



2016 YEAR IN REVIEW

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Dear Valued Members,

2016 was another busy – and record setting – year at EDPMA!

We can share another long list of federal and state-level advocacy successes after writing 15 comment letters, distributing 5 action alerts, and meeting with numerous decision makers. We worked closely with our active membership and our coalition partners, including through the EDPMA-ACEP Joint Task Force on Balance Billing and Medicaid. Working together, we were able to make sure we were all sharing the same messaging and speaking with one loud voice.

This year we hired new staff – a State Government Relations Manager – who helped EDPMA make a big splash in state-level advocacy. This was a big change for EDPMA as we increased from 2 to 3 dedicated full-time staff. With the help of the new staff, EDPMA successfully worked to stop some balance billing legislation from becoming law. And, throughout the year, EDPMA's monthly advocacy newsletters included monthly updates on state-level legislation limiting balance billing. In addition, EDPMA developed an out-of-network toolbox for members that is available on our Resources page on the EDPMA website. The toolbox includes model legislative language, talking points, action alerts, comment letters, testimony, and key documents to use when lobbying state legislators. In addition, the toolbox is updated regularly with links to the bills that are introduced across in various states across the nation.

Membership remains stable despite the growing trend toward industry consolidation. When our members merge with each other, we continue to grow the number of people receiving member benefits. However, with each merger, we do lose a member group or company. Fortunately, due to healthy growth in new membership, we have not seen a decline in our membership numbers.

The Audit Workshop in Nashville, Tennessee, on March 1, 2016, was a big success! Dozens of attendees learned how to avoid and handle audits and learned more about ICD-10 implementation.

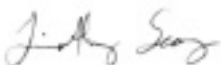
The Solutions Summit at Caesars Palace in Las Vegas in May also was a big hit! We had record attendance, a record number of exhibitors, and took home some real solutions to the issues facing the business of Emergency Medicine.

EDPMA also offered a record number of 10 webinars to members throughout the year. The webinars focused on a wide variety of issues that impact ED practice management.

Despite the busy year – and the significant increase in staffing – we were almost able to fully cover our additional expenses by earning more revenue than expected from the Solutions Summit and the Audit Workshop and by reducing other operating expenses.

It has been a great pleasure to be Chair of the EDPMA Board for the last two years – it has truly been a great honor. I look forward to the future growth of the EDPMA under the very capable hands of our new Chair, Dr. Andrea Brault.

Sincerely,



Timothy Seay, M.D., FACEP
Chair, Emergency Department Practice Management Association

OVERVIEW

MISSION STATEMENT

The mission of the Emergency Department Practice Management Association is to advocate for Emergency Department physician groups and their business partners to enhance quality patient care through operational excellence and financial stability.

OVERVIEW

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments.

Together, EDPMA's members deliver (or directly support) health care for about half of the 136 million patients that visit U.S. emergency departments each year. We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

EDPMA provides exceptional value to its members throughout the year. From advocacy to education, EDPMA provides unmatched access to decision makers, monitors federal and state activity, educates on best practices, and keeps its members up-to-date on the key issues and services affecting their bottom line.

EDPMA members work together at committee meetings and on conference calls, with task forces and coalition partners, to find solutions to common industry problems and to address the issues that affect the industry the most. EDPMA members join forces to harness the opportunities and navigate the issues arising in this changing healthcare environment.

EDPMA is governed by a volunteer Board of Directors comprised of experts in the field of emergency medicine. EDPMA accomplishes its advocacy goals through a focused Committee structure led by an active team of talented and entrepreneurial EDPMA members. The committees are open to all EDPMA members and their work is further detailed in the pages of this annual report.

"EDPMA is an extremely nimble and responsive organization. We utilize significant decision makers in each member organization, and routinely mobilize effective, large scale responses to burning issues and emerging concerns that affect Emergency Medicine."

