

### ***Introducing the New Editor-In-Chief***

Robert W. Derlet, MD  
Outgoing Editor-in-Chief

It is with great pleasure that I introduce to our readers, the new Editor-in-Chief of *The California Journal of Emergency Medicine*, Robert M. Rodriguez, MD. Dr. Rodriguez was appointed by the Board of Directors of the California Chapter of the American Academy of Emergency Medicine. Dr. Rodriguez attended the University of Notre Dame and then moved on to receive his medical degree at Harvard Medical School. He completed a combined Internal Medicine/Emergency Medicine residency at the UCLA Medical Center/Olive View program. He then completed a two-year critical care fellowship at Stanford Medical Center, during which he served as an attending physician at the Stanford Medical Center emergency department. After a three year stint as an Assistant Professor with the University of Texas Southwestern Medical Center emergency medicine residency, he accepted a faculty position with the University of California-San Francisco at the Highland General Hospital campus. He attends in both the emergency department and in the intensive care unit and was chosen Teacher of the Year at the Highland Emergency Medicine residency in 2001. Rob has been involved at the national level and is one of the movers and shakers in emergency medicine. He has published multiple articles focusing on critically ill patients in the emergency department and can be seen presenting abstracts at both the SAEM and ACEP annual meetings, as well as at other academic meetings.

Rob has been involved in manuscript reviews and editorial duties across a wide range. He has served as an editor for a critical care series of *The Western Journal of Medicine*, and has been honored as an outstanding consultant reviewer for the *Annals of Emergency Medicine*. I look forward to Rob's energy and enthusiasm in taking *The California Journal of Emergency Medicine* to its next level. Please welcome me in congratulating Rob in his new role.

### ***The Future of CaJEM***

Robert M. Rodriguez, MD

I must begin with a brief, well-deserved expression of gratitude to the architects of the *California Journal of Emergency Medicine (CaJEM)*: Drs. Robert Derlet and Antoine Kazzi. Four years ago they shared a vision of an evidence-based journal dedicated to the advancement of emergency medicine in California. We now celebrate the third anniversary of *CaJEM*. At a time when many journals are either collapsing like ENRON or folding altogether, they have solidified this journal into a quarterly publication that is read – or at least received—by over 2,000 physicians across California and is available to the rest of the world on the American Academy of Emergency Medicine website. I especially thank Dr. Derlet for his tireless efforts and astute editorial guidance in the building of *CaJEM*.

Now that our foundation has been successfully built, where do we go from here? We hope to achieve at least three major goals in the next few years of *CaJEM*. The first is to broaden our readership both with respect to the types of medical professionals in our audience and with regards to sheer numbers. As is obvious to all those practicing emergency medicine, physicians are but one spoke of the emergency care wheel. We must reach out to our nurse and paramedic colleagues, enlisting their expertise and providing them with articles that are germane to their scope of practice. Likewise, we hope to appeal to medical students and emergency medicine residents, who undoubtedly are the future of our specialty.

The second goal is to introduce stimulating educational features, which may also advance our efforts toward attaining our aforementioned first goal. In this issue we have provided abstracts from the 2002 California American College of Emergency Physicians conference. We hope to incorporate abstracts from other meetings in future issues. Beginning with our October issue, we will publish a point-counterpoint series discussing some of the more provocative topics in emergency medicine. We also plan to incorporate a resident and medical student section in upcoming issues.

Our third and certainly our most ambitious goal is to achieve inclusion of *CaJEM* in the National Library of Medicine's *Index Medicus* and MEDLINE. This will foster collaboration and the sharing of expertise of our contributors with other authorities across the national and global emergency medicine community. Furthermore, it will undoubtedly enhance our appeal to investigators who are looking for publication sites for original research. With these measures to widen the scope of our journal, we intend not to lose our focus; our primary mission remains the provision of quality scientifically based articles for West Coast emergency physicians.

Finally, I invite you, the readers of *CaJEM*, to submit your suggestions for improvement, as well as your concerns and critiques of our work. We welcome unsolicited manuscripts of original research, literature reviews and case reports. Our email addresses are listed on page 2 for that reason. Journal publication is, in the end, a service industry and we are hoping to serve your educational needs.

#### ***CaJEM Legislative Update***

From the Cal/AAEM representative on the CAL/ACEP Governmental Affairs Committee

Shahram Lotfipour, MD

This continues our CAL/AAEM official representative update on the CAL/ACEP Governmental Affairs Committee (GAC). Now that Paul Windham, MD, FAAEM, has been serving as our new CAL/AAEM President, CAL/AAEM Vice-President Shahram Lotfipour, MD has assumed the lead position on GAC.

Our July/August update includes many important updates, which this article summarizes. Note that if you wish to receive more information on any of the bills listed, you can go to "[www.leginfo.ca.gov/bilinfo.html](http://www.leginfo.ca.gov/bilinfo.html)."

AB 3006- a very important bill at this time to help stop the rollback the 40% increase in Medi-Cal reimbursement to emergency and on-call physicians previously received. CAL/AAEM members have responded well in contacting their assembly members and getting their attention on this very important issue.

AB3006, the budget trailer bill, if the budget passes is halting this rollback.

Defeated- The bill SB1881-Scott (emergency and on-call physicians) prohibited them from billing patients until the insurer has been provided a complete claim and the insurer has failed to promptly pay the claim) has been effectively defeated with Emergency Medicine lobbying efforts.

Amended- The bill AB 2700-Mountjoy (reverse the motorcycle helmet law) at the assembly floor has been amended to apply to only over 21 and contains a \$1 million health insurance requirement. Many similar bills to AB 2700 in the past ten years failed in their first policy committee. This bill is currently inactive. AB 2222-Koretz (50 caliber sniper rifle ban), was also amended to with 50-caliber ammunition (5.54 inches long from the base to the tip of the bullet and 0.5 inch in diameter). The bill was defeated in the Assembly Public Safety Committee. SB1950- Figueroa (medical board and settlements) currently has a two-tiered system, with physicians in the lower risk group with greater than three settlements (larger than \$30,000) to be disclosed (that would be four or more cases for the higher risk group).

Under discussion- the bill SCA 12-Perata (bullet tax), has EM support at this point. This bill would place a tax of 5 cents for each piece of munitions sold at a retail establishment. Bills AB 496/SB682 (liability for gun manufacturers) are under consideration in their judiciary committee's. Bill SB 2033- Speier (HMO call panel) requires HMOs/medical groups to form call panels for their patients, and inform the hospitals of the call panels. It also requires them to pay customary charges for non-contracting on-call physicians who do care for an HMO's patients when the contracted on-call physician does not show.

Due to the severe budget shortfall in Sacramento, I would encourage all of you to inform your patients, friends and the news media at every opportunity about the crisis in health care. As we are well aware, politicians might need positive reinforcement from their constituent's before acting swiftly.