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PRESIDENT'S MESSAGE

Dear Colleagues,

With this issue of the California Journal of Emergency Medicine (CalJEM) and as incoming President of CalAAEM, I wanted to start my term by outlining my vision for CalAAEM through a series of articles that will appear in the upcoming issues. The Board and I would like to start a dialog among Board members, the general membership and potential new members about the future of CalAAEM.

In this issue I will review our last year and current status, and present a preamble to a new mission and vision for CalAAEM. In the next issue of CalJEM, I will define our mission in clearer terms and discuss how we will frame our efforts to accomplish that mission. After that we will talk in specifics about issues that we hope will become identified to CalAAEM's ethos and ongoing professional activities.

We are seeking more involvement of members, increased membership and more clarity about what we need to do to support emergency medicine, emergency physicians and patient care. All these areas are under increasing pressure from outside forces that seem increasingly disconnected from the negative ramifications of the decisions being made that affect us all.

At this juncture it is imperative that we focus on the future of our organization and identify our current capacity to function effectively and begin to plan our future.

Our last year

The last year was dedicated to the definition CalAAEM's mission. During this year, under the leadership of Fran Vogler, our Immediate Past President, we reorganized our chapter and redefined our relationship to AAEM. During the year we also participated in an exploration of our relationship with CalACEP. With increased involvement with ACEP on many levels, we who participated, in whatever form, began to see our organization in more realistic and comparative terms. I used the experience as a catalyst in defining a role and a vision for our organization that would insure our future as a permanent voice in California Healthcare and Emergency Medical Services. I felt that by directing our genuine regard for EM through a prism of possibility, we could split the white light of our idealism into specific parts and define projects on which we can act. This is what I am trying to do and hoping we can achieve.

Current leadership activities

Our new Board of Directors has been seated and I am proud to introduce them to you. These are people who have demonstrated an ongoing commitment to CalAAEM and have been actively participating in shaping the future of the organization.

Steven Gabaeff, President, Robert Rodriguez, Vice president and President Elect, Joann Williams, Secretary, Shahram Lotfipour, Treasurer, Fran Vogler, Immediate Past President, Bob Derlet, Mike Buchele, Steward Swadron, Brian Potts, Resident Representative and Megan Boysen, Student Representative.

During the past year we established our own website and were able to support and benefit from continuing education seminars put on by Joann Williams. We began to plan how to produce and package web-based versions of these programs and others, like an LLSA study program being managed by Stewart Swadron, as

branded CalAAEM projects.

Our goals were to establish a richer identity as an academic and educational resource, enhance member services and at the same time establish additional sources of revenue (beyond dues) to enhance the impact of the organization. We sought out a vision to expand our presence both in the mind space of the practicing emergency physician and in the public perceptions about CalAAEM, its members and the quality of care in emergency departments throughout the state.

We separated from National AAEM financially, taking control of our own finances. We now maintain our own membership files and increased our capability to communicate with our membership and other California emergency physicians through these efforts, our official journal, CalJEM and the CalAAEM newsletter.

Going forward, the organization continues to require the support of the members and leaders within the emergency medicine community with energy and vision to come forth with ideas. Ideas that support not only the organization, but the practicing physician and overall quality of emergency medical care.

Membership and current Financial Status

Membership has continued to grow. While we are still diminutive in size our impact has increased out of proportion to our numbers and will continue to expand as more physicians align themselves with our mission and benefit from our activities. The Board resolved to increase our annual dues from \$60 to \$120 dollars to generate increased revenue to increase our ability to financially support our future activities. We made membership in the organization for residents and medical students cost free and that allows us to cultivate long term relationships with our newest colleagues that will hopefully broaden the scope of the community of physicians working toward common goals across the state under the auspices of CalAAEM.

Future Membership Initiatives

There are many California Emergency Physicians who do not belong to CalAAEM, including many members of AAEM. We are currently reaching out to those non-members through direct mail and solicitations and hope to demonstrate to them the value of supporting our chapter's growth. We believe our vision for the future, presented here and in other venues, will draw more physicians into the circle of those working both in and for emergency medicine.

CalJEM

CalJEM is healthy and prepared to move to a higher level. The faculty at UCI in association with other academic physicians in California, including our Editor in Chief, Robert Rodriguez from UCSF, continue to produce the journal. It is something that we all take pride in and remain committed to supporting. It remains the centerpiece of our connection to academic medicine and a very effective and underused tool to communicate with the emergency medicine community in California. We are currently sending this journal to over 2000 EM physicians in California and are hoping to find ways to connect with every physician. Expanding the number of pages, content and print quality of the journal are goals we have set and we believe will take to the journal to a higher level. We are actively pursuing inclusion in Index Medicus for CalJEM to create more opportunity for academic medicine to present the broad scope of research activities that defines the high quality of California academic medicine. CalAAEM continues to invest in the journal and explore ways to sponsor dedicated time

for senior editors' journal activities.

