

A New Beginning

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Hello, my name is Andy Mayer and I have the honor of being the new editor of *Common Sense*. Andy Walker, who is now referred to as “Old Andy,” very nobly performed this duty for the last few years and dubbed me “New Andy.” I served with Old Andy for several years on the board of directors of the Academy and was always delighted by his quiet wisdom. We should all thank

Andy Walker for his many years of service to the

Academy. I hope to bring to *Common Sense* some of the same insightful articles and opinions. Dr. Jonathan Jones will continue to serve as the assistant editor and I deeply appreciate his continued role.

Even though I am “New Andy,” I am not really new. My roots in emergency medicine go back to the late 1980s, as a resident in the LSU/Charity program in New Orleans during the peak of the crack cocaine epidemic. It was a wonderful and scary place to train and I grew up inside the walls of the now shuttered Charity Hospital. Entering the world of emergency medicine in 1990 was an interesting experience. Board certification was not yet the norm in my city and there were many types of practice.

Entering private practice

I split my time between three jobs, and to this day my main job is as a member of the West Jefferson Emergency Physicians Group. I recently had the honor of becoming Medical Director of this group, a single hospital, democratic group that has held the contract since 1968. We may be the oldest continuously operating, one-hospital emergency medicine group in the country. Does anyone know of an older emergency medicine contract? My contract there stated what I would be paid; my night, weekend, and holiday responsibilities; and when I would be made a partner. Fresh out of residency, I also had two part time positions. One as part-time clinical faculty teaching LSU residents at Charity Hospital and the other at a local hospital with EmCare.

The seedier side of emergency medicine quickly came into focus. Starting as a young and idealistic emergency physician, I soon learned what working for a contract management group meant. It always seemed that my three shifts a month were three night shifts in a row on a weekend, especially if it was a holiday. The billing was mysterious and I was required to buy their malpractice insurance, even though I had a full time policy already covering me. At the time I was starting a family, buying a

house, and doing all the things you are supposed to do when you are all grown up. Putting my misgivings aside, I put my head down and continued to just take it.

The tipping point came when I was named in a nonsensical malpractice claim that quickly went away, but EmCare required me to “share” the costs of the suit with my private malpractice insurance — even though I was paying for their required insurance! During this episode another emergency physician working with me for EmCare handed me a small paperback book, and yes, it was *The Rape of Emergency Medicine*. Reading it opened my eyes to what had been happening to me and why it had never felt right. I soon severed ties with EmCare and have not worked for a contract management group (CMG) since that time.

The next event in my evolution to the Academy came in this same time

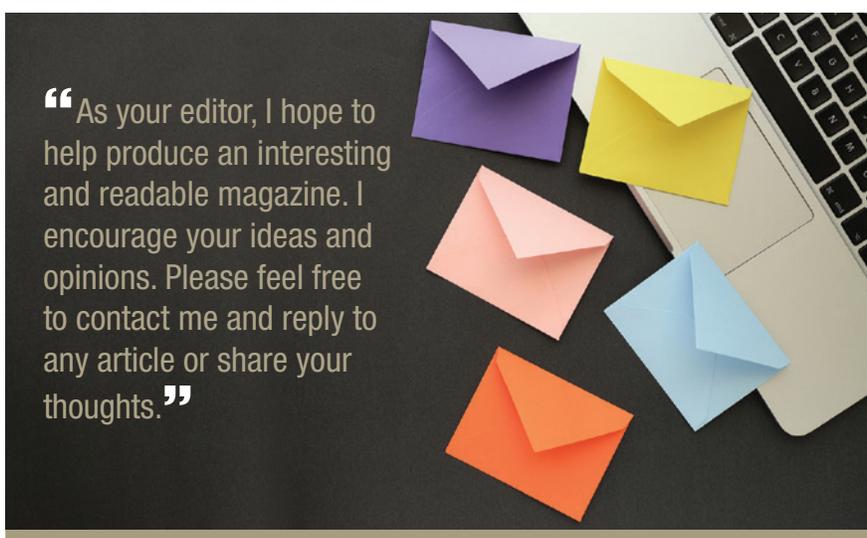
frame, when I learned that Bob McNamara was speaking at the LSU Emergency Medicine Residency. Honestly, I had never heard of him and had not heard “The Talk.” His “History of Emergency Medicine” speech made my blood boil and helped crystallize my professional beliefs about the importance of working for a democratic group and the value of board certification.

