



# 2016

# Candidate Profiles

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## **PRESIDENT-ELECT**

Tammie E. Quest, MD

## **TREASURER**

Daniel Fischberg, MD PhD FAAHPM

## **SECRETARY**

Joanne Wolfe, MD MPH FAAHPM

## **DIRECTOR at LARGE**

Nathan Goldstein, MD FAAHPM

Chad D. Kollas, MD FACP FCLM FAAHPM

Karl A. Lorenz, MD MSHS

Robert C. Macauley, MD FAAHPM

Joseph W. Shega, MD

Ruth M. Thomson, DO HMDC FACOI FAAHPM

## Tammie E. Quest, MD



### **Experience in hospice and palliative medicine:**

I have been active in the practice of hospice and palliative medicine since 2001. In 2009 I moved into the role of Woodruff Health Sciences Center Palliative Care Center Director at Emory where I direct clinical operations, education, and research. I am an educator at heart and have spent my career focused on advancement of the field through educating all disciplines and stages of trainees in primary palliative care. Clinically I work as a hospice medicine director, inpatient and outpatient palliative medicine physician and emergency physician. My research interests include palliative medicine in emergency care, quality and spiritual aspects of care.

### **AAHPM activities:**

- Member since 2009
- Board of Directors, member-at-large: since 2013
- Membership and Communities Strategic Coordinating Committee, member: 2013 - present
- Diversity and Inclusion Task Force, co-chair: 2013 – present
- Nominating Committee, member: 2015
- Capitol Hill Day, participant
- Special Interest Group (SIG), memberships:
  - Emergency Medicine
  - Physician Assistants
- Annual Assembly Presentations – multiple original research and education presentations; focus on quality, pain and symptom management, emergency care, diversity and inclusion, unconscious bias, African-Americans and EOL

## **Personal / Leadership Statement:**

As an emergency physician by training I have seen the many faces of suffering and distress. Distressed faces have always motivated me to stay focused on improving the suffering experience through all means – clinical, operational, education and research, in all settings. At a time where acronyms like *MACRA*, *MIPS* and *APM's* challenging providers, it means change. While challenge and change awaits, challenge and change I find invigorating. The good news is that Hospice and Palliative Medicine is the answer to the alphabet soup. We can loudly proclaim that mitigation of patient and family suffering and distress always improves quality, value and patient outcomes. Through community our Academy will work together to find the creative solutions needed to grow our workforce and to unify and strengthen our field across the spectrum of our field's caring. Through education, we will expand our thinking and train primary and subspecialty care providers. Through advocacy we will communicate our message clearly to all that will listen that a greater investment in training and education of palliative care providers and smart policies and legislation will yield unbounding benefits to those we serve. Through commitment we will give of our time, resources, and intellect to grow our field. Through research we will build the science necessary to influence our practice with big data and small data – we need good data. Let's take the alphabet soup of a changing healthcare system by storm with a diversity of ideas, diversity of members and diversity of talents. During weak moments, let's stay focused on mitigation of the distress and suffering of patients. That never fails.

**Daniel Fischberg, MD  
PhD FAAHPM**



**Experience in hospice and palliative medicine:**

Since completing training in the Pain & Palliative Care Department at Memorial Sloan-Kettering Cancer Center in 2000, I have worked full-time as a palliative medicine physician, first at Mount Sinai Medical Center in New York and, since 2004, at The Queen's Medical Center in Honolulu. I also serve as Chief of the Division of Palliative Medicine of the John A. Burns School of Medicine at the University of Hawaii.

Over the last 16 years, my professional activities have centered on the care of patients in the hospital, office, hospice and home settings, teaching, research, legislative advocacy, and public outreach.

**AAHPM activities:**

- Member since 2005
- Treasurer, 2016 - present
- Board of Directors, member at large: 2012 - 2016
- Finance Committee, chair: 2015 - present
- Publications Committee, chair: 2013-2015
- Education and Training Strategic Coordinating Committee, chair: 2010 - 2012
- Choosing Wisely Task Force, chair: 2012
- Annual Assembly, program chair: 2009 & 2010
- Annual Assembly Scientific Committee, member: 2008 - 2010
- Developed and presented/co-presented State of the Science Plenary at the Annual Assembly: 2003 - 2008
- PC-FACS, associate editor: 2005 – 2012
- JPM and JPSM, reviewer
- Gerald H. Holman Distinguished Service Award, recipient, 2013

