



ADVANCING EMERGENCY CARE 

# President-Elect Candidates

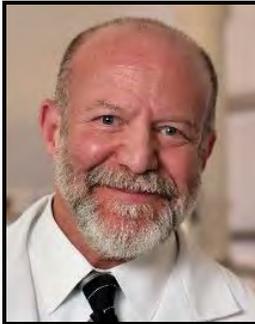


## 2019 President-Elect Candidates



**Jon Mark Hirshon, MD, PhD, MPH, FACEP**

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

- Written Questions
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## 2019 PRESIDENT-ELECT CANDIDATE WRITTEN QUESTIONS

**Jon Mark Hirshon, MD, PhD, MPH, FACEP**

**Question #1: Describe a past failure as a leader and what you learned from that experience.**

In 2009, I was nominated to run for the American College of Emergency Physicians' Board of Directors, a true honor and something that I had worked towards for many years. I tightened my belt and prepared for the contest, excited and nervous to be able to participate and contend. To be elected, I needed 155 votes. I carefully prepared for the election, including crafting and practicing my two-minute speech. At the appointed time, I stood in front of the hundreds of members of the ACEP Council and gave my speech. Afterwards, I campaigned, meeting individually with Councillors, going room to room as part of the important Candidate Forum, and talking with many friends and colleagues. When the vote was done and the dust had cleared, I had received 125 votes. "Not bad," I said to myself, "The Council rewards perseverance and I will run again next year and get elected."

Well, 2010 came and I ran again. This time, I got... 125 votes. Again. A disappointing result. As Albert Einstein is credited with saying, "The definition of insanity is doing the same thing over and over again, but expecting different results." So, I had to take a step back and evaluate what I was doing in order to change the outcome. But first, I needed to answer an important question: Is serving on the ACEP Board of Directors really what I want? After thoughtful introspection and discussions with friends and colleagues, my answer was a resounding yes! I wanted to make a difference for my colleagues and my patients. My next question was then: What do I need to do differently to have a different result?

I stepped away from the fray and started handicapping the election process. After a year or two, I became quite good at picking the winners. I realized the skill that I needed to improve was my public speaking; I needed to become a more persuasive spokesperson and better convey my ideas and passion. So, I found a speech coach, someone with whom I had worked with previously when I chaired the ACEP National Report Card Task Force. He drilled me and grilled me to improve my speaking skills and style. When I was nominated again in 2014, I crafted and practiced my two-minute speech, met with many ACEP Councillors and did all the other important steps for the election. This time, the outcome was different; I was successfully elected to the Board of Directors!

Becoming a better public speaker was a key step in my growth as a leader. What did I learn from this experience? Perseverance is key to success, but so is thoughtful analysis and appropriate support. I learned that a leader needs to know his or her strengths and weaknesses and to ask for help when needed. As a leader and a lifelong learner, I continue to work on my speaking and other important leadership skills in order to better serve our colleagues, our patients and our profession.

**Question #2: Your CEO proposes replacing an emergency physician with two mid-level providers (PA, NP, etc.). What is your response?**

The first thing I would ask the CEO is, "Why are you proposing this change?" I'd want to know if there is a good clinical rationale, such as splitting the patient flow to allow for lesser acute patients to be seen in a new fast track area while the emergency physicians are preferentially seeing high acuity patients, or is this strictly a money saving maneuver? It would be a good chance to use the Six Sigma "5 Whys" technique to understand the underlying rationale and motivation for this proposed change. If there is not a good clinical reason for the staffing change, then I would argue against it. Replacing an emergency physician with two mid-level providers is not an equivalent exchange. The quality of the care by emergency physicians is different based upon our more extensive and thorough training. Providing the highest quality emergency care is what we are trained to do. Additionally, I firmly believe the ACEP policy that NPs and PAs should not provide unsupervised ED care. This is a position that is supported by the professional societies of our mid-level provider colleagues who work with us in EDs.

