



## President's Message

# Recent Advocacy Efforts and Strategic Plan

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### Wait-Time Guarantees

In recent years, many hospitals have begun guaranteeing that their emergency department patients will be seen by a physician within a specified interval, such as 15 or 30 minutes. Often, these guarantees are advertised heavily, creating lofty expectations for patients. In some hospitals, significant pressure is put on the emergency physicians to ensure patients are seen within the guaranteed interval. Every emergency physician I know does their best to evaluate new patients as fast and as safely feasible. Forcing emergency physicians to reduce their attention on truly emergent patients to ensure that less emergent patients are seen within the wait-time guarantee just doesn't make sense, and can potentially compromise patient care. Wait-time guarantees do not take into account patient acuity or surges in patient volume, and as a result they may put the most critical patients in the emergency department at risk. AAEM recently published a position statement opposing emergency department wait time guarantees, and contributed to a feature story on the topic for *Emergency Medicine News*. If your emergency department offers wait time guarantees, you might consider sharing both with your hospital leadership.

### Prescription Drug Monitoring Programs

In many states, utilizing a prescription drug monitoring programs (PDMP) has become an effective tool for physicians to help control prescription drug abuse. However, several states are considering legislation to require emergency physicians to access the PDMP prior to writing any narcotic prescription. AAEM opposes this requirement, which may create unnecessary delays in care. It doesn't make sense to require the emergency physician to take several minutes out of a busy shift to check the database on a patient with a new ankle fracture who requires a narcotic prescription. AAEM recently passed a new position statement on PDMPs and contributed to media interviews on this topic too. AAEM also calls for data sharing between state PDMPs and the eventual creation of a federal PDMP. In addition, AAEM supports prescription data being available in the PDMP in real-time and being integrated into electronic medical records, to minimize the burden of accessing this information. PDMPs can be a very useful tool for the emergency physician, but these programs should be optimized to be as useful and convenient as possible.

### Joint-Ventures

In last issue's "President's Message," I discussed a new "joint venture" arrangement where hospitals and contract management groups jointly own the emergency physician group, and split the profits resulting from emergency physicians' professional fees. Since then, several hospital networks and contract management groups have either started new joint

ventures or expanded existing joint ventures. AAEM is concerned with this trend, which we feel is bad for emergency physicians and bad for our patients, and may be in violation of corporate practice of medicine laws, fee-splitting laws, and anti-kickback laws. AAEM is the only professional organization that is fighting for its members on this issue. AAEM has brought its concerns to a variety of federal and state agencies, many of which have voiced significant concerns with the legality of these arrangements and are investigating. AAEM has also passed a position statement noting its opposition to these joint ventures and has discussed the issue with the media.

### Advocacy Day

On July 15th, AAEM and AAEM/RSA will be holding a member Advocacy Day in Washington, D.C. AAEM and AAEM/RSA members are invited to join AAEM leaders and our lobbying firm, Williams & Jensen, as we discuss a variety of advocacy issues with our nation's leaders. We will break into small groups to discuss issues with members of Congress. If you are interested in attending, please contact the AAEM office for more information. If you've never participated in something like this before, I encourage you to give it a try. [www.aaem.org/advocacy/aaem-advocacy-day](http://www.aaem.org/advocacy/aaem-advocacy-day).

As I write this, I have just returned from the AAEM Board's Strategic Planning retreat. The board took a comprehensive look at our Academy, with a focus on how we can best advocate for our mission and provide maximum value to our members. AAEM's board of directors outlined a variety of top advocacy priorities and will be developing a variety of new benefits for our members and their groups. More information will be coming soon. As always, if you have any ideas for how the Academy can better serve you, please let us know.

Take care,

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President, American Academy of Emergency Medicine ■

### AAEM Antitrust Compliance Plan:

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