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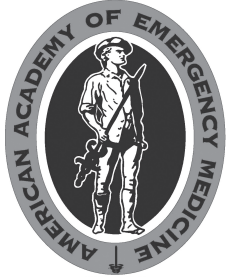
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# **PRESIDENT'S MESSAGE**

## **February 2011**

In the fall, A.B. 1503 was passed and signed by the governor. This bill limits the amount that can be billed to self-insured and low income patients. This law took effect January 1, 2011. Despite the fact that emergency physicians already provide a significant amount of unreimbursed/under-reimbursed care, this new law requires emergency physicians to provide discounts to uninsured patients and patients with high medical costs. Although I understand the premise and reasoning behind those that support the bill, it is frustrating that our legislature and government entities in Sacramento continued to feel obliged to pass further laws dictating how much emergency physicians can charge for their services. Some groups' reimbursement could be more affected than others. This continues a significant trend over the last few years that further threatens and undermines the health care safety net, emergency services and on-call panel availability, and emergency department physician reimbursement. Hopefully this trend will cease, but with significant federal and state budgetary challenges, both Medi-Cal and Medicare reimbursement have the potential for an ominous future.

In December, the CAL/AAEM chapter hosted its first Speakers Series event in San Diego. This event was coordinated by CAL/AAEM board member Keith Yablonicky. This event enabled many chapter members, local attendings, and residents to enjoy an evening of social networking and educational lectures given by Dr. John Love, Dr. Stuart Swadron, and Dr. Mel Herbert. The board was

very pleased by the turnout and success of the event, and I am looking forward to working with board members in Northern California to develop a similar event for our Northern California members. The goals of the lecture series are to promote networking amongst our membership, provide an educational CME opportunity, and foster a connection to the chapter and promote fellowship with local physicians and residents. If any chapter member would like to work with us to help coordinate and plan the Northern California event, please contact our board at [calaaem@aaem.org](mailto:calaaem@aaem.org).

The 2011 AAEM Scientific Assembly will be in Orlando in February. Orlando is quite a trek for our California members, but we hope for an excellent registration turnout for the Assembly. Last year's chapter social in Las Vegas was extremely successful and had a large turnout of California members who came to the Assembly.

During the last month, we have made significant additions and changes to our chapter website, [www.calaaem.org](http://www.calaaem.org). I encourage our members to check out the new version of the site. Some of these changes were in response to feedback from our membership survey last fall. We added links to



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the AAEM Job Bank and the AAEM Legislative Action Center. There is a new section listing residency programs with 100% membership in the chapter. We want to acknowledge and thank each of those residency programs. All future and past articles from this chapter newsletter are posted online under their respective sections (president's message, legislative update, etc.). The *CAL/AAEM News Service* section now has a link to our news article archives. The archives will be updated on a monthly basis. Members can find a specific past article from the prior 6 months or quickly, easily review all recent news service articles sent out to our subscribers.

*CAL/AAEM News Service* recently went through a transition to a new Co-Managing Editor who works with me to administer this benefit for our chapter members. I want to thank very much Abid Mogannam, a UCI MD/MBA student, for his significant contribution to *CAL/AAEM* as Co-Managing Editor of the news service from 2007 - 2010. I have enjoyed working with him over the years, and I wish him much success in his residency and future career. Anna Parks, a medical student at UCSF, has moved into this role, and she has been doing a fantastic job editing and collecting news articles to distribute to our chapter membership and news service subscribers.

If you have been keeping up with public policy and news in Washington recently, you have probably come across significant and increasing articles regarding accountable care organizations (ACOs) and their connection to The Patient Protection and Affordable Care Act (PPACA) of 2010. These ACO structures would vertically integrate and connect various health care providers, organizations, groups of physicians, hospitals, etc. to coordinate care for patients. People question whether physician groups or hospital groups will be the more likely power player in this relationship. Because of finances and capital required and easier access to debt, my personal feeling is that hospital systems are more likely to gain the

upper hand in developing and controlling ACOs and dictating how future developments proceed. Development of an ACO by a hospital system would encourage the formation of medical group foundations affiliated with the hospital. Physicians could be asked to join the medical foundation as a contracted arrangement or as an employee of the foundation. . If hospitals wrap their affiliated physicians into their medical foundation models, one would expect most if not all of the hospital-based specialities, including emergency medicine, would be obvious initial targets for transition This could be a significant threat to the existence of private democratic physician groups that currently contract for emergency services. Similarly to working for large contract management groups (CMGs), we would in effect be reduced to income-producing commodities for the larger organization. All hospital-based physicians have great vulnerability in this process.

The *CAL/AAEM* Board will be monitoring developments closely, and I encourage any member to contact us if they are encountering circumstances with their hospital or group that threaten their group or their contract. In summary, we want to support private democratic groups when they are up for contract renewal or their contract status is challenged by a CMG or hospital entity. Contact our Board, so we can help you as much as possible by involved parties and making clear the virtues of private democratic groups and AAEM's mission statement and principles.



Brian Potts, MD, MBA FAAEM  
*CAL/AAEM* President, 2010-2011

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