



2025 CUCM BOARD OF DIRECTORS CANDIDATE INFORMATION

Michelle Kerr, MPAS, PA-C, DFAAPA

Michelle Kerr is a physician assistant with over 3 decades of clinical experience and over a decade of concurrent leadership roles in an extensive healthcare system. Michelle enjoys the challenges and rewards of integrating front-line clinical care with clinical leadership support and expectations to provide outstanding patient care in the Urgent Care setting. As a Regional Medical Director responsible for 10 Urgent Care sites (2 of which are pediatric specific) and as Chief Advanced Practice Professional for the entire UC division of over 100 APPs, Michelle firmly believes in advocating, supporting, setting expectations, and providing current medical best practices for her teams in order for them to be armed with the necessary tools and confidence to responsibly care for patients and enjoy their role in the Urgent Care setting.

Being the first to graduate from college and the first to be in healthcare in her family, Michelle has had a passion to be in healthcare since she was a young child. That passion has taken on many shapes and forms, but there has always been the commonality of helping others with their healthcare needs. For Michelle these avenues have taken on the form of clinical practice, clinical leadership (regional and divisionally), guest lecturing at the university level, precepting NPs and PAs during clinical rotations, lecturing at state conferences, system ambulatory medicine peer review, and development of system-wide, interdisciplinary processes to ensure that patients have smooth transition from Urgent Care to follow-up needed by primary care and/or specialty care.

Michelle has received several system-wide awards and recognitions for her diligence and hard work clinically and as a leader. She has also served on several interdisciplinary committees in a large healthcare system. Serving on these various committees, while representing Urgent Care has been a particular highlight for Michelle. This allows her to have a voice in validating the importance and relevance of Urgent Care in meeting the community's medical needs.

Michelle relishes the exponential rewards of assisting others in the medical field, by teaching, mentoring, and creating supportive structure. She believes the best way to have strong future colleagues is to help them on their professional journey so that they can go further and provide top quality healthcare in the face of growing need.

Michelle takes great satisfaction and enjoyment in being a physician assistant and being able to serve in various leadership roles in the Urgent Care sector.

What do you hope to contribute as a CUCM Board member?

I would be very grateful for the opportunity and privilege to be a CUCM Board Member. As a board member I would hope to be able to contribute by bringing a unique perspective consisting of 3 elements:

1. Being a seasoned clinician.
2. Being an APC
3. Being part of a large healthcare system with multiple UC sites. A subcategory of this is pediatric specific UCs.

First, I have been a clinician for 3 decades. Wisdom, maturity, and historical perspective is gained with those many years of experience. In conjunction I have always tried to continue to learn and be progressive so as not to become complacent. I believe this combination would be very useful in being on the CUCM board as it takes on the elements to grow, expand and evolve the unique area of medicine that is Urgent Care.

Second, being a physician assistant brings a distinctive approach. Embedded in our training, licensure, and ongoing professional relationships is the necessity of collaboration.

Collaboration of an APC with physicians takes on many different contexts depending on licensure in different states. However, no matter the differences, the one underlying thread is that of a team approach for the betterment of the patient. Additionally, there is becoming an increasing number of APCs in UC clinics who are functioning at the top of their license and (nearly) independently. Understanding the training, the different licensures, the different degrees of collaboration vs autonomy, and being astute to the concerns of the AMA, while acknowledging the increasing numbers of APC rising significantly in the UC setting, cannot be underscored enough. I have, and continue, to live in this professional space and thus would be able to contribute well to this area.

Third, I am part of a large healthcare system. The southeast market of Advocate Health (also known as Atrium Health) has 30 Urgent Cares. 10 of those Urgent Cares also provide occupational health services and 2 (soon to be 3) are pediatric specific. Being a leader and clinician in an Urgent Care division that is that large gives me a great repository to draw from – including day-to-day operations, defining needs, creating policies and best practices,

integration into the larger system ... Another aspect with being part of Atrium Health's UC system is the perspective of having occupational medicine and pediatric specific Urgent Cares. These 2 notable areas are often part of a general Urgent Care; however, they have special challenges. Often the differential diagnosis and treatment plan, including antibiotic usage, differs (sometimes) significantly in pediatrics as opposed to adult medicine. Pediatrics and specifically Pediatric Urgent Care is my wheelhouse and my clinical strength. Thus, this would be highly beneficial when discussing impact(s) to patient care based on age groups and setting policies.