Question #1: How would you capitalize on the development of the Emergency Medicine Action Fund and maintain the voice and broad involvement of all members? What would be one of the first uses you would contemplate for this fund?

There is confusion about the relationship between the ACEP BOD and the EMAF Board of Governors. The ACEP BOD should provide oversight only to the degree that the activities of EMAF are consistent and complimentary to the priorities and strategies of ACEP, the EMAF stakeholders and the emergency medicine community at large. The ACEP Board should ensure that EMAF activities meet their charge to address regulatory issues, to advocate for emergency physicians, and the patients we serve. EMAF should not become shadow lobbyists for special interests. Beyond that, the EMAF BOG should be free to pursue their destiny. The main goal for EMAF is to identify the priority regulatory issues, develop emergency medicine’s messages about them and to coordinate the advocacy efforts among the key members of the emergency medicine community. To me the priority issues are: the value of emergency medicine, maintaining an adequate workforce, sufficient reimbursement so we may fulfill our mission, the importance of liability reform and to demonstrate how these are connected to each other.

One of the components of health care reform is bundling of payments. How the bundled payments will be divided among the providers and hospitals is an unanswered question and has created much angst and paranoia. The inevitable disagreements over unbundling of payments have the potential to divide rather than unify. Being prepared to demonstrate the value and quality of the care provided by emergency physicians should be a high priority. EMAF can develop these arguments for use not only at a federal level but at a state and local one as well.

Repeal of the IPAB and the SGR are legislative efforts. Should the effort to repeal the IPAB fail, EMAF should be prepared to argue for the value of the care we provide and the consequences of cutbacks. IPAB cutbacks will target physicians more than any other. The emergency medicine community again must speak in unity to this Gang of 15. The same can be said for repeal of the SGR. During the recent Leadership and Advocacy Conference, the most common question I heard from legislators was that although they agree with SGR repeal, they wanted to know what we propose to replace it with. We need a unified answer for them and it seems that the EMAF Board of Governors may be the proper forum in which to develop a consensus.

Another role for EMAF is to address quality and efficiency measures from CMS and other federal agencies. If there is any doubt that these are an issue, the recent rule on CT Scanning for Non-Traumatic Headaches and its effect on payment should be sufficient proof. Likewise the proposed use of metrics and patient satisfaction scores as quality measures and other possible core measures should be areas within the purview of EMAF. These must truly be quality and efficiency measures that are based on evidence and a consensus on best practices rather than phantoms for cost control.

The current debate on the national debt will undoubtedly lead to re-evaluation of federal expenditures and funding for graduate medical education is certainly to be a target. EMAF again can be the unifying body to develop the messages and advocacy efforts. Should GME funding be cut, the devastating effects on the workforce and patient safety cannot be understated. This must be communicated strongly, consistently and with a unified voice.

Finally EMAF must point out the lack of accounting for the patient’s responsibility in the discussions about quality improvement and cost controls. Patients share in the responsibility and should be proportionally accountable for outcomes, yet currently they have nothing to lose by not meeting their duty. Physicians and hospitals should not be held accountable for events or actions beyond their control.
**Question #2: What would you say to a residency graduate or practicing emergency physician about the value of ACEP membership?**

Aside from the obvious measurable benefits, such as free subscription to the Annals of Emergency Medicine, bookstore discounts, free CME via ACEP News, discounts for the LLSA, and reduced fees for the annual SA registration there are other benefits that are difficult to measure but are of more significance. As a member you gain a sense of community, of belonging and an attachment to your peers across the country. ACEP advocates for you, has opportunities for leadership that allow you to help create the future, and your membership will support others who are working on your behalf.

Decisions are being made that not only affect your current work and financial health, but in your future as well. Silence makes us a victim of the actions and decisions of others, but advocacy makes us part of process and allows us to influence the outcome. If you care about your family, your fellow physicians, your patients, your profession and the specialty of emergency medicine, you should join ACEP and become as active in it as you can. There is a war going on over the practice and future of emergency medicine. This is your call to arms.

