



Council Officer Candidates



2019 Council Officer Candidates

Speaker



Gary R. Katz, MD, MBA, FACEP

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Vice-Speaker



Kelly Gray-Eurom, MD, MMM, FACEP

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Andrea L. Green, MD, FACEP

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Howard K. Mell, MD, MPH, CPE, FACEP

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2019 COUNCIL OFFICER CANDIDATE WRITTEN QUESTIONS

Gary R. Katz, MD, MBA, FACEP

Question #1: Consider that there is a proposal to eliminate voting rights of sections in the Council. What is your stance?

The consideration here should not be tied to whether or not sections should have voting rights or not, but in determining the mechanism through which our members gain a voice and representation in our ACEP Council. Under the current model each member has a voice through his or her primary body (e.g. state, EMRA, GSACEP). However, additional representation can be purchased by and through section memberships. There is no limit to how many sections someone can join, nor should there be. However, since section representation is reliant on a threshold number of paying members, then an individual can singly, though expensively, increase their voice in a manner incongruent with a representative republic such as ACEP Council.

Therefore, the real question must be, “if building a representative body from scratch, how would you assure that the voice of emergency medicine covers both the breadth and depth of our specialty?”

To answer this, I would submit that we must create an organization that represents both geographic as well as subject matter expertise. For geographic representation, the current state model fits as well as any other. For subject matter, then a model that incorporates sections should be retained. There are many benefits to this and the reasons extend well beyond the following: from a geographic model, the members are enabled to contribute based on specific work environments unique to their geography (e.g. state laws, regional cultures) as well as have convenience of local opportunities to build leadership. Similarly, while from a subject matter area, there are increased opportunities upon which to build a national consensus, innovate new models in the practice of emergency medicine, and engage with peers on a national stage.

I believe that having a representative body that incorporates both geographic and subject matter expertise is the one that is most beneficial. Unless an appropriate alternate model, that maintains the outlined principles, is developed, I would not endorse blanket removal of Section voting rights.

Question #2: What is the role of the Council in debating divisive social issues?

The ACEP Council process is well designed to tackle any validly submitted resolutions as topics for consideration. And, it is important that we maintain this parliamentary ideal. While some may express concern that debating a divisive social issue is a distraction for ACEP, I would opine that key and critical actions have been accomplished from such debates once described as divisive or outside medicine’s scope.

Take for example the last time you sat in a domestic airline flight where smoking was allowed onboard. I recall those days where one had to select seats as “smoking” or “not-smoking.” The truth is there was no true difference between them. The advocacy to halt this practice was first introduced in the 1970’s by medical students participating in debate. These students were admonished for submitting resolutions that, “had nothing to do with medicine,” yet they persisted. I am glad they did as I travel very frequently these days and do not miss the smoking section (other than the ashtrays in which to dispose of my chewing gum).

The bigger question is how we deal with those resolutions that may appear beyond the pale or push the envelope of what guides ACEP’s direction. Fortunately, our ACEP Council employs a reference committee hearing process to scrutinize resolutions and coalesce this debate into a clear consensus. We can strengthen this by having our reference committees make clearer and firmer recommendations based

on testimony heard both before the meeting and on-site. College standing rules currently discourage the wide application of consent agendas, which I find problematic. Finding consensus in the reference room translates to fewer attempts for people to take a second bite at the apple through debate on the council floor and allows our members to explore a variety of solutions while respecting the intensive commitment councilors make.

Question #3: Give an example of an issue where you had to sideline your personal viewpoints to represent the opinion of a group.

One of my guiding principles is that when I represent an organization, I do so in a manner that speaks for that collective opinion without distancing myself from or otherwise undermining the decision authority of that organization. For this reason, I will focus on my process for when I assert my personal opinion and when I would set that aside in the duty of the organization to which I serve.

The first step is making sure I've asserted my personal opinion at the appropriate time. To do this, I must assure I have actively participated in the deliberative process to the extent allowable. During discussion if I find that a recommended action is errant or shows poor judgment, then it is appropriate to raise those concerns to the appropriate body, be that subcommittee, Chair, Council floor, or other administrative component of the organization.

However, if the organization has been thorough, fair, and fulfilled its duty as a deliberative body, once the final decision is made, my duty is to then represent that point of view. This must be completed without acting defiantly or undermining the decision. This goes so far as to avoid distancing myself through statements such as, "while I don't agree, the organization has decided to take [specified] action." In a similar vein, I view it as inappropriate to recruit others to object to the decision on my personal behalf via backroom conversations, which is just another way to skirt one's duty to properly represent a body's position.

While a specific position may be at odds with my personal stance, it is important to remember that our organization has redundant processes to properly consider positions and share where we might individually disagree or agree. Through proper channels, it is always possible to reconsider, modify or resolve decisions, but to do so, one must use the formal deliberative process to make amend or rescind prior action. A highly functioning organization can employ these tasks for greater agility than blindly implementing past decisions under a changed or new construct.



CANDIDATE DATA SHEET

Gary R. Katz, MD, MBA, FACEP

Contact Information

7195 Wilton Chase
Dublin, OH 43017
Phone: 614-207-6882
E-Mail: katz.123@me.com

Current and Past Professional Position(s)

Community EM Partners, CMO, EM Physician, 2018 - present
The Ohio State University, Assistant Professor, Clinical, EM Residency Program, 2016 – present, 2003-2010
Family Care Partners, CMO, 2017
Schumacher Clinical Partners, Section Medical Officer, 2015-2017
Premier Physician Services 2009 – 2015
EVMS/EPT 2001-2002

Education (include internships and residency information)

Summa Health System, Akron, OH, 1998-2001
Medical College of Ohio, 1994-1998, MD 1998

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

ABEM, 2002, 2012

Professional Societies

ACEP, AMA, OSMA, EMRA, OH-ACEP

National ACEP Activities – List your most significant accomplishments

Vice Speaker ACEP Council

ACEP Chapter Activities – List your most significant accomplishments

President, Ohio ACEP

Practice Profile

Total hours devoted to emergency medicine practice per year: 2100 Total Hours/Year

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

Direct Patient Care 70 % Research 0 % Teaching 10 % Administration 20 %
Other: _____ %

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

Employee owner, private democratic group

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

Gary R. Katz, MD, MBA, FACEP

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

Employer: Community EM Partners

Address: 525 Whip Rd

Dayton, OH 45459

Position Held: Chief Medical Officer

Type of Organization: Private employee-owner group

Employer: Ohio State University

Address: 410 w 10 Ave

Columbus, OH 43210

Position Held: Assistant Professor, Clinical

Type of Organization: Academic

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: ACEP

Address: 4950 W Royal Lane

Irving, TX 75063

Type of Organization: Medical Society

Duration on the Board: 2 years, Council Officer

Organization: OH ACEP

Address: Snouffer Road

Columbus, OH

Type of Organization: Medical Society

Duration on the Board: About 8 years

Organization: Ohio State Medical Association

Address: 5115 Parkcenter Avenue

Dublin, OH 43017

Type of Organization: Medical Society

Duration on the Board: 4

Organization: Family Care Partners Holdings

Address: No longer in business

Type of Organization: Multi-specialty medical group

Duration on the Board: 6 months

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 founder, but minority shareholder, of Community EM Partners.

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:

Gary Katz

Date

May 26, 2019



Members of the ACEP Council:

It is with great pride and enthusiasm that Ohio Chapter ACEP nominates and endorses our colleague **Gary Katz, MD, MBA, FACEP**, to be the next Speaker of ACEP council.

Over the preceding two years, Dr. Katz has honorably served as Council Vice Speaker. In his capacity, he oversaw the rewrite of election guidelines to even the campaign playing field. He has brought innovation to our council by designing and moderating the new President-Elect debates. Under his leadership, candidates reached out via live town halls, online polling, and other interactive methods to hear to voice of the practicing Emergency Medicine Physician. This past spring he led the effort to revise the resolution writing guidelines. He also created a forum where members could meet with like-minded individuals and seed the construction of new and well-written policy, worthy of consideration.

