

# 2015 Candidate Profiles

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PRESIDENT-ELECT Janet H. Bull, MD HMDC FAAHPM

TREASURER Daniel Fischberg, MD PhD FAAHPM

SECRETARY F. Amos Bailey, MD FACP FAAHPM

DIRECTOR at LARGE Chad D. Kollas, MD FACP FCLM FAAHPM Paul E. Tatum, III MD MSPH CMD FAAHPM Gregg K. VandeKieft, MD MA FAAHPM Michelle Weckmann, MD FAAHPM Eric Widera, MD FAAHPM Holly Yang, MD HMDC FACP FAAHPM Donna S. Zhukovsky, MD FACP FAAHPM

#### NOMINATING COMMITTEE

Rebecca Aslakson, MD PhD FAAHPM Steven J. Baumrucker, MD FAAFP FAAHPM Stephen A. Leedy, MD MA HMDC FAAHPM James Mittelberger, MD MPH FACP FAAHPM Michael L. Spear, MD MSEdl

# Janet H. Bull



#### **Credentials:**

MD HMDC FAAHPM

#### Experience in hospice and palliative medicine:

Janet transitioned from an ob-gyn practice to full time hospice and palliative care 15 years ago. Her current role is Chief Medical Officer for Four Seasons and she holds a consultant assistant professorship at Duke University as well as serves as a Senior Medical Advisor to Aspire Health. She helped develop the palliative care department at Four Seasons in 2003 and the Research Department in 2005. She has conducted a wide range of clinical trials that are both industry and investigator initiated. She has been active with AAHPM for a number of years, serving on the research committee for 4 years (3 years as chair) and has been on the AAHPM board since 2013. In 2013 and 14 she co-directed the Hospice Medical Directors Course and has served on its faculty for a number of years. She has served as an educator, both in the development of the Palliative Care Immersion Course, and as a lecturer at multiple state and national conventions. She has published numerous articles on hospice and palliative care, mostly in the quality area with the use of data driven metrics to enhance quality improvement. She also serves on the Technical Working Panel for Hospice Quality Reporting for CMS.

- Member since 1998
- Treasurer on Board of Directors (1 year)
- Finance Committee, Chair
- Past member of the following:
  - Research Committee
  - Quality & Research SCC
  - o Advocacy Research Work Group
  - o Development Committee
  - o PC-FACS Editorial Board
  - o Measuring What Matters, Clinical Users Panel
  - Shaping the Future Campaign
  - o 2005-2006 Annual Assembly Planning Committee, Chair
  - o 2013 & 2014 HMD Conference, Co-Chair
- Faculty for the HMD conference several years
- > Author of 2 chapters for the Hospice Medical Director Manual
- Author of test questions for the HPMPASS

We are facing a critical time in our evolution as a field. Major changes in healthcare abound as we shift from a fee for service payment system to one that is driven by performance and high value. We need to make sure that hospice and palliative care have a major role in our new healthcare system and a seat at the table when negotiating with the major payors. Some of the current challenges facing our field include the regulatory and financial burden that hospices are bearing, changes to the Hospice Medicare Benefit, alignment of Physician Quality Reporting Measures (PQRS) with meaningful palliative care metrics, creating a sustainable payment model for palliative care, and preventing burnout of our workforce.

We need to have a strong voice in the political arena and advocate for high quality hospice and palliative care and provide leadership around many of the issues facing patients with advanced illnesses. As an Academy we need to continue to offer high quality education to our members so that they can stay abreast of current changes, as well as take a lead in working with other specialty groups so that dissemination and integration of general palliative care is ushered into primary care medicine. We should experiment in adapting to different formats of teaching (web based, short videos, mobile apps) so that members will have a wide array of educational opportunities. I believe it will be necessary to support a Qualified Clinical Data Registry for palliative care measures that will fulfill the requirement reporting of PQRS and allow for meaningful quality data reporting. Finally, we must continue to provide solutions to deal with workforce shortage issues and provide strategies to our members to help prevent burnout and build resiliency.

# **Daniel Fischberg**



#### Credentials:

MD PhD FAAHPM

#### Experience in hospice and palliative medicine:

I currently serve as medical director of the Pain & Palliative Care Department at The Queen's Medical Center and as Professor and Chief of the Division of Palliative Medicine at the John A. Burns School of Medicine of the University of Hawaii. Since completing fellowship training in pain and palliative care at Memorial Sloan-Kettering Cancer Center in 2000, I have worked full-time as a palliative medicine physician. Over the last 15 years, my professional activities have centered on the care of patients in the hospital, office, and home settings, teaching, research, legislative advocacy, and public outreach.

