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The Imperative to Support

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Membership in a professional organization, specifically representing your interests, is an issue that every professional has pondered. It may be a source of a strong emotional negative reaction or a sense of pride and participation. The attraction or the aversion, across the spectrum of emergency physicians (EPs), collides with political tendencies and personal proclivities to share or self preserve. Participation, as decided through the calculus of these variables, has leveled off among the practicing EPs. Only a fraction of new graduates become supporters of these professional organizations and an even smaller number are active participants.

While the choice to join or not will persist, the imperative to participate increases on almost a daily basis. Make no mistake, the assault on emergency medicine (EM) continues. The needs of individual physicians will expand as the troubled times evolve. As these trends spread across the changing and ominous landscape, the need for an effective response paradigm grows in sync.

The older EPs can remember the tension that built up in the early years of our specialty and birth of the American College of Emergency Physicians (ACEP), when contract holders appeared to (or did) run the organization. These early leaders (business interests) created an organizational foundation tilted to their advantage and away from the doctors they derived their incomes from. Policies to protect individual EPs were few or absent. The gilded leaders of these professional conglomerates, now referred to as contract management groups (CMG), created a construct de novo that appeared to be in conflict with the interests of the many EPs who worked for them. *Rape of Emergency Medicine*, published years ago, resonated with many of the nonaffiliated EPs who had experienced unfairness in medical staff matters and were intentionally excluded from sharing the largess of those early days in EM. To many of us back then, joining ACEP seemed like signing on with the dark side. Many of these unacceptable conditions still exist, but the responsible parties for the most part are long gone.

Out of the tension of those times, the American Academy of Emergency Medicine (AAEM) emerged and attracted some of this disenfranchised subgroup of MDs who literally felt that ACEP did not represent their interests. AAEM offered a helping hand to the aggrieved physician and an alternative path to professional organizational

involvement for others.

Concurrently, a new iteration of ACEP emerged from that period, led by a middle generation of dedicated professionals working hard to meet the challenges we face with a more selfless mindset. ACEP and its state chapters continued to attract members both through good works, diligent recruitment efforts, academic requirements, and often corporate decree to require membership in a professional organization. This money, collected in batches from CMGs, supported ACEP in very important and reliable ways both early on and in the present. The probity of this situation, in the earlier epoch, was diminished by the little-discussed realization that the shift of funds to ACEP supported lobbying that often had a disproportionate benefit to CMG leaders. Over time additional revenue from individuals who understood the need to contribute and participate grew, and many physicians (including myself) got more familiar with what ACEP and CAL/ACEP were doing and were awed and inspired by the organization and the impact they were having. The combined revenue streams provided a steady flow of working capital for ACEP and CAL/ACEP to grow into the powerful and active players that they are today.

While AAEM has from the beginning generated income sufficient to support its legal activities, advocacy for the individual EP and its academic mission, the organization remains financially diminutive compared to ACEP's professional political operation.

The roles of these complementary professional organizations, over the years, have been chiseled into the landscape. With CAL/ACEP assuming the full responsibility for matters related to EMS revenue and AAEM taking on a watchdog role for EPs' individual rights, the blend of roles creates a complete palate of services. Membership services and AAEM's touted relevance to individual physicians dominated marketing materials with some success. Ironically, defining membership that way allowed many EPs the apparent luxury of just saying no thanks.

In fact, over the years the majority of EPs have actually opted to do nothing about professional organization participation. "Free-riding," a phrase first coined by former CAL/ACEP president Paul Kivela a few years ago in *Lifeline*, is in fact the most common posture for most EPs. This group, which is about half of all practicing EPs,

enjoys the benefits of increased revenue (from ACEP) and provider advocacy (from AAEM) in direct and indirect ways, but choose not to pay. Perhaps there has been a sense of sufficiency that has fostered complacency over time. Resources seemed to match the challenges, and the need to support was dismissible and/or not clear. To the non-participants, the philosophical dissonance between the individual and the organizations or the individual's belief that he had no real obligation to pay his share for services considered superfluous, dominated the final decision to participate. The need to show support could be rationalized as unessential.