Dr. Katz demonstrated similar leadership while president of Ohio Chapter ACEP. His history and recent performance shows the consistency we need to advance the Council and the profession. He is an **established leader** who has compiled an impressive record of **service** and **accomplishment** and we believe he will continue to **effectively advocate for emergency physicians**, our specialty, and the care of our patients.

Please join us in supporting Gary Katz to be the next ACEP Council Speaker.

Bradley D. Raetzke, MD, FACEP
President
Ohio Chapter ACEP

President
Bradley D. Raetzke, MD, FACEP

Secretary
Nicole A. Veitinger, DO, FACEP

President-Elect
Ryan Squier, MD, FACEP

Immediate Past President
John R. Queen, MD, FACEP

Treasurer
Dan C. Breece, DO, FACEP

Executive Director
Laura L. Tiberi, MA, CAE

Gary R. Katz, MD, MBA, FACEP

My name is Gary Katz. I am asking for your vote to become our next ACEP Council Speaker.

In my campaign for election to Vice Speaker two years ago, I proposed ideas to help create more robust business for Council. I also proposed new ways of engagement so we could arrive to Council ready to act.

Over the last two years I have created or facilitated movements to achieve these very goals. We have encouraged use of the Engaged communities and several delegations used this to garner national support for their resolutions. We also created a forum at LAC to serve as a think-tank and seed the ideas for business we will see at this upcoming meeting. Further, I advocated for a stronger voice of the council officers at ACEP Board meetings. In this fashion I have spoken on behalf of our Council and helped report on lessons learned when communicating in times of turmoil.

Even with these achievements, I believe there is more to accomplish. We must assure Council growth conforms to our ideals of member representation, so your voice is heard. We need to both safeguard cutting edge discussions and yet remain equally focused, as your contributions at Council are invaluable. We cannot stop our progress at pushing the Board to be Emergency Medicine's greatest advocates.

I believe I have the experience to move our Council from where it is to where you want it to be.

Thank you for the opportunity to serve as Vice Speaker and for your vote in Denver for Speaker.

Very respectfully,

Gary

2019 COUNCIL OFFICER CANDIDATE WRITTEN QUESTIONS

Kelly Gray-Eurom, MD, MMM, FACEP

Question #1: Consider that there is a proposal to eliminate voting rights of sections in the Council. What is your stance?

A top priority for ACEP right now is membership engagement. How can the College attract and retain more Emergency Medicine Physicians? How can we provide better value to our current members so they renew their ACEP membership? How can the College better hear the voice of their members? A proposal to eliminate the voting rights of sections at Council runs completely counter to that mission.

Sections were created to fill a perceived gap in the offerings of the College. Active, engaged, and paying members formed sections as a way for their voices to be heard on specific topics and areas of expertise. Sections represent different objectives compared to the state chapters and they bring diversity to the deliberative body of Council.

There is a discussion thread that maintaining section voting rights is duplicative membership representation. I would disagree with that premise based on simple math. No matter how many members pay section dues, each section has only one Council vote. The pros of supporting and encouraging members who wish to represent emergency medicine with their time and talents far outweighs the small nominal effect of duplicative membership.

Council is growing. We are outgrowing some conference centers. This is reason to celebrate, not to place limits on members who want to be involved. The solution to Council growth lies with event planning for different venues. It may lie with more innovative use of technology such as integrating Zoom or engagED into Council. It may lie in changes to the traditional Council meeting agenda. It will ultimately lie in a combination of ideas created by staff, leadership and members. I do not believe the solution lies in restricting Council voting representation.

I feel strongly about this topic and I am happy to give my personal opinion, but mine is not the only opinion that matters. A proposal like this would need to be a Council discussion with all councillors voicing their thoughts and talking about the pros and cons of membership engagement and Council growth.

As a Council Officer, my responsibility would be to ensure those discussions are facilitated so the views of Council can be heard and articulated in meaningful ways. My voice would be used to ensure the voice of Council is always represented to the Board.

Question #2: What is the role of the Council in debating divisive social issues?

I am running for Vice-Speaker because I ardently believe in the importance and purpose of Council. Council is the deliberative body that represents the ACEP membership. It provides the check and balance to the business of the College. Council is the embodiment of a democratic republic. The amazing power of a democratic republic is that the majority does not get to silence the minority. Council rules ensure minority voices are heard equally as strong on the Council floor. The debate is not limited to those who speak the loudest nor to those who return to the repeat-speaker's microphone the most often. Debate remains open on the council floor until comments have been heard on both sides of the issue. It is a powerful discussion forum that provides significant input into the work of the College.

Council is an exceedingly important forum, but it is not the only ACEP forum. Resolutions are powerful tools, but they aren't the only tools to move ACEP issues and discussions forward. Complex social issues don't always lend themselves well to the format and purpose of a resolution. We run the risk of short shifting important conversations by trying to squeeze very complex topics into resolutions just so they can be heard on Council floor.

So don't start with the goal of a yea or nay resolution vote. We get lost in the task of getting to yes or no. The real goal for some complex social issues should be the discussion itself. Use the deliberative voice of Council as an information gathering tool. Use Council time to deliberate the topic and don't force the issue of a resolution vote. Those deliberations would be the

starting point for work groups to flush out the nuances of complex social issues in ways that are not possible on the Council floor. This is different than referral to the Board because Council is acknowledging *at the onset* of the discussion that the issue or topic is too large for a single setting or single round of discussions. It is the candid assessment that more than Council is needed for certain decisions.

Discussing and debating relevant issues is a key function of Council. Finding new ways for the voice of Council to be heard *effectively and efficiently* is a key charge for the Council Officers and one of the reasons I hope to be your Council Vice-Speaker.

Question #3: Give an example of an issue where you had to sideline your personal viewpoints to represent the opinion of a group.

Emergency Physicians sideline their personal views all the time. We are 24/7/365. Anyone. Anything. Anytime. At any given moment, we are called upon to provide care and compassion to people we don't agree with and sometimes don't like very much. We deal with administrators and consultants that have vastly different viewpoints. Yet usually, we find a way to put aside our personal views and simply do our jobs to the best of our ability. I am no different. I take deep breaths. I walk away. I face-palm at my desk. I try to ignore the unimportant differences that cause needless turmoil during the shift. Most of the time in the ED, I can just keep moving.

Outside of the ED, it is harder. Social media and political advocacy in 2019 create entirely new levels of difficulty in the challenge of collaboratively finding common ground. Rapidly typing the first thing that pops into my inflamed brain when I see one of *those posts* is so tempting. The power is right there – a thumb click away. My view will be online for all to see. It is hard to step back from that adrenaline rush. When I start thinking, “Well, I will just tell them”, delete and scroll down has become my favorite self-centering trick. Wait, pause and think it through. It doesn't have the same immediate gratification, but it also doesn't have the inevitable, “Ugh! What did I just do?”

Advocacy has a very different challenge because unlike social media, the people in the room can see me. Working across differences is critical to achieving our goals for ACEP and our EM physicians. I don't agree with some of the people that are important to our advocacy efforts. I don't always like their actions or their voting records. Mastering the poker face and reading the room have become key skill-sets. A sense of humor doesn't hurt either.

One of my DC representatives would take perverse delight in badmouthing my emergency department and my partners every time we entered their office. “You didn't treat my constituent's diabetes correctly. He had a blood sugar of 117 and you did nothing!” It was always a 15-minute brow beating from Dr. Google. They had no wish to be educated; they just wanted to start our conversations feeling their authority. I had to learn to hold my medical teaching moments for the ACEP issues. If I deviated too far from Dr. Google, I became the enemy and the conversation was over. I wouldn't let them get too far down the path of bad-bad doctor. Some things are just too important and our clinical reputation is one of them. But allowing a small personal annoyance to slide for the good of the group was necessary in that particular office, at that particular time, to achieve advocacy success.

Finding humor, having patience, picking the right moments and learning to set aside personal agendas are tools that will help me serve and facilitate discussions as Council Vice-Speaker.



