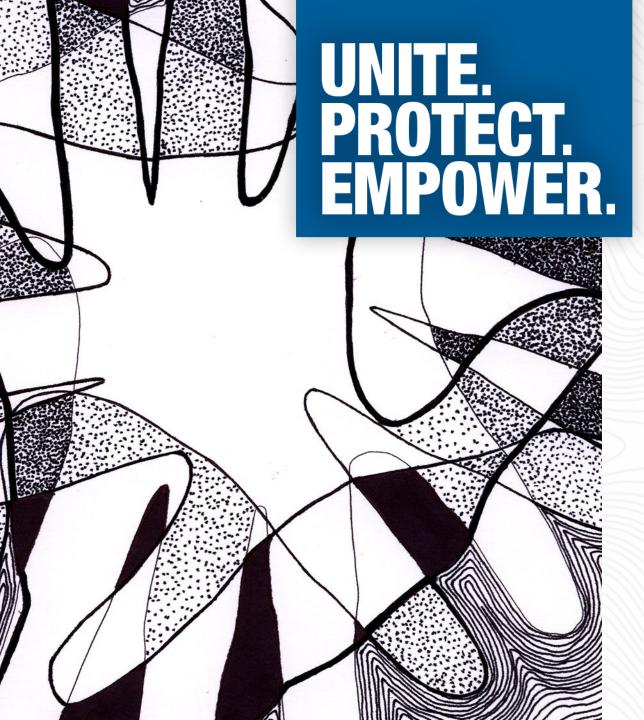


# Corporate Council

### How It's Made

Christopher Baugh, MD, MBA, FACEP Ryan Stanton, MD, FACEP James Williams, MS, DO, FACEP Riane Gay, MPA, CAE, Corporate Development Director



### **Convening an Expert Panel**

**Christopher Baugh MD, MBA Department of Emergency Medicine Brigham and Women's Hospital** 



ADVANCING EMERGENCY CARE\_

### **My Expert Panel Experience**

- Chair, Atrial Fibrillation Expert Panel (2017-2018)
- Co-Chair, Anticoagulation Reversal Expert Panel (2018-2019)
- Panelist, Hepatic Encephalopathy Expert Panel (2019-2021)



### 3 Steps:

1: Identify an Unmet Need

2: Draft a Proposal

3: Kick off Panel and Do the Work





### **Step 1: Identify an Unmet Need**

- Gap between what the evidence supports and common practice patterns
- Area of medicine with no clear consensus and lots of practice variability
- Underuse of clinical pathway, treatment or other tools that lead to inefficient or suboptimal care



### Step 2: Draft a Proposal

- Industry partner(s) with an interest in addressing unmet need work with ACEP staff to draft a proposal; multiple industry partners with shared interests can collaborate on a single proposal
- Proposal typically includes scientific rationale for convening an expert panel
- The panel is led by a chair or co-chair who is a national thought leader with content expertise (e.g., publication/research history on the topic)
- The chair(s) work with ACEP to recruit the rest of the panel
- Panel size may vary, typically 8-15 panelists
- Set the timeline, typically 9-12 months



### **Step 2: Draft a Proposal (continued)**

- A moderator/project manager is a helpful addition to the team to assist the chair and keep the project on schedule
- The process is usually a modified Delphi rounds; a series of moderated meetings (usually pre-work virtually, then an all-day in person session followed by a series of virtual meetings)
- A budget to support the costs of the project; ACEP staff time, honoraria for the panelists, travel/meeting expenses if an in-person meeting is part of the proposal, IS development for online/app tools, open access fees for publications, marketing expenses for awareness of panel recommendations, etc.





### **Step 2: Draft a Proposal (continued)**

- Set the deliverables, typically a set of recommendations that can be translated into an online or point of care
  app tool, perhaps also a peer-reviewed paper and podcast describing the panel's process and
  recommendations (authorship order and target journal set early in project)
- Diversity of practice settings and relevant specialties/disciplines is important to construct a panel that will produce generalizable content
- Panelists could be identified via literature search, conference speaker history, committee service, ACEP section recruitment, personal connections/recommendations, etc.





