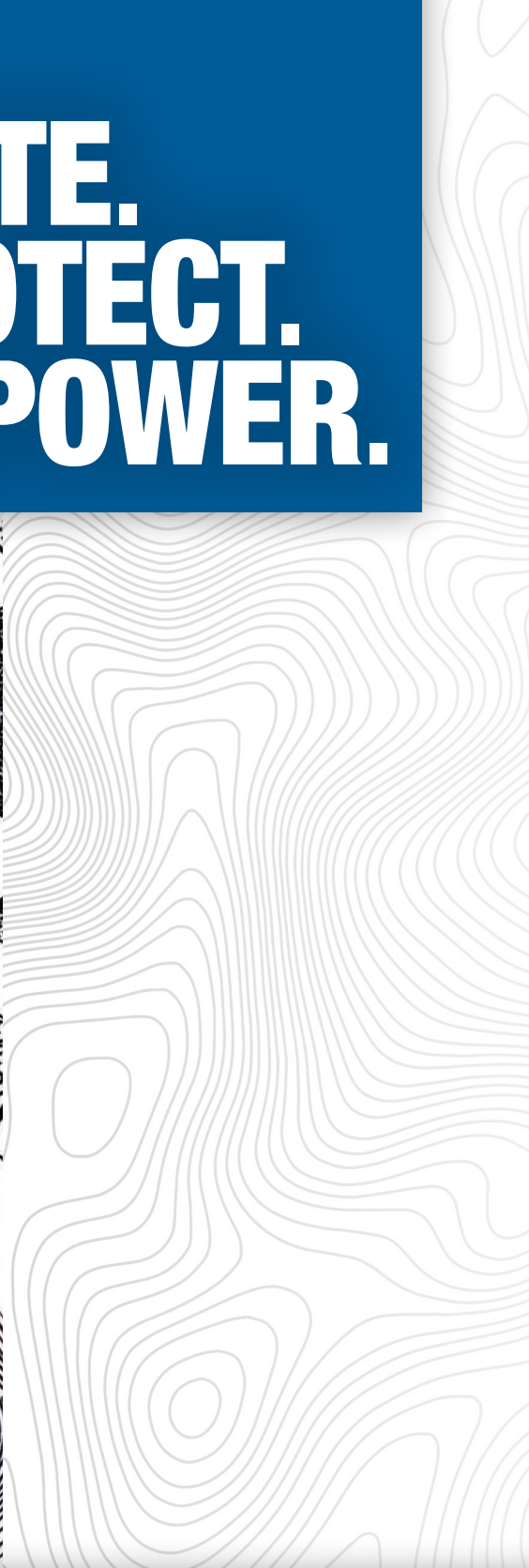


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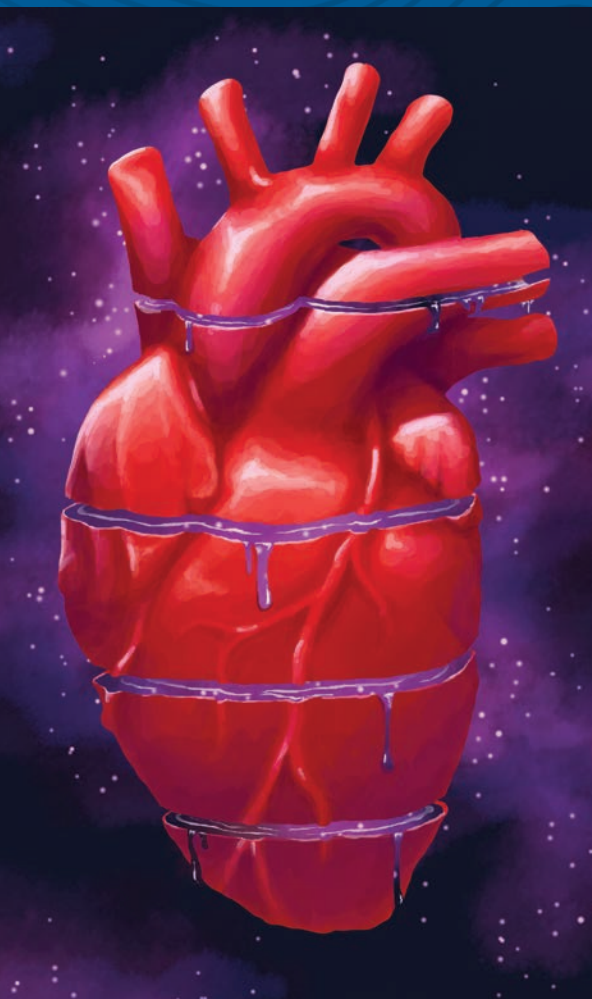
A N N U A L R E P O R T

2 0 2 1

“Universal” ▾

by Mary Deanna Hanson, MS4

A piece I've been thinking of making since I participated in my first code. The first moment I stood over the patient's chest, ready to perform CPR, affected me deeply. In that moment, I felt more connected to the stranger in front of me than I had to most of the people that I had known all my life. All that mattered in the universe was my hands over his chest and his heart. It felt like the world depended on his heart starting to beat again. This piece represents how that moment felt to me. *Medium: Pencil sketch and digital painting*



The HeART of Emergency Medicine

For the past two years, ACEP members have inspired us with their submissions to the annual HeART of Emergency Medicine virtual art galleries. Your work is a window into your unique perspective and emotions, and it's an honor to bear witness to it.

Viewing your art, spotlighted throughout this publication, can also help others alleviate anxiety and improve their mental well-being. Each piece is powerful on its own, but these galleries leave an even bigger impact as a collective voice.

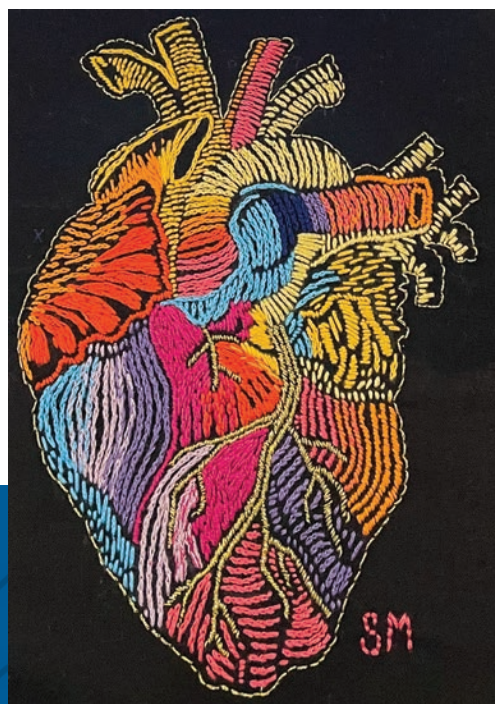
**Find more art,
poetry, and
music in
the virtual
galleries...**



2020 Gallery



2021 Gallery



“A Heart for a Friend” ▶

by Sarabeth Maciey, MD, Member since 2017

This is a piece I embroidered for a co-resident and dear friend for her birthday. *Medium: Embroidery thread on black cotton*



Pulling Together

Table of Contents

- 4 | Making His Mark
- 5 | Rising to the Challenge

Progress Pathways

- 6 | ACEP Council
- 7 | Advocacy
- 8 | EM Workforce
- 10 | COVID-19 Support
- 12 | Career Advancement
- 13 | Defending Emergency Physicians
- 14 | Billing & Reimbursement
- 16 | Clinical Care
- 18 | Equity & Inclusion
- 19 | Physician Mental Health
- 20 | Workplace Safety
- 21 | Finding Common Ground
- 22 | Membership Overview
- 24 | Setting New Strategy
- 26 | Multiply Your Impact

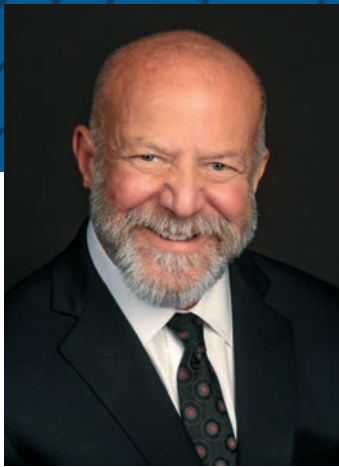


Emergency medicine resident Geneva Stone, MD, competed for Team USA in the Tokyo Olympics. Enjoy her story and interview on the *ACEP Nowcast* at [acepnow.com](https://www.acepnow.com). Photo: Mitch McManus



◀ "Heart" by Ashlynn Felker, MS3, Member since 2021

I am a 3rd year medical student interested in going into emergency medicine. As a prior military medic and civilian nurse, I have seen the medical field from multiple angles. One thing that holds true from all viewpoints is the amount of courage, strength, determination, PASSION and HUMILITY it takes to succeed in this field while also ensuring to take care of your own personal health. The goal in my drawing is to symbolize all these traits through the connection of the heart and soul. This symbol portrays what it takes to not only be an emergency physician, but to be in the field that does everything in their power to care for others, sometimes at the expense of their own health.



Making His Mark

Immediate
Past President
Dr. Mark Rosenberg
balanced current
challenges with an
eye for the future



Watch Dr. Rosenberg's
closing remarks during
the 2021 ACEP
Council meeting at
acep.org/Rosenberg.

When I ran for president, I promised ACEP would develop an innovation strategy. I've always been inspired by the way our specialty pushes forward, identifying areas for improvement and then working diligently to make things better. My goal was to find ways that membership and involvement in ACEP could channel those natural instincts of the emergency physician to tackle critical issues shaping of our specialty. Little did I know then that my time as President would present us with so many robust critical issues to tackle, such as crisis readiness, health equity and workforce.

