



ACEP Board Candidate Forum 2020

Meet Michael Baker, MD, FACEP

Michael Baker, core faculty at St. Joseph Mercy Hospital/University of Michigan EM residency program in Ann Arbor, wants to make leadership more inclusive throughout the specialty. He is a Past President of Michigan College of Emergency Physicians and has worked with ACEP Chapter Relations, ACEP Diversity and Inclusion Task Force, Diversity Leadership Task Force, Council Steering Committee, and more.

Tune in to hear his answers to the following questions developed by members of the Young Physicians Section.

What approach do you recommend ACEP take toward APP scope of practice and its impact on EM job security?

[Full Q-and-A at 1:39](#)

Physician assistants and nurse practitioners are part of the care team, but they should not practice independently.

- Education is important for APPs, but it is not the same as a residency or ABEM board certification
- Roles and credentials must be clear so patients understand who is caring for them
- We can use telemedicine to lead care teams at more remote sites

What do you foresee being our biggest post-COVID job difficulties, and how would you address these if elected to the board?

[Full Q-and-A at 4:39](#)

COVID is an accelerator. It has really revealed the cracks in our health care system. It has shown us where the gaps are.

- AUCM model is a fantastic way to look at it
- Transitions of care are important and evolving, especially with the rise of telemedicine
- ACEP must address access to care and financing of health care, especially in this early post-COVID area where we've seen volume drop

YPS includes more than 17,000 ACEP members. We're a huge chunk of the total ACEP membership, but only a small percentage of leadership roles are held by YPS members. What can ACEP do to get young physicians more involved in ACEP leadership?

[Full Q-and-A at 8:46](#)

We can address two challenges with one action: create more leadership roles.

- More leadership roles will lessen the burden on leaders, making service more attainable
- More leadership roles mean more opportunities to offer
- Remove barriers for leadership (excessive travel, time constraints)

With expanding residency programs, what are your plans for preserving emergency medicine practice?

[Full Q-and-A at 12:20](#)

Distribution of programs is a huge challenge, because it leads to job scarcity in areas where people are training and where they naturally then want to work after residency.

- Use telemedicine to allow physicians to live in one place but work in another
- Carefully consider geographic placement of new GME programs; use remote video instruction at programs in areas that may not have the volume and acuity that will offer well-rounded training

What do you think ACEP can do to increase the public presence of our board-certified emergency physicians and show the value that these board-certified emergency physicians provide to the public?

[Full Q-and-A at 14:50](#)

We do need to focus on this and continue our own PR efforts. But the best way to promote our value is to have someone else speak up in support of us.

- Patients are our focus, yet we don't have patients on any committees. Form alliances with patient advocacy organizations and get them involved in our work.
- Encourage voter registration so that patients will become voters and will reach out to their lawmakers to support emergency medicine.