- Member (2005-present)
- Board of Directors, Member at Large (2012-present)
- Finance Committee (2015-present)
- Publications Committee, Chair (2013-2015)
- Choosing Wisely Task Force, Chair
- Education and Training SCC, Chair (2011-2012)
- Annual Assembly, Program Chair, 2009 & 2010
- Annual Assembly Scientific Committee
- > Developed and presented/co-presented State of the Science Plenary (2003-2008)
- PC-FACS, Associate Editor (2005-2012)
- Recipient, Gerald H. Holman Distinguished Service Award (2013)
- JPSM reviewer

I humbly ask for your support to serve as Treasurer of AAHPM. Over my years of service, including the last four 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 at present on the Finance Committee, 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
- Build workforce and leadership
- Advance knowledge and competency
- Promote quality of care and evidence-based practice
- Increase advocacy and awareness.

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.

# F. Amos Bailey



#### Credentials

MD FACP FAAHPM

#### Experience in hospice and palliative medicine:

I began working in hospice in 1989 and transitioned to Palliative care full time in 1999. As founder and medical director of Balm of Gilead and later Safe Harbor Program at the Birmingham VAMC. I was a principle on national projects such as EPEC for Veterans curriculum to train providers in VA. In 2014 I moved to Denver to work in palliative care and lead the development of a Masters of Palliative Care to train mid-career professionals to be highly effective palliative care providers in their communities meeting the workforce need.

- Member since 1996
- > 2005-2006 Annual Assembly Planning Committee, Chair
- > 2005-2006 Scientific Subcommittee, Member
- > 2006-2007 Annual Assembly Planning Committee, Member
- > 2006-2007 CPC Council, Member
- > 2005-2007 Chairman, CME Committee for AAHPM
- > 2008-2009 Leadership & Workforce SCC, Member
- > 2008-2014 Director-at-Large member of the Board of Directors, AAHPM
- > 2012-2013 Branding Committee, Member
- > 2013-current Governance Committee AAHPM
- > 2015-present Chairman, Governance Committee, AAHPM
- > Presented concurrent session, papers or posters at all AAHPM Annual Assemblies since 2005

I am fortunate that hospice and palliative care found me. In 1989, just out of training, a nurse and social worker asked me to be the medical director of a hospice program they were starting. I relished working as a member of IDT; but then one of our patients demanded a home visit. I made this visit with trepidation; I left with a gift of insight. "I need to teach myself palliative care." Within in a few years I found AAHPM. Without AAHPM I might still be struggling to learn the basics of pain management, but with the strength of our community I am supported as a life-long learner. We bring the best of palliative care to broken situations.

I am a change agent and I am part of AAHPM because together we have and continue to improve the care for all patients and families facing serious and life-limiting illness. In my career I have worked in community hospice, safety-net hospitals, academic centers; providing clinical care, educating health care providers and ultimately being the clinical leader for palliative care research. With these varied experiences I am better able to understand the important issues and concerns of our many constituencies. We are stronger and should cherish the varied gift we each bring to our mission.

In the next decade we will work to train and bring thousands of additional palliative care providers into practice to meet the workforce needs. This is a time of change; AAHPM will lead.

# Chad D. Kollas



#### Credentials:

MD FACP FCLM FAAHPM

#### Experience in hospice and palliative medicine:

I entered palliative care from internal medicine. I trained via the EPEC Curriculum and the End-of-Life Graduate Curriculum offered by the Medical College of Wisconsin. This complemented my practical clinical experiences in palliative care, and I earned initial board certification from the American Board of Hospice & Palliative Medicine in July 2001. I later certified through the American Board of Internal Medicine in October 2008.

I have provided palliative care at Orlando Health for over fifteen years. I launched the inpatient consultative service in December 1999 and established the outpatient clinic in April 2000. I transitioned to providing palliative care in an oncological setting, serving as medical director for palliative care at Orlando Health affiliate, MD Anderson Cancer Center Orlando, from 2007 to 2013, then at UF Health Cancer Center at Orlando Health (UFHCC-OH), from 2013 to present. Currently, about 80% of my time is spent in outpatient palliative care.