Even as the pandemic continued to consume our time and energy, our innovator instincts never waned. Past President Bill Jaquis, MD, FACEP, began the "Future of Emergency Medicine" initiative during his tenure, when the pandemic first began. During my term Dr. Jaquis continued this initiative by leading our incubator addressing the future of EM and the impact of current and future pandemics. He also helped take this initiative to 15 ACEP committees that were addressing specific goals and objectives in this regard. Vice President Aisha Terry, MD, MPH, FACEP, took the lead of our incubator addressing health inequities. Dr. Terry and 14 ACEP committees have incorporated goals and projects related to health care disparities into their action plans for 2022 and beyond. The innovative work being done by these committees, including the newly-established Diversity, Equity and Inclusion Committee, is empowering us to fight for the communities we serve with an eye on health equity in a way that we never did before. President Gillian Schmitz, MD, FACEP, took the lead on helping us understand the impact of our growing workforce and come together down many important paths to favorably influence our future.

Behind every bold dream, we need a pragmatic pathway – which is why we needed an overhaul of ACEP's strategic plan. Members and staff worked for six months to develop a new vision and roadmap for ACEP's next few years and I'm so proud of the outcome. Turn to page 24 to learn more about where our ACEP family is going next.

I started my emergency medicine career 43 years ago with one commitment: ACEP for life. My presidency is over, but our work is ongoing. I remain with you as we run toward the fires, tackle big problems and serve the most vulnerable. That's who we are and what we do.

Sincerely,

Mark Rosenberg, DO, MBA, FACEP

“We can’t solve the challenges of our time unless we solve them together.”

– Dr. Gillian Schmitz, ACEP President, during the ACEP21 Council Meeting

Rising to the Challenge

The COVID-19 Field Guide is the ultimate example of what we can accomplish when ACEP members join forces and work toward a common goal. In this video, discover the origin story of the COVID-19 Field Guide, a living resource accessed by more than 150,000 users in more than 160 countries.



Learn more about the COVID-19 Field Guide at acep.org/covid-field-guide-video.

More than 100 authors contributed to the Field Guide, a powerful demonstration of teamwork during a time of great uncertainty for frontline health care workers around the world.



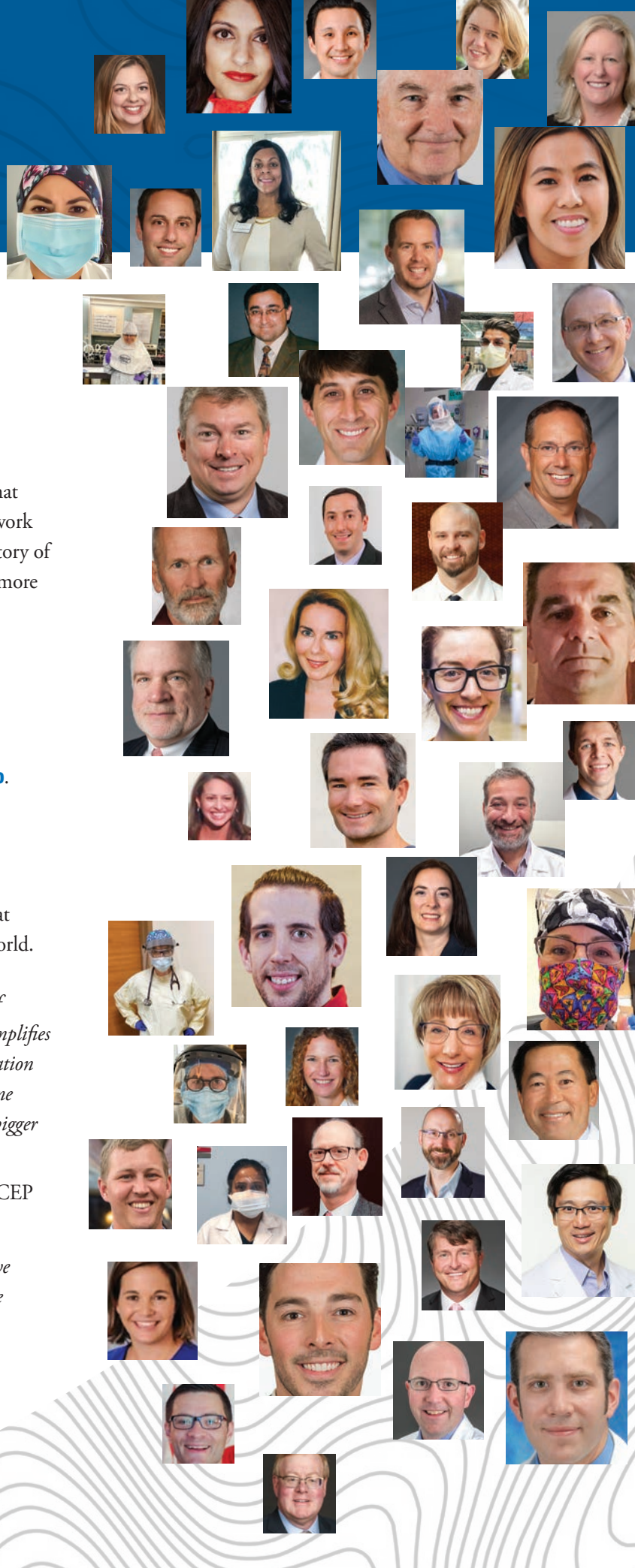
“I think one of the great benefits of ACEP, and this project really exemplifies it, is the ability to create collaboration and relationships that build on one another and let us be something bigger than we are.”

- Jessica Whittle, MD, PhD, FACEP



“[This project] helped us feel like we were part of a team. Like we were contributing to the solution.”

- Chukwauagozie Iloma, DO, MHA/INF



MAKING IT BETTER:
LITTLE BY
LITTLE.

Better Together

Alexie C. Puran, MD, FACEP
Member since 2018

In an effort to support my fellow FrontlinERS' resiliency and well-being during the COVID-19 pandemic and also knowing the power of six-word stories, I designed a fun, meaningful activity, My Six-Word Story. Staff were invited to submit six-word stories on their inspiration in choosing a career in medicine.

"Child of system, now system leader."

- Alexie C. Puran, MD, FACEP

"Make a difference in your world."

- Ragini Mehta, DO

"Making it better, little by little."

- Audrey Lazaga

"Be the voice for those without."

- Neh Molyneaux

"Being humane makes you a hero."

- Charlie Cheng



Get progress updates on adopted ACEP Council resolutions at [acep.org/actions-on-council-resolutions](https://www.acep.org/actions-on-council-resolutions).

Pushing

PROGRESS **1** PATHWAY

ACEP Council

The ACEP Council is the foundation of ACEP's democratic process, and the annual Council Meeting is where many current and upcoming issues for the specialty come up for deliberation. Through the resolution process, all ACEP members can get involved in key decisions that affect the work of the College in the years to come.

This year at ACEP21 in Boston, the Council received a record 82 proposed resolutions. Of the resolutions the Council considered this year, 56 were adopted, 15 were not adopted, 10 were referred to the Board of Directors, and one was referred to the Council Steering Committee.

Some of the issues put forth included:

- To develop model legislation that would prohibit retaliation against a health care professional who reports a safety, harassment, or fraud concern to a health care institution.
- To expand diversity and inclusion in educational programs' faculty.
- To support best practices about family leave policies.
- To examine scope of practice and take a variety of actions regarding the role of non-physician health care professionals in the ED.

Visit www.acep.org/council to learn more about ACEP's governing body and ways you can get involved in the democratic process.

FOR Progress

PROGRESS **2** PATHWAY

Advocacy

ACEP is consistently fighting for you on issues affecting the specialty by keeping our fingers on the pulse of all legislative and regulatory activity. You join the cause with letters, virtual and in-person legislative visits where share you stories and humanize key issues. And where legislative efforts end, the regulatory process kicks in.

ACEP members support this vital work by donating to the bipartisan National Emergency Medicine Political Action Committee (NEMPAC), the financial vehicle for supporting the election or re-election of federal candidates who share their commitment to emergency medicine.

How we are pushing for improved patient care:

- **Behavioral Health:** House passage of bills to help address ED psychiatric boarding and suicide screening
- **Violence:** House passage of a broad array of bills to help prevent cyclical violence, domestic abuse, intimate partner violence, and sexual assault
- **Firearms Safety:** Per College policy, continued supporting bipartisan efforts to expand background checks for firearms purchases
- **Opioids:** ACEP was a key voice, successfully pushing HHS to effectively eliminate the burdensome training requirements for receiving the X-waiver

If there is one thing that comes naturally for emergency physicians, it's troubleshooting. Few professions are more comfortable in chaos or more proficient in pivoting. Your flexibility is where you excel.

How we are pushing for improved physician practice:

- **Reimbursement:** ACEP is the only voice representing EM on the AMA's Relative Value Scale Update Committee, which determines physician reimbursement
- **Out of Network Billing:** Legislative concerns have prompted legal action to help ensure you are paid appropriately for the out-of-network services you offer
- **Workplace Safety:** ACEP-supported legislation and regulatory changes to ensure that you feel protected in your ED and risks of violence against you are minimized



Get weekly emails with quick summaries and calls to action by joining the 911 Grassroots Network at acep.org/911grassrootsnetwork.

EM Workforce

How will we avert potential supply and demand problems to set the specialty up for a bright future? One step at a time.

The future of the emergency medicine workforce has been a hot topic for years now, but it exploded to the surface in March of 2021 with the publication of research commissioned by ACEP and other EM organizations. With those findings now published in the *Annals of Emergency Medicine*, ACEP has led efforts to address the complexity of this issue and influence a better future for the EM workforce.

Define EM Residency Standards for the Future

- ACEP met in June 2021 with the Association of Academic Chairs of Emergency Medicine, Emergency Medicine Residents' Association, Council of Emergency Medicine Residency Directors, American College of Osteopathic Emergency Physicians, Society for Academic Emergency Medicine (SAEM), and SAEM Residents and Medical Students to begin reviewing and developing recommended program requirement changes to the Accreditation Council for Graduate Medical Education (ACGME) for the 2022 review cycle.
- The stakeholder representatives looking at the ACGME guidelines will meet every two weeks.