**Question #3: If you were allowed only one accomplishment while serving on the Board, what would you choose as your main focus? Please explain why and how you plan to accomplish this task.**

A recent Past President of ACEP used to say that she could turn any issue into a boarding issue. It was said in jest, but there is some truth in it. The same can be said for the workforce. Most any issue we face as a specialty can be turned into a workforce one. My particular emphasis would be on emergency care in rural and smaller facilities. Although there are high functioning hospitals and excellent practitioners in rural and smaller facilities, in general the quality of emergency care in them is lower than at their urban counterparts. This discrepancy should be narrowed, not by lowering our standards but by improving care in all emergency departments regardless of their size or location. It is our moral and ethical obligation and is consistent with the values we hold.

Emergency residency training is the best preparation for the practice of emergency medicine. Yet there are too few residency graduates to meet the need. We must increase the number of approved residency positions, and secure the funding for them. We must work to remove the barriers to the recruitment and retention of emergency residency trained physicians to rural and smaller venues. Rural rotations for residents, loan forgiveness programs and other financial incentives seem to be reasonable first steps.

Until the supply meets the demand, physicians who are not residency trained in emergency medicine will be needed. The emergency medicine community owes it to the public as a matter of patient safety to assist and support these physicians. They exist to augment the EMRT physician workforce, not to supplant them. Education to help them increase their skill and knowledge is a reasonable pursuit. What is better for patients, for these physicians to gain knowledge, or for them not to be so educated? This has nothing to do with Fellowship in the College, recognition of alternate Boards of Certifications or even who can call themselves an emergency physician. It is about improving the care provided to patients when the residency trained manpower is limited.

Telemedicine is a technology that has not been fully developed and in my opinion holds much promise as an aid to emergency care in rural and non-urban centers. It is for this reason that I have initiated the process to establish a new Section on Emergency Telemedicine. We do not yet have the requisite 100 members but hope to meet that threshold soon.

Although ACEP has a policy on physicians in their pre-retirement years, many of these recommendations have not been adopted in practice. Preserving and prolonging the careers of these experienced, capable, and knowledgeable physicians is an important part of addressing workforce needs. We need to find a way to translate policy into practice. We can begin by directly engaging employers, hospitals, and contract groups and convince them that prolonging the careers of these physicians is in their best interests.
CANDIDATE DATA SHEET

John J. Rogers, MD, FACEP

Past and Present Professional Position(s)

Current

Associate ED Medical Director - Coliseum Medical Center and Coliseum Northside Hospital, Macon, GA; and Fairview Park Hospital, Dublin, GA
Chief of Department of Medicine and Chief of Staff Elect - Coliseum Northside Hospital, Macon, GA
Emergency Physician – Coliseum Northside Hospital and Coliseum Medical Center, Macon, GA; and Monroe County Hospital, Forsyth, GA

Previous

Assistant Professor, Department of Surgery - Mercer University School of Medicine, Macon, GA
Director of Undergraduate Education, Dept of Surgery - Mercer University School of Medicine, Macon, GA
Chief of General Surgery - Medical Center of Central Georgia, Macon, GA
Chief of Staff - Monroe County Hospital, Forsyth, Georgia
EMS Medical Director - Monroe County, Georgia
ED Medical Director - Monroe County Hospital, Forsyth, Georgia
Emergency Physician – Several hospitals in the Middle and South Georgia Area

Education

1974 - BA in Biology, Augustana College, Rock Island Illinois
1978 - Medical Degree from University of Iowa College of Medicine, Iowa City, Iowa
1983 - Surgery Residency from the Medical Center of Central Georgia, Macon, Georgia
Graduate of the Medical Association of Georgia Physician Leadership Academy
Graduate of the Georgia Hospital Association Healthcare Management and Leadership Program

Certifications

American Board of Surgery - Certified in 1986, Recertified in 1995

Professional Societies

American College of Emergency Physicians (ACEP), Society of Academic Emergency Medicine (SAEM)
American College of Surgeons (ACS), American Medical Association (AMA), Medical Association of Georgia (MAG), Bibb County Medical Society, Georgia Rural Health Association, Will C. Sealy Surgical Society, Medical Association of Atlanta, Georgia College of Emergency Physicians (GCEP), Georgia College of Surgeons
National ACEP Activities – List your most significant accomplishments