## **Personal / Leadership Statement:**

I humbly ask for your support to continue to serve as Treasurer of AAHPM. Over my years of service, including the last five years on the Board of Directors, and also as Annual Assembly Program Chair, Education and Training Strategic Coordinating Committee Chair, Choosing Wisely Task Force Chair, Publications Committee Chair, and presently as your Treasurer, I have gained quite a bit of knowledge of the Academy's structure and function. This experience inspires me to continue to serve our field, to promote the Academy's strategic goals to:

- Strengthen member engagement
- Support workforce and career development
- Advance knowledge and competency
- Promote quality of care, research and evidence-based practice
- Advance public awareness and policy.

As an Academy our greatest strength, and our greatest challenge, is our diversity. Ensuring that all views and voices are heard on each issue has always been, and will always be, a priority for me in serving our membership. However, to achieve our vision, we need to continue to grow our Academy, not just in numbers, but also in diversity of providers, practice settings, and communities served.

Today presents exciting opportunities for our field to contribute to the radical redesign of our healthcare system. A financially strong Academy will ensure we are best positioned to promote the incorporation of our core values as fundamental characteristics of our health system while ensuring, whenever needed, the availability of access to high quality specialty level hospice and palliative care.

## **Joanne Wolfe, MD MPH FAAHPM**



### **Experience in hospice and palliative medicine:**

My career in hospice and palliative medicine stems from several foundational experiences. In 1997, I developed the Pediatric Advanced Care Team at Boston Children's Hospital (BCH) and the Dana-Farber Cancer Institute (DFCI), now one of largest pediatric palliative care (PPC) programs nationally. I continue to serve as Director of PPC at BCH and Division Chief of PPC at DFCI. In 1999, I became a Faculty Scholar with PDIA and experienced tremendous mentorship and leadership training. Additionally, for four years I was the pediatric medical director for a local hospice and came to better understand the needs of home-based patients and their families. Academically, I developed two national PPC curricula and a unique interprofessional PPC fellowship program. I currently lead a research program aimed at enhancing wellbeing in seriously ill children and their families and also co-lead the interdisciplinary, multicentered PPC Research Network which aims to improve PPC care through research.

### **AAHPM activities:**

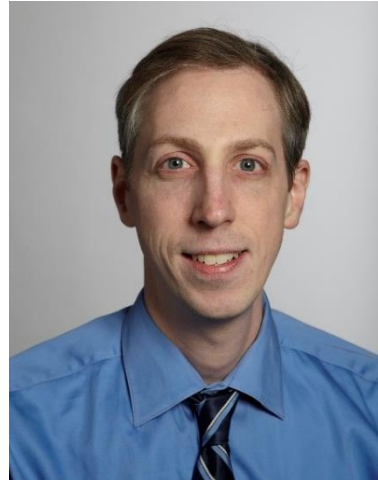
- Member since 2003
- Board of Directors, member at large: 2012 - present
- Publications Committee, chair: 2015 - present
- Quality & Research Strategic Coordinating Committee, board liaison: 2012 – 2015
- Awards Committee, member: 2013
- Development Committee, member: 2013
- Research SIG, member: 2010 – present
- PC-FACS, associate editor: 2011
- Quality & Research Strategic Coordinating Committee, chair: 2010 – 2012
- Scientific Subcommittee, member: 2006 & 2009
- Research Committee, chair: 2009
- Annual Assembly Planning Committee, member: 2006

- Research in Children with Advanced Illnesses: Advancing the Field Together / Preconference workshop, presenter: 2010
- Rounding with the Stars: Cultural Considerations in Pediatric Palliative Care / Invited Lecture, speaker: 2010
- Annual Assembly, paper presenter: 2007, 2009, 2011, 2014, 2015
- Special Interest Group (SIG), memberships:
  - Research
  - Pediatric

**Personal / Leadership Statement:**

I am truly honored to have been nominated as a candidate for the position of Secretary for the AAHPM Board of Directors. I have served as a director-at-large for the board since 2012 and am now well versed in the workings of AAHPM and needs for the future. Through these experiences I believe I am ready to take on a greater leadership role within AAHPM. As the evidence base for quality hospice and palliative care emerges, the demand for greater innovation, discovery, quality and value is mounting. Equally important, the landscape of our healthcare system is changing, and many within the field would agree that hospice and palliative medicine embodies the values, wisdom and practices that could positively influence the culture of healthcare more broadly. This imperative will require hard working, passionate leadership, along with highly motivated constituents. I am fully committed to embrace the needs of the Academy, its membership and the larger community including working towards enhancement of education and training opportunities, promotion of workforce expansion, research, innovation and quality initiatives.

