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SENSE

THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



PRESIDENT'S MESSAGE What About ABEM?

Howard Blumstein, MD FAAEM

I have never been involved with a survey that created such a response or caused such a stir.

Last year, AAEM sent out a survey to full voting members asking about the impact of the American Board of Emergency Medicine's (ABEM) Emergency Medicine Continuous Certification process (EMCC). At a retreat held as part of a board of directors meeting, there was broad agreement that the EMCC was a source of frustration for our members. Because the board is always striving to represent the interests of our members accurately, we felt the need to define exactly what our members were thinking. Hence the survey.

(Important note – although I write exclusively about the allopathic boards, my understanding is that the same basic events are unfolding in the osteopathic world.)

The response was surprising. The survey was sent to about 3,000 emergency physicians, 1,151 of whom responded. That is a response rate of 38%, which is a remarkable number given that most surveys struggle to achieve a response rate of 20-25%.

Here is just a brief summary of what we learned. In response to the query "How likely is it that you will allow your board certification to expire at some point in your career before you retire from clinical medicine rather than pursue the MOC process," 52% of respondents indicated that they were likely or highly likely to do so.

With regard to the various components of the EMCC, 65% rated the ConCert component (the test taken every 10 years) as beneficial. However, the Lifelong Learning and Self Assessment (LLSA) and Assessment of Practice Performance components fared less well (47.8% and 6.4%, respectively).

More revealing were the written comments, of which there were 387. Here the unhappiness was palpable. So were the misunderstandings. And so I write this column, in which I wish to make five important points.

First, I want to make absolutely clear that AAEM sees ABEM as its most valuable partner in ensuring quality emergency medical care. Board certification is not a guarantee of high quality care, but we believe the available research clearly

shows that board certified physicians outperform non-boarded physicians. AAEM is the only EM organization in the United States that, since its inception, has required board certification for full membership and fellowship. We are proud of that history, and nobody should interpret the survey as an indication that our commitment to ABEM is slipping.

Secondly, the EMCC is not a scheme dreamed up by ABEM. Far from it. The whole concept of continuous certification comes from the American Board of Medical Specialties (ABMS). The ABMS has also defined the various components of the process. Further, state medical boards across the country have been making similar demands for a more rigorous continuous certification process. Simple tallying up a certain amount of CME each year is no longer enough. The state medical boards and the ABMS have been moving their processes ever closer together. I expect that their requirements will become identical (this has already happened in many instances). The only control left to specialty boards like ABEM is to define the details and work out the process.

Third, this is not a giant money making scheme. Yes, it costs a great deal to take all these tests and maintain your certification. But, it also costs a great deal to develop, maintain and administer the tests. ABEM volunteers (examiners and writers) put in a great deal of personal time, as does ABEM leadership. Those who see this as a great conspiracy to reap huge profits from the sweat of the brow of the emergency physician across the nation are just being unrealistic.

However, as my fourth point, ABEM would do well to be more open about its finances. ABEM is not a member organization. It serves the public, not emergency docs. But, it has a significant public relations issue within our community. Finances are a big part of the public relations issue. ABEM should be transparent about where the money is being spent. It should stress what is being done to make sure members get their full money's worth. No reasonable person would begrudge ABEM and its volunteers a comfortable and appropriate working environment and top quality support. Just, please, assure us that money isn't being spent extravagantly.

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Member Feedback

The following is a portion of an email sent in by a Common Sense reader in response to our previous issue and particularly the President's Message by Howard Blumstein:

Dear Editor,

I cannot tell you how pleased I am with AAEM's stance. I'm glad you are out there and calling the issues exactly like they are, without any spin or softening of your opinion, no matter who might not like it. When there's clearly right and wrong, there's no need to backpeddle [sic] and play it soft.

I did three years of another residency before I found my true love, EM. So guess what? I bit the bullet, moved halfway across the country, and did an EM residency. Why? Because that's the right way. If all these others want to call themselves EPs, go get trained. Period. Don't... make excuses or try to do an end-around the process.

Most of us could learn to takeoff and land a small aircraft in a couple hours, but does that make you a pilot? I get so tired of hearing that being good at [emergency medicine] is only a matter of doing shifts. The problem is that they don't know what they don't know, and so are quintessential back seat drivers.

It's ridiculous that if you clearly don't qualify for board certification, you just invent a new board that will certify you. Might as well just put degrees, residencies and board certifications in Cracker Jack boxes.

I'm sure most are well-intentioned, decent people, doing the best they can, and trying to fill a need, but if they left it at that, they'd be more appreciated for being honest with themselves and others.

I have joined and maintain many organizations in my life. Prior to AAEM, absolutely none have deserved or earned my 100% support. As long as AAEM stays hardcore, true to principle, and upfront, it will be the most relevant and representative organization in all of emergency medicine, maybe all of medicine. But be vigilant--the other medical organizations probably started out on the right track too. Someone from the outside or the inside WILL try to buy you or bend you, I GUARANTEE it.

Anonymous

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Finally, many survey respondents were quite vocal about the LLSA. I agree that some of the articles selected have been less than ideal. If you feel they are lacking, consider impacting the issue by submitting articles for consideration. The process for doing so is clearly described on the ABEM website. Or, volunteer to serve as an item writer or perhaps an examiner. Don't gripe about the problem; become part of the solution.

For AAEM's part, we have shared the survey results with ABEM. We have been working with ACEP and ABEM to create the opportunity for our members to earn CME for their LLSA activities at low cost. The idea is to extract extra benefit for members – and added value.

The Professional Management Team

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- Reimbursement Coding By Registered Nurses
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