



THESE MINUTES WERE APPROVED BY THE SECTION CHAIR AND ARE PENDING APPROVAL BY THE RURAL EMERGENCY MEDICINE SECTION AT THEIR ACEP24 MEETING. ANY CHANGES WILL APPEAR IN THE MINUTES OF THAT MEETING.

Rural Emergency Medicine Section

Annual Meeting Minutes

Monday, September 8, 2025

12:30pm – 2pm Mountain

SPCC, Room 155A

Attendees: *Approximately 30 section members and guests including Frederick Carlton, MD, FACEP (Chair), Steven Haywood, MD, FACEP (Chair-Elect) Viktoria Koskenoja, MD (Immediate Past Chair); Ashley Weisman, MD (Councillor); Hillary Baker, DO; Carol Wright Becker, MD, FACEP; Chad Branecki; Melissa Fleegler, MD, FACEP; Kelly Griffin; Ken Gramyk, MD, FACEP; Kathryn Hawk; Steve Jameson, MD, FACEP; Chadd Kraus, DO, DrPH, CPE, FACEP (ACEP Board Liaison); Heather Marshall Vaskas; Guy Nuki; Bruce Parker; Kelly Peasley (ACEP Staff); Kelly Rhone; Michael Shaw, and Ben Sheets*

Welcome / Chair's Report

Dr. Carlton welcomed attendees and presented an overview of the proposed changes to the Rural Section Operational Guidelines. After asking for additional discussion on the proposed changes a vote was taken via paper ballot. The revised operational guidelines were approved by more than 2/3 of section members present.

Update from the ACEP Board of Directors

Chadd Kraus, DO, CPE, FACEP, the Rural Section's Liaison to the ACEP Board of Directors, shared updates and reflections on rural emergency medicine and the organization's current initiatives. Dr. Krause announced that Mike Fraser will become ACEP's new Executive Director on November 1, praised Dr. Sandy Schneider's interim leadership, and discussed the Board's efforts to uphold ACEP's values while navigating complex legal and social challenges. He highlighted progress with the Emergency Medicine Data Institute (EMDI), which evolved from the Clinical Emergency Data Registry to improve quality measures and research capabilities, and previewed the potential of "Ask Obi," an AI tool for data queries. Additional updates included new policies on death



certificate responsibilities, workplace conduct signage, and malpractice insurance standards, as well as progress on emergency department, geriatric, and potential urgent care accreditations. Dr. Kraus concluded with logistical updates about future ACEP meetings and encouraged feedback from members attending the Salt Lake City conference.

Update on Council / Rural Section Resolutions

Ashley Weisman, MD, FACEP, the Rural Section's Councillor, provided an overview on the functioning of ACEP's policy-making body and highlighted several resolutions relevant to rural emergency medicine. Key discussions included strong opposition to expanding telemedicine as a substitute for on-site physicians, affirming that 24/7 physician presence remains the gold standard for emergency departments. The council supported making telemedicine licensing easier to improve access to specialist care, especially across state lines, while cautioning against potential corporate misuse. Another approved resolution focused on identifying and reducing barriers to patient transfers rather than revising EMTALA itself. A proposal to restrict the term "emergency department" to facilities with on-site physicians was not approved due to state-level variations, but ACEP's new accreditation standards will require continuous physician presence for accredited rural EDs. Additional resolutions supported Medicaid expansion and better reimbursement rates for rural hospitals. Leadership updates included the election of Dr. Larissa Trail as Vice Speaker and Dr. Ryan Stanton as President.

