The Founding and Flowering of AAEM

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AAEM struggled when it was first formed in 1993. Jim Keaney, with assistance from Scott Plantz, created AAEM as a response to corporate influence in emergency medicine but few joined the cause. Keaney and others were deeply frustrated that the American College of Emergency Physicians (ACEP) had acquiesced to and perhaps even abetted that corporate influence. His book, *The Rape of Emergency Medicine,* exposed concerns with the quality of care in corporate-run EDs. These were important matters, but most in EM, especially those in academics, knew little of what he was crusading against because the corporate issue had been removed from the public eye of EM by the specialty's leadership (see below). The book was important, but AAEM needed a better hook to attract members.

Fortunately for AAEM and EM in general, Keaney had the wisdom to seize on a more visible controversy in EM — board certification. It was Keaney's adoption of a new membership criterion for full voting membership, American Board of Emergency Medicine (ABEM) certification, that allowed the Academy to quickly go from 100 to over 1,000 members.[1] At the same time Keaney was pointing out the corporate issues, the academic side of the specialty was embroiled in the Daniels lawsuit, litigation against ABEM for having closed the practice track to board certification as of 1988. Many academic physicians were sued or named as co-conspirators in this action. ACEP was alarmingly silent on this issue too, probably because a significant percentage of its members were not eligible for ABEM certification — but wanted to be. It was against the financial interests of ACEP to take a stand, and ACEP was also afraid of being caught up in the legal action. This issue created the opening that allowed AAEM to grow and gain influence, Keaney just needed to see the light.

Having read the book, I contacted Keaney because of a number of experiences — foremost of which was the displacement of our residency program from a two-hospital system in Philadelphia by a corporate group called Coordinated Health Services, which is now a subsidiary of EmCare. Our residency program's integrity was threatened by this, until we in turn were asked to take over the EDs in a different system, displacing a corporate group there. Seizing on this crisis as an opportunity, Jack Kelly and I researched the quality of care after the takeover and found evidence that EM training meant something.[2] Seeing this as proof of what Keaney had spoken of in his book, I reached out and he welcomed the academic connection. I told Keaney that if he adopted board certification as a criterion for full membership, I would join his board of directors. Facing little growth to date, he changed the membership criteria — the pivotal move that allowed AAEM to gain enough members to become a significant voice in the specialty.

As recently noted in AAEM communications, the Academy made its first big splash on the national scene in November of 1993, with the Mike Wallace 60 Minutes episode entitled "In Good Hands?," in which Keaney drew attention to corporate EM. I was interviewed for that show, based on the previously mentioned article on the increased quality of care after displacement of a corporate group. AAEM had the attention of all of EM. Keaney and Plantz had also been running conferences in Las Vegas with heavy attention to corporate and practice issues. At one such conference, on April 30, 1994, the mission statement of AAEM was created in a pizza shop in the Excalibur Hotel. In addition to Keaney, Plantz, and I, the emergency physicians in attendance at that event were Drew Fenton, Howard Freed, John Kealy, Rick Keys, John Libby, Chris Minas (deceased), Harold Osborn, George Schwartz, Phyllis Troia, Doug White, and Les Zun. It was an interesting mix of academics and those disgruntled with corporate EM. Most were founding board members.

In discussions regarding potential membership, it was clear that the academic community represented a key area of focus for AAEM, given its influence in the specialty and over graduating residents. With the notoriety of 60 Minutes, the Society for Academic Emergency Medicine (SAEM) afforded Keaney an audience at its meeting in May of 1994, and his presentation on the two issues of board certification and the exploitation of residency graduates was well received. The initial growth of AAEM was fueled largely by "pounding our shoe on the table" about board certification. This growth allowed us to bring our other main issue, corporate EM, to the table with a powerful voice.

In addition to growing AAEM, the founders attempted to change ACEP by submitting these issues to it. It was the initial thought of many on the board that if we could get ACEP to take a meaningful stand on these matters, AAEM could disappear after having served its purpose. Members of AAEM proposed resolutions at the 1993 ACEP Council meeting, calling for action on corporate issues such as restrictive covenants, and were shot down by legal counsel with the claim that to take such action would violate antitrust laws. In 1994 we came back with the right wording to allow these resolutions to be discussed, but they still failed to pass muster. Importantly, we also sought to change ACEP's membership criteria to require board certification. Plantz, Schwartz, and I ran for the ACEP board from the floor, as another way to get our message out. I was particularly proud of AAEM when we had a chance to see a huge boost in membership over a proposed change in ACEP's Fellowship Criteria, but did the right thing for the specialty anyway. In 1994, at the same time we were proposing board certification as a requirement for membership in ACEP, an ACEP committee came up with a proposal to allow FACEP status for non-boarded emergency physicians. I testified to ACEP, with the support of the AAEM board of directors that we would gain 1000 members if ACEP passed this and urged its defeat. It almost passed anyway, falling only eight votes short of the needed two-thirds majority. I believe our presence and testimony was a key factor in stopping this ill-advised action. This was an early example of AAEM doing what was right regardless of the consequences. Of

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course ACEP went on to open a path to fellowship for its non-boarded members in 2007, amid great controversy, and then closed that path at the start of 2010.