Ensure Business Interests Do Not Supersede Education and Patient Care

- There are numerous pressures to start or grow residency programs regardless of whether you are for-profit hospitals, nonprofit hospitals, and academic health systems. There are also some state laws that reward expansion of graduate medical education.
- ACEP leaders have – and will continue to – reach out to hospitals, physician groups, and other stakeholders to set up meetings to ensure they understand the history and growth of graduate medical education, the potential future impact on the EM workforce, and the role the groups and health systems play.
- Discussions also include legal, legislative, and regulatory options that tie Centers for Medicare and Medicaid Services (CMS) funding of graduate medical education to specialties and geographic areas of need, and how ACEP might be able to encourage needed changes.
- ACEP's Academic Affairs Committee will conduct research with residency programs with respect to employment models, funding sources, staffing models, physician assistant (PA)/nurse practitioner (NP) training programs, and policies for prioritizing critical care to EM residents.



View the members of the task force and learn more about the research at acep.org/workforce-background.



Get the latest EM workforce progress reports at acep.org/workforce.

"Hail to the Frontline" by Cecile Hollinshead, PA-C ▶

This is a series of photo mosaics as part of a 200+ project taken at the beginning of the COVID-19 pandemic. Left to right: Armani Hamad; Fred Korley, MD; Dolrick Rosales; Brad Uren, MD, FACEP



Protect the Unique Role of the Emergency Physician and Fight Independent Practice

- ACEP believes emergency physicians provide the highest quality care for patients with undifferentiated illnesses. We fight for physician-led teams and robust guardrails to maintain the scope of practice for NP/PAs.
- ACEP became a member of the American Medical Association (AMA) Scope of Practice Partnership (SOPP) and continues to attend regular meetings to leverage the House of Medicine on ways to ensure physician-led teams nationwide, and to utilize and promote shared resources among chapters.
- National ACEP is working to support chapters facing local threats of scope creep to mobilize support and provide testimony to help victories in state legislatures. (See page 13 for more details.)
- Alarmed by the implications of independent practice for PAs, ACEP vehemently opposed the decision by the American Academy of Physician Assistants to change their professional title to physician “associate.” ACEP issued a statement denouncing the name change and advocated that the AMA address this through its SOPP efforts, including its truth in advertising campaign.
- A task force was established to research and potentially establish an ED accreditation program that would define nationally recognized standards to provide the highest quality patient care.

Support Emergency Physicians in All Communities, Especially Rural

- ACEP leaders have met with CMS staff to problem-solve rural hospital closings and will continue to explore ways to ensure access to quality emergency care, led by emergency physicians, no matter a patient’s ZIP code.
- The Rural Emergency Medicine Task Force report closely aligns with efforts to influence change in the EM workforce of the future. ACEP leaders are working with the Rural EM Task Force members and the Rural EM Section members to ensure our next steps are coordinated.
- ACEP is compiling and will promote a list of current opportunities within the federal government, Indian Health Services, Veterans Affairs, and other locations that have incentives for hiring emergency physicians to practice in rural and underserved areas.
- To get better data-driven research, ACEP is helping to conduct a resident census about job availability and challenges year over year. This survey could become an annual effort to provide a sense of the hiring landscape over the long-term.

Increase Demand and Meet Evolving Needs of Our Communities

- We recognize emergency physicians’ skill sets are not defined by a physical location. Emergency medicine will continue to evolve to meet the changing health care landscape and delivery models as we emphasize our value, expertise, and necessity.
- ACEP leaders continue to explore adding fellowships to expand emergency medicine’s brand. Successful models are being considered for replication. Potential areas for growth include geriatrics, hospice and palliative care, home health monitoring and post-acute care, disaster medicine, administrative medicine/executive leadership, and more.
- ACEP is continuing to gather member profiles to highlight those who have successfully expanded their roles with a goal to crowd source and research ways to bring non-traditional EM practice areas (observation, acute psychiatric, EMS, telehealth) under the EM umbrella as viable career pathways.

There is not one perfect, holistic solution to address market-driven industry instability. Shifting health care economics and evolving practice models affect each of you in different ways. Change will take time and precision, yet we must forge ahead as there are no quick fixes for the challenges we face.



COVID-19 Support

ACEP's work to support emergency physicians throughout this pandemic is a widespread effort involving all aspects of the College. Teamwork in the trenches: It's what we do.

Supporting Clinical Care

The Guide That Keeps on Growing: As you read about on p. 5, one of the most popular resources developed by the College during the pandemic was the COVID-19 Field Guide, which is continually updated with the latest news on variants, vaccines and more. In late 2021, the Field Guide was recognized with one of the most prestigious awards in the association industry for its positive impact on the community at large.



Managing COVID-19 Patients: The COVID-19 ED Management Tool, a collaboration with EvidenceCare, walks clinicians through the following steps: Severity Classification, Risk Prognostication, Risk Assessment, Diagnostic Testing, Diagnostic Interpretation, Disposition and Treatment.

acep.org/covid19-management-tool

Developing Data Visualizations: Using grant funding from the CDC, ACEP launched a website of U.S. emergency department data from the National Syndromic Surveillance Data, which can be parsed by region and time frame to paint a picture of local COVID trends. The other visualization illustrates breakthrough cases.

acep.org/coviddata and
acep.org/breakthrough-data

Your Home Base: ACEP's COVID-19 Center, a comprehensive home to all aspects of the pandemic response, has generated more than 2.5 million visitors.

acep.org/covid-19

Planning for the Future: In April 2021, ACEP published a new policy statement, "National Pandemic Readiness: Ethical Issues," that lays out eight principles of pandemic preparedness.

acep.org/pandemic-readiness-ethics



"On the Frontline" by Elizabeth Paterek, MD

This year has been difficult for everyone. As emergency physicians, we are on the frontline against COVID-19. To cope with added stress, I turned to my childhood passion of art. My inspiration for this recent work stems from my love of pop art, comic books, and traditional tattooing. *Medium: Digital*

Addressing Vaccine Hesitancy

Creating the Tools: As emergency physicians encountered vaccine hesitancy throughout 2021, ACEP members came together to provide helpful resources.

- ACEP's Diversity and Inclusion Section developed an educational webinar, flyers and posters to help clinicians address common vaccine concerns.
acep.org/vaccinehesitancyresources
- Multilingual emergency physicians helped ACEP develop COVID-19 Vaccination Smart Phrases in 12 languages – Arabic, English, French, Japanese, Lingala, Portuguese, Pushto, Russian, Spanish, Swahili, Turkish and Urdu.
acep.org/covidvaccinesmartphrases
- To help hospitals that wanted to develop COVID-19 vaccination programs in the ED, ACEP created a toolkit and webinar to share best practices from EDs across the country.
acep.org/vaccinationprogramsined

Amplifying your Voice: ACEP pushed back against COVID-19 misinformation by organizing a bilingual series of satellite media tours supported by EMF and the Stiefel Freethought Foundation in October in some of the areas with surging cases and vaccine hesitation. The multi-state tours resulted in nearly 40 live and taped interviews with local news channels.

acep.org/acepinthenews

Did you know?

ACEP maintains a media hub for its members where you can find talking points on COVID-19 issues, recent articles and our on-demand media training course?

acep.org/mediahub



"Tired: A self-portrait" by Mary Jacob, MD, MPH
Painted from a photo of me taken by my colleague during the peak of COVID-19. Medium: Oil on canvas

Advocating and Increasing Awareness

Vaccine and Wellness Funding: As part of the American Rescue Plan, ACEP helped to secure increased funding for COVID-19 vaccine production and distribution, and additional resources for COVID-19 testing. ACEP ensured \$140 million was set aside for health care workforce mental health grants. (Read more on page 19).

Supporting Vaccine and Testing: In November 2021, ACEP joined more than 60 other prominent health care associations in support of a new OSHA Vaccination and Testing Emergency Temporary Standard, a policy that will require companies with over 100 employees to ensure vaccination of its workers or require masks and testing.

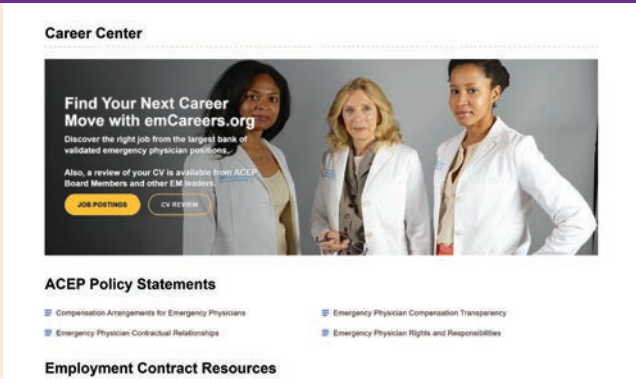
Sharing the Strain: ACEP told stories about regional surging and strains on the health care system and resources. We met with the Center for Medicare at CMS to offer a detailed list of recommendations and requests to address ED boarding, including regulatory waivers and flexibilities, new transfer standards, real-time bed tracking and expanded home support.

Looking Ahead: ACEP is working with Congress and the Biden Administration to review the country's response to the pandemic, promote additional policy changes to prevent PPE shortfalls in the future, and develop legislative proposals to better prepare the country for another disaster.

Career Advancement

ACEP has always proudly supported your right to make your own decisions regarding employment types and practice models. Our priority is to foster an environment where we can define and discuss transparency in employment models, ownership models and leadership models. We are committed to fighting for best practices.

Language repeated in two 2020 Council resolutions directed ACEP to work to ensure billing transparency and due process for emergency physicians. Throughout 2021, ACEP has been working to answer that call.