- Randy Pilgrim, MD, FACEP, *Enterprise Chief Medical Officer, Schumacher Clinical Partners*

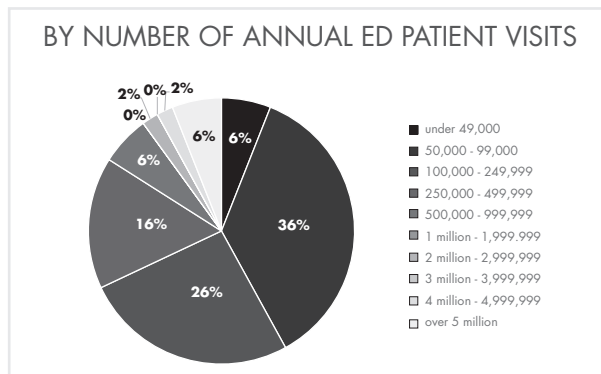
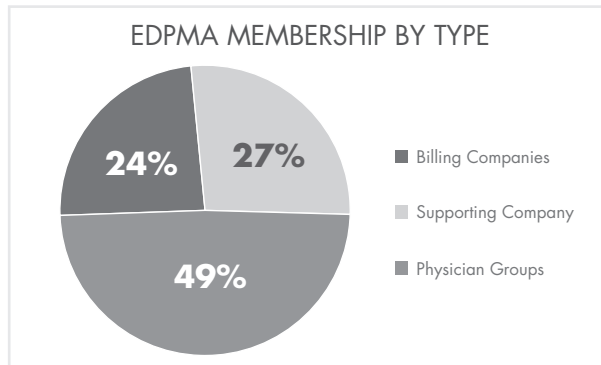
MEMBERSHIP

The Emergency Department Practice Management Association (EDPMA) represents emergency physician groups, billing companies, and supporting organizations of all sizes. Emergency physician groups and their practice partners work together, every day, to make the emergency department industry even stronger.

In 2016, EDPMA brought on **16 new members**. At the end of the year, EDPMA had **103 members** despite the fact that many of our members merged with each other. So, although our membership numbers remain stable, the number of individuals in the emergency business that we serve has grown substantially over the years. As our members grow, the number of individuals receiving our member benefits grows.

This does not mean our physician group members are mostly large groups. In fact, as noted in the above charts, the large majority of our physician groups are small and medium-sized groups.

In 2016, we implemented our dues revamp. This revamp has allowed EDPMA to expand its member benefits and expand its bench of in-house staff and consultants. In 2016, EDPMA hired a membership consultant, Joanne Tanner, who has expertise in sales.



She has helped EDPMA identify and contact potential new members. We also hired a State Government Relations Manager, Mary Wasaff, who monitored and advocated on state-level legislation limiting balance billing.

“Our organization had been asked to join EDPMA for several years. I could not immediately see the value for our company, as we are not a physician staffing or billing company directly impacted by legislative and billing issues. As time went on, it became apparent that whatever impacts the business of Emergency Medicine, impacts all those doing business in that area. Additionally, I quickly learned after joining that the real value in EDPMA is being on the cutting edge of awareness of changes occurring in EM which extend beyond billing and coding, as well as the ability to work directly with those that are the leaders in our industry.

Participation in EDPMA Committees has been a huge asset to achieving this awareness and allows you to network and get to know as friends the leading experts in their field. Within 3 years of joining EDPMA I became Chairman of the Membership Committee and was elected to the EDPMA Board. Both of these opportunities were extended to me through a genuine desire of the current members to have everyone benefit from the expertise and experience of the leaders in EM today. Participation has helped me grow as an individual and helped our company further its success through awareness of a rapidly changing environment in Emergency Medicine.”

– **Dave Ernst, MD, FACEP, President, EPOWERdoc, Chair, EDPMA Membership Committee**

ADVOCACY

In 2016, EDPMA accomplished an aggressive advocacy agenda. EDPMA sent **15 advocacy letters** - ten letters focused on federal issues, three focused on state-level legislation, and two addressed bad behavior by private payers. In addition to these comment letters, EDPMA sent **5 action alerts** urging members of EDPMA to write emails or call state-level decision makers in 4 different states on legislation limiting balance billing and out-of-network reimbursement. Furthermore, EDPMA's members attended **dozens of meetings** with federal and state decision makers.

