



## EDITOR'S LETTER

by *Howard Blumstein, MD FAAEM*

As the end of the year approaches, I have decided to devote this column to providing updates on issues touched upon in past columns. To see the original reports, please go to <http://www.aem.org/commonsense/index.shtml>.

### American Association of Physician Specialists

In August of 2004, I reported on the activities of the AAPS in Florida. Their board certification process, an alternative to the mainstream process created and managed by the American Board of Emergency Medicine (ABMS). The AAPS had petitioned for formal recognition by the Florida Board of Medicine. In a vote that could be construed as being full of conflicts of interest, the petition was approved.

The problem is that to be eligible for their board certification in emergency medicine, one can still go through the "Practice Track" after completing training in another specialty. This is anathema to AAEM.

I went to the AAPS website. It has now been split into two sites. The AAPS site concentrates on governance, education, news and public service. There is a separate site for the American Board of Physician Specialties ([abpsga.org](http://abpsga.org)) which actually administers the board certification process. There are comparisons between the ABMS, ABPS and the Bureau of Osteopathic Specialists (osteopathic equivalent of ABMS). Their charts seem erroneous, however. According to their information, the osteopathic boards have a practice track for emergency medicine certification. A footnote says that track will close in 2004. I couldn't find anything about this on the appropriate website. They also claim that the American Board of Surgery, a member board of ABMS, allows partial credit for non-ACGME accredited foreign programs. Checking the ABS website, that seems incorrect also (note to [abpsga.org](http://abpsga.org) site manager – update your links).

But what about the situation in Florida, which threatens to become a precedent that undermines our efforts to promote the primacy of formal, legitimate certification in EM? According to an item elsewhere in this issue, the petition requesting this decision be reconsidered was rejected. Mark Foppe, the AAEM member who has taken a lead role in addressing AAEM's concerns in Florida reports that efforts to partner with ACEP on this issue have met resistance. Because AAEM has no Florida chapter, it has been difficult for us to get recognition before the board by ourselves. As we go to press, I do not yet know what the next step should be.

### Corporate Practice of Medicine

This topic has garnered much interest from the board of directors. Indeed, it is one of the core issues that led to AAEM's formation. Accusations of violation of the corporate practice of medicine (CPOM) laws were used to help the emergency docs in the Mt. Diablo case against TeamHealth. In November of 2004, I wrote about corporate groups in other specialties.

Mark Reiter, president of the AAEM Resident and Student Association, and Tom Scaletta, our current vice president, have poured over information submitted by TeamHealth and EmCare to the Securities and Exchange Commission in anticipation of public offerings. Although those plans were scuttled by the sale of TeamHealth to a private investment group, the data was still available. In documents such as these, the companies are required to list all potential risks to future success. Among the risks were the possibilities that the companies might run afoul of laws prohibiting corporate practice of medicine and restrictive covenants. Is it possible that these corporations are beginning to realize their practice models are illegal? Are reforms in the works? A summary of the information gleaned from their filings can be found elsewhere in this issue of Common Sense.

### The AMA

And in August of this year, I wrote a column encouraging AAEM members to join the AMA. I discussed the AMA's consideration of a proposal to encourage and support states to write and enforce laws prohibiting the corporate practice of medicine. I postulated, and still believe, that this reflects recognition of the growing threat of corporate medicine to all physicians, not just emergency docs.

Our efforts to combat this illegal and unethical practice can only be enhanced if we can partner with the AMA. Yet our voice will remain weak until we hit a critical number of AAEM members who are also in the AMA. Once we reach that goal, we will be a voting member of the House of Delegates. This will give us more pull within the organization. So join up!

In related news, Mark Reiter and Larry Weiss attended the recent AMA meetings and participated in the reference committee's discussion of the resolution about corporate medicine. Happily, the resolution was approved and is now going through the process of adoption by the AMA.

### ACEP Meeting

Finally, I reported that Joe Wood, Tom Scaletta and I met with officers from ACEP in Chicago. In order to facilitate frank and open discussion, we agreed to keep the specifics private. But the following information can be seen in the board of directors' minutes: each side came with a proposal. ACEP's proposal sought to reduce the number and tone of negative comments made and published between the two organizations. The AAEM board has accepted this proposal. We came to the meeting with a proposal to partner with ACEP in government lobbying efforts. The ACEP representatives felt this was unworkable and we were asked to withdraw this proposal but were unwilling to do so. As I write this, we have not heard from ACEP regarding action on either proposal.

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