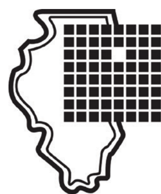


2017 Board of Directors Run-off Election Candidate Profiles

Paul Casey, MD, FACEP

Title and Place of Practice: Medical Director, Process Improvement & Patient Experience, Associate Chief Informatics Officer, Department of Emergency Medicine, Rush University, Chicago, IL

Medical School: Loyola Stritch School of Medicine, Maywood, IL

Residency: Combined Emergency Medicine – Internal Medicine Residency, University of Illinois at Chicago

ICEP Activities: Emergency Medicine Board Review Intensive Committee; Practice Management Committee

ACEP Activities: Member since 2005

Practice Time: 30% patient care; 30% administration; 20% teaching; 20% Associate Chief Informatics Officer

Conflict of Interest Disclosure: None

Personal Statement

What do you think is one measure that could positively impact the new Health Care Policy if the current ACA as it is "repealed and replaced", in terms of Emergency Care of Patients?

As emergency physicians it is essential we continue to advocate for our patients and ensure all patients have

D. Mark Courtney, MD, FACEP

Title and Place of Practice: Associate Professor of Emergency Medicine, Feinberg School of Medicine, Northwestern University, Chicago

Medical School: Baylor College of Medicine, Houston, TX

Residency: Carolinas Medical Center, Charlotte, NC

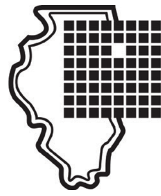
ICEP Activities: Research Committee for 3 years; Board of Directors for 3 years

ACEP Activities: Former Chair of Scientific Review Committee (part of ACEP Research Committee). We provided peer review of all EMF grants, providing recommendation to the EMF Board on the disbursement of over $500,000 annually in research funding. Currently still member of Scientific Review Committee.

Other Relevant Activities: Venous thromboembolism research; mentorship of junior emergency medicine investigators; student of Haiku poetry

Practice Time: 60% patient care; 20% research; 10% administration; 10% teaching

Conflict of Interest Disclosure: SAEM Board of Directors-current; Advanced Cooling Therapy-own less than 0.5% equity in this non-publically traded company (See signed disclosure statement at ICEP.org)



2017 Board of Directors Run-off Election Candidate Profiles

Paul Casey, MD, FACEP

(continued)

health care coverage that ensures access to emergency services without the prospect of financial ruin. To this end, I support continuing to mandate that insurers cover individuals with pre-existing conditions and ensure access to emergency services. Health policy must also address the continued trend of narrow network plans that limit patient access to care and thus limit our ability to ensure appropriate follow up for our patients discharged from the emergency department.

I believe the move toward value-based care will continue given the bipartisan support of the Medicare Access and CHIP Reauthorization Act of 2015. For patients this means safe, appropriate, high quality, effective care at a reasonable cost. While I am confident in our ability as a specialty to ensure safe, appropriate, high quality, effective care, cost containment in emergency medicine will need to be addressed in part through policy. Many emergency physicians feel one contributor to the cost equation is the over-utilization of resources due to fear of litigation. While tort reform was noticeably absent from the ACA, I believe this is an area of opportunity for the current administration. Dr. Tom Price, the current Health Secretary, is likely to be a key architect of a ‘replacement’ plan. He has advocated for establishing ‘safe harbors’ for physicians who followed best practices established by medical societies when facing a malpractice suit. He has also advocated for elevating the burden of proof for plaintiff’s malpractice claims to include ‘gross negligence’. While these changes in isolation will not be the solution for cost containment, I believe they are an important step toward allowing emergency physicians to continue to provide excellent care without the specter of litigation adding to physician stress and burnout.

D. Mark Courtney, MD, FACEP

(continued)

Personal Statement
What do you think is one measure that could positively impact the new Health Care Policy if the current ACA as it is "repealed and replaced", in terms of Emergency Care of Patients?

Implications of the ACA being repealed and replaced will undoubtedly be dependent on what it is replaced with. The biggest question in my mind is where we head with respect to value-based purchasing and hospital system incentives based on providing “quality” care as defined by CMS incentive strategies. We are in the middle of a pendulum swinging between the old model that was highly based on “pay for procedure” - or hospital based occurrences of care and what was supposedly coming next - promised as more efficient “pay for performance” based approaches. Who knows where we will end up? What is one measure that would be good in a new policy?......I cannot possibly imagine what it would be?….Sorry….. Replacement of Medicaid with block grants to the state of Illinois to administer – great track record on that…… emphasis on tax incentives for health spending accounts….not something most of my patients will likely be taking advantage of. Enhanced HHS or CMS spending on care or research on optimal care for older adults, mental health issues – unlikely. So I am not hopeful of much in the way of positive impact on my ability to care for ED patients. My personal belief is that several trends will continue to impact EM regardless, due to increased corporate impact on health care aggregation. ACA or not, hospital systems in Illinois and nationwide will continue to consolidate and physician groups will either exist as large for-profit corporate entities or as part of large non-profit corporate health care systems. The key will be preparing current and future EM clinical and administrative leaders to understand this changing world and lead in it, in a manner that preserves our ability to provide safe, efficient and humanistic patient-based care, 24 hours a day.