CANDIDATE DATA SHEET

Kelly Gray-Eurom, MD, MMM, FACEP

Contact Information

4228 Fairway Drive
Jacksonville, FL 32210
Phone: 904.389.9692 (h)
904.352.6379 (c)

E-Mail: Kelly.grayeurom@jax.ufl.edu

Current and Past Professional Position(s)

University of Florida / UF Health Science Center - Jacksonville

- Chief Quality Officer / Assistant Dean of Quality and Safety
- Associate Chair, Director of Business Operations, Director of PA Services Department of EM
- Administrative Director of Emergency Services at Winter Haven Hospital
- Chairman & Medical Director Division of EM at Orange Park Medical Center
- Assistant Medical Director & Vice-Chairman Division of EM at Orange Park Medical Center
- Assistant Medical Director, Clay County Fire and Rescue
- Professor, Associate Professor, Assistant Professor, Clinical Instructor

Education (include internships and residency information)

Masters of Medical Management (MMM) – Tulane School of Public Health (2008-2010)

Residency – University of Florida Health Science Center

- Chief Resident, Department of Emergency Medicine (1995-1996)
- Residency, Department of Emergency Medicine (1993-1995)
- Internship, Department of Internal Medicine (1992-1993)

University of Vermont College of Medicine – MD (1988-1992)

Iowa State University – BS (1985-1988)

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

American Board of Emergency Medicine (1997, 2007, 2017)

Just Culture Champion Certification (2015)

Professional Societies

- American College of Emergency Physicians
- Florida College of Emergency Physicians
- American College of Physician Executives
- Emergency Department Practice Management Association
- Society of Academic Emergency Medicine
- American Medical Association
- Florida Medical Association

National ACEP Activities – List your most significant accomplishments

- ACEP Council Meritorious Service Award 2017
- Council Tellers, Credentials & Elections Committee
 - o Chair 2011 – 2013
 - o Member 2010 – 2018
- ACEP Nominating Committee 2010-2013; 2017
- Council Reference Committee
 - o Chair 2016, 2009
 - o Member 2008
- ACEP 50th Jubilee Task Force 2015 – 2018
- ACEP Steering Committee 2008 – 2010
- Councilor
 - o Florida College of Emergency Medicine 2008 – 2019
 - o AAWEP 2006 – 2007
 - o AAWEP (alternate) 2005 – 2006
 - o Young Physicians Section 2003 – 2004
- Membership Committee
 - o Chair 2013 – 2016
 - o Member 2008 - present
- Section Affairs Task Force / Grant Reviews
 - o Chair 2007-2013
 - o Member 2005-2007
- Outstanding Service to Section Award
 - o Chair, Young Physicians Section 2006
- Outstanding Section Newsletter Award
 - o Editor, Young Physicians Section 2006
- Fellow, American College of Emergency Physicians 1997

ACEP Chapter Activities – List your most significant accomplishments

Florida College of Emergency Physicians

- William T. Haeck, Member of the Year Award 2014
- Immediate Past-President 2013 – 2014
- President 2012 – 2013
- Delegate to the FMA 2012 - 2013
- President Elect 2011 – 2012
- Vice-President 2010 – 2011
- Member, Executive Committee 2009 - 2014
- Secretary / Treasurer 2009 – 2010
- Councilor 2008 - 2019
- Chair, Bylaws Review 2008 - 2009
- Member, Board of Directors 2006 – 2014
- Member, Government Affairs Committee 2004 - 2015
- Member, Professional Development Committee 2004 - 2015
- Chair, Academic Affairs Committee 2004 – 2008
- Member, Medical Economics Committee 1999 – 2015
- Member 1992 - present

Practice Profile

Total hours devoted to emergency medicine practice per year: 2020 Total Hours/Year

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

Direct Patient Care 10 % Research 0 % Teaching 10 % Administration 80 %

Other: _____ %

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

I am a full-time Professor of Emergency Medicine for the University of Florida COM-Jacksonville. The Emergency Department (ED) at UFHealth-Jacksonville is an urban safety-net providing care to nearly 90,000 adult and pediatric patients presenting for acute medical, surgical, obstetrical and critical care. It is made-up of 6 different care units including a Critical Care Area, a separate ED Observation Area, level-1 Trauma Center and dedicated Pediatric ED. We train emergency medicine residents, pediatric emergency medicine fellows, ultrasound fellows, toxicology fellows and patient safety fellows.

I have served as the medical director of the academic ED, the administrative director of emergency services at a 60,000-volume community ED and the medical director of a 45,000-volume community ED. I have been the Director of Business Operations since 2001 overseeing EM billing, coding and compliance. In 2015, I became Chief Quality Officer and Assistant Dean of Quality & Safety for the organization. I coordinate a division of quality, safety, risk, accreditation, infection prevention & control and performance improvement. I remain an active part of the Department of EM and work clinically each week in the ED.

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

Kelly Gray-Eurom, MD, MMM, FACEP

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

Employer: University of Florida COM

Address: 655 W. 8th St.

Jacksonville, FL 32209

Position Held: Professor of EM / Chief Quality Officer / Assistant Dean of Quality & Safety

Type of Organization: Academic, Urban, Safety-Net Hospital / Multi-disciplinary physician practice

Employer: University of Florida COM

Address: 655 W. 8th St.

Jacksonville, FL 32209

Position Held: Please see attached sheet

Type of Organization: Academic, Urban, Safety-Net Hospital / Multi-disciplinary physician practice

(If additional space is needed, attach an additional sheet – see page 3.)

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: Shands Jacksonville BOD

Address: 655 W 8th St.

Jacksonville, FL 322209

Type of Organization: Academic, Urban, Safety-Net Hospital; not-for-profit

Duration on the Board: 2013-2014

Organization: Winter Haven Hospital

Address: 200 Ave F NE

Winter Haven, FL 33881

Type of Organization: Community Hospital – non affiliated; not-for-profit

Duration on the Board: 2006-2012

Organization: Florida College of Emergency Physicians

Address: 3717 S Conway Rd

Orlando, FL 32812

Type of Organization: Not-for-profit

Duration on the Board: 2006-2014

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

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:

Candidate Disclosure Statement
Page 3

Continued from page 1 – current employer.

Additional Positions Held

Employer: University of Florida COM

Address: 655 W. 8th St.

Jacksonville, FL 32209

Positions Held

Associate Chair, Director of Business Operations, Director of PA Services

Administrative Director of Emergency Services at Winter Haven Hospital

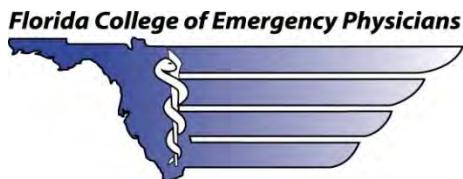
Chairman & Medical Director Division of EM at Orange Park Medical Center

Assistant Medical Director & Vice-Chairman Division of EM at Orange Park Medical Center

Assistant Medical Director, Clay County Fire and Rescue

Professor, Associate Professor, Assistant Professor, Clinical Instructor

Type of Organization: Academic, Urban, Safety-Net Hospital / Multi-disciplinary physician practice



A CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
3717 South Conway Road • Orlando, FL 32812
(407) 281-7396 • FAX (407) 281-4407
(800) 766-6335 • www.fcep.org

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Todd Slesinger, MD, FACEP, FCCM,
FCCP
Jill Ward, MD, FACEP

Beth P. Brunner, CAE, MBA
Executive Director

August 14, 2019

Dear Councillors:

The Florida College of Emergency Physicians (FCEP) is proud to endorse our colleague Kelly Gray-Eurom MD, MMM, FACEP for Council Vice Speaker. Dr. Gray-Eurom has been active with FCEP and the American College of Emergency Physicians (ACEP) since her residency days over 20 years ago. She has dedicated countless years toward the advancement of emergency medicine in the state of Florida, in Washington DC, in service on ACEP Committees and during her 15-year tenure as an ACEP Councillor. The time has come for her to continue her service as the next Council Vice Speaker.

