

Where Would EM be Without AAEM?

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As one of those who in 1993 helped write the AAEM mission statement in a pizza shop in Las Vegas as well as an upfront observer of the specialty since, I want to voice my opinion of where EM probably would be if AAEM had not come into existence. I believe the specialty and the bedside physician have benefited immensely from the creation of AAEM. Necessarily, one must discuss the ACEP to see where our presence made a difference as we formed because of their perceived shortcomings. Clearly, ACEP continues to do much for the specialty but this piece is to examine where EM may have gone without AAEM. Below are several items which I believe we can make a very compelling case for:

Board certification in EM would have been severely devalued and FACEP would have been routinely given to non-board certified physicians. If you look at the Council resolutions from the early '90s, ACEP was on the path to open-up FACEP to non-board physicians and the main reason it did not do so was the threat of a major membership loss to AAEM. The AAEM has been the standard bearer for EM board certification and continues to be so. Do you really think EM could trust ACEP to do this job knowing they just elected a non-certified EM physician to be their 50th president? As an academic, this was the key issue that drove me to be part of AAEM, fortunately ACEP moved in our direction.

Continued open membership in the largest EM professional society to non-certified EM physicians. Again AAEM forced this issue by the threat of membership loss. AAEM grew rapidly because we criticized ACEP's membership policies. Without us there would have been no need to shut off this revenue stream.

Unchecked corporate growth. No one would be speaking for, let alone acting to promote, physician ownership of EM practices if not for AAEM. ACEP has continued to point to its "Anti-Trust" policy as a justification for why it must remain silent (despite abundant evidence that the AMA, TMA, and CMA have no qualms about fighting corporate medicine). Yes, the wave of consolidation and growth of the big players fueled by the sell out by senior physicians of their groups has been disheartening. However, think where we would be with no AAEM for an independent group to turn to for help. Besides the new AAEM Physician Group, we have helped countless physician owned groups remain intact through direct advocacy and actions.

Large hospital systems taking over their EDs with their own contract management group and destroying independent practice in the name of profit while relegating us to employed status. You only have to look at the Catholic Healthcare West (now Dignity) matter on the west coast to realize what could have happened. AAEM took a stand while ACEP saw this as a "private business matter." If CHW got away with this it would have been open season on EM among hospital chains of all types.

A future generation of EM physicians would have had no idea of the benefits of true physician partnerships, the ideal form of practice.

No one was speaking about this to EM residents and practitioners until AAEM came into being. In fact, just the opposite message was being sent out. In the December 1997 "Future of EM" issue of the *Annals of EM* two articles by corporate types said our future was with the big groups. The entire issue had no mention of the benefit to physicians being owners. Graduating residents would have been permanently relegated to sheep status.

Individual EM physicians with nowhere to turn when fired or threatened for speaking up about the quality of care, poor staffing, ethical violations and the like. Still today the only professional society who offers direct support including financial and legal support in such matters is the AAEM.

"AAEM was founded to support the individual board certified physician and it pleases me to no end that this is still the guiding principle of the organization."



Drafters of the AAEM mission statement on April 30, 1993 at the Excalibur Hotel in Las Vegas.

Likely inclusion of advanced practice providers as ACEP members.

This was on the table in 1994-5; the executive director, Colin Rorrie, called for ACEP to reconsider its stance as a "traditional physician organization." ACEP already had and continues to have a close alliance with SEMPA (The Society of EM Physician Assistants) housing them in their TX headquarters. Today we see the AMA and all types of physicians fighting the push for independent practice by APPs. EM would have been in no position to be part of this opposition had this happened (the aforementioned cozy relationship weakens us as it is).

Higher dues and more costly meetings. Say what you want but competition is still the American way, two professional societies competing for your dues dollars is better for the bedside doc. The conferences

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themselves have become much better through competition which each group trying to stay a step ahead of the other group.

There is much more that can be said like AAEM's role in promoting the growth of EM in Europe and elsewhere but I will end it here with this

simple observation: AAEM was founded to support the individual board certified physician and it pleases me to no end that this is still the guiding principle of the organization. Thank you for your membership. Let us keep going forward to support our colleagues. ●

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