#### **AAHPM activities:**

AAHPM Current Activities:

- Member since 2002
- Elected Fellow to AAHPM in 2006
- Advocacy and Awareness SCC, Chair 2013 Present
- > Delegate to AMA House of Delegates, 2008 Present
- Senior Section Editor for Advocacy, AAHPM Quarterly, 2015- Present

#### **AAHPM Past Activities**

- > AAHPM Public Policy Committee:
  - Chair (2009-2011)
  - Member-at-Large (2009, 2011-present)
  - Subcommittee on Medical Home (2009-2010)
  - Subcommittee on Government Relations RFP (2009)
- AAHPM Nominating Committee (2010-2011)
- Senior Advocacy Team (2009-2010).
- Physician Advocate Ad Hoc Task Force (2009)

- Capitol Hill Days Participant (2009, 2011, 2013, 2014, 2015)
- Presenter at Annual Assembly (2004 through 2015)
- Academic Palliative Medicine Task Force (2009-2010)

I began my service to AAHPM in the exciting, sometimes turbulent world of political advocacy. While serving as the chair for the Public Policy Committee, I encouraged the expansion of the Academy's advocacy efforts from a primarily legislative focus to a scope that sought to influence regulatory efforts and explore developing models of care after passage of the Accountable Care Act. This approach appealed to me not just because these were important areas for Academy involvement, but because advocacy expansion created new, meaningfully opportunities for talented and diverse AAHPM members to better serve the Academy. By participating in palliative care advocacy over time, I learned about the organizational dynamics and leadership within AAHPM, which has influenced my vision for the Academy's future.

I envision three important opportunities for the Academy's continued success in the 21st century. This includes the critical need for the continued growth of the field's workforce, including the expansion of fellowships and the development of new mid-career training opportunities. Additionally, the continuous improvement of clinical expertise in palliative care requires the Academy's ongoing commitment to developing high-quality and high-value educational programs, including an exploration of improving the process of specialty certification. Finally, AAHPM must keep working to assure our patients' access to hospice and palliative medicine, responding to an ever-changing healthcare environment that can unpredictably create regulatory, economic and social barriers to those receiving palliative care. I hope that I will be among those chosen to help lead AAHPM to successfully meet these important challenges.

# Paul E. Tatum, III



#### **Credentials:**

MD MSPH AGSF CMD FAAHPM

#### Experience in hospice and palliative medicine:

My first experience with hospice was as a family member of a dying grandparent in the 1990s. Later during geriatrics fellowship, I was a Visiting Scholar at Hospice San Diego. I then completed a one year apprentice-model year of training at the University of Colorado with Hospice Metro Denver. In private practice I helped start the inpatient palliative care service while serving as medical director for Carondelet Hospice in Tucson, AZ. I am now on the National Medical Director Advisory Board of Hospice Compassus and practice palliative medicine with the University of Missouri.

- ➢ Member since 2004
- Current member of the following;
  - Public Policy Committee
  - State Health Policy Working Group (Chair)
  - Geriatrics, Long-term Care, Ethics, Rural, Education, and LGBT SIGs
- Former member of the Development Task Force
- > Advocate for the Save Our Seat AMA retention program
- Selected for the AAHPM Leadership in Education and Academic Development (LEAD) program
- Member of the AAHPM / American Geriatrics Society collaboration group
- PC-FACS Senior Section Editor
- Presenter at annual assembly and board review courses and an advocacy webinar

My vision is that no one should die as my father did with untreated symptoms and extensive suffering while receiving unwanted care.

The path to fulfilling my vision is that all physicians as well as key team members in other disciplines have the skills and training to provide primary palliative care.

I am passionate about seeing this vision come to fruition through improved palliative educational opportunities for clinicians including both trainees and current practitioners. I also think it is important to achieve training for all palliative care physicians to develop as Dr. Bob Arnold has called it, "skills in clinician behavior change."

One ability that I hope will serve as a strength to advance this vision is my ability to represent many perspectives of what it means to be a physician. I am a family physician. I still see primary care patients in clinic. I am a geriatrician. I provide both geriatric consults and nursing home care and mostly care for an aging population in clinic. I am a palliative care physician. I see palliative consults in the hospital. I am a hospice physician. I work with hospice both locally and nationally.

AAHPM has helped me in so many innumerable ways. It would be my pleasure and honor to serve the Academy.

