

TACKLING TOUGH ISSUES

ED BOARDING & CROWDING CRISIS

Brewing for years, the boarding crisis hit troublesome levels in late 2022. Your stories, filled with urgency and passion, allowed ACEP to launch a multichannel advocacy campaign.

ADVOCACY: ACEP'S COLLECTIVE VOICE PUSHES FOR SOLUTIONS

- COLLECT STORIES**
Data doesn't move the needle like stories do. Legislators needed to hear about the boarding crisis in your own words. And when we asked, your response was immediate.
- ALERT THE WHITE HOUSE**
Your frontline stories formed the heart of the letter ACEP sent to the White House in early November. We rallied the troops, getting 34 additional health care and patient advocacy groups to sign on.
- RAISE PUBLIC AWARENESS**
As our letter was sent to the White House, ACEP launched a digital storybook filled with your frontline ED boarding stories. This powerful collection pulled back the curtain on this crisis for the press and general public.
- ADVOCATE FOR THE STATES**
ACEP sent a letter to the National Governors' Association, and ACEP chapters received a template letter for contacting their Governors so we could address this crisis on local levels.
- CREATE A TASK FORCE**
In December 2022, an ACEP Task Force was appointed to develop potential solutions to present to the government.

NEXT STEPS
Stay updated on ACEP's boarding advocacy efforts at www.acep.org/boarding.



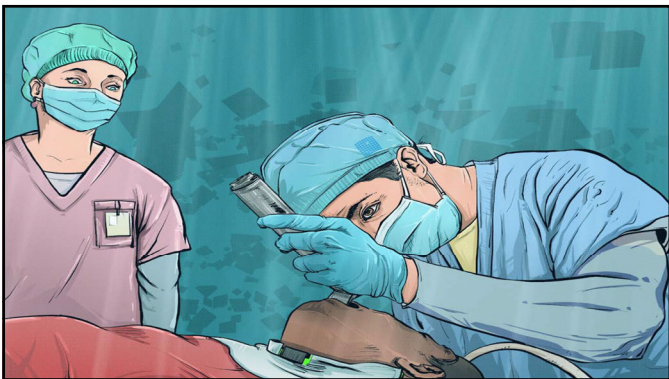
Grateful for the strong advocacy of ACEP here, Chief amongst the oldest of ER docs is a commitment to problem solving - this community will continue to use it to tackle the tough issues. Optimistic that as stewards of the healthcare system, we will be a part of the solution!



BY THE NUMBERS*
as of January 1, 2023

- 150 Frontline stories collected (and counting)
- 550 Publications
- 464,983 Impressions with ACEP letter
- 37% Increase to top org trending page the first week of the campaign
- Top of ACEP's #1 Twitter post of 2023

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TACKLING TOUGH ISSUES

FIGHTING FOR PHYSICIAN-LED CARE

ACEP is leading efforts to make sure that policymakers and health care leaders know that emergency physicians should lead every emergency care team.

EDUCATING PATIENTS AND DECISIONMAKERS

ACEP launched an aggressive public education campaign with polls and PSAs that spelled out a clear message to the press, federal policymakers, and patients: **There is no substitute for an emergency physician in emergency departments.** Allowing nurse practitioners or physician assistants to perform complex medical procedures without supervision is dangerous.






"MY EXPERIENCE MATTERS"


ACEP collected and amplified personal stories from emergency physicians who began their careers as RNs, PAs, or NPs to demonstrate the dramatic difference in physician training and education. When emergency physicians fought scope of practice legislative battles at the state level, ACEP made sure members' voices were heard and supported with a comprehensive advocacy toolkit that included messaging, graphics and more.

JOIN THE FIGHT


Share your scope of practice concerns, review ACEP resources and stay current on ACEP efforts by visiting acep.org/copeoperation




BY THE NUMBERS

**70%**
of adults agree that a physician is best able to lead their care*

**72%**
of adults would be concerned if a physician was not there to lead their care*

**ACEP chapters were directly involved in 5**
major wins during the 2021-22 state legislative session. Major legislative wins were achieved in Kentucky, Wisconsin, South Dakota, Louisiana, and Colorado.