CalAAEM began a discussion of a new relationship between UCI, CalJEM and CalAAEM. The perfection of our current financial interactions and a strategy to support the enhancement of CalJEM are the focus of these discussions. It is my hope that an ad hoc committee of interested parties can participate in forging a new trajectory for CalJEM to strengthen the journal and the alliance between the entities. Interested parties are invited to participate.

Our current relationship to ACEP

During this year we expanded the scope of our interactions with CalACEP. The leadership of CalACEP was quite gracious towards us throughout. Caution, skepticism, a sense of conflict, history, a profound understanding of the need to work together, common interests, and a shared identity were a few of the feelings generated by both sides. Both sides continue to struggle with the exact nature of the relationship but it has become increasingly clear that we have a relationship and that cultivating it is a very necessary part of addressing the problems emergency medicine faces in California. I can report that we are making progress in defining our individual roles within the mosaic of California emergency medicine.

Under a banner of legislative cooperation we were able to participate in a Legislative Leadership Conference in Sacramento where the breadth and depth of CalACEP's political operations were readily apparent. It is a very formidable effort. With about 3000 members and an annual budget around \$1,000,000, CalACEP is an operation worthy of support and respect. We are scheduled to participate again as co-sponsors and I will report on this shared venture in an upcoming issue.

CalACEP's conventional approach to political activism through the use of expensive lobbyists is a strategy that has benefited each of us and the people who employ us economically. By exerting pressure on legislators, CalACEP took steps to protect emergency medicine macro-revenue streams and took a leadership position in a number of safety initiatives working their way through the legislature. CalACEP's current expenditures in this arena, well in excess of \$300,000 per year, define the stakes to play the game of politics. CalACEP's support in conjunction with the CMA, in the matter of *Prospect v. Northridge*, a seminal case upholding the right of emergency physicians to use balance billing to protect revenue and to expect reasonable rates of reimbursement for EMS was a great victory for emergency medicine with national implications. You can see the full report of the case in an article I wrote for the upcoming issue of *Common Sense*.

Concurrently we were confronted by ACEP with solicitations for money to support ACEP political initiatives invoking the logic that we and other non-CalACEP physicians were "free riding" on their political efforts. Fortunately we have been moving toward a more formalized and professional interaction with our emergency medicine siblings and the prospects for more cooperation are improving on a daily basis.

It remains clear that sharing the costs of that brand of advocacy would be appropriate and in the current political system, necessary. We came to believe that generating revenue to increase our participation in advocacy was a necessary part of our future. How to participate and how much to contribute became issues that were discussed at some length in spite of our limited resources to participate.

Currently we are discussing amongst each other and with

CalACEP, how the organizations can act in synchrony to advance complimentary agendas where both organizations can acknowledge and support the other in the fulfillment of their primary objectives and each derive benefit from the others strengths.

As we grow in numbers and resources there will be many opportunities to gain a stronger voice and participate in shaping the future of emergency medicine in California.

Preamble to a New mission

By understanding ACEP's strengths and focus, and incorporating the core values of AAEM into our reflections, we were able to see how our organization could differentiate itself from CalACEP in areas distinct from politics and revenue protection.

It was clear that to sustain ourselves and grow the organization must define and execute a role that resonates with the current members and other non-member physicians. At the same time, we were cognizant that in the process of differentiating ourselves from CalACEP, we would favor constructs that benefit both organizations and emergency medicine in general.

We have an opportunity to take our energies to places that CalACEP can not go and define a new set of values that can be applied to the practice of emergency medicine in California. We want to define a role that is both sustainable and something we can all take pride in participating in.

AAEM owes its existence to defending the rights of emergency physicians. I propose we continue in that vein and expand our role in defending the rights of individual physicians in California. We have outlined a series of principles that define individual physician rights and support patient care. We will be discussing these principles in clearer terms in the upcoming issues. We will seek every opportunity to advance those principles in any arena that we can operate in. Litigation support, used successfully at the national level by AAEM has been a proven winner. Conflict resolution through organization intervention in a prelitigation scenario is being offered as well. Advocacy, in the political arena, is part of our future.

I am also proposing that we add our collective academic prowess, which is substantial, to the mix. CalAAEM, through realignment with academic medicine in California, can become a resource for every practicing EM physician in California and a force in improving emergency medical care across the spectrum of practice environments in California

It is clear to me we can provide support for individual California physicians not available through CalACEP. We also have an opportunity to provide not-for-profit, leading-edge academic, educational and clinical products. These efforts would be done in the spirit of member services, not entrepreneurial opportunity. I believe these efforts, brought to fruition over time, will provide real value to our members and potential members and act as a unifying force within the emergency medicine community. By offering these necessary products to members for nominal fees and structuring the non-member costs to approximate our dues I believe we can attract many active EM MD's to join our organization. There are resources of excellence, enthusiasm and allegiance to emergency medicine in our sphere and funds to support those initiatives. The creation of leading-edge clinical support tools and the promotion of their use could be both an achievement and a legacy for the organization.

To be continued...

Steven Gabaeff, MD