# Gregg K. VandeKieft



#### Credentials:

MD MA FAAHPM

#### Experience in hospice and palliative medicine:

- > 12 years as Hospice Medical Director.
- > 9 years as Medical Director for a busy inpatient Palliative Care Consult Service.
- > Lead clinician in a free-standing outpatient Palliative Care Clinic.
- System Lead Physician for Palliative Care for Providence Health and Services, with 34 hospitals and 475 clinics serving 5 western states.
- > ABHPM certified 2004; ABFM CAQ in HPM 2008.
- Former co-director of the Palliative Care Module in the University of Washington School of Medicine's Chronic Care Clerkship.
- > Numerous HPM-related academic presentations and publications.
- Service on the Washington State Hospice and Palliative Care Organization's Board of Directors and Public Policy Committee.

- Member since 1997
- Current member of the following:
  - o Advocacy & Awareness SCC
  - Public Policy Committee (Co-chair)
  - Workforce Committee
  - State Health Policy Work Group (previous Chair)
  - o Emerging Payment/Delivery Model Work Group
  - o HIV, LTC/Geriatrics, Rural, Ethics, ICU SIGs
  - Program Chiefs Forum
- > Former member of the Ethics Committee

I am honored to be nominated for the AAHPM Board of Directors. The board is responsible for discerning, articulating, and enacting the Academy's vision, values, and goals as outlined in the AAHPM Strategic Plan. Within that context, my vision is for AAHPM to be the go-to professional society when legislators, regulators, insurers, media outlets, and others address issues related to hospice and palliative care. To achieve that goal the AAHPM needs to build on its current work in advocacy, external awareness, workforce development, member engagement, and collaborating with other key stakeholders. My perspective has been shaped by a range of work experiences, including small-town primary care practice, teaching in academic medical centers and community-based residency programs, medical directorship for a hospice serving a large rural region, and more recently as Lead Physician for Palliative Care in a large west coast health system. My preparation for board membership has been augmented by service as President of the Washington Academy of Family Physicians and as Medical Staff President for a 300-bed community hospital. Leadership experience on AAHPM committees, task forces, and SIGs gives me a sound understanding of the Academy's governance and operational structure, as well as awareness of the scope within which AAHPM can meaningfully effect change given the bandwidth limits of its staff and member volunteers. I believe these experience and perspectives have prepared me to serve effectively on the AAHPM Board of Directors, and I welcome the opportunity to do so.

# **Michelle Weckmann**



#### **Credentials:**

MD MS FAAHPM

#### Experience in hospice and palliative medicine:

I am trained in Family Medicine and Psychiatry with a CAQ in HPM. I have 9 years' experience as a medical director for a community hospice agency and 10 years' experience as an attending on the PC team at an academic teaching institution.

#### **AAHPM** activities:

- Member since 2004
- Frequent presenter at the annual assembly since 2008 (concurrent sessions, posters, and papers).
- > 2011-2015 IBRC and HMDC, Faculty
- > 2014 IBRC, Co-Chair 2014 IBRC
- > Member: IBRC Planning Work Group
- > AAHPM-LEAD participant and leadership team.
- > 2008-2010 Workforce Capacity Task Force, Member
- > 2011-2013 Mid-Career Task Force, Member
- > 2012-present Research SIG, Member
- > 2012-present Psychiatry and Psychosocial SIG, Member
- > 2013-2014 Psychiatry and Psychosocial SIG, Chair

#### Personal / Leadership Statement:

I have been passionate about palliative medicine ever since I was a third year medical student and had the eye-opening experience of watching Dr. David Weissman conduct a family meeting. I saw a physician actually tell the truth to a patient and family and it was done with compassion and respect. I knew then that I wanted to be "that" kind of doctor. My combined residency training in Family Medicine and Psychiatry only deepened my commitment to caring for patients and families during difficult and vulnerable times and I strove to become skilled at compassionate truth telling. Since residency I have been actively involved in advancing the field of HPM through my research in delirium, my education of students and residents, my service as the director of a community hospice, and my

volunteer work with AAHPM. I am committed to advancing the field of Hospice and Palliative Medicine and to providing others with the same "ah-ha" moment that Dr. Weissman gave to me.