### **Step 3: Kick off Panel and Do the Work**

- Once funding is approved, ACEP staff identify chair(s) and collaborate to identify potential panel members
- Potential panel members receive a recruitment letter from the chair explaining the scope/timeline/deliverables/honorarium for the project
- Once panelists have affirmed participation, chair and project manager kick off pre-work to share straw man recommendations, initial thoughts on a framework/deliverables and collect panelist feedback
- Literature review conducted to define current best available evidence and highlight areas where expert

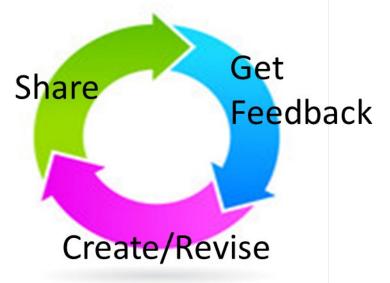
consensus may be needed for clarity





### Step 3: Kick off Panel and Do the Work (continued)

- In-person meeting follows about 1-2 months of pre-work (may be replaced with virtual session depending on pandemic travel and meeting considerations)
- Following intensive group session, chair and moderator curate notes/feedback and redistribute to panelists, highlighting key areas of disagreement for clarification
- Several more rounds of virtual meetings occur over the following 4-6 months to gain consensus on recommendations





### Step 3: Kick off Panel and Do the Work (continued)

- If applicable, chair is typically first author on peer-reviewed publication and has been working on drafting a manuscript in parallel with the panel work

- Final panel recommendations integrated into manuscript and circulated for panelist comment; panelists are all co-authors on paper

- ACEP IS team creates online tool and app with panel recommendations

Paper is submitted for publication and ACEP IS tools are launched

- ACEP/sponsor markets the panel's recommendations







American College of Emergency Physicians / APIS
<b>W</b> AFIB
An evidence-driven tool to guide the selection and management of emergency department patients with atrial fibrillation and atrial flutter.
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This badisde tool is available in our enPOC app, Available exclusively to ACEP Numbers.   ☐ □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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When patient presents with primary problem of strial fibriflutter
Affib Protocol Exclusion Criteria (to be modified by your inetitutions standards)
Rate Confroi
Anticoagulation
) References
FIX RHYTHM
Electrical Cardioversion
Chemical Cardioversion
) References
IDENTIFY DISPOSITION (6)
Disposition Criteria for Hospital Admission
Disposition Criteria for Home
Outpatient Follow-up
) References
BEGIN ANTICOAGULATION
If patient le discharged in atrial flotflutter
If patient le discharged in sinus rhythm
References
BOCK TOP
DOWNLOAD MATERIALS
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Contributors

### **Putting it All Together**

1: Identify an Unmet Need

2: Draft a Proposal

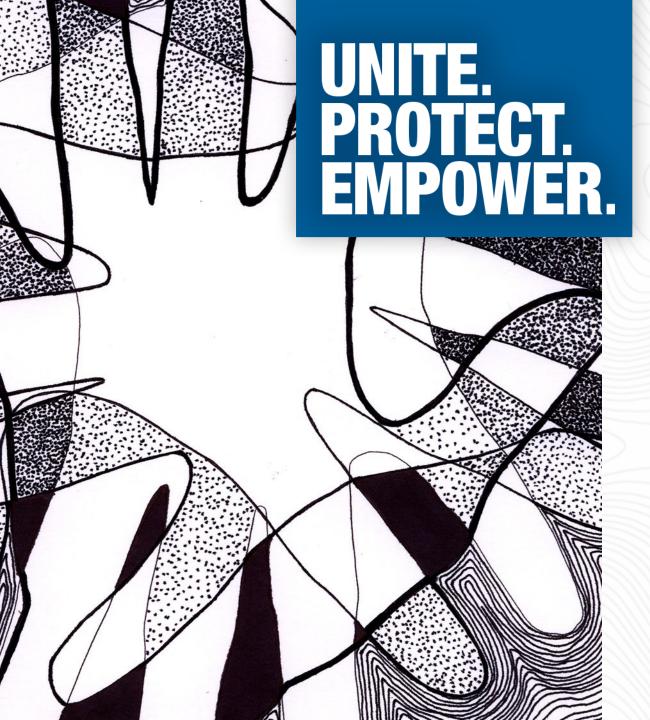
3: Kick off Panel and Do the Work





cbaugh@bwh.harvard.edu





#### **Frontline Podcast**

Ryan Stanton, MD, FACEP

EMS Medical Director for Lexington Fayette
Urban County Government Public Safety
Medical Director for Bluegrass Airport
and Florida Medical Director for AirMed
International
AMR/NASCAR Safety Team