Additionally, I conducted research looking at the financial impact of mid-level providers in the ED, which we recently published in the Western Journal of Emergency Medicine. If you look at community EDs that use PAs and NPs versus EDs with just physicians, there is a clear increase in resource utilization as measured by the number of imaging studies ordered and the number of patients admitted. The projected increase in costs for the hospital was approximately \$415,000 per year from increased admissions alone. Our study highlighted that the use of mid-level providers within the health system is a complex issue that requires careful thought and further study. I should note that this was preliminary work as it looked at practice patterns at the ED

level and not at the individual patient or the ordering physician or mid-level provider. We are currently exploring this issue with a new data set.

Rather than simply replacing a physician with mid-level providers, as my CEO proposed, the more important question is to find the right balance of staffing to be able to most efficiently and effectively provide the highest quality of emergency care to our patients. We need to understand the direct and indirect costs and effects of the proposed change. In the end, the hospital's (and the CEO's) success will be based upon good community relations by working collaboratively to best serve our stakeholders and patients.

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

As emergency physicians, we are caring, thoughtful, hardworking health professionals. Individually, we have our own personal reasons for choosing emergency medicine, but we knew going into this career that we would be working days, nights, weekends. We can be found in our EDs on holidays, in the middle of snow storms, and after a mass shooting taking care of the critically ill and injured. Patients come to us in need, and we take care of them regardless of their ability to pay. However, we live in divisive and conflictual times and the future looks threatening with many storm clouds on the horizon.

The health care financing environment is turbulent and changing. ACEP, and emergency medicine, plays a critical and ever-increasing role within the U.S. health care system. Externally, we face a number of significant challenges, most importantly assuring appropriate financial and societal support for our important work. Patients cannot choose where or when they will have a medical emergency, and they should not be punished financially for seeking emergency care. ACEP must, and I will, continue to fight for fair compensation for our important work. In Congress, the issue is called "surprise billing." Out of pocket medical expenses are mounting astronomically for patients while insurance companies are making record profits. We want to assure access to high quality emergency care while taking the patients out of the middle of the billing issues. It is said that "if you're not at the table, you're on the menu." On a near daily basis, ACEP leaders and staff meet with legislators, their staff and other stakeholders in the federal government. We use a multi-pronged approach, including legal, educational and lobbying activities on both federal and state levels to assure that our voice is heard. The need is for a steady hand at the helm in order to assure consistent messaging. I would continue our successful efforts to develop relationships on all levels so we can enjoy the meal and not be part of it. Maintaining and growing financial and societal support for emergency care remains the most critical external issue for emergency medicine. We must succeed at this.

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

Personally, I feel very fortunate to have a profession that gives me both personal satisfaction through helping individual patients as well as the ability to make a difference on a larger stage. I will work for you in conjunction with our many partners to forcefully advocate for emergency medicine and to sustain and to grow the support for our important work. Working together we can, and we will, make a difference.

**Jon Mark Hirshon, MD, PhD, MPH, FACEP**

**Contact Information**

Department of Emergency Medicine  
University of Maryland School of Medicine  
110 S. Paca Street, 6<sup>th</sup> Floor, Suite 200  
Baltimore, Maryland 21201

**Phone:** 667-214-2208

**Cell:** 410-271-4825

**E-Mail:** jhirshon@acep.org

**Current and Past Professional Position(s)**

My current position is as Professor in both the Department of Emergency Medicine and the Department of Epidemiology and Public Health in the University of Maryland School of Medicine. I work clinically in inner city Baltimore at the University of Maryland Medical Center where I treat patients and teach medical students and residents. I am also Senior Vice-Chair of the University of Maryland, Baltimore Institutional Review Board, a position that I have held for over a decade. Prior positions include assistant professor at University of Maryland School of Medicine and Johns Hopkins School of Medicine, as well as prior clinical employment in multiple community emergency departments in Baltimore, Maryland. Additionally, I am a former director of the Charles McC. Mathias, Jr. National Study Center for Trauma and EMS. Within ACEP, I currently serve as Vice-President.