Board of Trustees of the Emergency Medicine Foundation (EMF), Council Steering Committee, Chair Council Reference Committee, Councillor of the Rural EM Section, ACEP Representative to the AEM Consensus Conference on Regionalization, ACEP Representative to the Future of Emergency Medicine Summit, Chair of the Rural EM Section, Chair of the Certification and EM Workforce Section, Member Bylaws Committee, Member National Chapter Relations Committee, Member of the Associate Membership Task Force, Member Section Grant Task Force, Charter Member of the Wiegenstein Legacy Society, Initiator of proposed new Section on Emergency Telemedicine (recognition pending), Co-Editor Rural Survival Guide (ACEP Grant to the Rural Section)

ACEP Chapter Activities – List your most significant accomplishments

Secretary-Treasurer and President Elect of the Georgia College of Emergency Physicians (GCEP), Newsletter Editor, Author of the Revised GCEP Bylaws, Initiator and Organizer of GCEP Middle Georgia, Co-Developer of the GCEP Emergency Procedures Course (ACEP Chapter Grant), Member of the GCEP Rural EM Committee, Member of the GCEP Public Relations Committee, Member of the GCEP Insurance Benefits Committee, Delegate to the Medical Association of Georgia

Practice Profile

Total hours devoted to emergency medicine practice per year: 2000 Total Hours/Year

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

Direct Patient Care 64 % Research 3 % Teaching ___ % Administration 33 %

Other: ___________________________ __%

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

Employee:

Associate ED Medical Director, Coliseum Northside Hospital, Coliseum Medical Center, both in Macon, Georgia and at Fairview Park Hospital in Dublin, Georgia

Independent Contractor:

Full Time Emergency Physician Coliseum Northside Hospital, Macon, Georgia, a Community Hospital 150 beds with a 12 bed ED and an annual volume of 24,000

Part Time Emergency Physician Coliseum Medical Center, Macon, Georgia, a Community Hospital of 250 beds with a 24 bed ED and an annual volume of 38,000

Part Time Emergency Physician Fairview Park Hospital, Dublin, Georgia, a Community Hospital of 200 beds with a 20 bed ED and an annual volume of 34,000

Part Time Emergency Physician Monroe County Hospital, Forsyth, Georgia, a Critical Access Hospital of 20 beds with a 6 bed ED and an annual volume of 10,000

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.

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<th>Plaintiff Expert</th>
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CANDIDATE DISCLOSURE STATEMENT

John J. Rogers, MD, FACEP

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

   Employer: EmCare
   Address: 18167 US Hwy 19 N
            Clearwater, Florida 33764
   Position Held: Associate ED Medical Director; Emergency Physician
   Type of Organization: Contract Group

   Employer: Schumacher Group
   Address: 3100 Cumberland Blvd, Cumberland Center 2, Suite 1400
            Atlanta, Georgia 30339
   Position Held: Emergency Physician, Previously ED Medical Director
   Type of Organization: Contract Group

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

   Organization: Georgia College of Emergency Physicians
   Address: 6134 Poplar Bluff Circle, Suite 101
            Norcross, Georgia 30092
   Type of Organization: Professional Association; Chapter of ACEP
   Duration on the Board: 4 years

   Organization: Emergency Medicine Foundation (EMF)
   Address: C/O ACEP, 1125 Executive Circle, PO Box 619911
            Irving, Texas 75038-2522
   Type of Organization: Foundation to Support Research in Emergency Medicine
   Duration on the Board: 1 year
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<th>Address</th>
<th>Type of Organization</th>
<th>Duration on the Board</th>
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<td>Association of Emergency Physicians</td>
<td>911 Whitewater Drive</td>
<td>Professional Association</td>
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<td></td>
<td>Mars, Pennsylvania 16046</td>
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<tr>
<td>Christine Regas Foundation</td>
<td>10673 Estes Road</td>
<td>Cancer Education and Advocacy</td>
<td>5 years</td>
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<td></td>
<td>Macon, Georgia</td>
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<tr>
<td>US Alliance of EM (Alliance for Health and Wellness)</td>
<td>916 Olive Street</td>
<td>Professional</td>
<td>1½ years</td>
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<td></td>
<td>St. Louis, Missouri</td>
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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 Below:

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) 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:

Signature: __________________________ Signature on file with ACEP __________________________ Date: __________________________

John J. Rogers, MD, FACEP

31 July 2011