



President's Message

AAEM's Prime Focus: Due Process and Your Rights

Kevin Rodgers, MD FAAEM
AAEM President

Since its inception, AAEM has championed the rights of the individual board-certified/eligible emergency physician. AAEM has steadfastly carried that torch and shaped the national agenda that has defined and enforced those rights. It is what AAEM is known for, it is what separates AAEM from SAEM, CORD, and ACEP. Due process, the first and foremost of those rights, has been and continues to be AAEM's prime focus as we fight for the inclusion of unwaivable due process rights for physicians in Medicare's Conditions of Participation.

Unfortunately, due process rights are not yet guaranteed. Hence we have the recent Summa Health catastrophe, with the summary termination of over 60 emergency physicians (Summa Emergency Associates-SEA) which clearly violates physician practice rights as delineated in the AAEM, AMA, and ACEP policies on due process. Of course the impact is even more far reaching than that, with long term implications that define a true catastrophe. There were no winners here, except maybe the eventual contract holder. The community, patients, medical staff, EMS, residents, the residency program, medical academia, the institution, and the specialty of emergency medicine — everyone lost a little something: integrity, respect, professionalism.

We should all be saddened by what occurred. Almost overnight the Summa Emergency Medicine residents lost their beloved program leadership. Shar Jwayyed, the now-former program director, was just named a winner of the 2017 ACGME Parker Palmer Courage to Teach Award. Gone is Summa's seasoned and vetted core academic faculty, and their established mentoring and teaching relationships have been completely disrupted. The timing was also excellent — right in the midst of resident recruitment season. It has been reported that residents even received threatening emails concerning their return to work. I doubt the ACGME would have approved having residents work in an environment devoid of program leadership and vetted core faculty. Common sense says you cannot recruit a quality program director or core faculty in five days, but there was no plan to allow for a smooth transition of the residency.

Since this take-over seemed like a *fait accompli*, USACS had the ethical and professional duty to work out a plan with SEA for transitioning the residency smoothly — either that or refuse to take the contract. Apparently though, when there's money to be made residents just become collateral damage. It is clear that every EM organization supports a change that will protect residents/residencies and their faculty from similar occurrences in the future. I doubt the ACGME/RRC can do anything to rectify the Summa situation, but moving forward they must

craft requirements that guarantee due process and protect residents, residencies, and faculty from such a sudden and unplanned transition. Apparently the outcry from every EM organization did have some affect,

since the CEO of Summa Health recently submitted his resignation. Too little, too late.

“Medicine is threatened with becoming just another business rather than a profession, with doctors as run-of-the-mill employees, widgets that can be easily interchanged and just as easily fired. This is where the corporatization of EM is taking us — unless we stop it.”

Unfortunately the Summa residents were not the only group affected. As AAEM works to preserve transparent, equitable, physician-owned practices in EM, the termination of SEA — which provided Summa Health with top notch EM care for over 40 years — is quite distressing. The new group, USACS, touts physician ownership but also has a major private equity partner that creates lay influence over its operations, something AAEM opposes. Although the state of Ohio recently nullified its prohibitions on the corporate practice of medicine, AAEM remains concerned when lay corporations

have an ownership stake in an EM practice. While we could also get into the ethical aspects of this contract negotiation — that is a slippery slope of “he said-she said” and not for outsiders to debate without all the facts, which may never be known.

I also would venture to say that many academic physicians, typically employed by medical schools or their faculty practice plans, never thought that the “business” of emergency medicine would ever impact them. Many never joined AAEM because they felt that concerns such as due process, restrictive covenants, joint ventures, and fee-splitting would never really affect them. Unfortunately, the Summa situation has given us a very disturbing glimpse of the potential negative impact that the business of EM can have on a community, a residency, and an academic institution. And get ready for more, because as previous CORD President Eric Katz pointed out, “Dollars speak louder than passion.”

Medicine is threatened with becoming just another business rather than a profession, with doctors as run-of-the-mill employees, widgets that can be easily interchanged and just as easily fired. This is where the corporatization of EM is taking us — unless we stop it. For all emergency physicians, the Summa situation is a wake-up call to take a more active interest in how emergency physicians are treated. AAEM has championed that concern since 1993. ■

AAEM Antitrust Compliance Plan:

As part of AAEM's antitrust compliance plan, we invite all readers of *Common Sense* to report any AAEM publication or activity which may restrain trade or limit competition. You may confidentially file a report at info@aaem.org or by calling 800-884-AAEM.