EDPMA's growing footprint in the advocacy world has led to a **long list of advocacy successes in 2016**. Those successes took many different forms. Some changes requested by EDPMA were included in final federal rules on Medicaid Managed Care, Medicare reimbursement under MACRA, the two-midnight rule, episode payments, the Medicare Fee Schedule, and the Outpatient Prospective Payment System. EDPMA also had success improving the federal greatest-of-three rule which sets a payment floor for out-of-network emergency care. Those successes took the form of federal guidance and report language in the 2017 federal funding bills. (The 2017 funding bills were not yet finalized as of press time, so we do not know if the report language will be finalized.) At the state-level, legislatures adjourned for the year without passing problematic balance billing legislation in some states where

EDPMA actively opposed the legislation.

At the beginning of the year, EDPMA hired a **State Government Relations Manager**, Mary Wasaff, who monitored and advocated on state-level legislation limiting balance billing and out-of-network reimbursement. In the past, EDPMA had monitored state-level activity and advocated on a few state-level bills. Hiring staff to focus on this issue has brought EDPMA's expertise in state advocacy to a new level at a critical time when surprise and balance billing are under attack across the country. EDPMA also worked closely with its healthcare policy consultants at Hart Health Strategies, Inc., who helped navigate the increasingly complex world of federal health regulations, performance measures, and reimbursement.

In order to achieve advocacy success, EDPMA also worked closely with its **coalition partners** including the American College of Emergency Physicians (ACEP), American College of Osteopathic Emergency Physicians (ACOEP), state-level medical associations, Physicians for Fair Coverage (PFC), the National Association for Freestanding Emergency Centers (NAFEC) and others outside the association who share our interests. EDPMA continued its work on the EDPMA/ACEP Joint Task Force on Balance Billing and Medicaid. The Joint Task Force worked diligently to address the growing number of threats posed at the state-level on these important issues.

"Our physician group has benefited immensely from our involvement as a founding member of EDPMA. The strong relationships we've developed over the years with industry leaders from across the country have enabled us to form a state coalition to advocate on behalf of emergency medicine in Texas. Our success at the state level is heavily influenced by the individuals we've known and the organizational structure modeled by EDPMA."

- Cheryl Conner, RN, *Chief Executive Officer, Emergency Service Partners, L.P.*

A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2016

On April 8, 2016, the tri-agencies released a Glossary of Health Coverage and Medical Terms including a definition of Usual, Customary, and Reasonable (UCR) which clarifies that it is the amount paid based on physician charges. This definition positively addresses one of the key concerns raised in the EDPMA/ACEP 12/10/15 joint letter criticizing the final Greatest-of-Three rule.

On April 20, 2016, the tri-agencies released guidance clarifying that ERISA plans must disclose how they calculate UCR when determining payments for out-of-network reimbursement. This addresses one of the key concerns EDPMA has raised with decision makers, including during EDPMA's Leadership Lobby Day in November 2015.

On April 25, 2016, CMS released its final rule overhauling Medicaid Managed Care. It includes provisions EDPMA supported in its comment letter including the 85% Medical Loss Ratio for Medicaid Managed Care Plans; language reiterating and incorporating the Prudent Lay Person (PLP) standard including a prohibition of the use of codes (either symptom or final diagnosis) for denying claims; and the creation of enrollee handbooks that help describe coverage.

On June 6, 2016, the Louisiana legislature adjourned without passing legislation that would have banned balance billing for emergency care or hospital-based physicians. This took place after EDPMA's call-in campaign opposing the bills.

