What's Hot and What's Not in Our National Organizations

An Emergency Medicine Panel, Part 1

Reports on the most important issues facing emergency medicine from the AAEM, AAEM Resident and Student Association, ABEM, and ACEP.

On February 21 to 24, 2016, the Association of Academic Chairs of Emergency Medicine (AACEM) held its 8th annual retreat in Tempe, Arizona. The AACEM is comprised of full, acting, interim, and emeritus chairs and directors of departments of emergency medicine (EM) who work to improve and support academic departments of EM in the advancement of health care through high-quality education and research.

During that event, AACEM President Greg Volturo, MD, organized a panel discussion of EM leaders to provide an update on their organizations' recent activities. This panel included representatives from seven prominent EM organizations: the American Academy of Emergency Medicine (AAEM), AAEM Resident and Student Association (AAEM/RSA), American Board of Emergency Medicine (ABEM), American College of Emergency Physicians (ACEP), Council of Emergency Medicine Residency Directors (CORD), Emergency Medicine Residents' Association (EMRA), and Society for Academic Emergency Medicine (SAEM).

The following is the first of a two-part article that provides highlights from that discussion, with reports from the AAEM, AAEM/RSA, ABEM, and ACEP. Part 2 will appear in the May issue and will include reports from the CORD, EMRA, and SAEM.

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American Academy of Emergency Medicine

Kevin G. Rodgers, MD, FAAEM, President AAEM

Kevin G. Rodgers, MD, FAAEM

Victoria Weston, MD

Due Process. AAEM highlighted the problem of the lack of due process for many emergency physicians (EPs). By agreeing to waive their rights to due process when signing contracts with some contract management companies, EPs can unwittingly give their employers the power to terminate them without cause and without notice. AAEM is working with Centers for Medicare & Medicaid Services (CMS) and several congressmen to amend the Medicare Rules for Participation to include an "unwaivable due process guarantee." In addition, AAEM is requesting an addition to the current Code of Federal Regulation to ensure EPs are entitled "to a fair hearing and appellate review through hospital medical staff mechanisms before any termination or restriction of their professional activity or medical staff privileges. These rights cannot be denied through a third party contract."

AAEM Residency Visitation Program. AAEM is committed to visiting every EM residency program once every 3 to 4 years, similar to the ACEP and ABEM programs. Residency programs will have the opportunity to select from a list of well-known EM speakers; they will deliver a clinically oriented lecture, followed by a presentation on AAEM. The cost of the program is borne completely by AAEM.

AAEM Physician Group (AAEM-PG). This program was announced at the 2016 AAEM Scientific Assembly. AAEM-PG establishes and supports EM practices where physicians can operate democratically and have an equal voice. It is a practice that is run by the local physicians for the physicians. AAEM-PG will help guide new as well as established EM groups, providing for physicians' autonomy, fair and equitable practice environments, and career and group longevity.

AAEM Resident and Student Association

Victoria Weston, MD, AAEM/RSA President

Overview. Started in 2005, AAEM/RAS now has over 3,500 members and 58 EM residency programs with 100% participation. Benefits of membership include access to EM:RAP and *The Journal of Emergency Medicine*, access and opportunities to contribute to an RSA peer-reviewed blog and *Modern Resident*, and free registration for the AAEM Annual Scientific Assembly. As part of the AAEM Scientific Assembly, AAEM/RSA coordinates a day-long education track in collaboration with the AAEM Young Physician Section, an In-Training Exam review, and a Career Fair and Social.

Congressional Elective. Members of AAEM/RSA can apply to be selected for a one-month "Congressional Elective" with Congressmen Raul Ruiz and Joe Heck, the only two EPs currently in Congress, to teach EPs the process of creating health-policy legislation on Capitol Hill. For 4 weeks, residents work directly in their congressional office and learn to work with constituents to develop relevant health-policy legislation. Residents learn to present legislative briefs, proposals, and research in a productive, succinct, and time-efficient manner. AAEM/RSA also offers an annual Advocacy Day, where residents and students have the opportunity to meet with members of Congress and/or senior congressional staff on Capitol Hill; this year it will be held on June 14, 2016 in Washington, DC.

Toxicology Mobile App. The AAEM/RSA Toxicology mobile app will soon be available for purchase, and is compatible with both iPhone and Android technology. You can search by subject, browse chapters of

AAEM/RSA's *Toxicology Handbook*, or contact Poison Control with a single click.

American Board of Emergency Medicine

Francis L. Counselman, MD, Immediate Past President, ABEM

Enhanced Oral (eOral) Certification Examination. ABEM has completed its second eOral examination; the third is scheduled for April 2016. Three of the examination cases are now in the new eOral format, which uses a computer monitor, patient avatar, picture archiving and communication system (PACS)-quality radiographs, and dynamic rhythm strips. Feedback from test-takers and examiners has been quite positive. ABEM will be moving more cases to the eOral format in the near future.

ABEM Director of Medical Affairs. ABEM has named its first ever Director of Medical Affairs (DMA): Melissa A. Barton, MD. Dr Barton is a former EM Residency Program Director and has been an ABEM Oral Examiner for the past 10 years. She is the recipient of several teaching and leadership awards. Dr Barton will focus on clinically oriented special projects and represent ABEM's interests to external organizations.