I believe that AAHPM is the leading organization in our field. I will continue to support AAHPM and the organization's goals to provide networking opportunities, education, and advocacy. I fully support the Academy's plans to build workforce and leadership and promote quality of care and evidence-based practice. I see the Director-at-Large position as a chance to give back to the Academy while ensuring we stay true to our mission to advance the field and ensure everyone has access to quality HPM.

# **Eric Widera**



#### **Credentials:**

MD FAAHPM

#### Experience in hospice and palliative medicine:

The main focus of my work in hospice and palliative medicine has been to improve the care provided to elderly patients with severe illness. I accomplish this through program development and educational innovations on a local and national level. My local leadership roles currently include Director of the Hospice & Palliative Care Service at the San Francisco VA, Program Director for the Geriatrics Fellowship at UCSF, and Director of a Health and Resources and Services Administration (HRSA) Multidisciplinary Fellowship. These roles led to opportunities to develop new palliative care training programs, including an ACGME accredited Hospice and Palliative Medicine Fellowship program at UCSF, for which I served as Associate Program Director from 2009-2011. On a national level, I published palliative care articles in national academic journals (including JAMA, AFP, and JPSM) and have led efforts to advance palliative care online, including co-founding the GeriPal blog (www.geripal.org) and ePrognosis (www.eprognosis.org).

- Member since 2007
- Current member of the following SIGs
  - o Geriatrics, Program Chiefs, Ethics, and Veterans
- Former member of:
  - o External Awareness Task Force, Member & Chair
  - o Advocacy & Awareness SCC, Member 2013
  - PC-FACs Editorial Board
- > AGS-AAHPM collaboration committee
- Participated in AAHPM's year-long mentorship program
- Annual Assembly, presenter several times
- > AAHPM's Opioid REMS pre-conference course, Presenter
- Awarded the AAHPM PDIA Palliative Medicine National Leadership Award in 2014
- Awarded the AAHPM Inspiring Hospice and Palliative Medicine Leaders Under 40 Award

Most people know me within AAHPM for my focus on the intersection of geriatrics and palliative care. This is due in part to my dedication to developing an online community of people who are engaged and passionate about caring for older adults with serious illness (GeriPal.org), in part due to my development of a suite of prognostic tools for older adults (ePrognosis), and in part to my clinical and organizational work in both geriatrics and palliative care, which includes efforts to develop tighter connections between AAHPM and AGS. As an AAHPM board member, ones of my aims will be to strengthen these connections and to advocate for improved care for older adults with serious illness, particularly those with multimorbidity and those who live in nursing homes where access to palliative care is often limited. Furthermore, my extensive experience in graduate medical education (GME), including developing and running fellowships in both geriatrics and palliative care, will allow me to help the academy in addressing the barriers to and opportunities for developing our workforce in the specialty of hospice and palliative care, as well as addressing the educational and training needs for all health care trainees in palliative care.

# Holly Yang



#### **Credentials:**

MD MSHPEd HMDC FACP FAAHPM

#### Experience in hospice and palliative medicine:

I completed my fellowship in Hospice and Palliative Medicine (HPM) at San Diego Hospice and the Institute of Palliative Medicine (SDHIPM), and worked as faculty there until 2013. I have taught in multiple countries through SDHIPM, and was Assistant Director of both the International Visiting Scholars and the International Palliative Medicine Fellowship programs. I currently care for patients at Scripps Health in hospice and inpatient, outpatient, and home-based palliative care. I serve as Co-Director for the UCSD/Scripps HPM Fellowship Program. Outside of Scripps I spend time in the HPM field through my work with AAHPM, VitalTalk, Upaya, and international education.

- ➢ Member since 2003
- Board of Directors, Member (2013-2016)
- > Co-editor of all editions of HPM PASS, HPM FAST, HMDC PREP
- > HPM Curricular Milestones/EPAs Workgroup, Member
- > Workforce and Leadership SCC, Member
- > Workforce Committee, Chair
- > Labyrinth builder at AAHPM Assemblies
- Service of Remembrance Planning Committee
- > AAHPM Inspiring HPM Leaders Under 40, Awardee
- AAHPM Past Activities
  - o Innovative Fellowship Models Workgroup, Member
  - o Education and Training SCC, Member
  - o Clinical Education Committee, Chair
  - o Clinical Education Committee, Member
  - o AAHPM LEAD participant
  - o Annual Assembly concurrent session/pre-course workshop presenter
  - o Hospice Medical Director Forum presenter
  - o Fellowship Program Summit presenter

I am grateful to have served on the Board of Directors for the past 3 years. I hope to continue to do so in this exciting time of growth and change. We face significant challenges, yet I remain impressed by our rapid forward momentum coupled with our collective unfailing belief that we can and will change health care for the better.