Explore the New Career Center

In 2021, ACEP developed a Career Center to serve as a one-stop-shop for emergency physicians in all career phases.

At acep.org/careers, you'll find:

- A vetted job board
- Interactive checklists for employment contracts
- ACEP policy statements addressing compensation arrangements and transparency, employment contracts and physician rights and responsibilities
- Career-related webinars, videos, and profiles
- Annual compensation reports
- CV review services



Increasing Employer Transparency

An online resource now provides greater transparency of all those that employ or contract with emergency physicians in an effort to showcase best practices and physician-friendly policies.

ACEP is committed to pushing employers to provide their data to ensuring a competitive marketplace to meet your needs.

The online employer profile database, exclusive for ACEP members, details

- employer attestation to relevant ACEP policies
- the group's governance structure
- the group's transparency of their billing practices
- the group's ownership model

When you're ready to consider a new position, review employer data at acep.org/EmployerProfiles.

Legal and Financial Support

Did you know your membership comes with a deep discount on legal and financial support? For just \$15 per year, you can get 30-minute in-person consultations for an unlimited number of legal matters, 30-minute telephone consultations for an unlimited number of financial matters, and a 25% discount on additional legal and financial services. acep.org/support

"Eve" by Sanché Mabins, MD, PGY2 ▶

"Eve" highlights the difficult process of weighing both benefits and consequences of paths yet traveled. *Medium: watercolor paint, acrylic paint, fine hand-dyed cotton paper, gold leaf*

Defending Emergency Physicians

Scope of Practice Advocacy

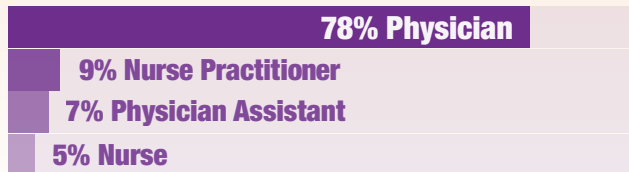
State chapters, working in partnership with ACEP and other state-based medical specialty societies, led successful campaigns to stop hostile scope of practice legislation. In Louisiana, legislation that would have given independent practice to nurse practitioners was considered to be a done deal, but it was ultimately stopped as the chapter mounted a grassroots campaign while also providing speakers at key hearings. Similar successes were achieved in Mississippi, Texas, South Dakota, and other states.

The Value of Emergency Medicine

The Value of Emergency Medicine campaign, launched in 2021, lays out common sense approaches to frame political issues, convey workforce and workplace realities, and share medical education with the general public. As part of this effort, ACEP conducted a public opinion poll that demonstrated frontline physicians are extremely valued by their communities. View the results at [emergencyphysicians.org/PatientsPreferDocs](https://www.emergencyphysicians.org/PatientsPreferDocs).

Who do you trust to deliver medical care in an emergency?

Source: ACEP public opinion poll, 2021



Note: 1% of participants responded "unsure" or did not answer.

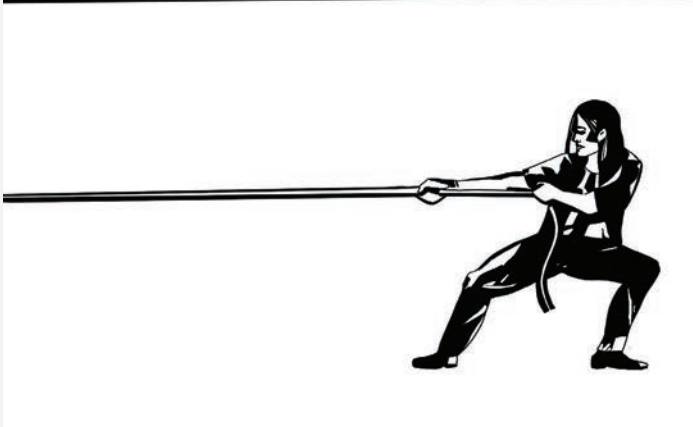
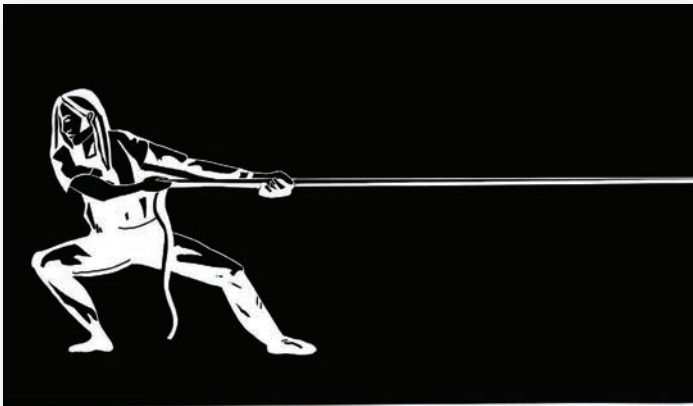


Billing & Reimbursement

Surprise Billing Implementation Surprises Everyone

We thought the end of 2020 brought the end of our battle over out-of-network billing, through Congressional passage of the *No Surprises Act*. We considered it a solid win -- a ban on balance billing for out-of-network (OON) care coupled with a fair process independent dispute resolution (IDR) to ensure appropriate pay for clinicians and facilities. ACEP secured strong language in the first interim final rule implementing the *No Surprises Act* that enforces the prudent layperson standard.

Unfortunately, everyone was surprised (in a bad way) by the second interim final rule, which undid key components of the law's dispute provisions and goes against the Congressional intent of the *No Surprises Act*. We're fighting back!



October
1

ACEP issues a statement strongly voicing our disappointment that the regulation is almost entirely inconsistent with the Congressional intent to create a fair and unbiased process to resolve billing disputes.

December
9

ACEP supports the goals of the lawsuit filed by the American Medical Association and the American Hospital Association against the Departments of Labor, Treasury, and Health and Human Services.

December
22

ACEP files our own legal action against the federal government's implementation of the *No Surprises Act*, joining with the American College of Radiology and the American Society of Anesthesiologists. The lawsuit charges that the interim final rule goes against the language of the *No Surprises Act* and will ultimately harm patients and access to care.

The fight continues, and you can help us present a united front on this critical issue. Stay updated with the 911 Grassroots Network.

acep.org/911grassrootsnetwork

Surprise billing advocacy happens on the state level, too. As of Dec. 20, 2021, 19 states had introduced 37 bills related to out-of-network billing. ACEP's state legislative staff and ED Practice Management Association work directly with ACEP chapters year-round to support state-level advocacy on all issues.

▲ "The Pull of Rotations" by Sara Twadell, BA, MS3, Member since 2020

As a third-year medical student, I am utilizing my year of clerkships to discover which specialty I have the greatest passion for. However, it seems as with each new rotation, I am constantly being pulled in a new direction. This illustration thus depicts the inner "tug of war" battle in my head that occurs as I try to discover which medical career path to take. *Medium: Procreate on iPad*

ACEP vs. UnitedHealthcare

UnitedHealthcare (UHC) enacted a policy to retroactively deny patients' emergency care claims – a clear violation the federal prudent layperson standard. Immediately, ACEP responded with a strongly worded statement and impactful social media pressure that resulted in major articles in *The New York Times* and *USA Today*. Our Twitter post promoting our statement became our most successful post ever with more than 1.5 million impressions and 34,000 engagements, interest from lawmakers and health leaders.

In just six days, UHC reversed course and delayed the policy. ACEP then drafted a letter to UHC that 32 organizations signed onto calling on the insurer to permanently abandon the dangerous policy.



Our Annual Trek Up Medicare Mountain

Every year, when the Centers for Medicare and Medicaid Services releases its proposed Physician Fee Schedule, ACEP's reimbursement team springs into action. ACEP is the only voice for emergency medicine on the AMA's Relative Value Scale Update Committee (RUC) that helps CMS determine the value of specific codes, so we are able to argue the case of all emergency physicians.

Our specialty was facing significant reimbursement cuts based on the proposed PFS released in July 2021, so ACEP did what we do best: We rallied our members to the cause. More than half of the members of the House of Representatives (247 in total) joined a bipartisan "Dear Colleague" letter urging Congressional leaders to provide stability for health care clinicians by addressing the looming payment cuts. That letter helped push Congress over the finish line, and they passed a one-year fix averting the majority of the proposed cuts.

Reimbursement and its regulations may not be easy topics

but they are critically important for the health and future of emergency medicine. Check out these resources to stay current on EM reimbursement and get a taste of the year-round work being done to protect you:

- Regs & Eggs Regulatory Blog
[acep.org/regsandeggs](https://www.acep.org/regsandeggs)
- Reimbursement & Coding Conferences
[acep.org/rc](https://www.acep.org/rc)
- Reimbursement Webinars
[acep.org/rcwebinars](https://www.acep.org/rcwebinars)

New for 2022: First EM-Specific Cost Measure

One reimbursement problem our specialty has faced is the dearth of available cost measures in the Merit-based Incentive Payment System (MIPS) and other quality reporting programs that are applicable to emergency physicians. CMS and Acumen convened an expert panel, including ACEP members, to develop a cost measure directly attributable to our specialty. Acumen then constructed a draft emergency medicine cost measure that incorporates elements of ACEP's alternative payment model, the Acute Unscheduled Care Model. This draft measure is being field-tested in early 2022, and the expert panel will work with Acumen to develop the final measure based upon the feedback.

"Delirium"

by **Natalie M. Elder,
MD, PharmD**

Elderly patients in the ED are prone to suffer from delirium due to a multitude of different causes. In this painting, I convey the struggles our elderly patients with delirium face, inspired by Edvard Munch "The Scream." *Medium: acrylic on canvas*



PROGRESS **8** PATHWAY

Patient Care

Despite the consuming nature of the ongoing pandemic, ACEP members across the country and the world have devoted their time and expertise to other clinical topics that still need attention.