ADVANCING EMERGENCY CARE \_\_\_\_\_\_





### **Industry-Funded Podcast Examples**

**Genentech Podcast** 

Posted April 11th with 4,383 listens



Fisher & Paykel healthcare Podcast

Posted March 7<sup>th</sup> with 4,741 listens



# The Method To Our Madness

- Why I picked the length I did and what that means for message dissemination.
- Why I don't focus on your product...what?!?



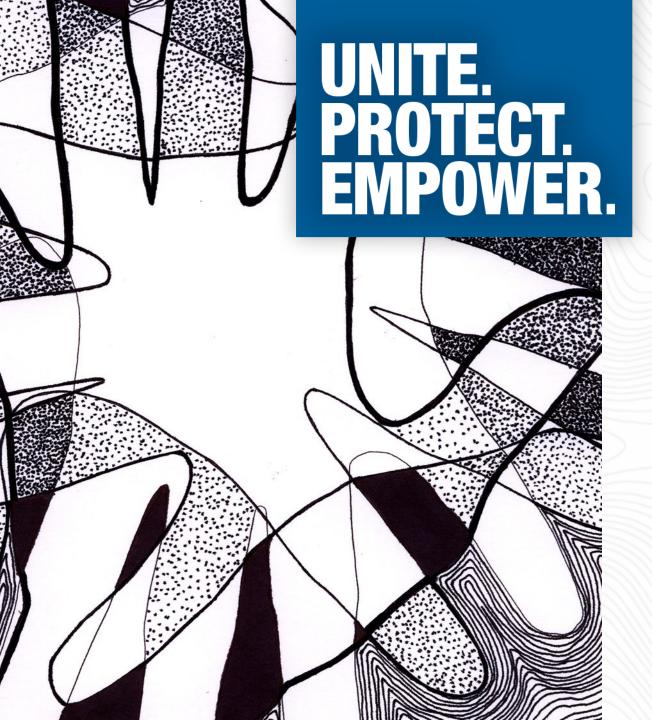




rstanton@acep.org



@EverydayMed



## Point of Care and MicroEducation Tools

Riane Gay, MPA, CAE
Director of Corporate Development,
ACEP



# 1st Industry Supported Tool



An evidence-driven tool to guide the selection and management of emergency department patients with atrial fibrillation and atrial flutter.



This bedside tool is available in our emPOC app. Available exclusively to ACEP Members.



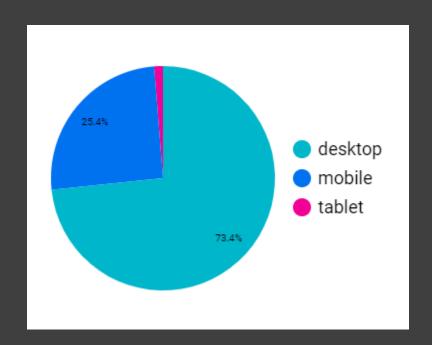


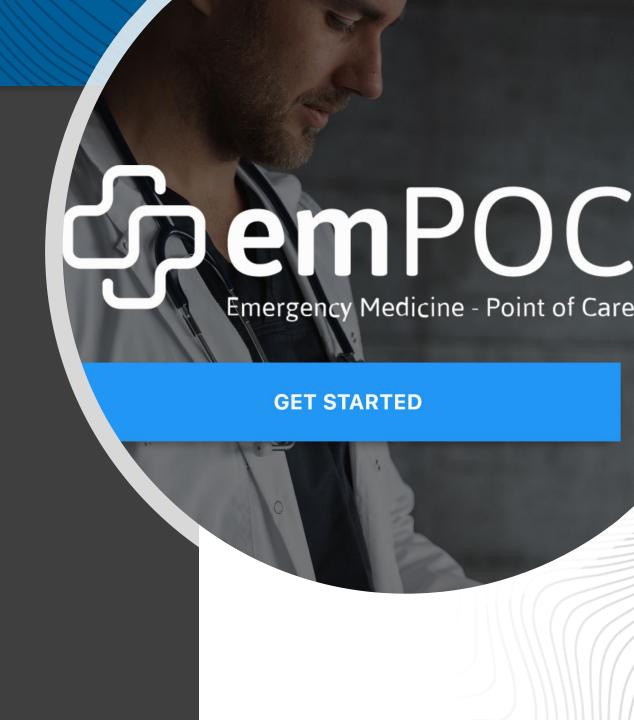
**ASSESS ARRHYTHMIA** When patient presents with primary problem of atrial fib/flutter Afib Protocol Exclusion Criteria (to be modified by your institutions standards) Rate Control Anticoagulation References **FIX RHYTHM Electrical Cardioversion** Chemical Cardioversion References **IDENTIFY DISPOSITION** Disposition Criteria for Hospital Admission Disposition Criteria for Home Outpatient Follow-ur