## **Nathan Goldstein, MD FAAHPM**



### **Experience in hospice and palliative medicine:**

I have been an attending physician on the inpatient palliative care consult service at Mount Sinai Medical Center in New York, NY, since 2004. I am also a clinician investigator, and my research examines the ways that clinicians and patients communicate about the management of advanced cardiac technologies at the end of life. For the last two years I have served as the Chief of the Division of Palliative Care at Mount Sinai Beth Israel, where I am also a hospice medical director for our inpatient hospice unit. I am board certified in Internal Medicine, Geriatrics, and Hospice and Palliative Medicine. I was the Fellowship Director for our program from 2005-2009 (Co-Director in 2005-2007 and Director 2007-2009). I have been the Director of Research and Quality for the Palliative Care Institute at Mount Sinai since 2010.

### **AAHPM activities:**

- Member since 2006
- Board of Directors, member-at-large: 2014 – present
- Hospice Medical Director Council, board liaison: present
- Nominating Committee, member-at-large: 2012
- Awards Committee, member: 2014 & 2015
- Scientific Subcommittee, chair: 2009
- Academic Palliative Medicine Task Force, member: 2008 – 2010
- Annual Assembly Scientific Subcommittee, member: 2009
- Education & Training Strategic Coordinating Committee, member: 2008
- “State of the Science” at the Annual Assembly, presenter: 2006 - 2012
- Leadership Development Committee, member: 2011 & 2013
- Research Committee, member: 2006
- Leadership Education and Academic Development (LEAD) Program, co-led:  
A three-year initiative that brought junior palliative medicine and hospice clinicians from across the country together twice a year to improve their skills in leadership and management to assure their academic success.



**Personal / Leadership Statement:**

AAHPM will continue to have a leading role in shaping our field and guiding its future growth. The purpose of the Board is to move the organization forward to assure that it continues to meet the needs and demands of its members, a task that will become increasingly challenging and important. Running for the Board of Directors is a way to show my dedication to the field and the clinicians who provide care to patients with serious illness and their families. My experience in clinical research and now in running a department as well as being a hospice medical director makes me uniquely suited to represent the needs of multiple constituencies within the academy. Indeed I think that one of the key issues facing the field is the ongoing division between Hospice and Academic Palliative Care. Despite our shared interests and the fact that our fields are more alike than they are different, there seems to be an ongoing feeling that the Academy does not meet the needs of all of its members. Splitting the field would only increase this division and would not serve either constituency well. I believe my background and skills can help me work with the board to continue to communicate the Board's efforts on these points and make the hospice community more aware of the work that we are doing as well as help elevate their voice within the Academy.

## **Chad D. Kollas, MD FACP FCLM FAAHPM**



### **Experience in hospice and palliative medicine:**

I entered palliative care from internal medicine, training via EPEC and the MCW End-of-Life Graduate Curriculum. I earned initial board certification from the American Board of Hospice & Palliative Medicine in July 2001, then later certified through the American Board of Internal Medicine in October 2008.

I have practiced palliative care for Orlando Health and its affiliates for over sixteen years. I launched its first inpatient consultative service in December 1999 and established its first outpatient clinic in April 2000. Since January 2016, I have exclusively practiced full-time outpatient palliative medicine at UFHealth Cancer Center at Orlando Health.

### **AAHPM activities:**

- Member since 2002
- Elected as an AAHPM Fellow in 2006
- Advocacy and Awareness Strategic Coordinating Committee, chair: 2013 - 2016
- AMA Task Force to Reduce Opioid Abuse, AAHPM representative: 2015 - present
- AMA House of Delegates, AAHPM representative: 2008 - present
- AAHPM Public Policy Committee:
  - Ex officio: 2015 - present
  - chair: 2009 - 2011
  - member: 2008
  - Medical Home Working Group, member: 2009 - 2010
  - Government Relations RFP Task Force, member: 2009
- Capitol Hill Days, participant: 2009, 2011, 2013, 2014, 2015
- Nominating Committee, member: 2010 - 2011
- Senior Advocacy Team, member: 2009 - 2010
- Physician Advocate Ad Hoc Task Force, member: 2009
- JPSM Editorial Board: 2009 - present
- Quarterly Newsletter Editorial Board, member: 2015 - present
- Quarterly, section editor (for Advocacy): 2016 - present
- Gerald H. Holman Distinguished Service Award, recipient: 2014
- Annual Assembly, presenter: 13-times 2004 – 2016
- Author or Co-Author of 17 articles in AAHPM journals and publications
- AAHPM Paper Award, recipient: 2006