New PEER Products Help You Prepare

Over the past few years, PEER – ACEP’s board exam study guide – has been upgraded to better align with changes the American Board of Emergency Medicine has made to its certification process. The PEER family now includes:

- **PEERcert+ for MyEMcert**
- **PEERprep for Physicians**
- **PEERprep for Program**
- **PEERcert+ Advanced Ultrasound**

New Point of Care Tools Developed

ACEP’s emPOC app offers members 12 free clinical tools: atrial fibrillation, agitation in the elderly, autism spectrum disorder, hepatic encephalopathy, buprenorphine in the ED, bariatric assessment and management, sepsis, hyperkalemia, and caring for suicidal patients. Download the app or view online at acep.org/pointofcaretools.

Find Education for All Interests

ACEP is the leading producer of emergency medicine education. Passionate emergency physicians help us develop education that fills knowledge gaps and keeps our specialty on the forefront of clinical practice changes. Behind every conference, course, webinar, podcast, and educational tool, there are ACEP members working together to make it happen.



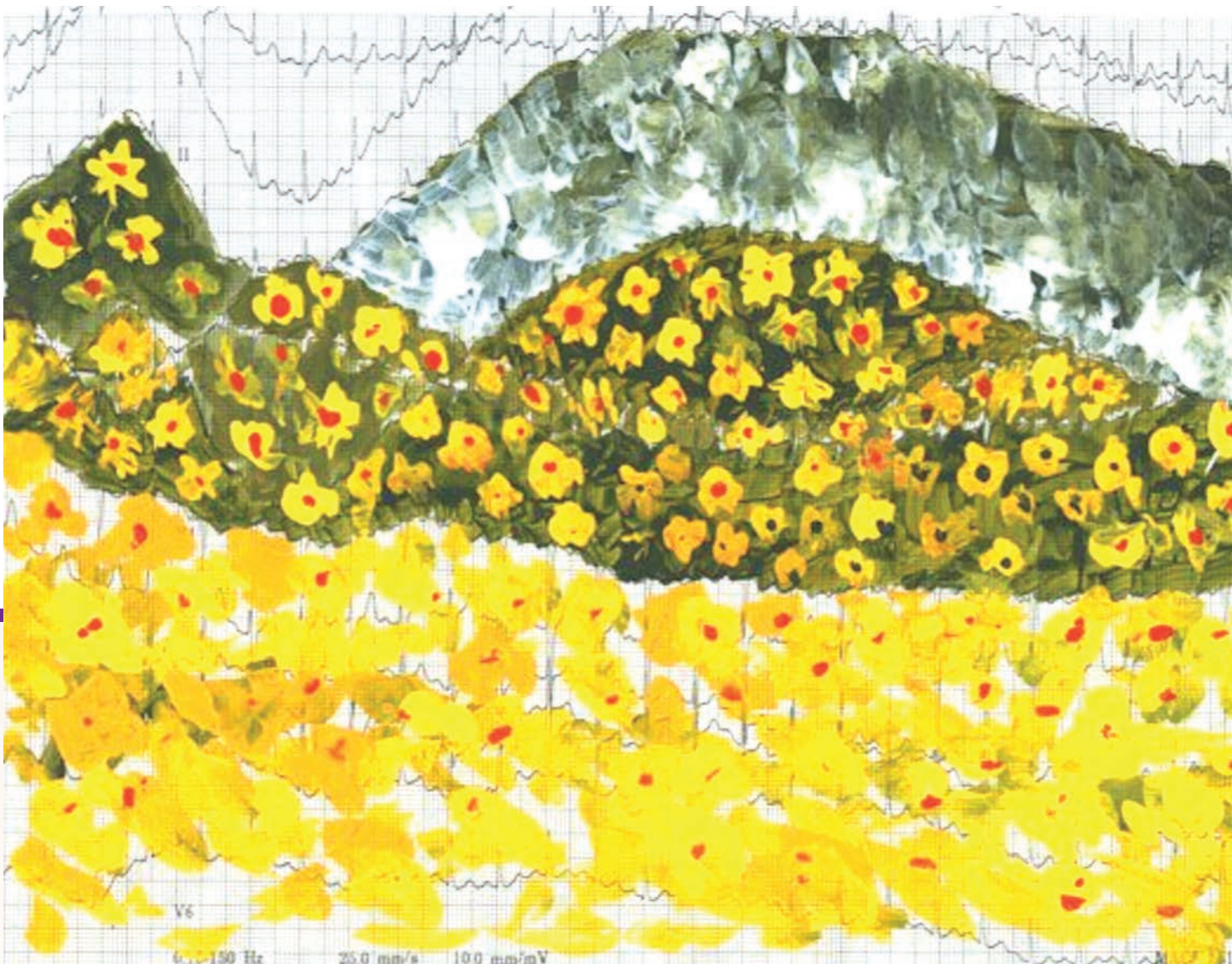
Explore ACEP’s educational resources at acep.org/catalog.

ACEP Calls for Revisions to Sepsis Bundle

In September, ACEP signed on to a letter to the National Quality Forum calling on SEP-1 NOT to be re-endorsed unless it is revised. And earlier last year, a multispecialty task force convened by ACEP published its new sepsis guidelines, “Early Care of Adults With Suspected Sepsis in the Emergency Department and Out-of-Hospital Environment: A Consensus-Based Task Force Report.” The report covers principles of early sepsis recognition, initial care steps in the ED and out-of-hospital environments, titration of care and related controversies. ACEP’s point-of-care tool for sepsis management, DART, has been updated to reflect the guidelines. Learn more at [acep.org/sepsis](https://www.acep.org/sepsis).

ACEP Publications Offer Clinical Updates

ACEP publications are powered by emergency physicians like you. ACEP members serve as our editors, and many of the articles are penned by emergency physicians. When you’re reading *ACEP Now*, *Annals of Emergency Medicine*, *JACEP Open* or *Critical Decisions*, you’re diving into important clinical and lifestyle conversations happening across the specialty.



“Full Bloom” by Lindsey Ball, MD

This collection of paintings remind me that each EKG is only a glimpse of a person with a unique story to tell. Behind each routine encounter lies a mystery and depth that I am only cracking the surface of when I walk into the emergency department. Each painting originated from an actual copy of an EKG with all identifiers removed, transformed with acrylic paint and sometimes black ink pen. The original lines of the EKG are preserved and used as a guide to shape each piece.

Equity & Inclusion

It is said that the opposite of inclusion is not exclusion; the opposite of inclusion is incomplete. This year, we again committed to making our organization and our specialty more diverse, more equitable, and more complete.

Diversity Committee Created

At the close of 2021, the Board of Directors created a new ACEP committee to prioritize and address issues related to equity and inclusion.



Golden Goddess by Sanché Mabins, MD, PGY-2

“Golden Goddess” was painted in 2019 to showcase that although women continue to fight for equality, their impact on society cannot be denied. I intentionally contrasted the hijab with a bold yellow and crown to exemplify the undeniable presence and necessity of women in our society.

Medium: watercolor, gold leaf and hand-dyed cotton paper

New Initiative: Equity Matters

ACEP leaders are working on an exciting new collaboration between CMSS and ACGME called “Equity Matters.” While the goal is to drive change within graduate medical education (GME), ACEP will be developing its own “capstone” project to achieve health equity through increasing physician workforce diversity and creating clinical learning environments that are safe, inclusive, and equitable.

Diversity Section Expands Mentoring Initiative

ACEP’s Diversity, Inclusion and Health Equity Section launched a national mentorship program to advance racial and ethnic diversity in EM leadership. From March 2020 to December 2021, the program fostered 247 mentoring connections, including 100 that are ongoing. Learn more about the section and its mentorship program at acep.org/dih.

Representation in ACEP Publications

ACEP’s three flagship publications have all taken specific action to expand diversity of authors and topics.

- In 2021, *ACEP Now* won the APEX Award of Excellence for Writing, Regular Departments and Features for its “Equity Equation” column. These articles focus on microaggressions, gender discrimination and health inequalities during the pandemic, and were some of the magazine’s most-read articles in 2020.



- *Annals of Emergency Medicine* curated a special issue of articles called “Equity in Healthcare.” These articles, all currently available without a subscription, showcase the important research being done to address equity in patient care, support a diverse workforce and foster diversity in research.



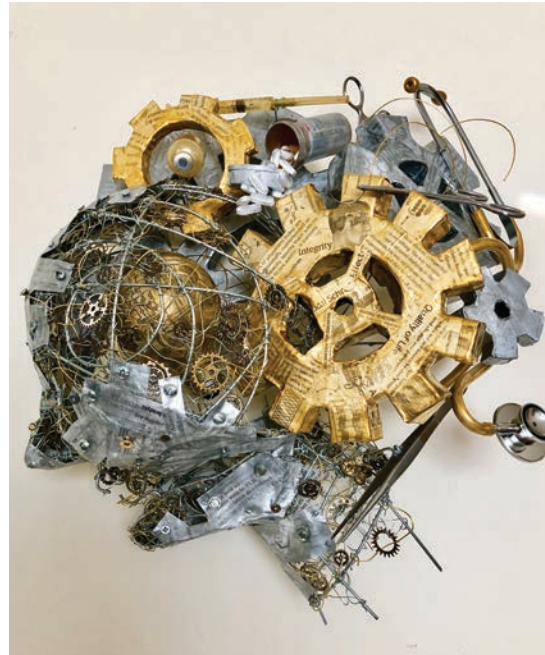
- *JACEP Open* formed a diversity taskforce to support the publication’s “commitment to bringing diversity, inclusion, and equity to all of its editorial activities.” The journal is collaborating with ACEP’s International Section to increase its international authors, editors and reviewers.

Physician Mental Health

Your Advocacy at Work: Dr. Lorna Breen Bill Moves Forward

ACEP continues to fight for physician mental health by pushing for passage of the *Dr. Lorna Breen Health Care Provider Protection Act*, named in memory of one of our ACEP colleagues who died by suicide in April 2020.

