



2025 Board of Directors Nomination

Nomination submission for:

Director-at-Large (two positions)

Nominee Identification Information

Name Trent Emerick

Please list your credentials, i.e., MD, MPH, PhD, etc. MD, MBA

How Many Years Have You Been an AAPM Member? 6

How long have you held your current volunteer position? 5

What is your total experience in the field of pain medicine? 10

Employment & Practice Information

Type of Organization (select one) Academic

Organization University of Pittsburgh Medical Center

1. In what areas of Pain Medicine do you practice?

Pain Medicine

Interventional

Acute Pain & Regional Anesthesiology

Chronic Pain

Research

Spine and Pain Management

Inpatient Pain Management

2. Indicate your specialty of origin.

Anesthesiology

3. Indicate your percentage of time practicing Pain Medicine & specialty of origin.

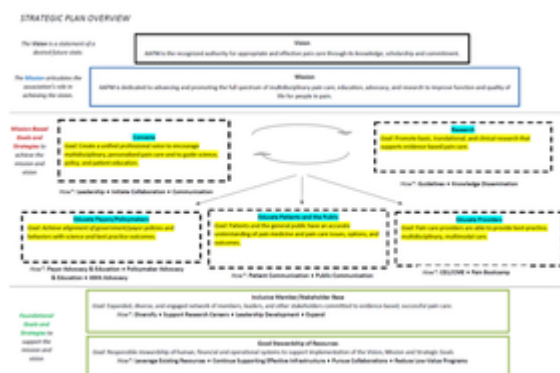
Pain Medicine: 100

Specialty of Origin: 0

4. Employment Experience: Please provide a 30- to 50-word summary of your work experience. (If you are retired, please describe the work that you did during the time you were employed.)

I work in a tertiary academic medical center at the University of Pittsburgh Medical Center as Vice Chief of the Pain Division and Fellowship Director. I cover inpatient and outpatient pain medicine and triple boarded in pain, anesthesiology, and addiction medicine.

AAPM Strategy



The above image is a diagram of AAPM's current strategic plan. The following three nomination questions will refer to the above image.

1. The Academy has focused on Convene, Educate Providers, Research, and Access Advocacy. The Board of Directors leads our strategic planning and formation of annual strategic objectives. Based on the above plan, your professional experiences, and experiences with the Academy, what suggestions would you make to move the Academy forward? Please keep comments to 300 - 500 words.

I have learned a lot about the Academy and the overall strategy based on my time on the Membership Committee (and through serving as Vice-Chair). One thing I have realized is that AAPM cannot be complacent only with the role of being the multidisciplinary society that brings together specialties. Although this role is critical, the face of pain medicine is changing rapidly, as is evident more than ever with the most recent match data that shows a major trend in what specialties are interested in pain medicine and what specialties are applying. The very nature of what defines a pain physician (and a pain provider, APP, scientist, or clinician) is changing. A competent pain physician is no longer just the prototypical neuromodulator with medication management experience who also embraces interventions, pain psychology, occupational therapy, psychiatry, and physical therapy. A competent pain physician can now be much more than that: an emergency room physician who wants to deliver better pain care to urgent care patients; a psychiatrist who specializes in cancer pain and end of life discussions; an anesthesiologist who focuses on substance use disorder. All of these are the new future of what defines a competent pain physician, and AAPM will need to further embrace each possibility. At the most recent AAPM meeting, I also discussed the idea of bringing together the membership through a possible idea of a "FAAPM" credential – "Fellow of the American Academy of Pain Medicine." This would potentially unify the membership and allow the members to feel like owners of this specialty society on a level playing field. AAPM has some great mission-based goals for education as well, and I think AAPM can strengthen its role in education to physicians and payors around reimbursement, billing, and coding (which I have expertise in). The Academy should be the de-facto source for a reimbursement guide for pain physicians and providers that would be published and updated each year. I have significant interest in reimbursement through CMS and AMA and have worked in the past with AAPM's RUC staff member, Emily Hill, as well. The Academy can also further develop its amazing Innovation Challenge work through a "thinktank" arm that embraces and helps brew the latest new ideas to help patients with chronic pain. I founded and developed (and published in our journal, Pain Medicine) and a unique/only-in-the-country pain incubator club as well.

2. What is your professional vision for the future of Pain Medicine?

As stated above, the field is rapidly changing, with anesthesiology no longer being the “dominant specialty” of pain medicine, and advance practice providers also rapidly encompassing a number of clinical roles in pain medicine as well. These are all great changes in our field and something to embrace. We have a unique 3-5 year window to assert our society as the one that most embraces this change and adds members from various specialties that mirror the changing specialties that go into this field. Pain medicine will be an even broader umbrella term than it is today – it will mean compassionate delivery of care in the emergency room, in palliative settings, in behavioral health clinics, physical/occupational therapy clinics, in urgent care settings, in the operating room with surgical stimulator implantations, in opioid use disorder clinics, and in small private practice settings where the physician is looking for options beyond opioids to help.

