

# President's Message

Dear Colleagues,

Following is an update of our current issues:

## CalJEM

With the upgrade of the print quality and layout of CalJEM and a plan in place to seek indexing status, we are ready to accept an increasing proportion of the output of the California academic community.

CalAAEM has contacted the various academic programs and has seated an Academic Task Force (ATF). The majority of the programs in California have appointed representatives. For the remaining programs we are hoping that the momentum generated with the early participants will bring the remaining programs into formal participation. A unanimous and coordinated effort here will serve California academics, CalJEM and CalAAEM.

The ATF members are currently working within their own programs to increase awareness of CalJEM 's potential role in California academics and to encourage forward-thinking faculty to submit their work to CalJEM. We are working on an on-line submission capability and hope to have that up and running within the next few months.

As part of our application for indexing we must prepare four exemplary issues of CalJEM for submission to the National Library of Medicine with our indexing application. We hope to complete these four issues by mid-2007 and could be indexed within three months of submitting our application. While we believe this is a realistic goal, it is predicated on an effort by the academic community to support the project with research selected for quality and with this process in mind. If each program could submit 2-3 quality projects we would have enough material to get us through the entire application process and to bring the number of peer-reviewed articles to six per issue. We would be able to publish the four issues we need in a shorter time frame once the material has been submitted for review. A small amount of effort now will bear fruit into perpetuity. Please consider submitting your work and asking your colleagues to do the same.

Concurrently our editor Rob Rodriquez of UCSF, after five years of service, is assuming the presidency of CalAAEM for 2007 and leaving his position at CalJEM. We are seeking a new editor, an individual committed to completing the elevation of CalJEM. All interested parties should contact us. We believe that this will be a very high profile and exciting opportunity to be part of creating the first indexed, professional EM journal to be published by a state professional society.

## Balance Billing

The insurance companies have appealed the Prospect decision [http://www.aishealth.com/ManagedCare/HMOLawsuitWatch/Prospect\\_Medical\\_Group\\_v\\_Northridge\\_Emergency\\_Medical\\_Group.htm](http://www.aishealth.com/ManagedCare/HMOLawsuitWatch/Prospect_Medical_Group_v_Northridge_Emergency_Medical_Group.htm) . The CMA, Cal/ACEP and CalAAEM have joined forces to prepare an amicus brief to defend EM from this egregious attempt to damage or destroy the EMS system to satisfy the greed of insurance executives. We are pleased to be included in the effort.

The Department of Managed Health Care (DMHC) has fallen in with the insurance plans and seems hell-bent on violating the law and existing court rulings to support the profiteering of insurance companies at the expense of the entire EMS system.

Gov. Schwarzenegger has directed the department to violate the most recent court decision and prepare an illegal regulation to ban balance billing for EPs. While the governor postures for improved access to health care, the directive to divert funds from providers to bloated business executives will damage and decrease access to care in the already barely functional EMS system.

The quality of the materials prepared for this defense of Emergency Medicine is very compelling. The problem lies in the blind aversion to be persuaded. When reasonable people are nowhere to be seen, reasonable decisions are not reached. The pressure and resources being devoted to this are monumental. The response to the accumulated effort remains to be seen. Reason and common sense wage battle against mindless self-interest.

The CFO of the DMHC, Kevin Donahue, has been relieved of his duties for unethical conduct. As he was presiding over the review of the sale of PacifiCare to UnitedHealthcare, he was holding stock in UnitedHealthcare. After review the merger was approved, consolidating the health insurance business even further. UnitedHealthcare, much larger than PacifiCare has assumed PacifiCare's position in the five large for-profit HMOs that control 80% of the health care market. When the conflict was discovered by CMA after the sale was concluded, Donahue

said that his involvement in the review was of no consequence since the decision to allow the buyout was made before the review started!

UnitedHealthcare immediately began a process of negotiating (many felt in bad faith) to reduce payments to providers throughout northern California. A mini revolt began. While the dust was flying, the CEO of UnitedHealthcare got a \$1.7 billion retirement package.

This battle is not over, and the likelihood of prevailing is still in doubt. There are forces at work mindlessly pursuing profit (in spite of massive profiteering), even when the entire cost of paying for emergency medical services is a fraction of 1% of total revenue and profits are in the billions.

#### Seeking increased participation

We continue to seek increased participation. The challenges facing the specialty are increasing. The resources to fight the battles must be gathered. Planning, coordinating and executing countermeasures are our only defense. The goodwill that had been extended to EPs by state government in the past, that had been part of the dynamic in maintaining the viability of EM, has been rendered subservient to the crushing force of political bribery and preferential access to policymakers by large insurance companies and other moneyed interests. Their political clout is increasing. The Big 5 are attempting to exert a monopolistic and collusive stranglehold over the health care business, including patients and providers. Only the courts have stood up to their relentless influence peddling.

It is clear that without involvement by more providers in making the points we need to make, both in writing and in action, we will be bowled over by corporations that act in non-caring and non-human ways – driven by the greed of already gilded corporate autocrats. This greed is destroying everything that we hold dear across a spectrum of issues from the environment to social stability, family life, health care, infrastructure improvements, education, and more. We must continue to oppose policies that are destructive to our lifestyle and the work we do to help people. I implore those of you on the sidelines to step in and think of ways to contribute. The world is changing for us and in unkind ways. We must demand right thinking and protest against the forces that seek to exclude us from a stable and healthy future. Because of the work we do, we have the moral authority to protect our patients and to set an example.

Emergency Medicine sits on the front line of this struggle. Like it or not, the battle is waging around us. We must think of ways to contribute to the survival of what we have chosen as our profession, or surely it will be taken away. Our duty to protect the health of society now must extend beyond the ED to the halls of power where so many thoughtless and ruthless decisions accumulate, seemingly designed to create a numbing disaffection for the process. That alienation and the resignation that nothing can be done is the intended end point of the corporate beast. As long as we remain involved and align ourselves with the like-minded all around us, both silent and vocal, we cannot be defeated. As a specialty we are more united than ever; however, more mass is needed to have the requisite impact.

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President Cal AAEM 2006