



## Changes Ahead

Andy Walker, MD FAAEM  
AAEM Board of Directors

Dr. David Vega has handed me the reins, and I am now the editor of *Common Sense*. The thought of trying to fill David's shoes is daunting, but I will do my best to make him, and you, proud. To that end, AAEM's leadership has agreed to fund upgrades in format, which you will see starting with the next edition. There will also be changes in content, some of which will be aimed at making *Common Sense* more relevant to clinicians practicing outside the academic world. The Academy is so powerfully involved in education at the residency, CME, and international levels that it is easy to overlook all it does for nonacademic emergency physicians. I want our newsletter to help change that.

Three new features are already planned. One will be a web-based "Letters to the Editor" section, and this will be coupled with upgrades to the AAEM website that will make *Common Sense* easier to view on the Web and via social media apps. The others are regular columns called "Law and Emergency Medicine" and "The Business of Emergency Medicine." All three will require your input to be successful. If something is missing from *Common Sense* that you would like to see, tell me. If something is appearing regularly that you consider a waste of space, tell me. If the newsletter contains something that makes you mad, go to the AAEM website and post a letter to the editor – we all enjoy a good argument and sometimes learn from the back and forth. If it isn't a forum for debate, the "Letters to the Editor" feature will be a bore, so I need your opinions.

If you have experience in managing an emergency medicine group, coding and billing, fighting off a hostile takeover of your contract, founding a group and building it from nothing, or other business topics – share your expertise, especially if it was painful to acquire. You don't have to be a professor of emergency medicine to submit an article to *Common Sense*. Submissions are judged on content, not origin. The private practice of emergency medicine by independent, equitable, democratic groups has never been widespread, and the advent of ACOs is a new and serious

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### AAEM Mission Statement

The American Academy of Emergency Medicine (AAEM) is *the* specialty society of emergency medicine. AAEM is a democratic organization committed to the following principles:

1. Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
2. The practice of emergency medicine is best conducted by a specialist in emergency medicine.
3. A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
4. The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
5. The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
6. The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patients.
7. The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.
8. The Academy supports the establishment and recognition of emergency medicine internationally as an independent specialty and is committed to its role in the advancement of emergency medicine worldwide.

### Membership Information

Fellow and Full Voting Member: \$365 (Must be ABEM or AOBEM certified in EM or Pediatric EM)

Associate Member: \$250 (Limited to graduates of an ACGME or AOA approved Emergency Medicine Program)

Fellows-in-Training Member: \$75 (Must be graduates of an ACGME or AOA approved EM Program and be enrolled in a fellowship)

Emeritus Member: \$250 (Must be 65 years old and a full voting member in good standing for 3 years)

Affiliate Member: \$365 (Non-voting status; must have been, but are no longer ABEM or AOBEM certified in EM)

International Member: \$150 (Non-voting status)

Resident Member: \$50 (voting in AAEM/RSA elections only)

Transitional Member: \$50 (voting in AAEM/RSA elections only)

Student Member: \$20 or \$50 (voting in AAEM/RSA elections only)

\*Fellows-in-Training membership includes Young Physicians Section (YPS) membership.

Pay dues online at [www.aaem.org](http://www.aaem.org) or send check or money order to: AAEM, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202

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AAEM is a non-profit, professional organization. Our mailing list is private.

# 2012 100% ED Groups

We would like to recognize and thank our newest ED group for participating in our 2012 100% ED Group Membership. We sincerely appreciate the enthusiastic and continuous support of these physicians and their group.

## Newport Emergency Physicians, Inc. – RI

### ■ AAEM ED Group Membership

AAEM instituted group memberships to allow hospitals/groups to pay for the memberships of all their EM board certified & board eligible physicians. Each hospital/group that participates in the group program will now have the option of two ED Group Memberships.

- 100% ED Group Membership - receives a 10% discount on membership dues. All board certified and board eligible physicians at your hospital/group must be members.
- ED Group Membership - receives a 5% discount on membership dues. 2/3 of all board certified and board eligible physicians at your hospital/group must be members.

For these group memberships, we will invoice the group directly. If you are interested in learning more about the benefits of belonging to an AAEM ED group, please visit us at [www.aaem.org](http://www.aaem.org) or contact our membership manager at [info@aaem.org](mailto:info@aaem.org) or (800) 884-2236.

For a complete listing of 2012 100% ED Group members, go to [www.aaem.org/membership/aaem-ed-group-membership](http://www.aaem.org/membership/aaem-ed-group-membership).

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threat. AAEM is fighting to protect and promote private practice in several ways, and tips or advice published in our newsletter is another small bit of help to emergency physicians who want to start or preserve their own private groups.

One last thing: AAEM has enjoyed steady growth since it was founded, but I don't understand why every single board certified specialist in emergency medicine – who isn't exploiting his colleagues and profiteering from their labor – isn't a member of the Academy. We have had great success recruiting emergency medicine residents as members. I want our newsletter to be a tool you can use to recruit new members who are practicing emergency physicians. Once AAEM's website and *Common Sense* take on their new looks, please put them to good use.

AAEM is the only organization in emergency medicine that has consistently, without exception, from the day it began, defended legitimate board certification. Only AAEM has consistently and without exception fought for individual emergency physicians rather than corporate interests. AAEM has the best educational meeting in our specialty, its annual Scientific Assembly. AAEM dominates the American side of international emergency medicine, with the Mediterranean Emergency Medicine Congress, the Inter-American Emergency Medicine Conference, and starting this fall, the Pan-Pacific Emergency Medicine

Congress (I hope to see you in Seoul – the meeting is in a great venue in a magnificent city). What's more, the Academy does all this on a lean budget with extreme efficiency.

Unlike some medical organizations, AAEM's officers, board of directors, state chapter officers, committee chairs, and **even** the editor of its newsletter serve as volunteers – none of us are paid. We believe passionately in the principles that led to the Academy's founding and that it continues to fight for: defending emergency medicine as a legitimate specialty with the same requirements for board certification as other specialties; defending the right of emergency physicians to reap the fruits of their own labor; defending the right of emergency physicians to fair treatment in the workplace; defending the emergency physician-patient relationship from outside interference, whether from tort lawyers, insurance companies, corporations, government bureaucrats, or misguided administrators; and the promotion of education in emergency medicine. While we seem to have finally won the battle for legitimate board certification, and our educational mission is an unqualified success, the other struggles go on. How much success we have in those arenas depends in part on how large our membership is. Do your part. Please.

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