On Dec. 8, 2021, the U.S. House of Representatives approved the ACEP-supported bill (H.R. 1667), sponsored by Rep. Susan Wild (D-PA), by an overwhelming, bipartisan vote of 392 to 36. The U.S. Senate passed its own version of the bill, led by Sen. Tim Kaine (D-VA), in early August, but a few minor changes were made to that text during the House legislative process, which required the Senate to vote on the House-passed bill one final time. H.R. 1667 was approved by the Senate on Feb. 17, clearing the way for President Biden to sign the bill into law.



◀ *“Inside the Medical Mind - Profile View”*
by Kevin McConkey, MD
Member since 2017

The challenging journey to become a physician leaves many feeling like a machine, a cog-in-the-wheel of our health care system. This sculpture explores the complexity of a physician's psyche, including our academic beginnings, acquired procedural skillsets, and incorporates the ethics of our integrity, compassion, burnout, quality of life, wellness, and perspective.

New Funding to Support Physician Mental Health

In early 2021, ACEP helped to secure \$140 million in funding for health care workforce mental health grants as part of the *Dr. Lorna Breen Health Care Provider Protection Act*. These grants were included in the *American Rescue Plan Act*, with:

- \$80 million for mental and behavioral health training for health care professionals and other health care providers and first responders;
- \$20 million for education and an awareness campaign to encourage healthy work conditions and use of mental health services by health care professional; and,
- \$40 million for health care providers to promote mental and behavioral health.

Support Pathways

Your ACEP membership comes with access to three **free counseling or wellness coaching** sessions.

acep.org/support

ACEP has a **Wellness Hub** with peer support options and an on-demand resource library.

acep.org/wellness-hub

Join ACEP's **Wellness Section** to be part of the tribe working to better support emergency physician mental health.

acep.org/EMwellness

PROGRESS **11** PATHWAY

Workplace Safety

ACEP believes all emergency physicians and health care workers should feel safe in the emergency department, and we're working toward that goal.

ACEP Helps The Joint Commission Develop New Standards

On Jan. 1, 2022, The Joint Commission (TJC) started enforcing new requirements to guide hospitals in developing strong workplace violence prevention programs. ACEP participated in the expert workgroup that developed the standards, which specify:

Workplace Assessment

Hospitals must conduct an annual worksite analysis related to their workplace violence prevention program, and leadership must take action to mitigate workplace violence safety and security risks, if any.

Monitoring

Hospitals must establish a processes for continually monitoring, internally reporting, and investigating workplace hazards, such as safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.

Education and Training

Hospitals must provide training, education, and resources to leadership, staff, and licensed practitioners to address prevention, recognition, response, and reporting of workplace violence.

Response Plans

Hospital response plans will specify policies and procedures to prevent and respond to workplace violence, processes to report incidents to analyze incidents and trends, and processes for follow-up and support to affected victims and witnesses.

View our full fact sheet about these TJC standards



“Empty in Red” by Dylan Morris, MD, Member since 2013

This was taken just before 6 a.m., and seems to reflect much of the hardship of emergency medicine. *Medium: Photography*

Workplace Violence Bill Passes the House

In April 2021, the House of Representatives passed the bipartisan Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195). ACEP played an active role in the development of this bipartisan legislation that directs OSHA to issue standards for employers to implement workplace violence prevention plans that would protect health care workers from assaults. We continue to lobby for its passage through the Senate.

Last year was difficult.
As I was preparing
to become your
president, I asked
myself: What would
Ted Lasso do?



If you're not familiar with Coach Lasso, let me explain. This TV show has been a bright spot for me during this pandemic. It's about unifying people who don't always see eye to eye. It's about showing kindness when people are struggling. Like Coach Lasso asks his team, I am asking you to *believe*.

Believe that in the face of major challenges for our specialty, we will persevere.

Believe that it is possible to disagree without devaluing or dismissing that perspective.

Believe that together, we can do more.

Believe that despite our differences, we all hold common hopes for a brighter future.

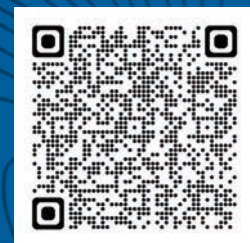
How do we turn our belief into fuel that moves our specialty forward? It starts with a roadmap. That's where our new strategic plan comes in. ACEP kicked off a comprehensive strategic planning effort to clarify our purpose and vision for change.

For years, we have been torn, trying to represent both the specialty and our members. Sometimes, this broad approach muddied our mission. We went into this specialty to help patients, but we joined ACEP to have a unified body representing that represents *us*. We can't help patients effectively if we're not focused on protecting our own wellbeing and future.

Keep reading to learn more about ACEP's new roadmap and how you can make a difference.

Finding Common Ground

By ACEP President
Gillian Schmitz, MD, FACEP

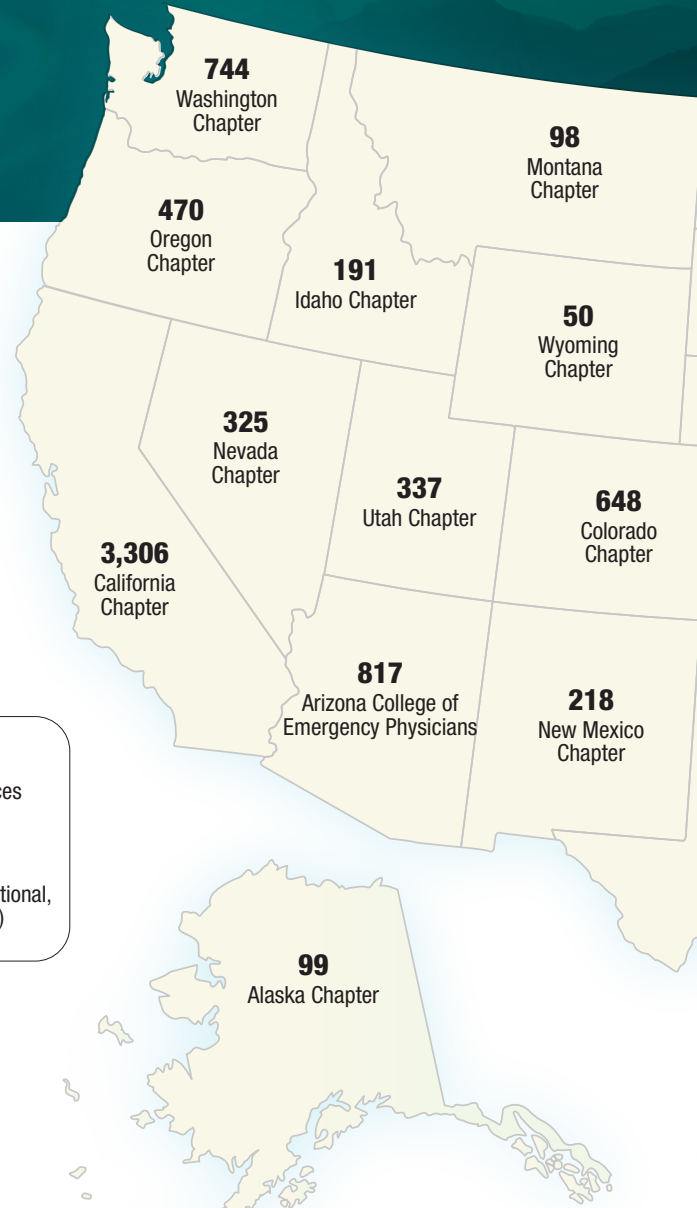


Watch Dr. Schmitz
outline her vision
at the 2021 ACEP
Council meeting.

Who are we?