Well, it seems to those of us running these organizations today that this kind of thinking has seen its day. The need to deepen the notion of membership as a way to support EM as a whole has emerged as the relevant construct. Over the last few years the need for this kind of support and broader participation has become more urgent to insure our ability to meet the challenges we face as individuals and as a specialty. While active participation could involve leadership aspirations for some, other means are available to everyone. The devotion of a tiny fraction of the decent income we make (thanks to ACEP) in the more secure environments we work (thanks to AAEM), would be a small but vital contribution to the effort that must be expended to protect your own future. Free riders should reevaluate what they can do to nourish EM and support the efforts of your colleagues in those leadership positions who spend their time and energy on your behalf.

What does ACEP do for you? What does AAEM do for you? Perhaps you think it isn't much, but that would be a misperception. These organizations stand on the front line of every important challenge facing EM. CAL/ACEP fights for fair compensation, battles the ban on balanced billing, monitors politically motivated attacks on numerous fronts while advancing health and safety initiatives. The balanced billing ban, if allowed to stand, will pull 528 million dollars out of our collective pocket. My billing service predicted a 6% drop in our already low collection rate because of this alone. That will translate into a 12% reduction in pay. National organizations fight similar battles against the mindless cost cutting of federally funded medical services. These reductions are destroying the fabric of society and damaging the medical professional. AAEM has fought to achieve a shift in the balance between the interests of CMGs and the EPs. They have worked to protect the interests of EPs who have in the past been treated as so much chattel to be used and discarded unjustifiably, for reasons that would not stand the test of due process. CAL/AAEM offers a gateway to legal advice for contract and employment

problems. CAL/AAEM has worked to cultivate academic affiliations and is engaged in the development of a fifth EM journal, in part a web-based effort that we hope will eventually be a portal to practice-relevant information and vehicle to communicate with colleagues over a spectrum of topics and issues. The scope of activities these organizations are engaged in mandate a recognition by every EP, boarded or not, of the need to be a supporter of EM through these organizations. We struggled for recognition as a legitimate specialty. We have been accepted as key players in the hospital hierarchy. We all know how important we are to every aspect of a hospital's clinical operations. As revenue falls further with unemployment growing and insurance coverage decreasing we can hope for an Obama solution while we continue to build strong representative organizations that are well funded and capable of meeting the challenges that are both critical and costly. We should all think long and hard about the 2% of our income that would support both organizations as compared with the 12% reduction in pay that is upon us. If things decline further and we can't make a decent living on billings, who will fight to change the paradigm?

Is the support a good investment in your future? Yes. Is it professionally deficient to not participate? Yes. Can we think of support as self-interest? Yes. Can patients benefit from this as well? Yes. When the crunch of the future is brought to bear, you will need your professional organizations to stand up for you. The individual physician does not have a voice or a place at the table where our future will be decided. Our organizations' representatives sit in that seat and speak on your behalf and need your support to function effectively, and you need their support to champion your future. As an individual, ask yourself what you can do to support EM. If you are in a group, advocate for full membership in both organizations. Think of new ways to support EM, but at a minimum reinvest a tiny percentage of your income in your future and the future of our profession. If you don't like something write about it. If you have a good idea, write about it. *Lifeline* and the CAL/AAEM newsletter will publish your ideas. If you are frustrated with the leadership, support the organizations financially anyway. Think about personally participating to advance your ideas. It is worthwhile, rewarding, pleasurable and necessary.

We should act and work as one and that involves a commitment to the sacrosanct support of your specialty (that's you, your colleagues, your future colleagues, and your patients). There is only one vehicle to get you there – our professional organizations. They work on your behalf and deserve your gratitude, your energy and your financial support.