**4**
resolutions were passed by ACEP Council to affirm the oversight of nonphysicians on the job.

*March 2022 ACEP/Morning Consult poll.

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TACKLING TOUGH ISSUES

ACCESS TO EMERGENCY REPRODUCTIVE HEALTH CARE

When the Supreme Court reversed Roe v. Wade, ACEP worked quickly to support you through the confusing aftermath of the decision to ensure that you can safely and confidently provide necessary care.

UNPACKING EMTALA CONSIDERATIONS

1 TAKING A STAND

ACEP immediately issued a new policy statement.

2 GATHERING RESOURCES

ACEP publications responded urgently to get ACEP members the information they needed to protect themselves from liability and be ready for new clinical presentations.

3 RAISING THE FLAG

ACEP's legal, advocacy and communications teams raised concerns to media, in court and in Congress. Guided by ACEP members, emergency physicians directly confronted barriers to care expected to arise in this new legal environment.

4 TAKING ACTION

ACEP filed an amicus brief in United States v. State of Idaho to express concerns about conflicts with EMTALA. ACEP also acted onto a level in Texas v. Flores to underscore that policies preventing emergency physicians from doing their jobs could put pregnant patients at risk.

5 GATHERING DATA

ACEP is partnering with University of California San Francisco to better identify patterns of emerging gaps in emergency care so we can further protect our members.


6 CONVENING EXPERTS

A cross-disciplinary Task Force was created to address gaps in existing regulation or statute that could create clinical and legal barriers.

ACEP POLICY STATEMENT


INTERFERENCE IN THE PHYSICIAN-PATIENT RELATIONSHIP

ACEP believes that emergency physicians must be able to practice high quality, objective evidence-based medicine without legislative, regulatory, or judicial interference in the physician-patient relationship.





STAY INFORMED


Discussions about applications of EMTALA, state and federal updates, and regulatory changes are ongoing. Use the most recent information by visiting acep.org/emtala.



BY THE NUMBERS*

**ACEP and its members have filed 1,050**
litigation cases challenging the effects of the legislation.

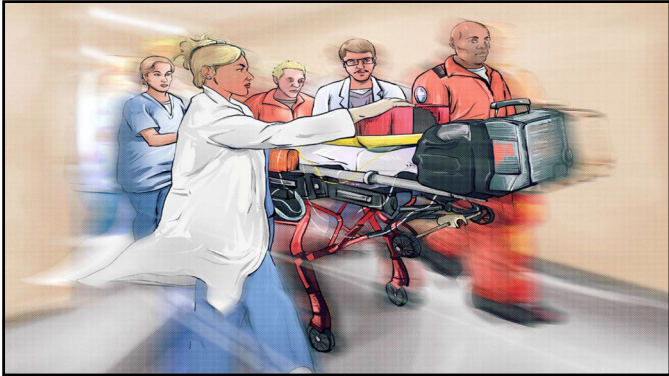
**4**
ACEP's Council resolutions affirmed ACEP policy on doctors to reproductive health care services.

**1**
group of experts submitted the evidence base that could create clinical and legal barriers to reproductive health care.

**2**
amicus briefs were filed to voice concerns about emergency physicians' concerns.

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TACKLING TOUGH ISSUES

PROTECTING EMERGENCY PHYSICIAN AUTONOMY

Forces outside of the ED continue to have a profound impact on patient care and practice management. In 2022, ACEP stood firm to uphold employer best practices and advocate for due process, transparency and the sanctity of the physician-patient relationship.

2022

MARCH

APRIL

JUNE

TAKING A STAND

ACEP stood up to corporate and external forces that threaten emergency medicine when left unchecked.

ACEP filed an amicus brief in the *ACEMPC v. American College of Emergency Physicians* case, solidifying the sanctity of a physician's ability to practice medicine without undue pressure from outside forces.

