



ACEP Board Candidate Forum 2020

Meet Gillian Schmitz, MD, FACEP

ACEP Vice President Gillian Schmitz champions the power of mentorship at every stage; it's part of her focus as an ACEP leader, as an associate professor for the Uniformed Services University of the Health Sciences, and as vice chair of education at Brooke Army Medical Center. As a former EMRA leader and two-term ACEP Board member, Dr. Schmitz has served ACEP as:

- Academic Affairs Committee (past chair)
- Medical Legal Committee member
- YPS (past chair)
- Government Services Chapter (past president)

Tune in to hear her 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 4:04

Bottom line: ACEP is very clear: we do not support independent practice. We require supervision and we very much emphasize the physician-led team.

- Certainly this year there are concerns and anxiety about the workforce and job market, and the health care landscape has evolved significantly in the past 10 years.
- NPs and PAs make up 25% of the workforce and see about 20% of patients in the ED.

- The training and education and skills are very different, and we need to be clear about that when we're working with patients. Words matter, and we need to champion truth in advertising.

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 7:34

Bottom line: The challenges will be largely financial and reimbursement-based, and I think we will have a different model moving forward.

- After a drop in patient volume, the numbers are starting to come back to near normal, so there is reason to be optimistic about that.
- The pandemic led us to make huge strides very quickly in the area of telemedicine, in order to communicate with our patients. That progress could lead to a new model, where we employ telemedicine and outpatient care for lower acuity, leaving ED care to focus on higher acuity.
- We must be a leading voice with Congress to make sure they continue to fund the safety net and make sure emergency physicians are the ones leading that care.

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 9:39

Bottom line: We need to be very intentional about recruiting young physicians into leadership, putting them into clearly defined roles, and letting them run with it.

- As a prior YPS Chair I want to say how proud I am of our Section. This is one of the most engaged group of leaders in years, and it only takes a handful of people to do great things.
- Having a clear goal and being empowered to achieve that goal are crucial to engaging and attracting young physicians into leadership roles.

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

Full Q-and-A at 12:10

Bottom line: The workforce study is examining this issue. We do have an increased supply so we want to make sure there are jobs to support it.

- The geographic distribution of jobs is more concerning than the number of jobs
- As recently as 2019, most EM graduates were able to find a job they liked
- We are seeing higher attrition rates in EM; people are leaving the field sooner or cutting back to part-time, so it creates opportunities

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 15:01

Bottom line: COVID has highlighted our ability to lead in a crisis, and that's really what we do in emergency medicine.

- The public saw us working 24/7, exposing ourselves and our families to this virus, providing information in the media, and it changed the way we've been viewed; we are seen right now as heroes.
- Our value in the public perception reflects the unique skills we have; for patients that's convenience. We provide a much-expedited workup in one place as opposed to 5 different referrals and lots of time. Sometimes that is just what people need to calm their fears. And we're seeing a lot of anxiety and fear this year.