## **Personal / Leadership Statement:**

My service to AAHPM has primarily come in the realm of political advocacy. While I served as the chair of AAHPM's Public Policy Committee, I helped expand the Academy's advocacy efforts from a legislative focus to one that sought to influence regulatory changes and explored emerging models for medical care. This helped open new, meaningful opportunities to include talented and diverse AAHPM members in service to the Academy. My experiences as AAHPM Public Policy Chair and later as its Strategic Coordinating Committee (SCC) Chair for Advocacy and Awareness taught me about the Academy's organizational dynamics and evolving leadership, which will help me serve as an effective member of the AAHPM Board.

I believe that while the Academy's continued success depends on its commitment to the sustained growth of the palliative care workforce, several key challenges loom ahead. My experiences on the Public Policy Committee will help shape the Academy's response to the Medicare Access and CHIP Reauthorization Act, which will soon alter physicians' and hospitals' reimbursement, including those offering palliative care services. AAHPM must assure our patients' access to high-quality hospice and palliative medicine, which includes a commitment to find balance in the struggle between improving public safety from prescription drug misuse and maintaining medically-appropriate access to medications needed to provide effective palliative care. My ongoing service as the AAHPM's Delegate to the American Medical Association and its representative on the AMA Task Force to Reduce Opioid Abuse will also help the AAHPM Board to meet that critical challenge successfully.

## **Karl Lorenz, MD MSHS**



### **Experience in hospice and palliative medicine:**

I came to hospice and palliative care two decades ago recognizing my own failures meeting patients' needs for comfort, and focusing on the goal of fostering broader healthcare change. I joined the Department of Veterans Affairs (VA) because of the VA's compassionate commitment to a dying WWII generation. I serve on VA's national leadership team, and as a UCLA researcher provided policy input related to expertise in evidence synthesis, quality measurement, symptoms, informatics, and implementation. After beginning my career in Los Angeles, I now serve as Professor and Section Chief for palliative care at Stanford University and the VA Palo Alto.

### **AAHPM activities:**

- Member since 2000
- Measuring What Matters, technical advisor: 2013 – 2014
- Quality and Research Strategic Coordinating Committee, member: 2009 – 2012
- Annual Assembly Scientific Program Sub-Committee, member: 2010 & 2011
- Annual Assembly Subcommittee to Improve Abstract Review, member: 2010
- Capitol Hill Days, health reform lobbying effort, participant: 2009
- Research Committee, member: 2006 – 2008
- Annual Assembly Scientific Program Sub-committee, chair: 2006
- Annual Assembly Scientific Program Sub-committee, member: 2004 – 2006
- AAHPM – ABHPM National Fellowship Tracking Database Oversight Committee, member: 2003 - 2005

## **Personal / Leadership Statement:**

The hospice and palliative care community remains a small family with an outsize calling. As a discipline, we must continue to foster access to excellent hospice and palliative care, expand specialty training, and improve the knowledge base for practice. Having spent years as both a primary care and palliative practitioner, I understand that we can't change circumstances for patients and families if we don't engage a broader set of clinicians who provide most care for chronic and advancing illnesses. Success will come through expanding our influence and partnering with other disciplines, practitioners, and professional societies, as well as through public awareness and regulatory and legislative action.

The patient and family must remain our most important constituency and improving their wellbeing our overweening goal. We should build on the leverage that a potentially cost saving role offers our specialty as payment and delivery evolves, but the centrality of patients and families is more critical to maintain the spirit of our effort and to sustain public support to carry the field forward. While their voices need to be heard, patients and families also need to have a greater participatory role in decision making and governance regarding key resources and tasks. The savings of better and more efficient palliative and end of life care need to be shared equitably with patients and families and communities, who warrant a respected place in negotiating a share of those savings alongside investors, payers, and providers.