ACEP has benefited greatly from Dr. Gray-Eurom's talents. She has been a member and chaired many different committees including Membership, Section Affairs, Bylaws, Quality and CEDR. Council has also benefited from her time as a Councillor for AAWEP, YPS and for the last decade, as a member of the Florida Delegation. She has served on the Council Steering Committee, Nominating Committee and Awards Committee. Her leadership skills have been put to work as a Reference Committee Chair and for many years – including 3 years as Chair - serving on the Council Tellers, Credentials & Elections Committee. In 2017, in recognition for her outstanding service to Council, Dr. Gray-Eurom was awarded the Council Meritorious Service Award.

Dr. Gray-Eurom has spent her career with the University of Florida, Shands Jacksonville, but her career spans much more than traditional academics. Her areas of expertise include ED management, ED flow, billing, coding, compliance and quality. Her collaborative leadership style and attention to detail has led her to enhance system development with a focus on quality improvement. In her career, she has been a medical and business director of a 45,000 volume community ED, the Administrative Director of a 60,000 volume community ED in central Florida and became the Medical Director of the 90,000 volume academic ED in Jacksonville. She has continued her successful career as the Business Director for the Department of Emergency Medicine, UF Health Jacksonville. She is currently a Professor of Emergency Medicine and Chief Quality Officer for UF Health Jacksonville. She continues the clinical practice of emergency medicine and enjoys working with the emergency medicine residents. Her passion remains teaching young physicians how to transition from residency into a successful EM career.

Dr. Gray-Eurom has developed strong leadership skills over the years. She has spent her time as an ED Director, ACEP committee chair and as a Chief Quality Officer guiding diverse teams through difficult scenarios to reach meaningful and successful outcomes. She is now at the point of her career where it is time for her to use her exceptional leadership skills working to enhance emergency medicine through ACEP's Council. Her main goal as Council Vice Speaker will be to ensure your voice is always heard.

FCEP is pleased to support Kelly Gray-Eurom, MD, MMM, FACEP as Vice Speaker. If you would like to learn more about her outstanding abilities or why we unanimously support her election, please contact me, our Chapter Executive, or any of the Florida Councillors.

Sincerely,

Kristin McCabe Kline, MD, FACEP
President

Kelly Gray-Eurom, MD, MMM, FACEP

To My Fellow Councillors

Thank you for your work in advancing emergency medicine, and thank you for the opportunity you have given me to continue my service to EM by running for Council Vice Speaker.

Each of us has an important voice used to promote the specialty of emergency medicine. We have an obligation to use those voices to the best of our abilities. The elected leadership has an increased obligation to use their voices wisely, but there is an important distinction between the voices of the Board of Directors and the voices of the Council Officers. The BOD members use media platforms to promote the public messages and mission for the College. They are the external voices. The Council Officers are the internal voices. They use their voice to advance the objectives of the Council clearly to the BOD throughout the year. As your Vice Speaker, I will use my voice to ensure YOUR voice is heard before, during and after Council.

BEFORE – Newer communication platforms allow pre-Council discussion at a level not previously experienced. Council Officers can link councilors and resolution authors; facilitating members to more fully integrate their concepts to streamline resolutions prior to arriving at Council. Merging siloed ideas before Council will make the resolution process stronger.

Council Officers can assist the Nominating Committee to increase representation by addressing the hesitation of well-qualified prospective candidates. A priority should be leveraging the tools and wisdom of prior BOD and Council Officers to educate prospective candidates in the “how to” strategies required to balance professional and personal obligations alongside College service. Asking someone to run is not enough. Guidance to make competing time demands workable is critical to getting the “Yes” we all need. The most qualified person is rarely the most available.

DURING – Council time is valuable. An efficient meeting has an agenda, starts on time, and ends on time. At a minimum, all agenda items are covered. To fully value Council time, the meeting has to be effective. An effective Vice Speaker listens to the room to hear what is not being said and engages the unrepresented voice. An effective Vice Speaker reads the room to anticipate issues. An effective Vice Speaker guides discussion to actionable items to bring a good ROI for your time.

As a CQO, I spend my days guiding diverse teams through challenging discussions to reach meaningful solutions. I would be honored to put those skills to work for you at Council.

AFTER – The talents of Council do not cease when the gavel falls on the 2nd day. Historically we have functioned in that way. Basecamp and ACEP engagED give the Council Officers the ability to solicit thoughts and opinions throughout the year.

I feel strongly about the need to increase communication. Council voice is more effective when heard more frequently.

Each candidate for Vice Speaker has exceptional qualities. Each brings different skill sets to the podium. I believe the time is right for my ideas and my skill sets to effectively and efficiently serve Council. I respectfully ask for your vote. I look forward to seeing, talking, and listening to each of you in Denver and earning your vote.

Kelly Gray-Eurom, MD, MMM, FACEP
Past President, Florida College of Emergency Physicians



Kelly Gray-Eurom

MD
MMM
FACEP

FOR ACEP COUNCIL VICE SPEAKER

YOUR VOICE BEFORE, DURING & AFTER COUNCIL

- Empower Members
- Effective Forum Leader
- Mentor, Teacher, Team Player

SMALL TOWN ROOTS • URBAN TRAINING • ACADEMIC & COMMUNITY PRACTICE

Professional Experience

Professor of Emergency Medicine

Chief Quality Officer

Assistant Dean for Quality and Safety

Director of EM Billing, Coding & Compliance

Director of Business & Clinical Operations

- 90K academic ED

Director of PA Services

- 90K academic ED

Administrative Director of Emergency Services

- 60K community ED

ED Medical Director

- 45k community ED

Masters in Medical Management

Advisory Workgroup for CMS Hospital Star Rankings

Sr Lead for Strategic Planning
University of Florida

Professional Activities / Committees

COUNCIL

15 year Council Veteran,
YPS, AAWEP, FCEP
Tellers Credentials & Elections Committee
Chair & Member (3ys/8yrs)
Reference Committee Chair & Member
Steering Committee
Bylaws Restructuring Committee
Nominating Committee
Awards Committee
ACEP Council Meritorious Service Award 2017

COLLEGE

Membership Committee, Chair & Member
ACEP 50th Jubilee Task Force
CEDR
Quality & Safety Committee
National Chapters & Relations Committee
Section Affairs, Chair & Member
Chair, YPS

FCEP

Past President (Sec't / VP / Pres-Elect /Pres)
Chair, Membership and Professional Development
Chair, Academic Affairs
Mentor, Young Physicians Fellowship
William T Haeck Member of the Year 2014

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College Of Emergency Physicians

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2019 COUNCIL OFFICER CANDIDATE WRITTEN QUESTIONS

Andrea L. Green, MD, FACEP

Question #1: Consider that there is a proposal to eliminate voting rights of sections in the Council. What is your stance?

Sections provide leadership and a concentration of expertise that is a valuable and important resource for the College and the Council. Sections are essential in providing awareness, a voice, and full representation of the issues of the specialty groups they represent. The research and education produced by our sections is invaluable. Their expertise often drive policy, position statements, and critical decisions within ACEP. The right to vote gives them standing in the Council. To eliminate this right is to lose the unique perspectives sections bring to the Council and remove a minority voice that need to be heard by the Council and the College. Eliminating voting rights of sections would also remove representation of the interest of key members, decrease the influence of sections, and remove a valuable source of education from specialist available during the Council meetings.

Recently, I listened to a discussion about the growth of the Council and concerns about managing its size. The discussion did involve limiting section participation. It is becoming incumbent upon us to consider a long-term plan to address Council growth. However, the sections serve a critical mission for ACEP and the Council, and I do not feel that limiting their voting rights is the route to take. Additionally, when comparing the overall number of seats for sections to the total seats of the Council, the percentages are low. Therefore, removing the sections would not provide substantial impact on the size of the Council. Instead, I believe it would create the unintended consequence of providing minimal impact in reducing Council size while simultaneously decreasing available resources, decreasing available expertise, suppressing minority voices, and eliminating full representation of our membership. This is not a viable option to the long-term solution of limiting the overall growth and size of the Council. I would recommend appointing a Council sub-committee to study this and develop a plan for the Council to consider. Ultimately, the decision rests with the Council.