I believe that I bring a unique perspective to the board with the diversity of my training and experiences in education, leadership, and advocacy, and my work in both hospice and palliative medicine. As one of the younger board members and someone involved with current fellows, I convey the point of view of some of the newer members of our field. Having worked with many mid-career physicians in fellowship in the US and internationally, I hope that experience helps to move us closer to innovative fellowship training models as the need for our work continues to grow.

As we become an appreciated part of mainstream medicine, we must increase our ability to provide high-quality care while maintaining clarity about our unique work. We must continue to advocate for the field and the patients we serve. We must continue to build our evidence base and disseminate it widely, along with our approach to care that is whole person focused. We have much to celebrate and much to do. I hope you will support my continued efforts for our field as a member of the AAHPM Board of Directors.

# Donna S. Zhukovsky



#### **Credentials:**

MD FACP FAAHPM

#### Experience in hospice and palliative medicine:

Board-certified in Medical Oncology and Hospice and Palliative Medicine (HPM), I joined the Palliative Care Program of the Cleveland Clinic (1995) before moving to MD Anderson Cancer Center (2000) as a founding member of now the largest academic Palliative Care program nationally. Caring for children and adults in the outpatient, hospital, acute palliative care unit and hospice settings, I also have strong roots in research, administration and education, with a focus on advance care planning and pediatrics. Extramural service spans multiple organizations and study sections and as Editor-in-Chief of PC FACS. My aim is to enhance access to state-of-the-art HPM.

#### **AAHPM** activities:

- ➢ Member since 1990
- > 2010-2012 Membership & Communities SCC, Member
- > 2012-2014 Research Committee, Member
- > 2012-2014 Scientific Subcommittee, Member
- > 2015 Abstract Reviewer for Annual Assembly
- > 2005-2009 PC-FACs, Associate Editor
- > 2009-2011 PC-FACs, Associate Editor-in-Chief
- > 2011-present PC-FACs, Editor-in-Chief
- > 2012-present Publications Committee, Member
- > 1999, 2006, 2008, 2010-2015 Presenter at multiple concurrent sessions at Annual Assembly

#### Personal / Leadership Statement:

As a field, our challenge moving forward is to obtain universal recognition of Hospice and Palliative Medicine as an integral and essential component of medical care for individuals living with advanced illness. Meeting this challenge requires a multi-pronged coordinated approach addressing all key stakeholders: patients and families, the lay community, multidisciplinary health care professionals, health care organizations, policy makers and third party payers. My personal interest in serving on the Board is to enhance access to state-of-the art, evidence-based Hospice and Palliative Medicine for patients living with

advanced illnesses and their families, a key component to the recognition of Hospice and Palliative Medicine as an essential component of medical care. Clinically, I have a broadbased experience caring for both adults and children from multiple different cultures in the acute care and hospice settings. As an academic clinician, I have extensive experience in research, education, training and administration. A long standing Academy member, I have served in multiple roles that have exposed me to the wide ranging perspectives of our membership. My background positions me well to hear and relate to the many challenges facing our diverse constituency, effectively bringing our collective voice to the table while simultaneously engaging our strengths in negotiating solutions that are critical to upholding the Academy's mission and vision. As a Board member, I commit to embracing our diverse challenges, supported by my personal best, in service of universal access to state-of-the art, evidence-based Hospice and Palliative Medicine to all in need.

## **Rebecca Aslakson**



#### **Credentials:**

MD PhD FAAHPM

#### Experience in hospice and palliative medicine:

My goal is to improve delivery of palliative care to all patients and with special emphasis on perioperative, critically ill, and minority populations. I am triple boarded in palliative medicine, anesthesiology, and critical care with my clinical time divided between palliative care and critical care. I am primarily a researcher with all my work exploring delivery of palliative care. Besides involvement in AAHPM, I am a founder and national committee member for the American Society of Anesthesiologists Subcommittee for Palliative Medicine and a committee member for the Society for Critical Care Medicine international panel for family-centered care in the ICU.

