Why AAEM?

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That question can be taken two ways. Why should an emergency physician join the Academy? Why was there a need to found the Academy to start with? Both interpretations of the question have the same answer: to protect the specialty of emergency medicine, the physicians who practice it, and the patients who come to them for help.

Protect emergency medicine (EM) and its board-certified specialists from what? Is emergency medicine still threatened? How do these threats to EM and emergency physicians affect patients? Wasn’t ACEP adequately protecting us before AAEM was around, and isn’t the College protecting us now?

Even after EM was recognized as an independent specialty in 1989, many still questioned its legitimacy. By far the biggest threat to emergency medicine’s status as a legitimate, independent specialty fully equal to all others, however, came from those who wanted to be emergency physicians but were ineligible to sit for board exams. These physicians sued the American Board of Emergency Medicine (ABEM) and others, tried to have the practice track to board certification reopened, founded their own professional society (the Association of Emergency Physicians), and eventually flocked to an “alternative” board — the Board of Certification in Emergency Medicine (BCEM) — abandoning their hopes for both ABEM and the American Osteopathic Board of Emergency Medicine (AOBEM). Like ABEM, AOBEM requires the successful completion of a residency in emergency medicine before sitting for board exams in emergency medicine. BCEM does not. In fact, for many years BCEM didn’t require the completion of any residency at all in order to take its board exam. I believe that those who say residency training in EM is unnecessary and should not be required for board certification threaten the health and prosperity of our specialty, because they are saying EM shouldn’t play by the same rules all other specialties have followed as they were founded and became established. In essence, they are saying EM is not a legitimate specialty. If they are right, isn’t the logical and honest response is to quit lying to ourselves and our patients and disband the specialty? Does anybody think that is the proper course?

In my opinion, the College was not adequately defending EM against this threat at the time of the Academy’s founding, or for many years afterward. In fact, as late as 2009, fellowship in the College (FACEP) was open to members who were not board-certified. The rest of the evidence in support of my opinion is too voluminous to repeat in this column, but can be found in the past issues of Common Sense that have been reprinted as our final “Blast from the Past” in this issue of Common Sense. In the end, AAEM won this battle to protect our specialty and in the process showed ACEP that it needed to become a more consistent and active participant in the struggle — which it has.

The other serious threat to emergency physicians is economic exploitation and other unfair treatment in the workplace, whether from other physicians, hospital administrators, or especially corporate contract management groups (CMGs). This threat is as severe as ever, although AAEM has mounted an outstanding defense and done a great job of holding back the tide of abuse — a job it has always done by itself and continues to do all alone. In Academy circles, this issue generally goes by the name “practice rights and the corporate practice of medicine (CPOM).” In the College it seems to be known as “private business matters.” Again, listing everything the Academy has done to protect private groups and individual emergency physicians from unfair treatment and corporate exploitation would take more space than available here. For an overview of AAEM’s efforts and its successes in this area, see the review of Academy legal actions by Drs. Reiter and McNamara in this issue of Common Sense. But just to remind you how important this is in the financial lives of emergency physicians, a typical CMG takes almost 25% of its emergency physicians’ professional fees — and that’s on an average contract.1,2 That’s like working a shift a week just for the CMG.2 And remember, that nearly 25% is on top of what the CMG charges its

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emergency physicians for things like coding and billing services and malpractice insurance — often provided by companies the CMG owns.

Do these threats to EM and emergency physicians also threaten patients? Yes. Since there is evidence that board-certified specialists in EM improve the quality of patient care, anything that lowers the value of ABEM or AOBEM certification is bad for patients. Anything that tends to drive emergency physicians out of clinical practice, such as unfair economic exploitation and the burnout that follows, is bad for patients. Anything that makes it harder for emergency physicians to do the right thing for patients and be vigorous advocates for them, such as being denied due process and peer review before being fired or stripped of medical staff privileges, is bad for patients. In short, anything that interferes with the best doctors available doing the best thing possible, is bad for patients. That's why AAEM. For our specialty, ourselves, and our patients.

References