You're part of a strong, passionate community

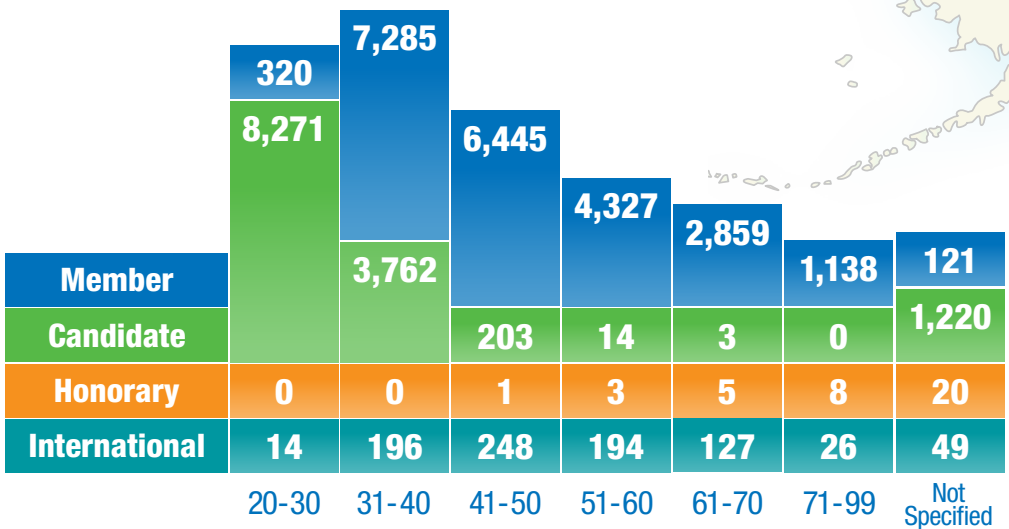
*Membership as of December 31, 2021

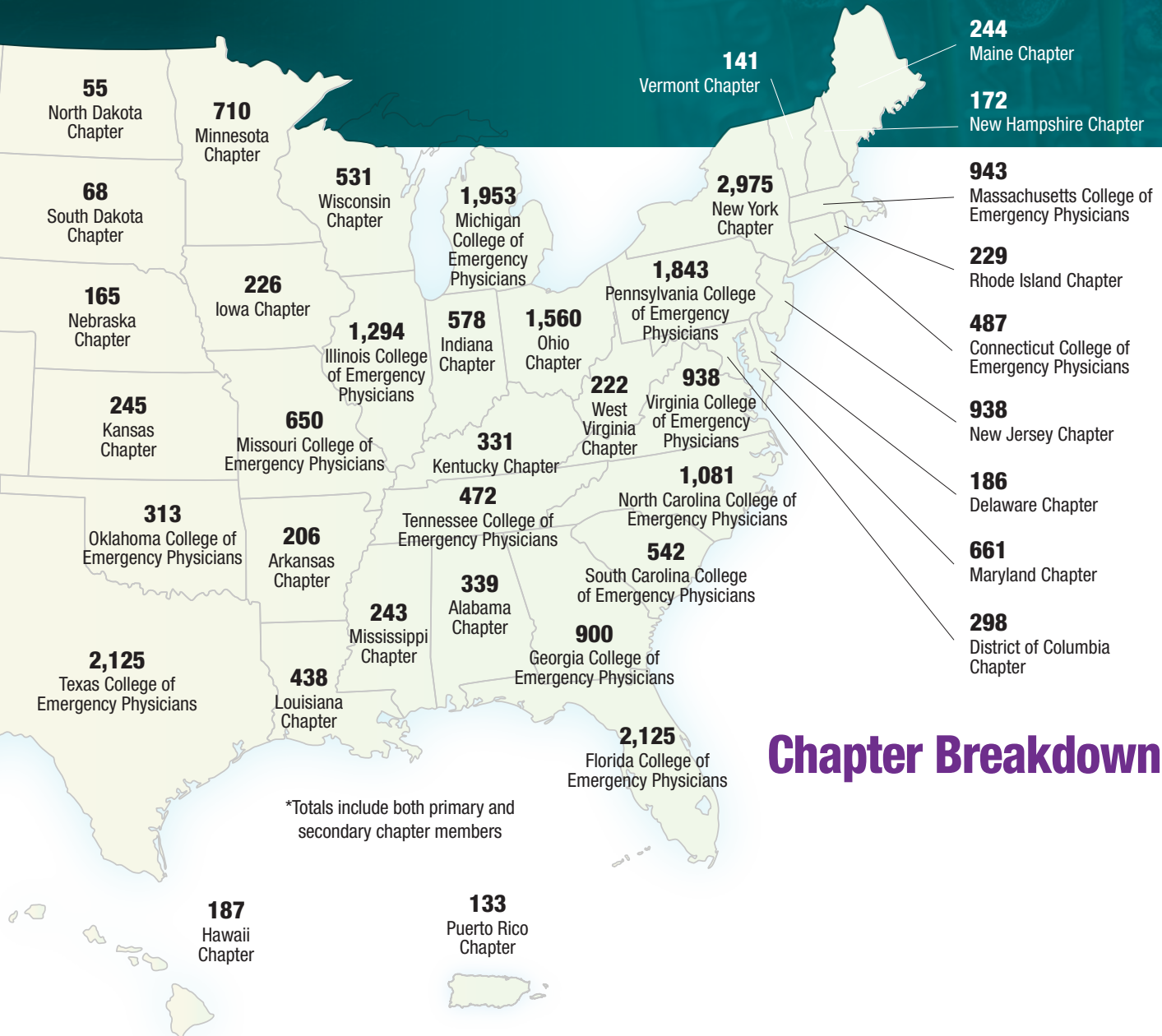


2,967
Government Services Chapter

1,211
No Chapter (International, Honorary, etc.)

Age Breakdown





Gender Identity Breakdown



Where are we going next?

ACEP's New Strategic Plan

**prioritizes emergency physicians while
advancing the specialty as a whole**

ACEP's Board of Directors committed to developing a Strategic Plan to empower the College to identify priorities, address polarizing issues and provide members with clear vision for the future. Leaders and members formed working groups to dive into the critical strategic issues for six months.

Perspective Pivot:

A key goal of the strategic planning group was to clarify ACEP's dual, and sometimes competing, mission of supporting the emergency physician and supporting the specialty as a whole. A strong consensus was reached that our vision for change must prioritize the needs and well-being of each emergency physician first. Only then can we all make the specialty better.



Visit acep.org/strategicplan for a closer look at our path forward.

Strategic Goals

Advocacy

ACEP fights for your rights across all landscapes and levels, including federal, state, local, facility and administrative.

Career Fulfillment

ACEP supports you by addressing your career frustrations and seeking avenues for greater career fulfillment, and commits to addressing tough issues head-on.

Practice Innovation

ACEP seeks to revolutionize the practice of acute unscheduled care and take the lead on reshaping the workforce landscape.

Member Engagement & Trust

ACEP makes it feel easy for you to find and feel connected to your little corner of our big community.

Resources & Accountability

ACEP assures the thoughtful acquisition and management of resources to achieve our strategic goals.

Vision for Change

Emergency physicians believe that ACEP is their home and community for career fulfillment and professional identity.

What

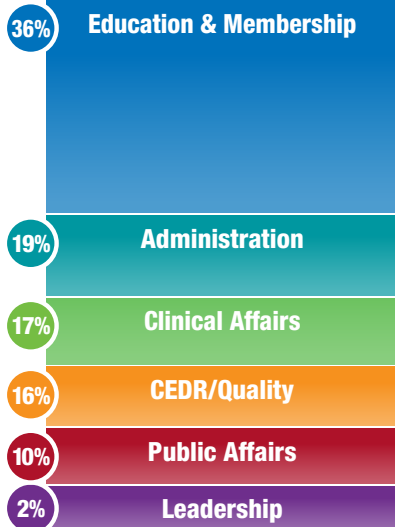
resources will take us there?

Financial health and stability allows ACEP to look to the future

2020 - 2021

During a year when ACEP finances were once again impacted by the pandemic, loyal dues support helped us continue funding a variety of national programs, resources and initiatives that support emergency physicians.

Total Expense
\$34,758,926



Education & Membership

includes Educational Products and CME, Member Services, Corporate Relations, Communications, Marketing, Educational Meetings (including ACEP21), Grants, etc.

Administration

includes Finance, Technology Services, Human Resources, Legal, Office Services, etc.

Clinical Affairs

includes EM Practice Management, Chapter Services, etc.

CEDR/Quality

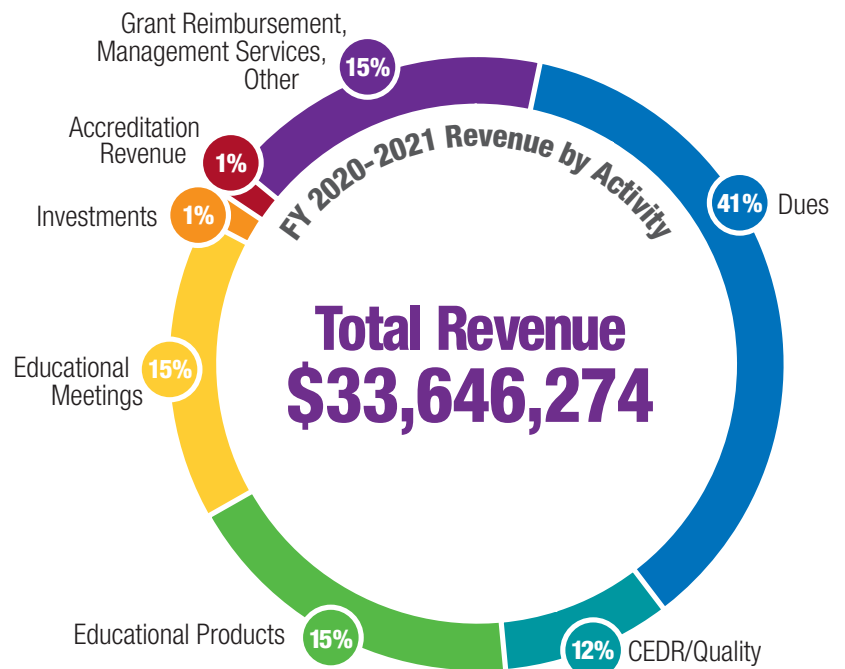
includes CEDR, Quality-related grants (E-QUAL, etc.)