The Board of Directors approved the ACEP Statement on Private Equity and Corporate Investment in Emergency Medicine, emphasizing the physician-patient relationship as the moral center of medicine that can never be compromised.

ACEP gathered more than 100 member stories about the impact of consolidation to include in its Periodic Response and Recommendations to the FTC.

President Dr. Gillian Schenck and Executive Director Dr. Sidney Shattell gave stories during the FTC's "Listening Forum on Fragmented Effects of Mergers and Acquisitions in Health Care."

AMA House adopted a resolution ACEP developed and introduced to strengthen due process protections for both employed and contract physicians. Now the entire House of Medicine is fighting to ensure due process protections for you at both the federal and state level.

KNOWLEDGE IS POWER

ACEP empowered members with tools to support their career goals.

ACEP launched the Independent EM Master Class to teach emergency physicians how to start their own groups, compete for contracts and more. acep.org/indclass

ACEP's regulatory blog published a detailed series outlining horizontal and vertical consolidation in health care. acep.org/regandlegis

ACEP provided members access to legal review of job offers and contracts. acep.org/support

ACEP enhanced career resources including the new emcareers.org job site, contract review and compensation guidance. acep.org/careercenter

ACEP distributed a governance and structure checklist to advertising or existing employers to ensure transparency. acep.org/employerprofiles

BY THE NUMBERS

100+ member stories about impact of consolidation that were submitted for ACEP's response to the FTC.

53% of members surveyed indicated that their medical decision-making was negatively impacted by employer mergers or acquisitions.

4 policy statements to support you at acep.org/physicianautonomy

- Compensation Arrangements
- Compensation Transparency
- Contractual Relationships
- Rights and Responsibilities

KEEP CURRENT
Find autonomy updates and resources at acep.org/physicianautonomy.

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TACKLING TOUGH ISSUES

SHAPING THE WORKFORCE OF TOMORROW

In 2021, the Emergency Medicine Physician Workforce Projections for 2030 report indicated a likely oversupply of emergency physicians in the next decade. In 2022, ACEP continued working on its multifaceted plan to build a bright future for the specialty.

GOING ON RECORD

In February 2022, ACEP and EMRA filed joint testimony for a Senate HELP committee hearing on workforce shortages. The testimony provided the EM physician perspective on rural ED challenges, staff shortages, ED boarding and maintaining physician-led teams as the gold standard of emergency care.

LOOKING FORWARD

ACEP launched a new Task Force to help develop innovative practice models for the future of emergency medicine, including freestanding facilities, telemedicine and home-based care.

REVISITING THE DATA

A second workforce study published in Annals of Emergency Medicine in September 2022 indicated a higher attrition rate than in the original projections submitted. As the market continues to adjust, ACEP will monitor real-time, data-driven updates in the workforce and act as needed.

STAY UPDATED

ACEP sponsors roundtable discussions with national and state chapter leaders, research, and more can be found at acep.org/workforce.

BY THE NUMBERS

5 pillars to guide ACEP's workforce initiatives

- Ensuring comprehensive and accelerated EM residency training
- Protecting the unique role of emergency physicians
- Reassessing emergency physician practice to meet evolving community needs
- Supporting emergency physicians and increasing recruiting practices in all communities
- Ensuring business interests do not supersede needs of educating the workforce

16 video updates on ACEP's workforce progress acep.org/workforce/videos

8 organizations that are part of the EM Workforce Task Force that are working collaboratively to address workforce concerns

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TACKLING TOUGH ISSUES

INCREASING THE VALUE OF YOUR WORK

ACEP is the only EM organization that is part of the AMA's Relative Value Scale Update Committee (RUC), which makes recommendations to CMS on how you are paid. We use our seat at the table to ensure your reimbursement reflects your realities.