### Where We Are

- 15 Point of Care Tools
- 2 in queue to be released
- Over 230,000 Visitors







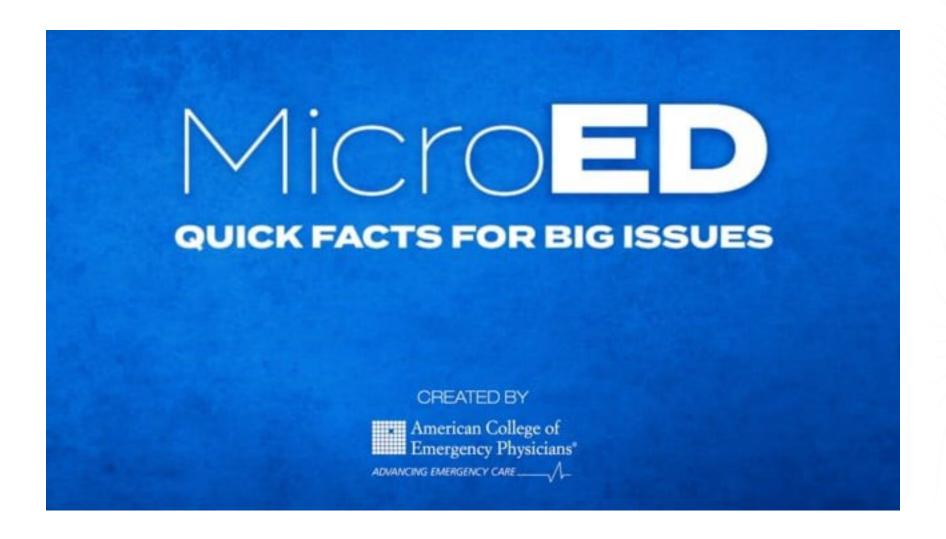
### **Top Five Tools**

- BUPE (2018)
- DART (2015) -First Tool Created
- AFIB (2018)
- ADEPT (2018)
- Sickle Cell (2021)



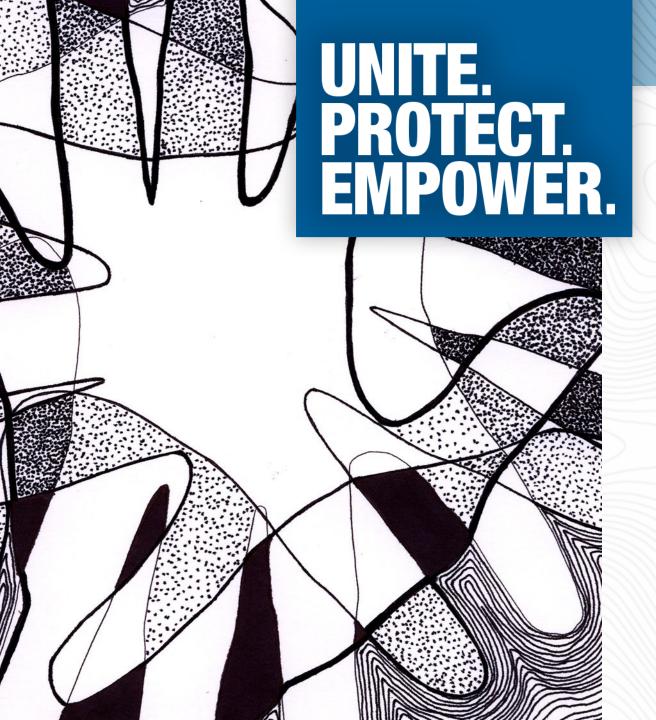
Videos that will bring you up to speed without slowing you down. Usually only 60-90 minutes in length and quickly help fill knowledge gaps and reinforce core treatment principles.