- Member since 2010
- Current member of the following:
  - o Research Committee
    - o Scientific Subcommittee
    - o Research SIG
    - o ICU SIG (past chair and founder)
- Represented AAHPM from 2011-2014 for the American Medical Association Physician Consortium on Performance Improvement (AMA-PCPI) determining perioperative and critical care quality measures
- Awarded the Early Career Investigator Award (2015)
- Selected as a "40 under 40" inspirational leader in AAHPM (2014)

My vision is threefold:

- (1) Better communication and dissemination to patients, family members, front-line providers, hospital administrators, and health care advocates and policymakers about palliative care – what it is, what it isn't, what is the data supporting it, how can someone get it, when/why should someone get it, and how can non-palliative care providers start to incorporate it.
- (2) <u>More and better research to support the practice of palliative care</u> clear and convincing studies and data accelerate everything that we do!
- (3) <u>Expansion of palliative care and palliative care principles to non-traditional</u> <u>communities and clinical situations</u> – there is MORE that we can do and there are MORE patients, family members, and providers who would benefit from access to palliative care.

For all three of these goals, we need to be both bold and thoughtful in developing out-of-thebox approaches, particularly when discussing and approaching non-traditional populations and situations for palliative care.

As an ICU doctor and anesthesiologist, I am a non-traditional palliative care provider and am driven clinically and through my research work to deliver palliative care to non-traditional populations. A nationally recognized content expert, I have published extensively and speak frequently on ICU-based palliative care and palliative care for surgical patients. <u>Yet</u>, I also practice hospital-based palliative care and as a palliative care provider, I can appreciate the opportunities and limitations of real-world palliative care practice. It is these unique insights and my earnest passion and dedication to the above goals that draw me to this position.



# Steven J. Baumrucker

#### **Credentials:**

MD FAAFP FAAHPM

#### Experience in hospice and palliative medicine:

Passion for end-of-life care triggered by a family member's struggle with linitis plastica in 1986. Involved in end-of-life care formally since 1992. Helped to found one of the oldest Palliative Medicine programs in the Southeast. Board Certified Since 1996. System medical director of Hospice and Palliative Medicine for a large health system in TN. Associate Editor in Chief of a national hospice and palliative medicine journal.

#### **AAHPM** activities:

- ➢ Member since 1996
- Current member of the Ethics SIG
- Associate Editor of PC-FACS

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

I've been an Academy member since 1996 but took a break from active participation when my children were born, 12 years ago. I'm 60, with a 10 and 12 year old at home (I decided to "have my grandchildren first," apparently) and am finally ready to serve my Academy in any way possible (i.e., I need to get out more).

I have a passion for Hospice and Palliative Medicine (some of my colleagues call me "Johnny Hospice-seed"...(I think that's a compliment)), and have dedicated the rest of my career to promoting excellent and compassionate care in advanced illness and at end-of-life. I've been an advocate for H&PM since graduating from residency in 1986 and my experience ranges from speaking to community groups to lobbying congress.

I'd like the opportunity to serve the membership, and hope to see you at the next national meeting!

# Stephen A. Leedy



#### **Credentials:**

MD MA HMDC FAAHPM

#### Experience in hospice and palliative medicine:

Currently President & CEO of Bristol Hospice, a national provider of hospice and palliative care with over 800 patients in 7 states. Previously Vice President of Physician Services for Continuity Care at BayCare Health System, a \$3.5 billion 12-hospital integrated health system in West Central Florida. Other previous roles include national Vice President of Operations for Seasons Hospice, Chief Medical Officer for Tidewell Hospice, Medical Director for Good Shepherd Hospice, and Associate Medical Director for LifePath Hospice. Immediate Past Chair of AAHPM's Public Policy Committee, former board member of Florida Hospice and Palliative Care Association.