3. Why would you like to serve on the AAPM Board of Directors? (30-50 word limit)

I would like to use my knowledge and prior experiences with AAPM to find innovative ways to further our field and society and ultimately help chronic pain patients, and I would love to work with so many excellent and like-minded board members while having fun along the way.

Qualifications to Serve on the AAPM Board of Directors

1. How has AAPM Membership brought value to your career?

I owe so much of my career and its progression to AAPM, as I have described below in the transformational experience. My best friends in pain medicine are members of AAPM. The national leaders that I want to emulate are AAPM members. The annual meetings are an incredible time to learn about new advances while also developing new relationships. AAPM has been with me every step of the way, and I want to share this experience with other members while bringing in new members.

2. List significant leadership commitment and involvement within the field of Pain Medicine.

Organization	Type	Leadership Position	Duration
American Academy of Pain Medicine (AAPM)	Society	Vice-Chair	2023-present
American Academy of Pain Medicine (AAPM) Foundation	Foundation	Board Member	2023-present
ASRA/ASA/AAPM/ASA M Addiction Medicine and Pain Medicine Committee	Committee	Committee Member	2020-present
AAPM Opioid Advisory Committee	Committee	Member	2020-2022
ASA-ASRA Technical Expert Panel Member (Committee	Member	2022

Organization	Type	Leadership Position	Duration
ASRA	Practice Management Committee	Member	2022-present
ASRA	Society	Designated Advisor to the RUC	2022-present
Association of Pain Program Directors (APPD)	Society	Research Committee Member	2022-present
ASRA	Society	Annual Fall Conference Planning Committee	2023
AAPM	Society	Annual Meeting Planning Committee (2025 Austin Meeting), Fundamentals Course Co-Chair	2024

3. After reviewing the AAPM Strategic Plan, what abilities and attributes will you bring to the Board of Directors' strategic deliberations?

I can bring a specific and unique knowledge base of billing and coding (through my RUC AMA experiences) that can help with education and advocacy, entrepreneurship in medicine (I have multiple patents on nerve stimulator technology and a start-up), mobilization of new and potential members given my program director role and the large alumni base with 9 fellows per year, and a willingness to work hard and collaborate with all of the current board members as well. I look forward to developing innovative approaches to promote the AAPM mission and vision as well.

4. Describe one transformational/defining experience in your professional life you have been involved with and what you learned from the experience.

AAPM has a direct and traceable line of impact through my career growth. A transformational point for me was becoming board-certified in addiction medicine. I decided to do this on my own because my inpatient chronic pain consult service had such a large component of opioid use disorder, and I felt underprepared. The education and knowledge needed to become board-certified helped me make the best decisions for my patients, but it unlocked new options for me. Ajay Wasan, who was President of AAPM at the time, invited me to join a joint AAPM/ASA/ASAM/ASRA working group to develop perioperative buprenorphine guidelines. This led to a significant number of offshoot projects, in many cases sparked by ideas from friends/colleagues/mentors such as Lynn Kohan, Sudheer Potru, and Antje Barreveld. Some of these offshoot projects helped me develop further expertise in substance use disorders involving psychedelics, stimulants, and hallucinogens. Now, I am submitting my own NIH funding proposals as PI on these same topics and was just invited to join as a section co-editor of our society's journal, Pain Medicine. I am an example of how the network and collaboration of the AAPM family can help career growth while building new knowledge to ultimately our patients and their safety.

5. Is there anything else you would like the AAPM Nominating Committee to know about you that has not been stated previously?

I enjoyed my experience as a finalist in the AAPM-MIT Hacking Medicine Innovation Challenge in 2022. The society (and Dr. Salman Hirani and the physician organizers/leadership) did such a nice job putting this together. This experience and feedback I received help propel my idea for a bioresorbable nerve stimulator to NIH STTR funding through the HEAL initiative and a spin-out company was created, Vanish Therapeutics, Inc.

I hereby give permission to the AAPM Nominating Committee to contact me, print my Candidate Nomination Profil and Statement, and consider me for nomination to the AAPM Board of Directors on the official AAPM 2025-2026 Election Ballot.

By signing below, I confirm that I have read the AAPM Board of Directors expectations and duties on the 2025 Call for Board Nominations page on painmed.org.

Signature

A handwritten signature in black ink, consisting of a stylized initial 'A' followed by a long horizontal stroke that tapers to the right.