On June 9, 2016, the Senate Appropriations Committee passed the Labor HHS Appropriations bill which included some of the report language EDPMA and its members requested:
"Out of Network Emergency Care.-The Committee believes that beneficiary protections are important to reduce the financial exposure of patients who receive emergency care outside of their insurance network. The

Committee is concerned that the Center for Consumer Information and Insurance Oversight [CCIIO] has not provided sufficient clarity on how to determine the "Usual, Customary & Reasonable" [VCR] amount and encourages that CCIIO publish clarifying guidance. "

On July 14, 2016, the House Appropriations Committee passed the Labor HHS bill which included even better report language EDPMA and its members requested:

"The Committee is concerned the Center for Consumer Information and Insurance Oversight (CCIIO) has not provided sufficient clarity on how to determine the 'Usual, Customary & Reasonable' (UCR) amount in its final rule for patient protections (80 Fed. Reg. 72191). Therefore, the Committee requests CCIIO publish guidance, which may come in the form of Frequently Asked Questions, clarifying what constitutes the UCR amount using a transparent and fair standard, such as an independent unbiased charge database."

On August 22, 2016, CMS finalized the 2017 Update to the Inpatient Prospective Payment System which includes the two-midnight rule reimbursement relief supported by EDPMA and some changes EDPMA requested to the notice given to patients who receive more than 24 hours of observation care.

On October 14, CMS finalized "the MACRA Rule" implementing the new Medicare formula that will take effect in 2019. The rule includes many of the changes EDPMA requested in our comment letter, including allowing physician groups to delay reporting on 2017 measures, removing the cross-cutting measure requirement, maintaining claims-based reporting, allowing hospital-based physicians to get performance credit for EHR utilization, and improving definitions to make it easier for emergency medicine to develop a qualifying alternative payment model.

On November 1, CMS finalized the 2017 update to the Outpatient Prospective Payment

A SNAPSHOT OF EDPMA'S ADVOCACY SUCCESSES IN 2016

System. EDPMA had commented in support of some policies that were finalized including removing the pain management dimension of HCAHPS when determining hospital value-based purchasing and excluding dedicated emergency departments from their efforts to make reimbursement rates site-neutral.

On November 2, CMS finalized the 2017 Medicare Physician Fee Schedule in which, at EDPMA's request, CMS agreed to remove 31 of the 38 services often performed in the ED from its previously-proposed list of potentially misvalued codes.

On December 20, CMS finalized the Episode Payment Model rule which includes adjustments to make it easier for physicians to qualify for the APM incentive payment as requested by EDPMA.

On December 31, the New Jersey legislature adjourned without passing legislation further limiting balance billing after EDPMA sent two action alerts to EDPMA members opposing the legislation.



EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

2016 has been a very busy year in advocacy. In addition to advocating on annual federal reimbursement updates, we weighed in numerous times on the development of the new Medicare reimbursement formula which takes effect in 2019, and worked closely with our coalition partners on federal and state-level advocacy on fair insurance coverage for out-of-network emergency care. Here is a list of our advocacy activities:

- **On January 4, 2016**, EDPMA filed comments with the Centers for Medicare & Medicaid Services (CMS) urging improvements to its proposed rule on discharge planning.
- **On February 19, 2016**, EDPMA submitted comments to CMS urging it to establish performance standards for Medicare Administrative Contractors (MACs) that will encourage MACs to handle provider enrollment and revalidations efficiently and in a consistent manner.
- **On March 1, 2016**, EDPMA submitted comments to CMS on the definition of “episode groups” and how that definition will impact Medicare reimbursement for emergency care.
- **On April 11, 2016**, EDPMA urged its members in Louisiana to contact their state senators and urge them to oppose legislation which would ban balance billing for emergency care in Louisiana.
- **On April 20, 2016**, EDPMA submitted comments to CMS on its proposed rule which would prevent certain providers from enrolling in Medicare and place limits on providers who order Part B drugs and equipment for Medicare patients.
- **On April 27, 2016**, EDPMA and ACEP met with CMS to discuss the Obama Administration’s Budget Proposal on Surprise Billing and encourage the Administration to look at the Connecticut Statute for language on reimbursement for out-of-network emergency care at 80th percentile of FAIRHealth.
- **On June 16, 2016**, EDPMA submitted comments to CMS on its proposed update to the Inpatient Prospective Payment System (IPPS) addressing the two-midnight rule reimbursement relief and observation policy.
- **On June 16, 2016**, EDPMA sent an Action Alert to members in Rhode Island to weigh in on a proposal to limit surprise and balance billing in Rhode Island and ensure minimum reimbursement for out-of-network emergency care.
- **On June 24, 2016**, EDPMA submitted comments to CMS in response to its proposed rule implementing the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Payment.
- **On August 9, 2016**, EDPMA urged its members to weigh in with California legislators in opposition to a California bill that would limit reimbursement for out-of-network care (emergency care was fortunately exempted) to the greater of in-network rates or 125% of Medicare.
- **On September 2, 2016**, EDPMA submitted comments to CMS warning against using ED visits as a metric for unnecessary care and supporting CMS’s plan to develop a better measure for pain.