MATCHING DOCUMENTATION TO CLINICAL REALITIES

To better reflect the unique environment of the emergency department, ACEP led efforts to advocate that "time spent" was less of a factor in documentation, ensuring that your reimbursement focuses on medical decision-making.

PROTECTING THE VALUE OF YOUR WORK

Despite a consensus recommendation from other medical specialties that failed to consider the unique value of EM, CMS leaders listened to ACEP and kept certain evaluation and management codes at their current values. This avoided a reduction in your pay.

SUPPORTING MORE MEANINGFUL COST MEASURES

ACEP led efforts to secure more based incentive payment system (MIPS) reporting options that are meaningful and uniquely applicable to EM. By helping develop an EM-specific cost measure, ACEP is making sure that your reimbursement aligns fairly with the actual work you perform.

BY THE NUMBERS

as of January 1, 2023

In July, ACEP learned that once-in-a-generation coding changes were coming, so we developed educational resources to prepare you for the coming changes.

400 attended ACEP's listening to introduce impending reimbursement changes and their potential impact

30,000+ visits to ACEP's online resources about the 2023 changes, including a detailed regulatory blog and an FAQ page

30,000 views for an ACEP Now article explaining the changes

LEARN MORE

Subscribe to ACEP's regulatory blog at acep.org/regandregs, and get more reimbursement resources at acep.org/reimbursement.

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HELP IN THE TRENCHES

SUPPORT THROUGH ADVOCACY

ACEP fights for your rights at all levels, including federal, state, local, facility and administrative. Despite what was truly a difficult year, the College defied the odds to get many ACEP priorities across the finish line.

DR. LORNA BREEN HEALTH CARE PROVIDER PROTECTION ACT BECOMES LAW

After nearly two years of ACEP's tireless advocacy, President Biden signed the Dr. Lorna Breen Health Care Provider Protection Act¹ into law (Public Law 117-105) on March 18, 2022. This law ensures funding for grants, resources, training, national awareness campaigns, and more to help address mental health and burnout for health care professionals. A part of the process from start to finish, ACEP will continue working with our champions to ensure additional funding can go to help address the stress, burnout, and other mental health needs of emergency physicians.

INCREASING STATE ADVOCACY EFFORTS

Emergency physicians are increasingly impacted by issues governed or regulated by states.


In 2022, ACEP:

• Nearly tripled the amount of funding and resources dedicated to state government affairs.


• Joined the National Conference of State Legislatures Foundation and provided support for chapter leaders in key issue states to attend.

• Made its powerful grassroots tools available to chapters, enabling states to send advocacy alerts to support urgent legislative priorities.


BY THE NUMBERS

\$135 million

grants provided by the Dr. Lorna Breen Act to improve mental health support for health care clinicians

\$8 million

in funding for ALTO in 2022, a \$2 million increase from 2021

2 year

extension of Medicare reimbursement authorities originally provided to hospitals to COVID-19

REPEALING THE X-WAIVER

ACEP has worked for years to fully eliminate the burdensome and unnecessary "X-waiver" requirement for physicians who wish to prescribe buprenorphine and other medication for opioid use disorder. The 2022 year-end package finally repealed this outdated federal requirement.

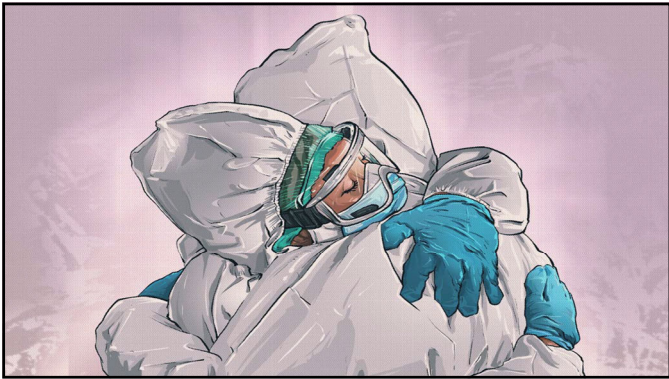
MAKING ALTO PERMANENT

In 2018, ACEP got its "Alternatives to Opioids (ALTO) in the Emergency Department Act" signed into law as part of a larger opioid/SUD legislative package, the SUPPORT Act, to help EDs across the country establish and implement their own opioid alternative pain treatment protocols. In 2022, ALTO became a full permanent program, authorized for five years, and its funding increased to \$8 million for 2023.