rgay@acep.org



James Williams, MS, DO, FACEP

Clinical Professor, Emergency Medicine,
Texas Tech HSC
Chair Research Council,
Meritus Medical Center,
EMF Exec board



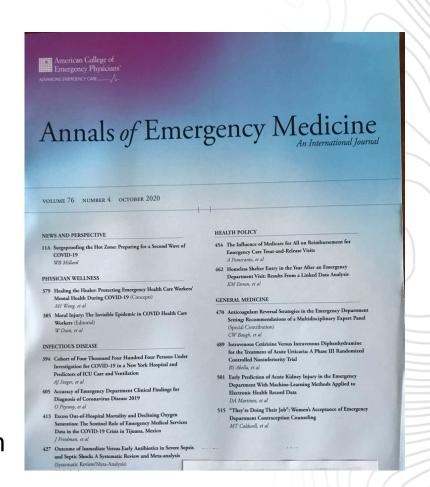


- Unmet need medication, device, process tool
- Proof of Success or Engage in Research (EMF)
- Need Champion and Subject Expert
- Form group reflective & knowledgeable of audience
- Develop strategy of integration in daily practice





- 10/2015 Praxbind, 5/2018 Andexxa approved
- 10/2017 ACEP DC met with Portola and BI
- 2/2018 grant assessment, 5/2018 approved by Portola & BI
- 6/2018 Literature Search, panel review
- 7/2018 Formed expert panel
- 9/2018 in person meeting ACEP Dallas
- 5/2019 submitted Annals Emergency Medicine
- 11/13/2019 published electronic Annals, 5/2020 print publication





- Chairs: Jim Williams, Chris Baugh
- EP: academic (many community based) Jason Wilson, Frank Peacock, TJ Milling (Andexa trial), John McManus (Army, Annals reviewer, ACEP Council Speaker), Charles Pollack (Praxbind trial), David Cornutt (rural)
- Cardiology: Todd Villines
- Pathology: Ravi Sarode (Kcentra trial)
- Hem/Onc: Rachel Rasovsky
- IM/Neuro/Crit Care: Alex Spyropoulos
- Surgery/Traum: Tim Woods (Praxbind trial)
- Toxicology: Mike Levine
- ACEP Practice Management: Richard Kwun
- PharmD: Kurt Mahon





- ACEP
  - Lori Vega
  - ▶ Riane Gay
  - Sandy Schneider
- Industry
  - ▶ BI
  - Portola/ AstraZeneca
- Expert Panel





#### Anticoagulant Reversal Strategies in the Emergency Department Setting: Recommendations of a Multidisciplinary Expert Panel

Christopher W Baugh <sup>1</sup>, Michael Levine <sup>2</sup>, David Cornutt <sup>3</sup>, Jason W Wilson <sup>4</sup>, Richard Kwun <sup>5</sup>, Charles E Mahan <sup>6</sup>, Charles V Pollack Jr <sup>7</sup>, Evie G Marcolini <sup>8</sup>, Truman J Milling Jr <sup>9</sup>, W Frank Peacock <sup>10</sup>, Rachel P Rosovsky <sup>11</sup>, Fred Wu <sup>12</sup>, Ravi Sarode <sup>13</sup>, Alex C Spyropoulos <sup>14</sup>, Todd C Villines <sup>15</sup>, Timothy D Woods <sup>16</sup>, John McManus <sup>17</sup>, James Williams <sup>18</sup>



### 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association

Steven M. Greenberg, Wendy C. Ziai, Charlotte Cordonnier, Dar Dowlatshahi, Brandon Francis, Joshua N. Goldstein,
J. Claude Hemphill III, Ronda Johnson, Kiffon M. Keigher, William J. Mack, J. Mocco, Eileena J. Newton, Ilana M. Ruff, Lauren H. Sansing,
Sam Schulman, Magdy H. Selim, Kevin N. Sheth, Nikola Sprigg, Katharina S. Sunnerhagen and ... See all authors

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Other version(s) of this article  $\vee$ 



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