## **Robert C. Macauley, MD MFA FAAP FAAHPM**



### **Experience in hospice and palliative medicine:**

My work in palliative medicine began a decade ago. Having completed pediatric residency training in 1998 and already on faculty at my university, I sought a wide variety of non-fellowship training experiences, including Palliative Care Education and Practice (PCEP). In 2006 I started the Pediatric Advanced Care Team at the University of Vermont and became board certified by ABHPM that same year, and by ABMS in 2008. I became an AAHPM fellow in 2011, and in addition to my Academy activities I also serve on the Hospice and Palliative Medicine Test Writing Committee for the American Board of Internal Medicine.

### **AAHPM activities:**

- Member since 2006
- Elected as Fellow in 2001
- Education and Training Strategic Coordinating Committee, member: 2014 – 2016
- Annual Assembly Planning Committee, co-chair: 2014 – 2016
- PC-FACS, associate editor: 2012 – present (Fast Article Critical Summaries for Clinicians in Palliative Care)
- Ethics Committee, member: 2012 – 2015
- Annual Assembly Planning Committee, member: 2012 – 2014
- Communities Committee, member: 2009 – 2012
- Leadership, Education and Academic Development (HPM LEAD) Program, member: 2009 – 2012
- Ethics Special Interest Group (SIG), co-chair: 2009 – 2011
- International Issues Task Force, member: 2008 – 2010
- Awards Committee, member: 2009
- Special Interest Group (SIG), memberships:
  - Ethics
  - Humanities
  - Pediatrics

- Annual Assembly presentations
  - Pre-conference workshops:
    - “I’ve got this difficult case “ Ethics Facilitation and Documentation in Pediatrics,” with I Johnson, D Levine J Baker and C Feudtner: 2016
    - “I’m not an ethicist, but I play one at work” with G VandeKieft, H Starks, and A Davis: 2013
    - “The nuts and bolts of pediatric palliative care, for clinicians who don’t usually take care of children,” with J Baker, J Chrastek, J Klick and S Remke: 2012
  - Concurrent Sessions:
    - “When faith hurts: Redemptive suffering and refusal of symptomatic treatment,” with V Periyakoil: 2016
    - “Adolescent palliative care: Who decides?” 2014
    - “Pediatric palliative sedation,” with M Meyer: 2013
    - “Perinatal palliative care,” with G Elia, J Lewandowski, and S Klein: 2012
  - Paper Sessions:
    - “Parental refusal of palliative care: Is it medical neglect?” 2011 Paper Award

### **Personal / Leadership Statement:**

I deeply appreciate the work of the Academy, especially in the areas of education and advocacy. It has been a formative influence on my professional and personal development, not only providing an invaluable forum for learning but also a cherished sense of community.

I would be honored to give back to the Academy by serving on the Board of Directors, and would represent several under-represented constituencies. Pediatric palliative care (PPC) certainly has things in common with adult palliative care, but it is also unique in many ways. My colleagues and I are currently wrestling with a question of identity: are we pediatricians within the HPM community, or HPM clinicians within the pediatric community? Meeting the needs of PPC physicians—while also sharing pediatric experience with adult clinicians who take care of children—will be an important balance to strike.

My work as Director of Clinical Ethics at a university hospital in a rural region would allow me to contribute to discussions of the ethical issues that hospice and palliative medicine face, as well as being attuned to the specific needs of rural clinicians in terms of access, training, and regulatory compliance.

As a grandfather-in physician, I’m especially aware of work force issues facing our specialty. I would value the chance to participate in Board conversations about how to address these shortages and explore creative options to ensure that all patients with serious illness receive the excellent palliative care that they deserve.

## Joseph W. Shega, MD



### **Experience in hospice and palliative medicine:**

For the majority of my career, I practiced Academic Palliative Medicine along with community hospice for over 15 years up to an Associate Professor of Medicine at the University of Chicago. The last three years I have served as a Regional Medical Director for VITAS Healthcare in the Southeast with a recent transition to National Medical Director. In my current role, the preponderance of my work is administrative and education (internal and external) as well as some research and clinical care at a nursing home based inpatient unit in Central Florida. I currently serve as an Associate Professor of Medicine at the University of Central Florida as volunteer faculty. The focus of my efforts has been to improve the care of persons with dementia through the integration of palliative care at the time of diagnosis and hospice at the end of life.