**Education (include internships and residency information)**

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

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

1994, 2004, 2014	Diplomate, American Board of Emergency Medicine
2002, 2012	Diplomate, American Board of Preventive Medicine

**Professional Societies**

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

**National ACEP Activities – List your most significant accomplishments**

1996-2006	Member, then Chair, Public Health Committee
2001–2010	Liaison, ACEP to the American Public Health Association
2002–2003	Member, Terrorism Response Task Force
2003	Representative, ACEP to the Institute of Medicine’s Meeting on Committee on Smallpox Vaccination Program Implementation
2004–2008	Tellers, Credentials and Elections Committee
2004–2008	Scientific Review Committee
2006–2008	Council Steering Committee
2006–2007	Finance Committee
2006–current	ACEP International Ambassador to Egypt (starting 2006) and Sudan (starting 2016)
2006–2009	National Report Card Task Force, Chair, Data Subcommittee
2008	Hero of Emergency Medicine, American College of Emergency Physicians
2008–2009	Liaison, ACEP to the Healthy People Consortium
2011-current	Member, International Ambassador Program Committee
2011-2013	Chair, National Report Card Task Force
March 16 <sup>th</sup> , 2014	Testified before the Subcommittee on Oversight and Investigations of the House of Representatives’ Energy and Commerce Committee concerning access to emergency care related to mental health and the shortage of psychiatric services.
2014-current	<b>National Board of Directors</b> , multiple tasks and roles over the past 5 years, including: <i>Liaison/member to the following committees and task forces</i> : Annals of Emergency Medicine, Bylaws, Clinical Resources Review Committee, Clinical Policies Committee, Coding & Nomenclature Committee, ED Health Information Technology Safety Task Force, Epidemic Expert Panel, Finance Committee, Freestanding Emergency Centers Task Force, National/Chapter Relations Committee, Nominations Committee, Reimbursement Committee, ACEP/SAEM Research Work Group, State Legislative/Regulatory Committee, <i>Liaison to the following sections</i> : Air Medical Transport, Emergency Medicine Informatics, Emergency Medicine Practice Management and Health Policy, Wilderness Medicine, Young Physicians <i>Liaison to</i> Emergency Medicine Residents Association Chair, Emergency Department Sickle Cell Care Collaborative (EDSC <sup>3</sup> ), a private/public partnership, which provides a national forum dedicated to the improvement of the emergency care of patients with SCD in the United States.
2018-2019	<b>Vice President</b>

**ACEP Chapter Activities – List your most significant accomplishments**

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

**Practice Profile**

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

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

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

Other: \_\_\_\_\_ %

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

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

**Expert Witness Experience**

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

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

## CANDIDATE DISCLOSURE STATEMENT

### **Jon Mark Hirshon, MD, PhD, MPH, FACEP**

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

Employer: University of Maryland

Address: 110 S. Paca Street, 6<sup>th</sup> Floor, Suite 200

Baltimore, Maryland 21201

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

Type of Organization: University

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

Organization: Maryland Chapter, ACEP

Address: 1211 Cathedral Street

Baltimore, Maryland 21201

Type of Organization: Professional Society

Duration on the Board: 2000-2009

Organization: The Hilltop Institute, Advisory Board

Address: University of Maryland, Baltimore County,

Sondheim Hall, 3rd Floor, 1000 Hilltop Circle, Baltimore, MD 21250

Type of Organization: University

Duration on the Board: 2018-2019

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

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

5. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

NONE

If YES, Please Describe:

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

NO

If YES, Please Describe:

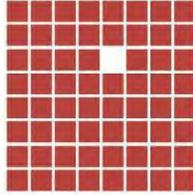
I certify that the above is true and accurate to the best of my knowledge:

**Jon Mark Hirshon**

Date

May 31, 2019

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Baltimore, MD 21201-5585  
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[www.mdacep.org](http://www.mdacep.org)



## Maryland Chapter **AMERICAN COLLEGE OF EMERGENCY PHYSICIANS**

August 15, 2019

Dear Colleagues,

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

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

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

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

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

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

Respectfully,

*Orlee Panitch*

Orlee Panitch, MD, FACEP  
Maryland ACEP President

## Jon Mark Hirshon, MD, PhD, MPH, FACEP

Dear Friends and Colleagues,

Over 25 years ago, as a resident in emergency medicine, I made an exceptional decision. I joined the American College of Emergency Physician. In becoming a member of ACEP, I joined my wonderful professional family. Through the years I have learned from the best and have grown in many ways. Today I am honored to be a nominee for ACEP President-Elect.