Those early days were tumultuous. We were accused of being radicals who were trying to "divide the house of EM". We certainly represented a major threat to those not board certified, but they had formed their own organization (AEP) at the same time, so we felt little remorse about our high standards. More importantly, we represented a group unwilling to accept the status quo of EM practice by corporations and a system in which a few physicians make an exorbitant amount of money by preying on their colleagues. This was a situation that had been allowed to develop with no resistance from ACEP, which should have been looking out for its members. Obviously, if ACEP had been viewed as effective on these two major issues, AAEM would never have had a membership base.

To explain in detail how ACEP became a bystander relative to the corporate groups would require another article, but in my opinion there were three major steps. One was the takeover of its leadership by physicians such as Leonard Riggs, the 1981 ACEP president who founded EmCare (and sold it to Laidlaw in 1996 for $40 million), and numerous other corporate types who were making money off the rank and file. The second step was for these "leaders" to radically change the original bylaws of ACEP, which condemned corporate practice and the taking of fees from colleagues. The third step was keeping the rank and file "dumb and down on the farm" regarding these issues. Part of this involved "shutting off the press," by refusing to allow further debate on these issues in the major journal of the specialty.[2] ACEP members who were disgruntled with profiteering were told to take their concerns to the ACEP Council, a body with a large number of those financially benefiting from the new EM model, and where any discussion of these issues was restricted by the anti-trust bogeyman.

At the time of AAEM's founding, a huge swath of emergency physicians were clueless as to their status as itinerant, exploited workers serving the interests of the few. They blindly accepted the pablum from the leadership that there was no need to see what was paid in their names or to have due process and other traditional physician rights. Across the board, when privately held physician groups tried to resist corporate takeover there was no one to stand up for them. As Bob Simon stated in 1983, greed in the specialty was destroying its future.[3] Simon also predicted the rise of the Academy, calling for another group to address the issues ACEP was ignoring.

As a comparatively small organization, all AAEM could do initially was rant and rave to stir up the masses. For the first few years we had little impact outside of awakening the specialty to the issues. Then, in 1998, AAEM was contacted by a group of EM physicians who practiced in the Catholic Healthcare West (CHW) system. They were confronted with the loss of their private practices and professional autonomy, not

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to mention a huge chunk of their income, when CHW purchased the assets of EPMG of California and created its own entity to take over the ED contracts in its system. Since CHW was one of the largest hospital systems, numerous EDs were threatened. California ACEP turned down pleas for help from its own members, dismissing the situation as "a private business matter." AAEM stepped in and the rest is history. Using the twin issues of fee-splitting and the California ban on the corporate practice of medicine, these physicians — with AAEM's backing — won the right to keep their practices. A specialty society in EM had stood up for the little guy, despite legal threats from CHW and unfounded fears of anti-trust violations. EM would no longer blindly follow the vision of the fat-cat EM leaders, with bedside physicians as sheep to be sheared. The CHW case was pivotal for the specialty, and if AAEM had not stepped in it is likely that every major hospital system would have viewed it as open season on emergency physicians in private practice.

The growth of AAEM allowed it to take additional steps for the bedside doc, including the first legal action ever filed by an EM professional society against a corporate entity, in the Mt. Diablo hospital matter involving Team Health. This suit was also settled in a manner favorable to the physicians AAEM was defending. Early on we also sought to elevate the game in educational conferences, by targeting talks only to board certified emergency physicians. This tradition, established in our first Scientific Assembly, continues today. There have been many other successes, such as aiding the growth of EM in the rest of the world, defeating attempts by BCEM to achieve legal equivalence to ABEM and AOBEM, and alliance with the *Journal of Emergency Medicine* — but it all started with the simple step of Jim Keaney deciding it was important to have an organization made up purely of board certified emergency physicians. ■

References

1. In 1996 AAEM, at the prompting of John Becher, DO, became the first organization to consider American Osteopathic Board of Emergency Medicine (ABOEM) equivalent to ABEM.
2. McNamara RM, Kelly JJ. Impact of an Emergency Medicine Residency Program on the Quality of Care in an Urban Community Hospital Emergency Department. *Ann Emerg Med* 1992;21:528-533.
3. Krome RL. Free speech, free press, and the scientific journal (Editorial). *Ann Emerg Med* 1983;12:721.
4. Simon RS. Entrepreneurism in Emergency Medicine (letter). *Ann Emerg Med* 1983;12:722.