- Member since 2003
- Current member of the following:
  - Research & Heart Failure SIGs
- Former member of:
  - Advocacy & Awareness SCC
  - Public Policy committee (Chair for 3 years)
  - Clinical Education Committee
- > Invited faculty member at inaugural AAHPM/HPNA/NHPCO Virtual Conference
- > Former AAHPM Delegate to ACS CAN's Patient Quality of Life Coalition

I am honored to be nominated for a position on AAHPM's Nominating Committee. We are at a watershed moment in the development of our field. I welcome the opportunity to contribute again to the Academy's success. Completing the incorporation of hospice and palliative medicine into the American healthcare continuum will require ongoing advocacy by all Academy members and the emergence of hospice and palliative medicine physicians as leaders in healthcare. With a shift in focus by insurers tying health provider reimbursement to quality and pay-for-performance, hospice and palliative medicine has a unique window of opportunity to articulate the relevance of our care in this new paradigm to insurers, health systems, Accountable Care Organizations, individual providers, and the community at large. My professional trajectory has followed such a course, from Medical Director of regional hospice and palliative care providers to vice president of post-acute care in a large integrated health system, and now as president & CEO of a national provider of hospice and palliative care. All the while, I have pursued a course of advocacy for our field, both as Public Policy Committee chair within AAHPM for 3 years and as a frequent national speaker. As a member of AAHPM's Nominating Committee, I would seek to foster seamless leadership transition within the Academy year over year through the development and proposal of an effective slate of leadership candidates. These are critical years for AAHPM; it is essential that Academy members have a choice of quality candidates at election time. I look forward to contributing to the Academy's future.

## **James Mittelberger**



#### **Credentials:**

MD MPH FACP FAAHPM

#### Experience in hospice and palliative medicine:

My experience started as a nurse's aide for my grandfather. In medical school I studied how hospice structure impacts pain control and later completed an MPH thesis on goals of care communication. After residency I spent twenty years helping build and lead a geriatric and palliative care division in a public teaching hospital in Oakland, CA, advanced to Clinical Professor of Medicine at UCSF, and completed Ethics and Medical Leadership fellowships. I helped build and lead the POLST program in California and Chair the POLST Task Force. I helped start several SNF palliative care programs and served as medical director for the Evercare (now Optum) SNF program. For the past five years I have been the CMO for Optum Hospice and Palliative Care. I recently helped found and am director of Optum's Center for Palliative and Supportive Care, building and expanding palliative care programs nationally.

- Member since 2008
- Current member of the Ethics SIG
- Facilitator at the 2014 Ascend Program

I hope to serve on the AAHPM Nomination Committee to further the excellent work and critical mission of the Academy. In particular, it is important to sustain focus on academic rigor and clinical excellence. One perspective I will bring is the desire to encourage diversity of every type for our leadership to meet the needs of our patients and the important new opportunities of our evolving health care system. I will look for every opportunity to bring the best people from diverse backgrounds into leadership, including people from underserved communities as well as those who come from roles working in both public and private sectors.

To achieve this goal, I hope to bring my varied leadership experiences. In addition to my clinical roles, I have worked in roles including, community clinic medical director, interim CEO of a large urban teaching hospital, president of a multi-specialty medical group, founding board member of a public-private health maintenance organization, leader in many community-based projects, president of non-profit medical organizations, and work in several national leadership roles in a large for-profit corporation pushing palliative care and hospice innovation with payers, providers and policy makers.

I believe that this is a time of extraordinary opportunity and risk for the field of hospice and palliative medicine, and I hope that my varied experiences will help with the nomination of leaders to face the challenges and capture the opportunities.

## Michael L. Spear



#### **Credentials:**

MD MSEdI

#### Experience in hospice and palliative medicine:

I have practiced neonatal/perinatal palliative care for 15 years, and now transitioned to full spectrum neonatal/perinatal/pediatric palliative care at St Christopher's Hospital for Children this past January. I passed my boards in Hospice and Palliative Medicine in 2012. I have published in palliative care education as a result of a research project I completed in 2013 as part of my Master's in Medical Education and Leadership, which I obtained in 2013 from the University of New England. I have served on the Communities Committee in the AAHPM for 2 terms, and feel I can represent the pediatric and perinatal palliative care community well. I am a Professor of Pediatrics at Drexel University College of Medicine, and feel education is a key component of my work. I have created a palliative care curriculum for undergraduate medical students, as well as residents and fellows.

- Member since 2011
- Current member of the following:
  - o Communities Committee
  - o Pediatric, ICU & Education SIGs

As a former neonatologist, I represent the pediatric community in the overall palliative care arena. Perinatal palliative care is a particular area of expertise for me, and is lacking in many parts of the country. I feel I can represent the area of pediatrics and perinatal palliative care, and help the AAHPM represent a wide array of palliative care providers. In addition, since education is a significant component of our work as well, I feel my skills in small group interactive learning and simulation research in palliative care education, can help us look for people who can enhance our ability to educate our colleagues