So, what will I do for you as ACEP President? Let me share with you three key challenges that we are facing:

- First, we must, and I will, work to improve our lives in the emergency department
- Second, we must, and I will, work to assure we can deliver the highest quality emergency care possible
- Third, we must, and I will, work to make sure that we receive fair compensation for the care we deliver.

Every day that we take care of patients, we face the same challenges and problems, including:

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

For every 5 minutes I spend with a patient, I seem to spend 20 minutes in front of the computer. And let's be clear, none of us went to medical school for this. We need to improve our lives in our emergency departments.

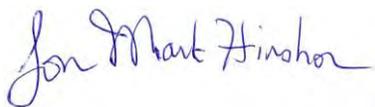
In addition to the daily challenges we face in our clinical work are the divisions and conflicts within the house of emergency medicine. We are a diverse group and bring together many different perspectives in order to care for our patients. I will work to build on the strength of our diversity by unifying our voices and highlighting our shared common values without compromising the uniqueness of ACEP.

Why am I running for ACEP president-elect? *I am running because I know I can make a difference.*

What will I do for us as ACEP President? *I will fight to improve our lives in the emergency department and to assure the highest quality of emergency care for our patients.*

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

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



Jon Mark Hirshon, MD, PhD, FACEP

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# JON MARK HIRSHON

MD, PHD, MPH, FACEP



*Leadership*

*Passion*

*Integrity*

*Dedication*

## *Candidate for President-Elect*

### **SELECTED LIST OF ACEP SERVICE**

- ACEP Vice-President, 2018-2019
- ACEP Board of Directors, 2014-2019
- Past President of Maryland ACEP
- Chair, National Report Card Task Force 2014
- Past Chair of the Public Health Committee
- Board Liaison to multiple National Committees and Sections, including:
  - Clinical Policies
  - State Legislative
  - Reimbursement
  - National/Chapter Relations
- Testified before Congress on the national psychiatric boarding crisis
- Member of multiple Task Forces, including:
  - Epidemic Expert Panel
  - Freestanding Emergency Center Accreditation TF
  - ED Health Information Systems Safety TF
- ACEP International Ambassador to Egypt and Sudan

***Personal Statement:***

It feels like yesterday that I was a young impressionable intern walking into the halls of my emergency medicine residency. Three years later, I transitioned out of academia to the finishing school of community emergency practice in Baltimore for five years. Fast-forward 25 years, and I am now a grey-haired survivor of tens of thousands of clinical hours, manned both with and without residents. I've championed our specialty, as well as our colleagues and patients, in the halls of Congress and my state capital, Annapolis. I've striven to provide the best quality emergency care while at the bedside, through teaching and as a researcher and writer. As a life-long learner, these experiences have formed me into a leader and advocate. Whether at the bedside, in the board room, meeting with my Senator or standing in front of policy makers and the public, I continue to passionately, thoughtfully and tirelessly advocate for you, our profession, and our patients.

There is an old African proverb- *If you want to go fast, go alone. If you want to go far, go together.* This proverb has been a guiding principle of my career; I consistently work to build bridges and break down barriers. As Emergency Physicians, we are caring, thoughtful professionals. We work hard, and we play hard. We care about our patients and for our colleagues. ACEP and emergency medicine play a critical and ever-increasing role within the health care system. I will work together with our many partners to forcefully advocate for emergency medicine and to sustain and to grow the support for our important work. Working together we can, and we will, make a difference.

*ACEP's mission is to promote the highest quality of emergency care and be the leading advocate for emergency physicians, our patients, and the public.* This has been our mission during my time on the ACEP Board of Directors and for me personally in my other professional activities. Thank you for the honor and privilege to serve as your representative and voice on the ACEP Board of Directors for the past five years.

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

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

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

**CONTACT INFORMATION:**

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## 2019 COUNCIL OFFICER CANDIDATE WRITTEN QUESTIONS

### Mark S. Rosenberg, DO, MBA, FACEP

#### **Question #1: Describe a past failure as a leader and what you learned from that experience.**

My father was a no-nonsense man who joined the army at 17 years of age, fought in WWII and landed on Normandy beach. Failure was not even a consideration for him. I don't think he knew the meaning of the word. So, my initial response was something my father instilled in me: that I've made mistakes but never failed. Which started a conversation in my own head as I started down memory lane. Yes, there were failures. More importantly I recognized how I contributed to my own failed outcomes, learned from them and moved on to the next challenge.

