



ACEP Board Candidate Forum 2020

Meet Jamie Shoemaker Jr., MD, FACEP

State-level leadership, national service, and an enduring belief in the importance of representation have prompted Jamie Shoemaker to step up as an ACEP Board candidate.

Currently one of five ACEP Reimbursement Leadership Development Fellows, Dr. Shoemaker has been a state chapter president, chapter relations leader, and a reimbursement expert serving as alternate representative to the ACEP RUC team.

As Director of Quality and Compliance for Elite Emergency Physicians, Inc., in Indiana, he believes it's important to represent the independent and small democratic practice models on the ACEP Board.

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 3:10](#)

Bottom line: I think we really need to define the scope of practice, and I think non-physician providers need to stay within their roles. We work hand-in-glove with NPPs; however, the captain of that ship is the emergency physician and it needs to stay that way. I think scope creep is one of the top three headwinds we're facing.

- The term doctor should be reserved for physicians who are residency-trained in an MD or DO program.
- We need to use our megaphone and emphasize that our practice is best served by physicians who are residency-trained and board-certified. When a patient goes to the hospital and asks for a doctor, that's who they expect to see.

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 6:17](#)

Bottom line: I'm trying to find a silver lining in COVID, and I think right now we're wearing the white hat, so we need to leverage that as best we can: let's protect financing for small hospitals, money for those who lost their jobs. We want to make sure everyone can get a job and support their families.

- We need to carefully study the work force and ensure we're not diluting the market ourselves.
- Telehealth will be key, because while it's a lofty goal to have a residency-trained, board-certified emergency physician in every hospital, that's not realistic. We need to find other ways to lead those teams.

The 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 9:15](#)

Bottom line: I'm all about mentoring and finding ways to buoy each other. I'm going to do everything I can to protect our young physicians because I was in those shoes, and I know how important it is to develop a deep bench of leaders.

- Reach out and invite new physicians to get involved – then show them how.
- The amount of opportunities we offer is a strength, but it can be overwhelming.
- Belonging to ACEP is not just about member dues; it's about investing in your own professional well-being and that of your colleagues and your specialty.

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

[Full Q-and-A at 14:36](#)

Bottom line: Ten years ago a study came out saying that with attrition, we needed to expand residency programs. I think we're in a different position now.

- I think we should require a certificate of need that any proposed program must obtain in order to not dilute our workforce.
- It's time to put the brakes on residencies, study our workforce, ensure the residents who are graduating have a job, and then reassess.

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 20:07](#)

Bottom line: This comes down to being very savvy with social media and marketing.

- I'd like to see ACEP start certifying facilities.
- We need to continue outreach with EMS and telehealth.
- Let's frame the conversation for the public and for our legislators: We are the experts in unscheduled care, and there is no substitute for us.

- Even simple logo merchandise campaigns can ensure patients see us and know us.

Is there anything else you'd like to share with us?

[Full Q-and-A at 24:18](#)

Bottom line: It's my goal to be your champion, to buoy everyone to make sure people are successful at every level. We are stronger together, and we need that unity so we can be our patients' advocates.

- Always open to dialog; please reach out to me at any time.