Panel Discussion: Best Practices in Staffing Rural Emergency Departments

Rick Carlton, MD, FACEP, served as the moderator

Panelists:

- Ben Knutson, MD, FACEP
- Gary Gaddis, MD, PhD, FACEP
- Guy Nuki, MD

Dr. Benjamin Knutson, an emergency physician with Mayo Clinic and co-author of ACEP Resolution 60, discussed the realities of rural emergency

medicine in Minnesota. He explained that Minnesota has one of the highest numbers of critical access hospitals in the U.S.—over 76—ranging from fully staffed facilities with board-certified physicians to sites run solely by advanced practice providers (APPs). He emphasized the wide variability in rural practice and the difficulty of maintaining physician-only coverage across so many small, remote hospitals. Dr. Knutson described Mayo Clinic’s former intensive APP training and tele-support program, which was initially successful but proved financially unsustainable. He argued for innovative, hybrid models that ensure emergency physicians can directly interface with patients—whether in person or virtually—rather than focusing solely on on-site presence. Looking forward, he envisioned emergency medicine evolving beyond the traditional hospital setting, with physicians engaging patients remotely or even at home, redefining care delivery for rural populations.

Dr. Gary Gaddis, a semi-retired academic emergency physician from University City, Missouri, described his move from academia to practicing at a rural critical access hospital in 2022. As former chair of the AMA’s Academic Physicians Section, he stressed the need to consider where trainees practice, especially in rural areas. Citing the shortage of emergency physicians, he emphasized the significant training gap between doctors and nurse practitioners and challenged the assumption that more patient interaction equals better care. Gaddis questioned whether facilities without on-site physicians should be called emergency departments, noting that rural hospitals can stabilize patients but may mislead the public by using the ED label. He referenced EMTALA as an example of federal standards overriding state laws and suggested similar oversight could define emergency departments. Gaddis concluded that requiring a physician for a true ED is a new idea needing further discussion, supporting telemedicine oversight and transparency about provider qualifications.

Dr. Guy Nuki, a family medicine-trained physician practicing emergency medicine since 2003, discussed his leadership of a private ED group in New England that staffs several rural hospitals. His group’s model always includes a physician on duty, with APPs working overnight under close supervision.

Drawing on his broad background in family medicine, obstetrics, trauma, and EMS, Dr. Nuki emphasized that rural emergency medicine demands the widest and most challenging skill set in the field. He noted that few recent family medicine graduates are prepared for the acuity of rural EDs and that many new emergency physicians are reluctant to work in these settings. Dr. Nuki praised ACEP's shift toward valuing experienced physicians from other specialties and urged a focus on meeting community needs rather than enforcing rigid certification requirements. He warned that the decline in rural hospitals providing obstetric care signals worsening access to essential services and called for flexible, needs-based staffing and training to strengthen rural healthcare delivery.

E-QUAL

Dr. Kate Hawk introduced the Emergency Quality Network (E-QUAL), a quality improvement initiative active since 2015. Designed to support emergency departments, especially in rural areas, the program offers data-driven improvement projects that award MIPS credit without requiring extensive additional work. Dr. Hawk explained that the E-Qual Network operates in six- to nine-month learning collaboratives focused on specific clinical areas, such as substance use and opioid use disorder (OUD). Participants collect and submit de-identified, aggregated data, ensuring privacy while contributing to national benchmarks. The program provides portals for data entry, feedback reports, and certificates of completion for participating EDs. Dr. Hawk emphasized that E-QUAL helps hospitals improve efficiency, meet reporting requirements, and strengthen quality of care with minimal administrative burden. She encouraged new emergency departments to join the network, particularly those interested in developing or enhancing OUD programs, and offered to connect individually with participants after the session.

ED Accreditation Program Update

Dr. Heather Marshall Vasquez, a rural emergency physician and member of the Board of Governors for the Emergency Department Accreditation (EDAc) program, introduced the new EDAc accreditation program. She explained that there are four levels of accreditation—Levels 1, 2, 3, and Rural/Critical Care—



based on factors such as supervision, staffing, pharmacy, respiratory therapy, advanced imaging, and social services. Despite these distinctions, all levels share 33 common requirements. The program officially launched on May 5, 2025 and already has its first accredited site, with more in progress. Dr. Vasquez also invited applications for paid professional reviewer positions and discussed a forthcoming “Blue Ribbon” designation to recognize hospitals and systems that exemplify best practices in employment standards, physician autonomy, and work environments. She emphasized collaboration, flexibility, and continuous improvement toward better patient care and physician support.

Dr. Carlton thanked the attendees for their participation, and the meeting was adjourned at 2:00 pm Mountain.