One failure that stands out is the opioid crisis. Due to many contributing factors, we as physicians were failing our patients. In a well-intentioned effort to aggressively treat pain, we were creating unintentional addiction. I remember a scenario in early 2015 when I was administering naloxone in one treatment bed and prescribing opioids for acute pain in the next. I felt I could not win. I was stuck perpetuating the problem, reflexively ordering opioids for my patients as the addiction rate and death tolls continued to rise. I did not want to fail my patients; I wanted to help them.

From that desire came ALTO, the Alternatives to Opioids, Program. Physicians can still aggressively treat pain, but we had to change the way we thought about pain. We had to know how to layer on modalities, not just order one pill. ALTO proved extremely effective and ultimately grew to become a nationally recognized model in the management of pain. The ALTO Bill was signed into legislation by President Trump in October 2018, allocating funds to start ALTO Program in EDs across the country. From this failure came motivation, empowerment and change. I wanted to first do no harm and continue to remain accountable to my patients. In the words of Colin Powell "Success is the result of perfection, hard work, learning from failure, loyalty, and persistence." I was certainly part of creating the opioid epidemic as many of us were, but I am proud to have learned from that failure and to be part of a successful movement to address it and find solutions for our patients.

#### **Question #2: Your CEO proposes replacing an emergency physician with two mid-level providers (PA, NP, etc.). What is your response?**

As the leader of the ED, it is important first and foremost to have adequate quality care for your patients. I believe your CEO would understand and support that. Depending on your CEO, the approach might be as simple as saying, "Emergency physicians and mid-level providers are not equal. Mid-levels can be an excellent adjunct to the ED team but they do not replace emergency physicians."

For those CEO's who require a more substantive response, there are three major factors to consider when utilizing mid-level or advanced practice providers:

- The training and experience of the mid-level provider.
  - The training curriculums for mid-level providers vary considerably in the number of hours of specific emergency medicine (EM) training requirements. Physician Assistants may have as little as 200 clinical hours in EM and some NPs complete their training without any EM clinical rotations as compared with Emergency physicians, which have approximately 6000 clinical hours with a completed residency. Nationwide less than 10% of advanced practice providers (APP) have any advanced training in EM.
- The American College of Emergency Physicians (ACEP) policy statement:
  - PAs/NPs should not perform independent unsupervised care in the ED without active EP involvement or oversight. This holds true regardless of state and local practice laws.
- Individual state guidelines regarding independent mid-level provider practice.

Specific to this question, I would explain to my CEO that as chairman of the ED, I have to advocate for the highest quality care available and therefore just simply replacing an EP with APPs may put our patient population at risk. This is best illustrated by a story of an ED patient presenting with leg pain after hitting the turf with his fore foot while playing soccer. An experienced ED physician assistant saw the patient. The patient was complaining of severe pain but x-rays were negative. The PA was discharging the patient with a dx of sprain. He documented that the patient was complaining of pain out of

proportion to the injury and therefore was drug seeking. A residency trained board certified EP reviewed the case prior to discharge and determined that the patient was at risk for compartment syndrome. The patient did have a compartment syndrome and appropriate measures were taken. This unlikely diagnosis would have been missed by the PA, the patient discharged to home, with a potentially bad outcome. Best practice and ACEP policy have all APP cases seen or reviewed by the ED Physician, which in this case provided the highest quality care for the patient.

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

There are several internal and external threats to EM. The biggest external threat has been well stated by our President, Vidor Friedman. Out of network billing and surprise bills have taken front stage this year for our president. If negotiations in Washington go our way, EM will exist as it has in the past as a thriving specialty and a great business model that allows us to take care of patients 24/7/365. The threat exists mainly because our ability to negotiate fair payment may be removed from our business model leaving us at the mercy of the insurance companies to decide how much our services are worth. The insurance companies care about profits not fair payment. We must, as emergency physicians be able to negotiate fair payment for the services we provide. As much as we love our specialty and take care of patients regardless of ability to pay, we must realize that EM is a business. As a business, we need to make a fair living for the services we provide. We have all invested much to become emergency physicians. Years of training and significant cost to ourselves and our families. Many are starting their career in significant financial debt. What is a fair wage? What is a fair price to resuscitate a dying patient? How we get paid and what we get paid and our ability to negotiate is at the core of the out-of-network debate. We all agree the patient should be out of the middle but our ability to negotiate fair payment with the insurance companies is at the center of the argument. Part of the solution is to allow emergency physicians to negotiate either directly or through an appropriate arbitration process with insurance companies. This allows us to negotiate for you, our members, and the future of our specialty. Over the years, I have developed tremendous relationships with members of Congress and will utilize my resources and those of NEMPAC to negotiate on your behalf, on our behalf.