Public Affairs

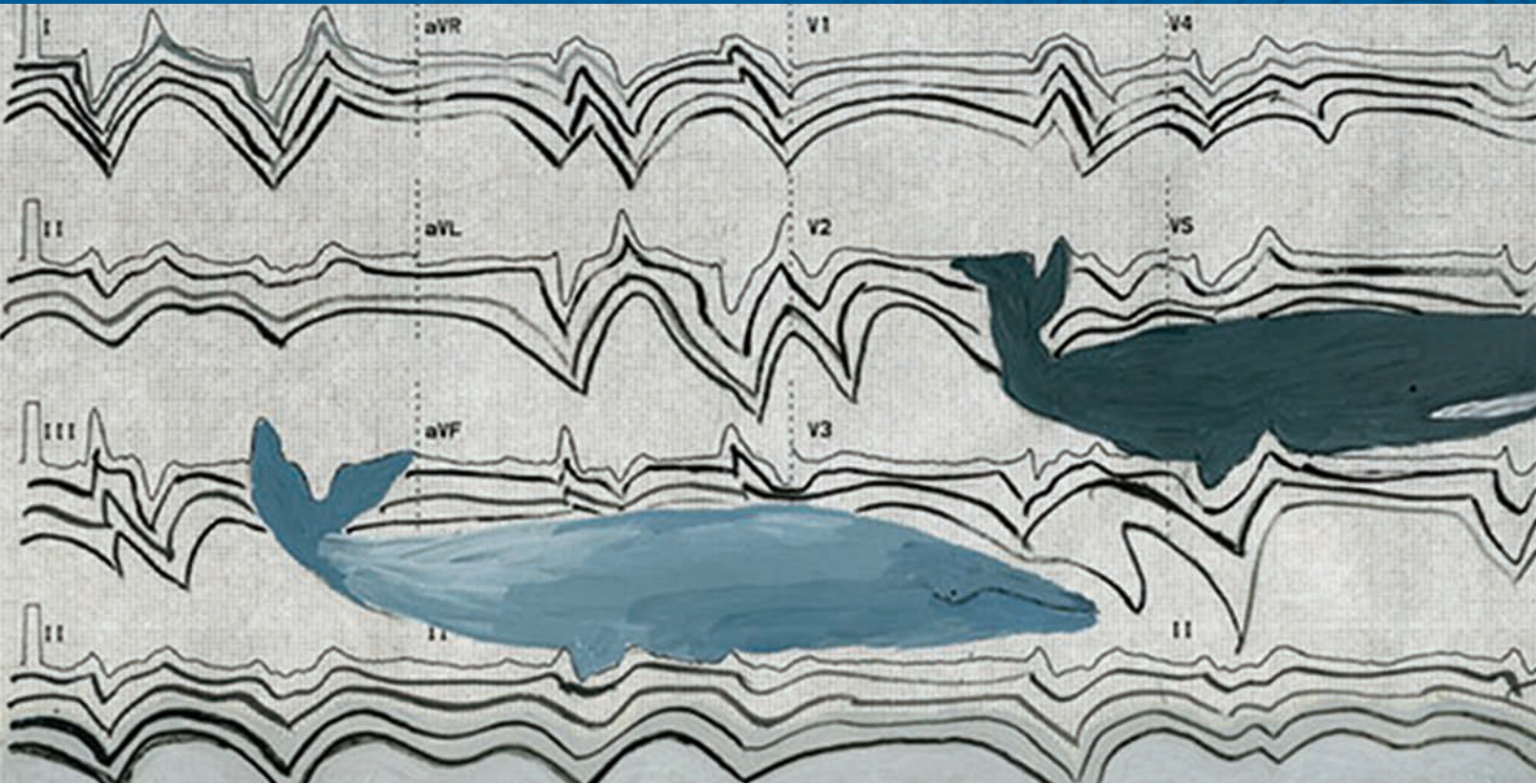
includes Congressional Affairs, Federal Affairs, Public Relations, etc.

Leadership

includes Board, Council, Committees, Executive Management, etc.



acep.org/membership
for more information



Making Waves

Join your peers to make an even bigger impact

"Having a section devoted to [telehealth] is really important ... And if we don't have a centralized place to have the discussions, we really don't know what kind of programs work, what kind of research people are doing, what other people's experiences are, and how to ensure that we make it better because we know what other people are doing. It's a great way for us as a group to come together and really figure out what does this mean for emergency medicine? What does it mean for health care system?"

– Aditi Joshi, MD, MSc, FACEP
Member since 2006

"I think the strongest part about ACEP is being able to network with physicians all over the country who are passionate about the same things you are and who are trying to advance the same agenda that you are. One of my favorite parts is this particular section because having these meetings, sharing ideas ... that's really how we're going to move the specialty forward."

– Kaytlena Stillman, MD
Member since 2017

"I'm currently an ultrasound fellow. And then I've really found a community within the ACEP Ultrasound Section as a way for me to meet people who have similar ideas and can kind of help me with my career moving forward ... it's great because emergency medicine varies throughout the country, but then you get to talking to people many states away and it's just amazing to find that, 'Oh, hey, you're dealing with the same stuff we are,' and figuring out how they've already troubleshoot it is great."

– Claire Paulson, DO
Member since 2016

**Emergency Telehealth
Section**

**Social EM
Section**

**Ultrasound
Section**

One thing we hear often from ACEP members is that they'd like to get more involved, especially with specific issues within our specialty, but they aren't sure how to go about it.

Many members find their niche and grow their peer network through committee and section involvement. These groups work year-round to provide a supportive community while developing helpful tools and resources specific to their area of expertise.

ACEP Committees

- Work groups appointed by ACEP's president-elect to tackle big projects
- Assigned objectives by ACEP's Board from general to specific Council resolutions
- Volunteer at [acep.org/committees](https://www.acep.org/committees)

Health Innovation Technology Committee

Developed resources to help emergency physicians navigate the "Open Notes" provision in the 21st Century Cares Act, which made ED notes visible to patients via the electronic health record portal

EM Practice Committee

Revised ACEP's policy statements to strengthen EM's scope of practice

Clinical Policies Committee

Finished new clinical policies related to community-acquired pneumonia and opioids, and is working on policies related to appendicitis, acute heart failure syndromes, and mild traumatic brain injury



Learn more about ACEP's 35 committees at [acep.org/committees](https://www.acep.org/committees).

GET CONNECTED

Work together with fellow ACEP members to make a positive impact on the specialty.

ACEP Sections

- Engage in specific areas of interest, identify and fill gaps in resources, procedures and conversations
- Chance to lead if you serve as an officer and set the agenda, select projects and gather resources
- Join at [acep.org/sections](https://www.acep.org/sections)

Emergency Ultrasound Section

Published the new *Sonoguide: Ultrasound Guide for Emergency Physicians* that includes beginner and advanced concepts

Geriatric Emergency Medicine Section

Launched two free online courses

Young Physicians Section

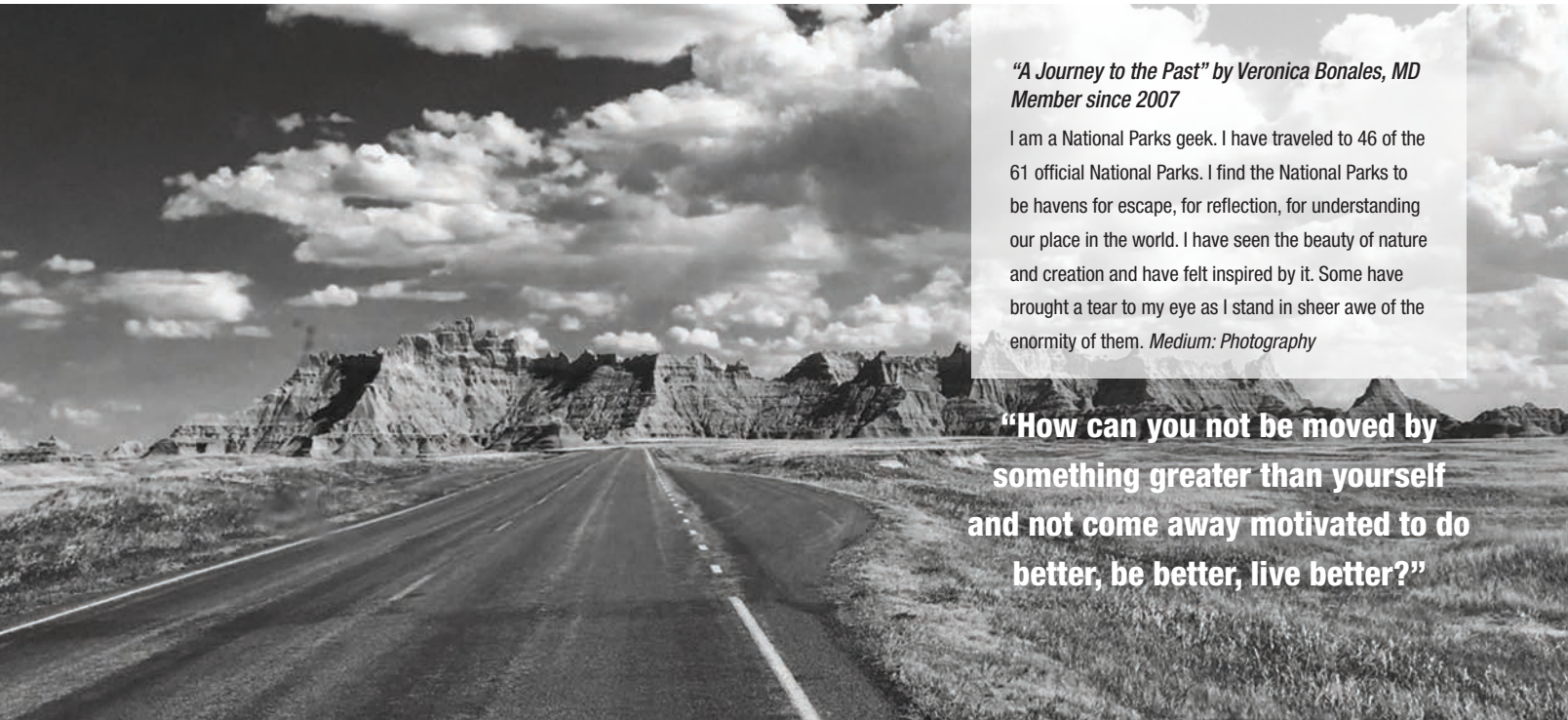
Hosted webinars on financial planning, contract review, job hunting and the future of the workforce

Diversity, Inclusion and Health Equity Section

Created vaccine hesitancy resources to help clinicians counsel patients with empathy



There's something for everyone! Explore ACEP's 40 sections at [acep.org/sections](https://www.acep.org/sections).



***“A Journey to the Past” by Veronica Bonales, MD
Member since 2007***

I am a National Parks geek. I have traveled to 46 of the 61 official National Parks. I find the National Parks to be havens for escape, for reflection, for understanding our place in the world. I have seen the beauty of nature and creation and have felt inspired by it. Some have brought a tear to my eye as I stand in sheer awe of the enormity of them. *Medium: Photography*

“How can you not be moved by something greater than yourself and not come away motivated to do better, be better, live better?”

**You're the fuel. ACEP is the engine.
Where can we go together?**