



## ACEP Board Candidate Forum 2020

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### Meet Arvind Venkat, MD, FACEP

Arvind Venkat wants to advocate for our members, advance emergency physicians' leadership role in the health care climate, and be the voice of our patients. He is a leader in the Pennsylvania College of Emergency Physicians, core faculty in the emergency medicine residency at Allegheny General Hospital, and Vice Chair for Research in his department. In speaking up for those who care for society's most vulnerable patients, he wants to address:

- Reimbursement crisis in emergency medicine, highlighted and exacerbated by the current pandemic and the loss of compensation seen with changes in patient volume.
- Member engagement within ACEP to focus on advocacy, cost-effective CME, and increased leadership opportunities for younger physicians with a focus on diversity.
- Ethical challenges for emergency physicians in caring for patients in this era

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 3:42](#)

Bottom line: Look at the actual data and be proactive based on that data.

- Terminology is important to distinguish the roles, education, and background of those working in the ED – Should be called non-physician providers (NPPs), not APPs.

- Use research to be proactive in defining the appropriate use of NPPs under the leadership of emergency physicians.
- Research that he led is showing it's a Trojan horse to say non-physician providers (NPPs) will save money for institutions or solve the problem of access to care in rural America. We as emergency physicians need to take that data to pro-actively define how we want NPPs to augment our practice under our leadership

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

[Full Q-and-A at 9:35](#)

Bottom line: This is an important question, especially as we've seen volumes decrease in the COVID era and as we hear allegations that some programs are barely meeting RC-EM requirements.

- Need to fix the fundamental problem in reimbursement, which results in compensation based only on patient volume, not additionally for readiness for times of crisis
- ACEP should be a convener of stakeholders (ABEM, RRC, ACGME, CORD, SAEM, etc.) to determine robust standards for EM training moving forward
- Address the distribution of emergency physicians across the country by making rural rotations more available to emergency medicine residents to expose them to these career opportunities.

**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 16:12](#)

Bottom line: Reimbursement needs to be overhauled. A reimbursement system solely based on volume incentivizes consolidation, and that's harming the practice of emergency medicine, contributing to physician burnout, and interfering with the longevity of a career in EM.

- We will never have the microphone that we have now, post-COVID
- We need to build a system that has additional compensation for capacity and readiness, not only on patient volume

**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 20:35](#)

Bottom line: We need to leverage the new methods of communication better.

- We need to increase the branding for the emergency medicine experts who are speaking nationally on behalf of the specialty, so it's clear they are members or leaders of ACEP, not simply emergency physicians in a specific locality.
- We need to be deliberate in communicating to our members what we're achieving

**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 25:16](#)

Bottom line: I draw on my experience in Pennsylvania, where we faced a crisis in declining membership and low engagement and took very specific steps to successfully turn that around by focusing on how to engage young emergency physicians.

- Be intentional and non-negotiable in ensuring diversity among leadership
- Show young physicians that the issues on which we are fighting are specifically relevant to them and get them engaged in those efforts.
- Create space for young members to get involved and serve as leaders