The biggest internal challenge for the college is to evolve our membership model into one that works for all emergency physicians regardless of where you are in your career. Our college provides much value but when talking to my colleagues who are not members they tell me the cost is too great. What they are really saying is that there is not enough value for the cost. Therefore, membership value is our biggest internal challenge. Annals of Emergency Medicine, State Advocacy, NEMPAC, PEER, EMF, and CME programs including the well-attended Scientific Assembly are a partial list of highly valued aspects of membership. Although these aspects are valued, membership needs to be more. To be of value, ACEP needs to provide different value to members who are in different parts of their career. ACEP has to change how it provides the value. For instance, CME needs to be different than it was 20 years ago. Lectures and symposiums are being replaced with PodCast and other asynchronous learning.

My philosophy has always been join ACEP for life. Every decade of our careers we have different needs that the college can meet. A new attending may be challenged by debt when someone in their third decade of practice will have different needs. Maintaining CME and board certification may be top on their list. But the evolution of the college as we know it is essential to keep up with the changing needs of all our members regardless of where they are in their career the college needs to provide value. This is our biggest internal challenge to evolve as a college to meet the needs and provide value to all its members and all potential members.

As president elect and President I will fight every day to defend and protect the practice of emergency medicine. As president I will take a sabbatical year from my current chairmanship position (with my CEO's agreement and support) so that I can be a full-time working president of this college. Defending our rights, as emergency physicians, for fair payment for our services and -defending the practice of emergency medicine will be first and foremost my job and responsibility. Analyzing membership value and creating and developing ACEP for life initiative will be one of the cornerstones of my presidency.

**Mark S. Rosenberg, DO, MBA, FACEP**

**Contact Information**

38 North Ridge Road Denville, NJ 07834

**Phone:** 9732240570

**E-Mail:** mrosenberg@acep.org

**Current and Past Professional Position(s)**

**CURRENT POSITIONS**

Chairman, Emergency Medicine  
Chief Innovation Officer (CINO)  
Associate Professor Emergency Medicine  
St Joseph's Health, Paterson NJ

Secretary-Treasurer, Board of Directors, - American College of Emergency Physicians (**ACEP**)  
Secretary-Treasurer, Board of Directors - Emergency Medicine Foundation (**EMF**)

Pain Management Best Practice Task Force - U.S Department of Health & Human Services (**HHS**)  
Pain Task Force - Institute of Healthcare Improvement (**IHI**)  
Opioid Use Best Practice Task Force – Center of Disease Control (**CDC**)

**PAST POSITIONS, 10 Years**

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

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

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

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

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

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

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

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

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

**Education (include internships and residency information)**

Masters, Business Administration in Medical Management  
St. Joseph's University  
Philadelphia, Pennsylvania 19131  
1990 to 1995

Internship and Residency, Emergency Medicine  
Metropolitan Hospital  
201 8<sup>th</sup> Street  
Philadelphia, PA  
1978-1980

Doctor of Osteopathic Medicine  
Philadelphia College of Osteopathic Medicine  
Philadelphia, PA 19131  
1974 to 1978

**Certifications**

Board Certified Emergency Medicine (AOBEM-AOA)  
Certificate No. 161, Feb. 29, 1988

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

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

**Professional Societies**

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

**National ACEP Activities – List your most significant accomplishments**

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

**ACEP Chapter Activities – List your most significant accomplishments**

NJ-ACEP President 7/2015-6/2016

**Practice Profile**

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

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

Direct Patient Care 5 %    Research 5 %    Teaching 20 %    Administration 70 %

Other: \_\_\_\_\_ %

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

I am Chairman of Emergency Medicine as a hospital employee and manage two emergency departments. The larger is a busy inner city teaching hospital that sees 170,000 visits per year. The second is a community hospital Emergency Department seeing 36,000 visits/year