Question #2: What is the role of the Council in debating divisive social issues?.

I believe that it is the role of the Council to consider and debate divisive social issues that may impact ACEP, our members, and our patients. The outcome of such debates should generate responsible recommendations for actions by the ACEP Board of Directors.

When debating divisive social issues however, the Council must keep in mind the mission and values of ACEP as well the best interest of the Council, the members, and the patients we serve.

The Council should consider information available from our highly respected sections, topic experts, and government affairs experts that can provide a wealth of knowledge on a multitude of issues. This expert input can be useful in making early determinations as to the wisdom of continuing the debate on these issues. This provides a benefit to our councilors' generous time and commitment which is valuable, and I will always seek to use effectively.

Should Council decide to proceed with debating a particular divisive issue, the debate should remain focused allowing determination as to what may or may not be a good fit for ACEP and our membership to be made as quickly as possible. Every effort should be made to identify common threads and work toward recommending non-polarizing solutions.

We face many challenges from our governments, hospitals, insurers, lawyers, and patients. Staying focused and using our resources wisely will allow us to continue with our mission and to continue to be American's "healthcare safety net".

Question #3: Give an example of an issue where you had to sideline your personal viewpoints to represent the opinion of a group.

In the state of Texas, we breed big ideas and big points of view. When President of the Texas College of Emergency Physicians, of course, I had to tackle big issues. I fought against the repeal of Texas tort reform statutes, I shut down an effort by a teaching hospital that was trying to create an alternative board Emergency Medicine Fellowship, was involved with efforts to address the issue of Medicaid expansion in our state, and started our chapter residency visit program. I do not shy away from jumping into issues with both feet. I am skilled at recognizing when and how to intervene, putting things in proper

perspective, and the importance of creating win-win situations in a variety of settings. I have integrity and selflessness, and I unquestionably understand suspending your personal viewpoints on behalf of others.

A personal example was a situation that occurred when I was a member of a single hospital, independent, democratic emergency physician group. Our group was requested to provide staffing for a new facility being developed by our hospital. The group initially indicated to the CEO a willingness to accept the additional contract. However, as time grew closer to opening the new facility the group began to reconsider the financial risk and the work. Our group hired a consultant who did an extensive financial and risk assessment and provided data indicating that the risk was not as substantial as the group predicted. I was comfortable with the data presented and the assessment of the consultant. I felt that our group could be successful and was concerned about the potential negative impact on our group of changing our position so late in the process. I encouraged our group to move forward with the project. After multiple meetings with the consultant, the group took a vote deciding not to move forward and requested that I present their decision to the CEO. This decision was made about 90 days prior to the opening of the new facility. I met with the hospital CEO concerning the decision of our group. I discussed with him the financial, staffing, and risk concerns of our group. He was extremely displeased with being advised of this decision at 90 days prior to his grand opening. To prevent our group from losing their contract, I knew I had to problem solve. I agreed to help him with an alternative plan to keep his opening on track, ultimately creating a win for our group who continued enjoying their single contract for over 20 years.



CANDIDATE DATA SHEET

Andrea L. Green, MD, FACEP

Contact Information

5 Twin Springs Dr
Dalworthington Gardens, TX 76016
Phone: 817.233.2896
E-Mail: eli.chason.green@prodigy.net

Current and Past Professional Position(s)

Emergency Physician, American Physician Partners - current
Emergency Physician, Marshfield Clinic Eau Claire - current
Emergency Physician, Emergency Physicians Partners/USACS
Director, TeamHealth West Travel Team
TeamHealth West Traveling Medical Director
TeamHealth Medical Advisory Board
CEO 1st Care Healthgroup
CEO 1st Care Hospitalist Group
Medical Director, Swedish Medical Center, Denver, CO
Chairperson, Texas Health Resources Family Violence Prevention Initiative
Medical Director, Arlington Memorial South Medical Center, Arlington, TX
Chairperson, Arlington Memorial Hospital Emergency Department, Arlington, TX
Medical Director, Tarrant County Junior College EMS Program
Chairperson, Sinai Samaritan Medical Center, Milwaukee, WI
Medical Director, Worcester Hahnemann Hospital, Worcester, MA

Education (include internships and residency information)

Prairie View A & M University
University of Iowa College of Medicine
Michigan State Affiliated Emergency Medicine Residency
Howard University Emergency Medicine Residency

Medical Doctor, 1979

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

American Board of Emergency Medicine

Professional Societies

American College of Emergency Physicians
Texas College of Emergency Physicians
Texas Medical Association
American Medical Association
National Medical Association

National ACEP Activities – List your most significant accomplishments

Chair, Diversity, Inclusion, Health Equity Section
Speaker at ACEP Corporate Council
ACEP Council Steering Committee
ACEP Council Tellers and Credentialing Committee
ACEP Council Nominations Committee
ACEP Council Reference Committee
ACEP Awards Committee
ACEP Council Forum Subcommittee
ACEP Council Strategic Issues Forum Facilitator

ACEP Chapter Activities – List your most significant accomplishments

President, Texas College of Emergency Physicians
Board of Directors, TCEP
Texas College of Emergency Physicians Secretary
Texas College of Emergency Physicians Treasurer
TCEP Councilor
TCEP Reimbursement Committee, Chair
TCEP Government Affairs Committee

Practice Profile

Total hours devoted to emergency medicine practice per year: 1,584 Total Hours/Year

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

Direct Patient Care 95 % Research 0 % Teaching 5 % Administration 0 %
Other: _____ %

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

I work as a traveling emergency physician for American Physician Partners, who manage multiple hospital contracts in a variety of settings and hospital facilities. Over 65% of my work is in rural emergency departments and the remainder of my work is in urban and suburban emergency departments. These facilities are part of multi-hospital systems. In addition, I work at Marshfield Clinic emergency department located in a small urban area.

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

Andrea L. Green, MD, FACEP

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

Employer: American Physician Partners

Address: 5121 Maryland Way, Suite 300

Brentwood, TN 37027

Position Held: Attending Physician Travel Team

Type of Organization: Emergency Medicine Management Services

Employer: Burlington Healthcare Providers

Address: W329 N4476 Lakeland Dr

Nashotah, WI 53058

Position Held: Attending Physician

Type of Organization: Emergency Medicine Staffing Services

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: Texas College of Emergency Physicians

Address: 401 W. 15th St, Suite 695

Austin, TX 78701

Type of Organization: 501C Chapter of ACEP

Duration on the Board: 1998 - 2007

Organization: Holt Bowser Charity Scholarship Foundation

Address: 904 Dover Heights Trail

Mansfield, TX 76063

Type of Organization: 501C3 Christian Scholarship Foundation

Duration on the Board: 2013 - current

Organization: Prairie View A & M University HKINE Advisory Board

Address: P.O. Box 519 Mail Stop 2415

Prairie View, TX 77446

Type of Organization: University

Duration on the Board: October 2018 - current

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

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 president and sole owner of Andrea Green, MD, PA. This is my professional association through which I provide independent contractor services to emergency medicine management companies.

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:

Andrea L Green, MD, FACEP

Date **June 11, 2019**

2019-2020
Board of Directors

Hemant Vankawala, MD, FACEP
President

Robert Hancock, DO, FACEP
President-Elect

Craig Meek, MD, FACEP
Treasurer

Sterling Overstreet, MD, FACEP
Secretary

Gerad Troutman, MD, FACEP
Immediate Past President

Justin Fairless, DO, FACEP

Justin Hensley, MD, FACEP

Doug Jeffrey, MD, FACEP

Alexander Kirk, MD, FACEP

Lorelle Knight, MS-III

Marcus Sims, MD

Theresa Tran, MD, MBA

Sandra Williams, DO, FACEP

Lee Wood, DO

Mission Statement:
The Texas College of Emergency Physicians exists to promote quality emergency care for all patients and to represent the professional interests of our members.