### **AAHPM activities:**

- Member since 2003
- UNIPAC Update co-managing editor, 5<sup>th</sup> Ed.: 2016 - present
- Summer Institute, Intensive Board Review Course and Hospice Practice is changing Take Charge, faculty: 2016
- Nominating Committee, elected member at large: 2015
- HPMPASS, question writer: 2015
- AAHPM/AGS REMS Program, faculty member: 2015 (AAN Update Dementia Measure Set)
- HMD Prep, question writer: 2014
- Physician Consortium Practice Improvement of the AMA, representative: 2011 – 2014
- AAHPM Quality Committee, member: 2010 – 2014
- AMA sponsored Dementia Performance Measure Set, representative: 2010
- Assembly Scientific Sub-Committee, member: 2009 – 2010
- Annual Assembly Committee, member: 2008 – 2009



- Chronic Illness: CHF COPD and Dementia UNIPAC 4<sup>th</sup> ed., author
- Chronic Illness: CHF, COPD and Dementia (Dementia section only) UNIPAC 3<sup>rd</sup> ed., author
- UNIPAC Update, Edition 2, managing editor
- Numerous presentations at the Annual Assembly research abstracts and symposium

### **Personal / Leadership Statement:**

I deeply appreciate the work of the Academy, especially in the areas of education and advocacy. It has been a formative influence on my professional and personal development, not only providing an invaluable forum for learning but also a cherished sense of community.

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My work as Director of Clinical Ethics at a university hospital in a rural region would allow me to contribute to discussions of the ethical issues that hospice and palliative medicine face, as well as being attuned to the specific needs of rural clinicians in terms of access, training, and regulatory compliance.

As a grandfather-in physician, I'm especially aware of work force issues facing our specialty. I would value the chance to participate in Board conversations about how to address these shortages and explore creative options to ensure that all patients with serious illness receive the excellent palliative care that they deserve.

## **Ruth M. Thomson, DO HMDC FACOI FAAHPM**



### **Experience in hospice and palliative medicine:**

Early support from a phenomenal mentor at Ohio's Hospice of Dayton led me to dedicate my career to the field of HPM. I have served the organization for 15 years and currently serve as Chief Medical Officer. I am also President of Innovative Care Solutions, our palliative care specialty group. These roles allow me the honor to oversee the care for over 5,000 hospice and 1,700 palliative care patients annually. I hold board certification in Internal Medicine, Hospice and Palliative and Medicine, and Hospice Medical Director Certification. I am a fellow and an active member of the Academy.

### **AAHPM activities:**

- Member since 2006
- Public Policy Committee, co-chair: 2016
- Public Policy Committee, member: 2012 – 2015
- Advocacy and Awareness Strategic Coordinating Committee, member: 2016
- Regulatory Issues Advisory Group, chair: 2016
- HMDC Recertification Task Force, Member: 2015 – 2016
- State Health Issues Working Group, member: 2013 - present
- Alternative Payment Development & Strategy Summit, attendee: 2016
- Capitol Hill Days, participant: 2012 – 2015
- Writing / Editorial
  - UNIPAC 1 module, primary author: present
  - HPM FAST Regulatory Module, co-editor: 2015
  - HMD Prep Module, section editor: 2014
- Speaking
  - Annual Assembly concurrent sessions, presenter: 2015 – 2016
  - Summer Institute – Hospice Practice is Changing, faculty: 2016
- Special Interest Group (SIG) memberships:
  - Osteopathic
  - State Health Policy Discussion Community

**Personal / Leadership Statement:**

While I consider hospice my primary area of expertise, I also have experience in palliative and post-acute care. Having a good understanding of the care continuum necessary for comprehensive serious illness management helps me to advocate for the needs for our sickest, most vulnerable patients. I am passionate about access to high quality, outcome focused palliative care. I feel all patients with serious illness should have these options available to them and I feel working closely with the Academy aligns with this vision.

While our field struggles with a growing workforce shortage, the segment of our population over age 65 continues to expand exponentially. The AAHPM is already ahead of this curve; responding with actionable initiatives to bridge the gap such as the PCHETA Bill. I feel honored to be a part of these efforts through my work on the Public Policy Committee. My advocacy work also includes important issues to the field such as preserving opioids access for our patients, while embracing safe prescribing practices. I have learned from first-hand experiences that partnering with lawmakers by hearing their concerns, trying to understand both sides, and demonstrating responsibility to the community is key to getting this critical work done.

Volunteering with the Academy has helped me grow personally and professionally and I cannot say "thank you" enough. Having experienced the support and encouragement of excellent mentors, I hope to pay it forward. I am committed to the mission and vision of the Academy and would be honored to serve.