EDPMA ADVOCACY ACTIVITY — A CHRONOLOGICAL OVERVIEW

- **On September 6, 2016**, EDPMA submitted comments to CMS opposing its plan to deem 38 procedures frequently performed in the ED as potentially misvalued and provisions related to appropriate use criteria requiring use of clinical decision support mechanisms prior to ordering advanced imaging.
- **On September 29, 2016**, EDPMA submitted comments to CMS on Episode Payment Models and how they may qualify as Alternative Payment Models.
- **On September 29, 2016**, EDPMA urged United Healthcare to suspend its troublesome reimbursement policy relating to Evaluation and Management (E/M) of emergency care.
- **On October 6, 2016**, EDPMA filed comments with CMS urging it to require qualified health plans to offer fair coverage of out-network emergency care by exempting emergency care from the deductible, offering an adequate network of emergency physicians, and ensuring compliance with federal law requiring fair payment for out-of-network emergency care. ACEP cosigned our comment letter.
- **On October 26, 2016**, EDPMA sent an Action Alert to weigh in on problematic New Jersey legislation (A1952) that would extend the balance billing ban in New Jersey, limit out-of-network reimbursement under arbitration to 200% of Medicare, and requires independent emergency groups to accept the insurance that is accepted by the hospital.
- **On October 28, 2016**, EDPMA urged Aetna Healthcare to rescind its update allowing them to down-code emergency services based on certain designated minor diagnosis codes and noted it would constitute an unfair claims settlement practice.
- **On November 21, 2016**, EDPMA, ACEP and ID ACEP submitted joint comments to the Idaho Department of Insurance regarding a draft bill limiting balance billing in Idaho.
- **On December 1, 2016**, EDPMA submitted comments to the Tennessee Work Group on Balance Billing. ACEP and TN ACEP cosigned this letter.
- **On December 1, 2016**, EDPMA sent an Action Alert on New Jersey legislation that would ban balance billing and limit reimbursement for Out-of-Network care.
- **On December 21, 2016**, EDPMA and ACEP sent a joint letter to the Governor of Idaho opposing the Department of Insurance’s proposal to limit balance billing.

KNOWLEDGE & LEARNING

Providing EDPMA members with valuable education and training opportunities, news updates, in-depth analysis, and productive networking opportunities are all top priorities. In 2016, EDPMA accomplished these goals in a variety of ways including the Solutions Summit, the Audit Workshop, newsletters, committee conference calls, website updates, social media, webinars, and more.

SOLUTIONS SUMMIT

The *Solutions Summit* - EDPMA's signature event – is the premier conference for leaders in the business of emergency medicine. Each year it attracts hundreds of emergency department healthcare professionals from across the country. It offers a wide range of workshops, general sessions, briefings and policy discussions. Led by leaders in the field, Solutions Summit presents practical solutions to the problems facing emergency medicine physicians groups and their practice partners.