Dear Councillors:

It is with great pleasure that the Texas College of Emergency Physicians (TCEP) and the Diversity, Inclusion, and Health Equity Section (DIHE) endorse Andrea Green, MD, FACEP as a candidate for the ACEP Council Vice Speaker position. Andrea has served with distinction as an emergency medicine leader on the local, state, and national levels.

Andrea is committed to the ACEP Council, having served on the Council for over 20 years. She knows the work of the Council Committees from her service on many including Steering Committee, Reference Committee, Tellers, Credentials and Elections Committee, Nominations Committee and Awards Committee. Andrea dedicated over 10 years to attending ACEP board of Director meetings observing and learning the work of the Council Officers and their relations with the board and with ACEP staff.

Andrea served as President of TCEP from 2005 – 2006 and served on the TCEP board of Directors for nine years. In addition, her expertise is valued as she served many years on the Reimbursement Committee and as its chair, served many years on the Government Affairs Committee and on the EMS Committee. She continues to be involved with TCEP, particularly with legislative activities. Her experience working through difficult situations helps her stand apart when it comes to working cooperatively and effectively. She has demonstrated the ability to bring disparate people together and to gain control of difficult situations.

In addition to the work she has done on the state level, she has been a tremendous asset to national ACEP. On the national level, Andrea is a major donor to EMF and NEMPAC and is a member of the Wiegenstein Legacy Society. Her list of appointments to various ACEP committees is long and diverse.

Most recently, Dr. Green was the founding Chair of the Diversity, Inclusion, and Health Equity Section which began in 2018. Focused on promoting and highlighting how diversity improves health care outcomes, the Section's important work wouldn't exist if not for leaders like Dr. Green. Her leadership styles invites others to the table in a way that gets buy in. We have seen this over the last year in the DIHE section and for years in Texas. We feel strongly that she is the type of leader who can help ACEP face its challenges.

Her clinical work takes her to many states and to many hospitals and community environments as a travel team physician. This has provided her with an awareness that facilitates her ability to understand the perspectives of many members of the council.

She brings to the Council Vice Speaker position energy, initiative, leadership, and the willingness and ability to take control. These qualities, her vast accomplishments, and her long-standing commitment to the Council makes her the ideal candidate Vice Speaker. The Texas College of Emergency Physicians and the Diversity, Inclusion and Health Equity Section jointly endorse the candidacy of Andrea Green for ACEP Council Vice Speaker.

Sincerely,

Nicholas Vasquez, MD

DIHE Vice Chair

Hemant Vankawala, MD, FACEP

President, TCEP

Andrea L. Green, MD, FACEP

Hi, I am **Andrea Green**, and I am asking for your vote **for Vice Speaker** of the ACEP Council.

The history and leadership of emergency medicine over the past 50 years is impressive. The founding fathers created the blueprints for a road that has since been paved by many talented emergency medicine professionals. These emergency specialists continue the progression of emergency medicine in education, research, and patient care. Most of these leaders are integral members of the ACEP Council, composed of women and men, working conscientiously, developing policies, defining measures, and providing directions, which makes a profound impact on the practice of emergency medicine and the quality of care for our patients. Many of our Council members create access and opportunities with legislators and regulators generating powerful influences on the advancement of emergency healthcare. It was the ACEP Council that crafted the universally accepted definition of what defines an emergency medical condition. Now, it is the ACEP Council that is establishing the fact that whatever impacts emergency healthcare, "***is in our lane.***"

Emergency physicians are the only group of physicians always on the "front lines." We experience the joys of providing lifesaving care on the one hand and simultaneously the destructions of violence and the devastation of healthcare disparities on the other hand. Our Council engages at the forefront of complicated issues that affect emergency healthcare and has left its footprint on many. Most recently, the federal governments' adaptations of solutions to the opioid crisis bear massive imprints from members of our Council. Make no mistake about it, the ACEP Council has been and will continue to be the voice of emergency medicine, defining our specialty and practices.

For over 20 years, it has been these strong, defining, characteristics of the ACEP Council that drives my passions and commitment to the Council. I am proud to be on this journey with you. This journey is driven by our joint desires of protecting our patient's rights, providing high-quality healthcare, supporting the practices of our colleagues, and creating safe environments. I have enjoyed the historical experiences of helping to pave these roads with you and am excited about the opportunities to serve as your Vice Speaker as we move ahead.

As your Vice Speaker, I will bring a unique grounding developed from my background of years of experience in the Council, working as a traveling emergency physician in a variety of hospital settings, and working in a variety of states. These experiences have provided me a unique preparation that allows familiarity and understanding of the issues on a broader scale. I will bring an eagerness to use my abilities to create energy when harmonizing the diverse voices of the Council into inclusive environments. These inclusive environments will keep us thinking forward and moving forward innovatively as we effectively address the challenges of our future. I will bring training that allows me to facilitate your journeys in organized and meaningful ways. I will create atmospheres that motivate others to engage in the Council and will support mentoring opportunities that continue to develop leadership.

My grandfather always said, "if you don't know where you are going, any road will take you there." I am here to tell you Councillors that I am so glad that I stepped into my first Council meeting and found the road with you. I have loved this journey and want to travel on with you as your Council Officer. My name is **Andrea Green**, and I am asking for your vote for **Vice Speaker. #VOTEGREEN**



Andrea L. Green, MD, FACEP

Chair, ACEP DIHE Section
Past President, Texas Chapter

Vice Speaker Candidate

- Mentoring Tomorrows' Leaders
- Proven Leadership
- Effective Energized Meetings
- Value Inclusivity
- Forward Thinking
- Parliamentary Procedure Training

✉ Greand52@gmail.com

✉ Andrea Green

✉ Andrea Green, MD

#votegreen

2019 COUNCIL OFFICER CANDIDATE WRITTEN QUESTIONS

Howard K. Mell, MD, MPH, CPE, FACEP

Question #1: Consider that there is a proposal to eliminate voting rights of sections in the Council. What is your stance?

First and foremost, I would like to hear the rationale for such a proposal. Some of the best discussions in Council have changed my opinion completely from my initial reaction. That said, my initial reaction here would be no way. As of the 2019 Council I will have spent 9 of my 11 years of council service as a section councilor or alternate. I am a product of that leadership track, I would be loath to abandon those who would follow me.

The fallout of such a decision would be to greatly increase the influence of large states, and to limit leadership opportunities for many members. The effect of magnification of the influence of large states is simply a numbers game, it requires no further explanation here. The effect on leadership opportunities would be much more insidious. As Aaron Burr laments in *Hamilton*, to lead one must be in the room where it happens. Eliminating the sections' right to vote would effectively block the door to that room for many members.

In some state chapters, Councilors are appointed, and the positions are often given to those who show up, can reliably represent the state, and can attend the meeting. In others, the Councilors are appointed, but with an eye toward a history of service to the state chapter. In these states, one must climb the state leadership ladder before becoming a Councilor. In a third group of states Councilors are elected, and those elections run the gamut from uncontested slates to competitive ballots. In short, for some ACEP members, the only path to the Council Floor comes from years of state chapter service. That may be tough for those who are geographically remote to their chapter offices, it may be difficult for those who fail to find local mentors to lift them up, and it may be impossible for those who move early in their career or frequently throughout their career. Should we limit the presence of these members who often find their way up the national leadership ranks through section and then committee service?

In short, absent a decent argument in favor of such a proposal, I would stand against it.

Question #2: What is the role of the Council in debating divisive social issues?