Emergency Medicine Subspecialties. EM now has 13 subspecialty opportunities for EPs; that's more than double the number from just 5 years ago. Emergency Medical Services (EMS) now has the most ABEM diplomates (445), followed by Medical Toxicology (367) and Pediatric Emergency Medicine (245).

Lifelong Learning and Self-Assessment (LLSA) Test Accessibility. To provide LLSA readings that better match a diplomate's area of practice, the EMS and Medical Toxicology LLSA readings and tests can now be used by any diplomate to fulfill his or her Maintenance of Certification (MOC) Part II requirements. Pediatric EM LLSA readings and tests will eventually be made available to all diplomates at a later date. All LLSAs can be accessed through the ABEM Web site (https://www.abem.org).

Maintenance of Certification (MOC) Adds Value. In a survey of ABEM diplomates taking the 2014 ConCert Examination, 92.5% found value in maintaining their ABEM certification. In a follow-up survey in 2015, 90.4% stated their medical knowledge was reinforced and/or increased by preparing and taking the ConCert Examination. In addition to being relevant to our diplomates' practice, ABEM has worked hard to control MOC costs. ABEM has not increased its fees for the last 5 years for the LLSAs; for all remaining examinations, there has been no fee increase for the past 4 years. When compared to all other boards, the expense of the ABEM MOC Program is at the median, costing EPs approximately $265 per year, or about $5 each week.

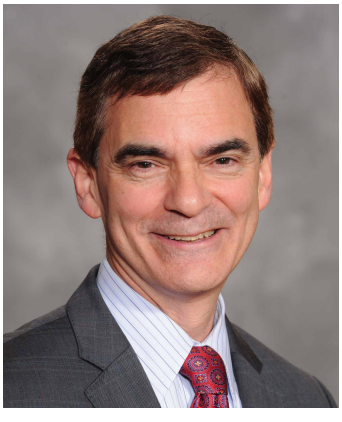
Francis L. Counselman, MD, CPE, FACEP

American College of Emergency Physicians

Jay A. Kaplan, MD, FACEP, ACEP President

Physician Burnout. Unfortunately, EM leads all specialties in the frequency of physician burnout. Emergency physicians must be aware of burnout, and take proactive steps to avoid it. To help EPs, ACEP has organized an "Emergency Medicine Wellness Week." Prevention tips include eating well, getting the proper amount of sleep, regular exercise, and improving the work environment. In 2016, Wellness Week ran from January 24 to 30; there is a continuing focus on building resilience and preventing compassion fatigue.

Out of Network (OON) Balance Billing. Insurance companies know that it is solely the cost of insurance premiums that consumers pay attention to, not deductibles or exactly what the insurance covers. Those same insurance companies have been adept at portraying physi-



Jay A. Kaplan, MD, FACEP

cians as the cause of "surprise billing." Emergency physicians need to change the conversation from "surprise billing" to "surprise coverage." We need to talk about fair coverage for our patients, rather than asking for fair payment for physicians (the latter will follow the former and legislators believe that physicians are already fairly paid). ACEP is considering legal action against CMS and the Center for Consumer Information and Insurance Oversight regarding their final rule on "the greatest of three," which establishes guidelines for how physicians are to be paid for services rendered.

Pay for Performance and Value-based Reimbursement. ACEP has created a joint task force with the Emergency Department Practice Management Association to create a toolbox for EPs to navigate the changing reimbursement landscape. This includes model legislation and best practices, and there is exploration regarding developing alternative payment models for EM.

Opioid Epidemic. ACEP is a participant in the White House working group exploring this epidemic and identifying strategies to combat this national problem. ACEP has sent a letter to CMS and Health and Human Services (HHS) requesting removal of the pain questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. Emergency physicians should not be penalized on these surveys for not prescribing narcotic analgesics to patients who could be treated appropriately with nonnarcotic medications. ACEP similarly is considering sending a letter to The Joint Commission requesting removal of their emphasis on pain as the "fifth vital sign."

Mass Casualty Incidents. ACEP has created a "New High-Threat High-Casualty Task Force" to identify best practice recommendations for provision of emergency care in high-threat environments and identify current clinical and operational knowledge gaps surrounding the issue. This in turn will help prioritize future ACEP research objectives based on these gaps. In addition, a white paper is being prepared, highlighting current national efforts and recommending clinical practice guidelines for adults and pediatric patients, as well as a future strategy for ACEP engagement as a national leader in the area of high-threat emergency care.

Diversity. There is a recognized need to increase the diversity in our current and future EM leadership. To that end, ACEP sponsored a Diversity Summit on April 14, 2016 in Dallas to explore these issues and make recommendations.

Emergency Quality Network. ACEP, along with 38 other health care organizations, received a grant in the CMS Transforming Clinical Practice Initiative to help physicians achieve large-scale health transformation. Areas of EM focus include: improving outcomes for patients with sepsis; reducing avoidable imaging in low-risk patients through implementation of ACEP's Choosing Wisely campaign; and improving the value of ED chest pain evaluation in low-risk patients by reducing avoidable testing and admissions.

Editor's Note: *Part 2 of this article will appear in the May 2016 issue of* Emergency Medicine *and will feature reports from the Council of Emergency Medicine Residency Directors (CORD), the Emergency Medicine Residents' Association (EMRA), and the Society for Academic Emergency Medicine (SAEM). Have a comment or question about this article? Let us know: emed@frontlinemedcom.com.*