EDPMA Solutions Summit
HIGH STAKES FOR EMERGENCY MEDICINE

The EDPMA **Solutions Summit XIX** – *High Stakes for Emergency Medicine* – was held at Caesars Palace, Las

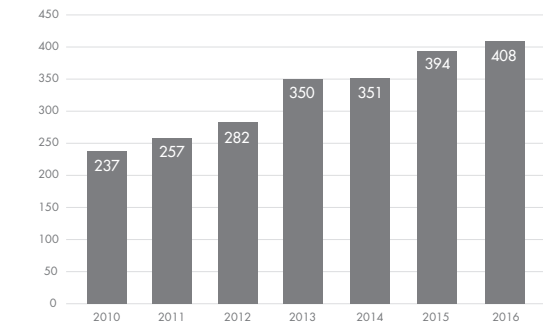
Vegas, Nevada, May 1-4, 2016. This Summit broke records for attendance (408) and for exhibitors (49).

Like last year, EDPMA committees held in-depth workshops and the last day was a special focus on Freestanding Emergency Centers. And attendees got a special treat this year - a hysterical musical performance by ZDog, MD.

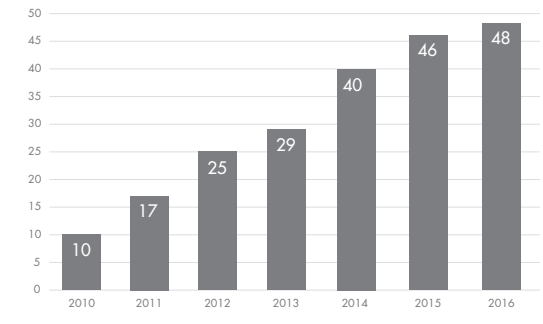


Solutions Summit XX – *All Hands on Deck: Sailing Through the Tides of Emergency Medicine* – will be at the Omni San Diego Hotel in San Diego, California, April 25-28, 2017.

YEARLY SOLUTIONS SUMMIT ATTENDEE GROWTH



YEARLY SOLUTIONS SUMMIT EXHIBITOR GROWTH



WORKSHOPS

Audit Workshop...The Sequel **A Focus on Unfair Payer Claims Settlement Practices and ICD-10**

EDPMA's "Audit Workshop...the Sequel" on March 1, 2016, in Nashville, Tennessee, was a huge success. Dozens of attendees joined the prestigious panel of speakers who shared their expertise on best practices in coding and handling audits, the first 150 days of ICD-10 implementation, Alternative Payment Models, and strategies for handling bad payer behavior.

"If your business is involved in the field of Emergency Medicine, EDPMA's Solution Summit should be at the top of your list." - **Mark E. Owen, PayorLogic**

KNOWLEDGE & LEARNING

EDPMA KEEPS MEMBERS INFORMED

EDPMA keeps its members fully informed in a variety of ways, including:

- A monthly membership newsletter which shares association news;
- a monthly advocacy newsletter which provides in-depth analyses of policy proposals, reminders of approaching deadlines, and updates on EDPMA's advocacy efforts;
- a weekly compilation of news articles from major media outlets that address issues impacting the business of emergency medicine;
- same-day news alerts;
- regular tweets and updates to EDPMA's LinkedIn and Facebook pages; and
- monthly committee meetings where members keep each other informed about a variety of issues impacting reimbursement, provider enrollment, federal and state policy proposals and more.

EDPMA's newsletters and alerts are not only sent via email, but are available on our website so members can access the information when it is convenient for them. Also, EDPMA members can network and find each other through a searchable database which is also located on our website. This on-line directory helps people find basic information about EDPMA member companies and the services they provide.

In 2016, EDPMA provided a new in-depth toolbox on balance billing and out-of-network reimbursement. The toolbox includes model legislative language, EDPMA talking points, action alerts, and comment letters. It also includes the growing number of bills introduced in the various states that would limit balance billing. It also includes a chronology of EDPMA's federal advocacy efforts on out-of-network reimbursement and links to other documents that members can use when advocating at the state or federal level on the issue of balance billing.



Also, in 2016, EDPMA published an article every month – in the EDPMA Advocacy Newsletter – which updated EDPMA members on the status of balance billing legislation in the various states.

WEBINARS

EDPMA offered webinars on a variety of issues throughout the year. In some cases, the webinars are offered only to EDPMA members. In others, the webinars are offered through Urgent Matters. In July 2013, EDPMA began serving on the Urgent Matters Editorial Board. EDPMA helps develop Urgent Matters webinars and newsletters; therefore, EDPMA members can access the webinars for free.