THE NETWORK NEEDS YOU

Take your advocacy involvement up a notch this year by joining the 911 Grassroots Network, the only dedicated grassroots advocacy action network that speaks on behalf of emergency medicine. acep.org/section/advocacy

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HELP IN THE TRENCHES


SUPPORT THROUGH COMMUNITY


ACEP is your home for career fulfillment and professional identity. Finding your personal community looks different for everyone, so ACEP offers a variety of ways to connect with your peers.

CONNECTING ONLINE

The digital world is 24/7/365 just like you, so there is always something to discuss. It's not all serious stuff, as you can see from our most engaging social media conversations from 2022:







NEW WAYS TO CONNECT

Independent EM Master Class

To serve a growing cadre of entrepreneurial emergency physicians creating new independent groups, the inaugural Independent EM Master Class held in August, in conjunction with IEMBC, was a huge success — providing an unprecedented opportunity to learn how to succeed in group ownership, negotiate and manage like a boss, and take control of your own future with policies and practices that matter most to you. Learn more at acep.org/indefclass.


Diversity, Inclusion & Health Equity Committee

In June 2022, the Diversity, Inclusion & Health Equity Committee was formed to prioritize issues of equity and inclusion in emergency medicine. Learn more about how you can get involved in ACEP's committees at acep.org/committees.


Member Interest Groups

In an effort to connect members in more personal ways, ACEP launched Member Interest Groups (MIGs) in 2022. The first MIG, a group focused on exploring retirement, grew so quickly that it is now an ACEP section. Who do you want to connect with? Learn how to start a group at acep.org/migs.


BY THE NUMBERS

40


Sections

31

Committees

433

Committees

326

International Ambassadors

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HELP IN THE TRENCHES

CLINICAL & CAREER SUPPORT

In a specialty that's always evolving, ACEP works to get you the resources you need, when you need them. From COVID-19 to Monkeypox and the pediatric "triple epidemic," it was a year that kept us on our toes.

BUILDING OPIOID ADVISORY NETWORK, SUMMARY GUIDE

This new initiative connects EM physicians combating the opioid crisis with expert advice on managing Opioid Use Disorder patients presenting in the ED, creating a protocol to initiate buprenorphine, and more.

acep.org/opioidadvisorynetwork

For a quick introduction to Opioids, Opioid Use Disorder and ED-initiated buprenorphine, check out ACEP's new Opioid Summary Guide.

acep.org/opioids

PROVIDING MPXV RESOURCES

When Monkeypox started presenting in the United States, ACEP developed the Monkeypox Field Guide and partnered with VisualDx to create the Monkeypox Emergency Medicine Project.

acep.org/monkeypox-field-guide


PUTTING CLINICAL POLICIES IN YOUR POCKET

ACEP's new app, launched in late 2022, provides more reliable access to some of our most popular website content, including clinical policies, reimbursement FAQs and advocacy alerts.

acep.org/mobile-app

BRINGING EM TOGETHER AT ACEP22

Opening keynote speakers Dr. and Lady Glaucoffnick had the audience in stitches and tears at ACEP22 in San Francisco! There were many highlights from a fantastic week together, including 383 courses, labs and workshops led by 176 expert faculty.



BY THE NUMBERS*

as of December 1, 2022

- 300+ on-demand courses added to the Online Learning Center
- 1 new field guide for Monkeypox
- 4 new bedside tools: Dizzy+, Low-RISK PE, IMMUNO TOX, Low-RISK DVT
- 1 new clinical policy: Acute Heart Failure Syndromes

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