**Expert Witness Experience**

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

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

## CANDIDATE DISCLOSURE STATEMENT

### **Mark S. Rosenberg, DO, MBA, FACEP**

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

Employer: St Joseph's Health

Address: 703 Main Street

Paterson NJ 07503

Position Held: Chairman, Emergency Medicine and Chief Innovations Officer

Type of Organization: Healthcare

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

Organization: ACEP

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: Emergency Medicine Membership Organization

Duration on the Board: 4 Years

Organization: D2i formally EMBI

Address: 110 Cornelia Street

Boonton, NJ 07005

Type of Organization: Data Analytics

Duration on the Board: 5 Years

Organization: Patient Code Software

Address: 150 Allen Road

Basking Ridge, NJ

Type of Organization: Software

Duration on the Board: < 1 Year

Organization: EMF, Emergency Medicine Foundation

Address: 4950 W. Royal Lane

Irving, TX 75063

Type of Organization: Research Foundation

Duration on the Board: 2 year

Organization: New Jersey Hospital Association Health Research Educational Trust

Address: 760 Alexander Road

Princeton NJ

Type of Organization: Education and Research Funding

Duration on the Board: 9/2014- 12/2018

Organization: American College of Osteopathic Emergency Medicine

Address: 142 E Ontario Street Suite 1500

Chicago IL 60611

Type of Organization: Professional Membership Organization

Duration on the Board: 2 years

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

5. Describe any other interest that may create a conflict with the fiduciary duty to the membership of ACEP or that may create the appearance of a conflict of interest.

NONE

If YES, Please Describe:

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

NO

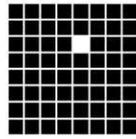
If YES, Please Describe:

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

**Mark Rosenberg**

Date /

5/25/19



NEW JERSEY CHAPTER

AMERICAN COLLEGE OF  
EMERGENCY PHYSICIANS

August 13, 2019

Dear Councillors:

The New Jersey Chapter of the American College of Emergency Physicians (NJ-ACEP) would like to provide our enthusiastic support to Dr. Mark Rosenberg, DO, MBA, FACEP, FACOEP-D for ACEP President-Elect. Our Chapter wholeheartedly endorses Mark's candidacy because we are confident that his leadership will serve our College and our specialty particularly well during the current challenges in the U.S. health care system. He has created a significant impact in emergency medicine with his vision in the areas of pain management, geriatrics, palliative medicine, and most importantly the role of the emergency department as a major hub in future healthcare systems.

Mark's career spans 40+ years ranging from bedside ED physician to business owner to emergency department administrator. His intuition has served him well in terms of understanding the need to constantly evaluate and test new processes in the delivery of emergency care. Mark's vast experience has allowed him to forge ahead with pilot programs, innovations and creative solutions utilizing existing resources as well as identifying new solutions and strategies.

He is the Chairman of Emergency Medicine at a St. Joseph's Regional Medical Center in Paterson, NJ. This large teaching hospital is home to one of the busiest emergency departments in the country with over 170,000 visits. At St. Joe's, Mark started one of the nation's first comprehensive Geriatric Emergency Departments and also developed an ED based Palliative Medicine program called 'Life Sustaining Management and Alternatives'. He serves as faculty for their EM residency and was instrumental in their two new fellowship offerings: Acute Pain Fellowship and the newest, Mental Health and Addiction Fellowship. Mark chairs many committees and is recognized as one of the hospital clinical leaders. He is a nationally recognized leader and has authored many articles and textbook chapters. Mark has lectured internationally on Geriatric Emergency Medicine and Palliative Medicine. In 2016, he helped develop The Alternatives to Opioids (ALTO) program at St. Joe's, to address the issue of variation and over-prescribing. He has a sophisticated, broad based and profound understanding of the complex nature of our specialty and its relationship to all of medicine.

Mark has been an ACEP member since 1978 and has embraced service to ACEP with much enthusiasm and determination. He is one of the founding members and Past-President of both Sections on Geriatrics and Palliative Medicine. Through those sections,

he has helped guide not only ACEP's positions on these important matters but also unified many members with similar interests.