For me there should be a two-pronged test to determine if the Council should debate a given divisive social issue. First, do emergency physicians, as a group, have a specific role in the issue? For example, world hunger and global warming are issues that can affect us all as humans, but emergency medicine has no specific stake in them. Homelessness and the mental health treatment afforded to veterans of the U.S. Military are two issues where emergency medicine has a decided role, and our collective voice should be heard. The second question that should be looked at is: are there other groups, more suited to the issue than ACEP, already speaking to our position? A good example of such an instance would be drunk driving. There is no question that driving while impaired leads to many crashes whose victims land in our EDs and we are left to pick up the pieces. We doubtless have a stake in seeing these crashes minimized. But there are a number of groups already addressing the issue and doing so effectively. Would adding ACEP's voice (and spending the resources needed to make that voice heard) realistically move the needle in a meaningful way?

We must, as a College, be careful to consider an additional limitation when we do decide to debate a given topic. There has to be a reasonable request for the College to act on. We could, for example, debate the effects of celebrities speaking out against vaccinations. We would likely all agree that those who use their fame in this way are doing a disservice to the public and we, again, are left to pick up the pieces. Ok, but then what? What is the College supposed to do about it and how many of our limited resources should we spend on it? Even more importantly, does spending those resources put us in conflict with other goals of the College. For example, we debate and pass a

resolution that directs the Board to call for and advertise for a boycott of Jenny McCarthy's films, but it turns out her latest work is a biographical film about an emergency physician and speaks favorably of ACEP. Do we still ask for a boycott? Did we even know such a film was in the works?

In short, I believe the Council should debate divisive social topics when the question directly influences the work of our membership, no one else is speaking on our behalf, and where there is a clear course of action for the College that aligns with the College's other activities and initiatives.

Question #3: Give an example of an issue where you had to sideline your personal viewpoints to represent the opinion of a group.

I have served as member of the Public Relations Committee and as a spokesperson for ACEP for the last nine years. In that time, I don't think I've seen a single clinical issue as contentious as the use of tPA for acute ischemic stroke. There are strong opinions on both sides of the debate, and I've been known to make my opinion very clear - to say I'm skeptical is perhaps a bit of an understatement. At one point I had an opportunity to take that skepticism public, perhaps even to reinvigorate the debate nationally. But instead, I put the college first, and faithfully represented ACEP as a spokesperson.

In February of 2013, ACEP published a controversial guideline entitled "Clinical Policy: Use of Intravenous tPA for the Management of Acute Ischemic Stroke in the Emergency Department". This set off a firestorm. Almost immediately a Council resolution was introduced asking that the policy be revisited and that a 60-day open comment period be included. Needless to say, the Council debate was spirited, lengthy, and at times downright heated. Many Councilors had significant questions about the data used to drive the conclusions and we strongly disagreed with the determination that there was level A (by ACEP's rating scheme) evidence supporting the use of tPA. We stridently argued to rework the policy. That resolution was eventually passed by 75% of the Councilors. The policy would be revisited. The ACEP Board had a lengthy discussion regarding clinical policies in November 2013 and in January 2014 the board approved specific direction and comments to the Clinical Policies Committee regarding implementation of that resolution.

When this occurred many in the media (including some national news outlets) asked "what happened (with ACEP's policy)?" As an ACEP spokesperson I was asked to handle some of these interview requests and to help come up with talking points regarding the controversy. This was an incredible opportunity to express my opinion to reporters, to explain the limitations of the data, and to describe the concerns shared by so many of our colleagues regarding the use of tPA in acute stroke. It might've been possible to drive the tPA question into the national healthcare discussion, especially considering the cost of the drug. However, it wouldn't have benefited ACEP to revisit the Council debate in the press. Putting the use of tPA to treat acute stroke into question in the public's eye would have only served to confuse and even frighten patients, and ACEP didn't have a recent clinical policy (at that point) to fall back on. So, I helped craft a message that the debate on the resolution was a debate of methodology, about the rigor required for a Level A recommendation, and whether the meta-analyses used by the Clinical Policies Committee provided sufficient evidence. With this type of dry description and simple but truthful summation, most media outlets quickly lost interest. While I usually would wish to re-energize a debate about which I am passionate, that wasn't my role.



CANDIDATE DATA SHEET

Howard K. Mell, MD, MPH, CPE, FACEP

Contact Information

10309 Squires Way
Cornelius, NC 10309
Phone: 740-637-1231
E-Mail: Howie.mell@gmail.com

Current and Past Professional Position(s)

Current:
National Reservist Emergency Physician
Vituity, Emeryville, CA (2017 – present)

Past:
Locum Tenens Emergency Physician
SBG Healthcare, Hollywood, FL (2016 – 2018)

Emergency Physician
Wake Forest Emergency Physicians, Winston-Salem, NC (2015 – 2016)

EMS Medical Director
Iredell County (NC) EMS (2015 – 2016)
City of Newark (OH), Division of Fire (2008 – 2015)
Ohio Ambulance (Cleveland and Cincinnati, OH) (2012 – 2015)
Trumbull Memorial Hospital (Warren, OH) EMS System (2014 – 2015)
Lake Health (Lake County, OH) EMS System (2010 – 2013)

Flight Physician
Metro Lifeflight, MetroHealth System, Cleveland, OH (2013 – 2015)

Part Time Emergency Physician
Mayo Clinic Health System, Albert Lea and Austin, MN (2013 – 2015)

Emergency Physician, Emergency Department Director, and Division EMS Director
EmCare, North Division, Multiple Cities and States (2010 – 2015)

Emergency Physician
Primus Trauma Care, LLC, Bloomington, IL (2009 - 2011)

Emergency Physician
Premier Health Care Services, Dayton, Ohio (2008 – 2009)

Emergency Physician and Director of EMS Education
Ohio State University, College of Medicine, Department of Emergency Medicine, Columbus, Ohio (2007 – 2008)

Education (include internships and residency information)

Mayo Clinic School of Graduate Medical Education, Rochester, MN - Emergency Medicine Residency Training Program, 2007

University of Illinois at Chicago, College of Medicine at Rockford - Doctor of Medicine, 2004

University of Illinois at Chicago, School of Public Health, Department of Environmental and Occupational Health Sciences - Master of Public Health, 1999

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

Diplomate of the American Board of Emergency Medicine (ABEM)

ABEM Subspecialty Certification in Emergency Medical Services (EMS)

Certified Physician Executive (CPE) by the Certifying Commission in Medical Management

Professional Societies

Fellow - American College of Emergency Physicians

Member – The Doctors Mayo Society, Mayo Clinic Alumni Association

National ACEP Activities – List your most significant accomplishments

Awards:

A “Top Peer Reviewer” and “Top New Peer Reviewer”, 2016, Annals of Emergency Medicine

Spokesperson of the Year, 2014

Positions:

Immediate Past Chairperson (2018 -), Chairperson (2016 - 2018), Member and Spokesperson – Public Relations Committee (2010 -)

Chairperson – EMS Education Subcommittee of the Education Committee (2015 -)

Member – Education Steering Committee (2015 -)

Peer Reviewer – Annals of Emergency Medicine (2015 -)

Councilor and Alternate Councilor – Tactical Emergency Medicine Section Delegation (2013 -)

Member – Emergency Medicine Services / Prehospital Care Committee (2012 -)

Member – Editorial Advisory Board, ACEP Now (ACEP News) (2013 - 2018)

Member – Council Steering Committee (2014 - 2016)

Chairman – Emergency Medicine Practice Council Reference Committee (2014)

Member – Tellers, Credentials, and Elections Committee (2013 – 2014, 2018)

Member – Emergency Medicine Practice Committee (2009 - 2014)

Councilor – Young Physician Section Delegation (2009 - 2010)

Member – National Emergency Department Categorization Task Force, Emergency Medicine Practice Committee (2009 - 2010)

Chairman, Chair Elect, Secretary, and Member-at-Large – Emergency Medical Services / Prehospital Care Section (2008 - 2015)

ACEP Chapter Activities – List your most significant accomplishments

Alternate Councilor – State of Ohio Chapter Delegation (2008 and 2012)

Ohio ACEP Leadership Development Program Class of 2008

Practice Profile

Total hours devoted to emergency medicine practice per year: 1600 Total Hours/Year

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

Direct Patient Care 100 % Research _____% Teaching _____% Administration _____%

Other: _____% _____%

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

I work for Vituity (formerly CEP-America), as one of roughly 2200 physicians in a fully physician owned, fully democratic, large group practice. I serve as a reservist emergency physician, filling in for several months at a time wherever staffing needs dictate.