Assuming that the College

represented my interests in my professional life, I decided to write them a letter. I had been a faithful member since starting residency and proudly earned the FACEP designation. The response I received from ACEP concerning my reservations about the ethics and practices of corporate management groups was cold, stating that these were private business matters and that ACEP had no ability to affect them. The letter also informed me that if I did not continue my membership in ACEP I could no longer use the FACEP designation. Some decisions become clear in a moment. I soon joined AAEM, quit ACEP, and have not looked back. I had been exploited and felt an overwhelming desire for fairness and justice. The Academy told me that the individual practitioner is important, and going to early Scientific Assemblies was also a positive change. The lectures were geared to board-certified physicians instead of the generic introductory talk I had become used to in other settings.

Larry Weiss, our former president, played another significant role in my early development in the Academy. Dr. Weiss organized a hundred doctors dressed in white coats, including myself, to attend a hearing of the

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Louisiana Supreme Court. The hearing concerned a malpractice case where a new type of tort was proposed. A doctor had not only lost a malpractice case, but had also been assessed a large penalty for the intentional tort of patient dumping, which would now have been covered by his malpractice insurance and would financially destroy him. The justices were visibly shaken by the presence of so many engaged physicians and the judges ruled in the doctor's favor. This was a formative moment, seeing that physicians can affect their future if they work together.

These experiences helped form my ideas and opinions about emergency medicine in general and the business aspects of our profession in particular. It became apparent that maintaining some control over my practice was going to be essential for me to prosper and survive the rigors of my chosen career. Seeing many fellow emergency physicians burn out made me determined to become active in the Academy, volunteer for different roles, and attend the Scientific Assembly.

As your editor, I hope to help produce an interesting and readable magazine. I encourage your ideas and opinions. Please feel free to contact me and reply to any article or share your thoughts. ■

24th Annual Scientific Assembly

April 7-11, 2018

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CALL FOR PAPERS, PHOTOS AND OPEN MIC

Submissions Open: September 8, 2017

Submission Deadline: 11:59pm CST
on November 13, 2017



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RESIDENT AND STUDENT RESEARCH COMPETITION

- The top 8 abstracts will present orally at AAEM18. All other abstract submissions are invited to display their research as a poster.
- The presenter of the oral abstract judged to represent the most outstanding research achievement will receive a \$3,000 honorarium, while second and third place will receive \$1,500 and \$500 honoraria, respectively.

AAEM/RSA & WESTJEM POPULATION HEALTH RESEARCH COMPETITION

- Submit a research abstract that affects the health of populations of patients.
- The top abstracts will be invited to present orally at AAEM18 and be published in *Western Journal of Emergency Medicine: Integrating Population Health with Emergency Medicine*.

SHOWCASE YOUR PHOTO AT THE AAEM18 PHOTO COMPETITION

- All physicians, residents, and students are invited to submit a photograph for presentation of patients, pathology specimens, Gram stains, EKGs, and radiographic studies or other visual data.

16TH ANNUAL OPEN MIC COMPETITION

- Open Mic is a proud tradition within AAEM, it offers a unique opportunity to speak at a national meeting.
- This open-floor format allows 16 "new voices" to be heard and evaluated by education committee members and conference attendees.
- Ten of the time slots will be filled in advance by email. The remaining six time slots will be filled on a "first-come, first-served" basis by signing up onsite.

www.aem.org/AAEM18/competitions