15)

Outcome: The issue was included, as applicable, in legislative tracking reports provided weekly basis to chapters and also addressed with AMA staff and other relevant stakeholders.

14. Work with the ACEP/EDPMA Task Force, Federal Government Affairs Committee, and Reimbursement Committee to provide a recommendation to the Board regarding further action on Referred Resolution 28(15).

Outcome: The committee worked closely with the Federal Government Affairs Committee, the Reimbursement Committee, and the ACEP/EDPMA Joint Task Force on Reimbursement Issues to prepare materials of value to chapters. The Board approved “Strategies to Address Balance Billing and Out of Network Benefits for Professional Emergency Care Services” and “Situation Report: Balance Billing Legislation” in April 2016.

15. Work with other interested organizations, evaluate state efforts to provide timely access to epinephrine for anaphylaxis, including current state legislation that includes liability protection for appropriate use, public education, awareness and timely access, including cost effective mechanisms for availability of devices that may be used for bystander or self-administration, and report back to the Council in 2016 (Amended Resolution 34-15).

Outcome: A report will be submitted to the Board in October 2016 and distributed to the Council.

16. Provide a recommendation to the Board regarding further action on Referred Resolution 18(15) ER is for Emergencies.

Outcome: A recommendation will be submitted to the Board in October 2016.

17. Provide a recommendation to the Board regarding further action on Referred Resolution 24(15) Interstate Medical Licensure Compact Legislation and Opposition to National Medical License.

Outcome: A recommendation will be submitted to the Board in October 2016.

Well-Being Committee

1. Develop an educational resource on the elements of a healthy workplace environment.

Outcome: The information paper, “[Wellness in the Workplace](#),” was reviewed by the Board and it is available on the ACEP Website.

2. Develop and implement a “Wellness Week” program for emergency physicians and providers to highlight current resources available to members.

Outcome: The first annual Wellness Week was held January 24-30, 2016. It garnered widespread support among ACEP members and was well received in the emergency medicine community. Working with ACEP’s Communications staff, multiple messages were sent through various ACEP and social media platforms to engage members in efforts to maintain wellness.

3. Develop social media messages to promote emergency physician well-being.

Outcome: Subcommittee members developed a series of social media messages that were delivered during the year, with particular emphasis on delivering messages in the months before and during Wellness Week.

4. Update the electronic Wellness Text.

Outcome: A revised text was developed and distributed to the Board for review. The [text](#) will be available on ACEP’s Website once it is finalized.

5. Promote wellness information available for members.

Outcome: Multiple email messages and social media messages were used to alert members about Wellness Week and the wealth of wellness information available on the ACEP Website and from other sources.

6. Suggest topics on wellness to the *ACEPNow* editorial board.

Outcome: An article highlighting Wellness Week was published in the January 14, 2016, issue of [ACEPNow](#).

7. 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.

Outcome: The subcommittee made several recommendations for articles and promotional information to remind *ACEP15* attendees of the benefits of the Wellness Booth. Attendance at the *ACEP15* Wellness Booth was 330.

8. Review the Emergency Medicine Practice Committee’s paper on careers outside of the emergency department and determine if any additional information and resources should be developed (Resolution 46-15).

Outcome: The subcommittee reviewed the information paper developed by the Emergency Medicine Practice Committee and suggested adding information on opportunities in education, subspecialties, and event medicine. The revised information paper, “[Hospital Employment and Careers Outside the ED](#)” is available on the ACEP Website.