In 2016, EDPMA offered the following **10 webinars** through EDPMA or Urgent Matters

- The MACRA Final Rule: Preparing for 2017 and Beyond
- The Impact of the Federal Elections on Health Policy
- Alternatives to Opioids for the Management of Acute Pain in the Emergency Department
- The Burden of Community-Acquired Pneumonia: Current Issues in Emergency Care
- Angioedema in the Emergency Medicine Setting
- Hospital at Home
- The Emergency Medical Services for Children Program
- Mobile Health Paramedics
- ED Patient Navigation for Frequent Emergency Department Users
- The Future of Acute Unscheduled Care in the United States

FINANCIAL PERFORMANCE



EDPMA continues to be financially solid. Although we significantly increased staff this year - from 2 to 3 full-time dedicated staff - we were able to cover most of the related additional expense with more than expected revenue from the Solutions Summit and the Audit Workshop and by significantly reducing expected operating expenses.

EDPMA BOARD OF DIRECTORS 2016–2017

Greater Houston Emergency Physicians

Tim Seay, MD, FACEP, Chair

TeamHealth

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Emergency Groups' Office

Andrea Brault, MD, FACEP, MMM, Chair-Elect

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EDPMA COMMITTEES & CHAIRS, 2016

FEDERAL HEALTH POLICY

Co-Chairs - Randy Pilgrim and Dighton Packard

This committee tackles the association's response to proposed federal rules, regulations, bills and policies on the implementation or repeal of the Affordable Care Act (ACA), MACRA, Medicaid and other key legislative and regulatory issues occurring at the federal level. It coordinates federal advocacy efforts with other EDPMA committees and reviews, edits, and approves letters to Congress, CMS and other decision makers.

PROVIDER ENROLLMENT

Co-Chairs - Derise Woods and Denise O'Brien

This Committee connects members and their employees who focus primarily on enrolling providers for participation in Medicare and Medicaid programs. It works with CMS and other policymakers and industry partners to improve provider enrollment processes for emergency medicine physician groups and agencies that bill for emergency medicine services. The committee has had many successes including extending the time practices have to submit an enrollment application; allowing E-signatures for online enrollment; reducing MAC processing times for 855 applications; implementing easy-button revalidation; and allowing bank accounts to be located in a different state than the practice.

QUALITY, CODING & DOCUMENTATION

Co-Chairs - Mark E. Owen and Stacie Norris

This committee focuses on quality, coding, and billing issues such as the Merit-Based Incentive Payment System (MIPS), coding and documentation, inappropriate downcoding policies proposed by private payers, avoiding and preparing for audits, developing registries for Emergency Medicine,

and more. It develops toolboxes, white papers and workshops to help EDPMA members respond to various issues.

STATE REGULATORY & INSURANCE

Co-Chairs - Bing Pao, Beth Cesta, and Bob Reece

This committee's primary objective is to identify and develop the appropriate response to legislative and regulatory challenges at the state level, including limits on balance billing and surprise billing, Medicaid expansion, health exchanges, Medicaid copays and more. When appropriate, EDPMA takes action to advocate at the state level on these issues.

CONFERENCE PLANNING

Chair - Iva Lee Clement

This committee develops the agenda for the upcoming Solutions Summit, invites Summit speakers, and oversees all aspects of the Solutions Summit.

MEMBERSHIP

Co-Chairs - Andrea Halpern and David Ernst

This committee helps ensure that EDPMA's membership continues to grow at a healthy pace each year. It also oversees member satisfaction and retention.

EDUCATION

Chair - Paul Hudson

This Committee works year-round to provide valuable education and training opportunities for EDPMA members, including the Solutions Summit, interactive webinars, and educational workshops. The committee reviews upcoming opportunities to keep EDPMA members apprised of the issues impacting the business of emergency medicine.

EXECUTIVE OFFICE STAFF AND CONSULTANTS



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