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

10 Cases

Plaintiff Expert

2 Cases

No cases have gone to court. One defense case went to depositions, and one to formal report (but is still active). Both Plaintiffs cases are thus far advisory only. The two Plaintiff cases are against EMS Corporations. No individual persons, physicians or others, are named.



CANDIDATE DISCLOSURE STATEMENT

Howard K. Mell, MD, MPH, CPE, FACEP

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

Employer: Vituity

Address: 2100 Powell Street, Suite 400

Emeryville, CA 94608

Position Held: Reservist Emergency Physician

Type of Organization: Large, Physician Owned, Fully Democratic Group

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: NONE

Address:

Type of Organization:

Duration on the Board:

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

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

NONE

If YES, Please Describe:

Candidate Disclosure Statement

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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?

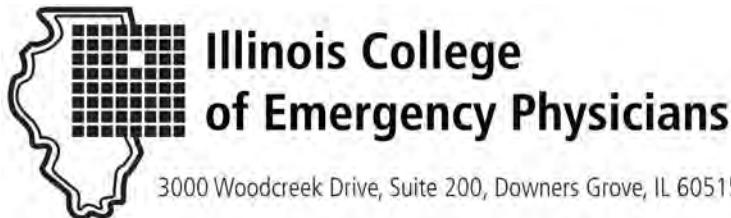
NO

If YES, Please Describe:

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

Howard Mell

July 1 2019



ADVANCING EMERGENCY CARE

 ICEP.org

3000 Woodcreek Drive, Suite 200, Downers Grove, IL 60515

phone: 630.495.6400 toll-free: 888.495.ICEP fax: 630.495.6404

August 15, 2019

Dear Councillors:

The Illinois College of Emergency Physicians and the ACEP Tactical Emergency Medicine Section enthusiastically endorse Howard "Howie" Mell, MD, MPH, CPE, FACEP for the position of Council Vice Speaker. Dr. Mell is a dedicated member of ACEP. He has been continuously active at the National level since he was in residency in 2006, and with the Council since 2008, when he started as a member of the Ohio ACEP Development Academy. Dr. Mell has also been a section president, committee chair, and has served on the Council Steering Committee. At the Chapter level, he consistently serves as faculty for ICEP's Oral Board Review Courses. Dr. Mell's energy and passion would be a tremendous asset to the ACEP Council.

Dr. Mell's communications and public relations activities at ACEP are numerous and demonstrate his expertise in communicating with leadership, press, and the public. Most recently, he led the #ACEP4U social media push, creating an electronic elevator speech advocating for ACEP membership. As the Immediate Past Chairman of the ACEP Public Relations Committee, he has helped lead the ACEP Social Media Communications team and PR team through several recent challenging events. He continues to be active as a Spokesperson for the College and won ACEP's award for "Spokesperson of the Year" in 2014. This background and widespread experience more than qualify him to work closely with the Board of Directors to illustrate and execute the complexities of the Council's vision.

Dr. Mell's leadership achievements demonstrate his ability to speak cohesively and transmit a message effectively. These skills are crucial for the Council Vice Speaker, as it would be his job to be a spokesperson for the Council, reminding the Board of Directors of what the Council's consensus decisions for advancing emergency care are. Dr. Mell's energy ensures that he would be a voice for the Council during the two days of the annual Council Meeting, throughout the year, and for the full duration of his term. He prides himself on his integrity and his ability to get the job done according to the will of the Council above personal beliefs and ideals. Dr. Mell has the potential to lead meaningful change on behalf of the Council to transform our specialty.

Dr. Mell's experience makes him uniquely suited to serve as Vice Speaker of the ACEP Council. With a Master of Public Health Degree from the University of Illinois at Chicago and a Certified Physician Executive through the Certifying Commission in Medical Management, he possesses all the qualifications of an organized, effective and passionate leader. We have no doubt he will coordinate the Council meeting with skill, confidence and energy and translate that ability into advancing the Council's goals after the meeting concludes. The ACEP Council will flourish under his visionary leadership.

Sincerely,

Ernest Wang, MD, FACEP
President, Illinois College of Emergency Physicians

David Callaway, MD, FACEP
Chair, ACEP Tactical Emergency Medicine Section

Howard K. Mell, MD, MPH, CPE, FACEP

“Why?” is every child’s favorite question: “Mommy, why do dogs bark?”; “Daddy, why is the sky blue?”; “Why do I have to eat my vegetables?” It is a powerful, single word question that we, as scientists and healers, ask all the time. Outside of the hospital, however, we aren’t as good at examining the “why?”’s of our own lives. A friend was recently hiring for a prestigious, voluntary position. He was inundated with applicants but lamented after interviewing several that no one could answer the “why?”

As any election is essentially a job interview with a limited number of applicants and a huge number of interviewers, please allow me to give you my “why?”.

For the past twelve years I have looked forward to the two days of Council with great anticipation. The diversity of thought and opinion throughout the Council energizes me. I’ve been amazed that resolutions I thought were simple cut and dry proposals destined for passage or rejection were actually nuanced issues worthy of great debate. The Councilors are an incredible font of knowledge. The passion with which the issues facing emergency medicine are discussed is invigorating. I’ve lost track of the number of times I read a resolution before the meeting and was certain of how I’d vote, only to find myself raising my card in the opposite manner after listening to the debate in reference committee or on the floor.

It is a challenge to lead this dynamic group in its deliberations. The need to balance the demands of the schedule with the need to allow full and robust debate, while allowing a bit of fun, is no simple task. It is, however, one I am up to.

The real “why?” for me comes in not in the two days of Council but in the other 363 days of the year. The Council is an amazing and diverse group of emergency physicians. When we come together and hammer out a decision, a direction, or an agreed-upon approach to the issues before us, we need to have those ideas represented to the Board and College staff with a strength befitting the work put into them. I will carry the voice of the Council forward throughout the year, not just during the Council meeting itself. I have spent ten years representing the College to various media outlets through my work with the Public Relations Committee. It is time for me to take those communication skills into the Board Room to represent the Council and all of your work.

So, for me, the “why?” is simple. The job of the Vice Speaker extends far beyond the Council Meeting itself. It is a commitment to be a voice representing you, the leaders of our specialty, and your decisions on the Council – all year long. I am the right person for that job. I have the strength to advocate for your positions with passion, the sense of duty to faithfully represent your will above my own, and the experience to communicate the nuanced complexities of your vision accurately. To put it succinctly – elect me for the other 363.

Howie Mell, MD, MPH, CPE, FACEP Candidate for Vice Speaker



- Practicing Emergency Physician with Vituity
 - o Residency Trained at the Mayo Clinic
 - o Board Certified in EM and EMS
- Proven Leadership
 - o Immediate Past Chair of the Public Relations Committee
 - o Past Chair of the EMS Section
 - o 12 years of service as a Councilor or Alternate Councilor

Elect Me for the Other 363

The job of the Vice Speaker extends far beyond the Council Meeting itself. It is a commitment to be a voice representing you, the leaders of our specialty, and your decisions on the Council - all year long. I am the right person for that job. I will advocate for your positions with passion, I will faithfully represent your will above my own, and I will communicate the nuanced complexities of your vision accurately.

Howie Mell, MD, MPH, CPE, FACEP for Vice Speaker



Communication

I have spent the last ten years as a Spokesperson for the College and I have been at the forefront of ACEP's ventures into Social Media. I will leverage these skills to increase communication with the Council throughout the year and to advocate for the Council with the Board.

Passion

As a former firefighter paramedic, I approach everything I do with passion and drive. I will represent the will of the Council with integrity, energy, and skill. I won't stop until the job is done.



Fun

At the end of the day, the members are best served when the Council is led with a sense of levity and humor. After all, being an emergency physician is the best job in the world!