He is also active in our state chapter. He served as President from 2015-2016. He continues to provide guidance by attending quarterly Board meetings as a Past President in a non-voting capacity. He is an effective communicator at both the state and national levels. He testified before the New Jersey state legislature on Out-of-Network legislation in 2016 and testified before Congress in March 2018 regarding the need to combat the nation's opioid crisis.

His strongest qualities are his innovative management style, a desire and willingness to work collaboratively with others to improve patient care, and a passion for our specialty. The New Jersey councillors and the members we represent welcome an opportunity to talk with you at any time in Denver to discuss Mark's qualifications and share our unequivocal endorsement of him for election as ACEP President-Elect. We hope you will support his candidacy so that he may advance the advocacy of emergency medicine through our vital organization.

Sincerely,

*Thomas Brabson*

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

## Mark S. Rosenberg, DO, MBA, FACEP

Dear Councillors,

It's almost time for the October 2019 Council meeting. When you are ready to cast your vote, I would ask you to remember a few things...you deserve a president who is a proven leader. You deserve a president who is an innovative problem-solver. And you deserve a president who will protect not only our specialty but emergency physicians as well. I am that president.

I have 35 years emergency medicine medical director and chairman leadership experience. I am an innovator with several emergency medicine innovation successes that have improved the quality of care for our patients. I work every day to protect and defend the practice of emergency medicine at local, state, and national levels.

During my term as president, I will focus on three main areas of concern: global issues that affect the practice of emergency medicine and the rights of emergency physicians; domestic issues that affect society such as opioids, gun violence, mental health, and addiction; and third, increasing membership value.

- **Global issue initiative:** I will work and advocate every day to protect and defend the rights of emergency physicians and the practice of emergency medicine. There are many issues confronting our practice. Currently the issue is surprise billing. Next year it may be hospital consolidation or workforce issues. As a leader in healthcare and patient advocacy, I will be front and center in the discussion.
- **Domestic/Social initiative:** I will create an innovation center and strategy where we can take the brilliance of our members, ACEP staff, and College leaders and use that synergy to address the many challenges we face. Our initial focus will be on mental health, addiction, and the rise in gun violence.
- **Membership value initiative:** I will focus on increasing membership value by creating an ACEP for life initiative where ACEP gives value regardless of where you are in your career.

I'm committed to ACEP 100%. Being president-elect and president of ACEP requires a tremendous commitment. My hospital CEO, my clinical partners, my friends, and my family are committed to supporting me during my term as your president because they know that the work of the College is so very important. I am hereby making a full-time commitment to the College and its members.

Thank you for the opportunity to share a few brief insights about why I am the best candidate for ACEP president-elect and president, and I sincerely ask for your vote. I hope to see you all this October in Denver – safe travels!

Sincerely,

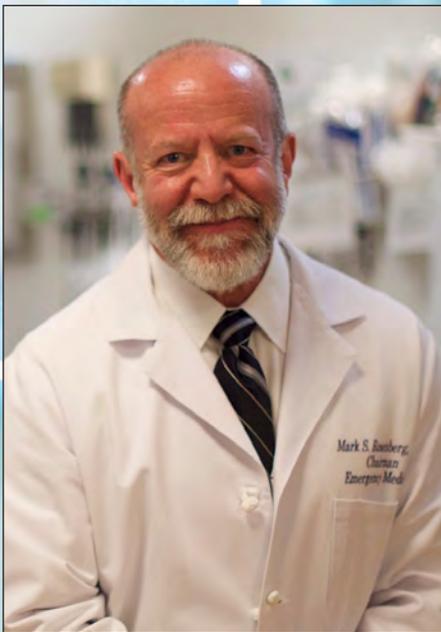
Mark Rosenberg, DO, MBA, FACEP

Moving  
ACEP  
Forward

Together

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**Candidate  
for President-Elect**



**Mark Rosenberg,  
DO, MBA, FACEP, FAAHPM**

Chairman, Emergency Medicine  
Associate Professor, Emergency Medicine  
St. Joseph's Health  
Secretary/Treasurer - ACEP

Emergency Medicine  
ADVOCACY

Innovative Care  
SOLUTIONS

Enhancing Membership  
VALUE

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