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*PRESIDENT'S MESSAGE**A Time of Crisis and a Call for Unity through the CMA*

A. Antoine Kazzi, MD, FAAEM, FACEP  
CAL/AAEM President

"September 11th, 2001" will always remain for the rest of our lives a day when we all felt some of the strongest emotions about the meaning of what we have been doing on earth. We felt the vulnerability of our daily routines, the absurdity of our divisions and feuds, and the historical importance of the challenges that are lying ahead of us. Today we find ourselves more united than we have ever been. We share and appreciate better the value of our common goals and what brings us together. United we stand to protect what we cherish the most: our values, our civil liberties, and all the other pillars of our safety net that our nation worked together so hard to build and to defend.

Yes, with nearly 400 of our EMS colleagues killed during this horrible crime, we have experienced more than ever the important role that our emergency medical care system provides to our nation. Our overcrowded EDs have been asked to respond to new forms of challenges: massive casualty disasters and the impact of bioterrorism.

Yet, we - emergency physicians - know that the challenges we have already been facing are critical. Everyday we go to work, we confront tremendous difficulties that limit our ability to serve our patients effectively enough to meet their needs adequately due to our increasingly more limited resources.

Today, I wish to dedicate this President's Message to a call for unity in our ranks. Today, we call you all to stand together and to mobilize resources to increase our nation's readiness to confront war and terrorism. **Today, I wish to call upon all of you - our 2,100 CaJEM readers - whether you are AAEM members or not - to join the one voice that unites us all alike across our golden state and across all medical disciplines: the California Medical Association (CMA).**

In Emergency Medicine (EM), a quick look at the legislative victories that were achieved for the last three decades on behalf of emergency physicians will easily reveal the key role of the CMA in securing such triumphs. As CAL/AAEM President, my own political experience strongly indicates that **the CMA has been the most vigilant and proactive of all organizations that I have ever worked with.** The CMA does not avoid controversy: it certainly did not shy away from defending ACHP and from standing with AAEM, ACHP and CAL/AAEM in our most important recent achievement. The CMA stood loud and clear with us in AAEM and CAL/AAEM, when the rest of EM remained quiet in the legal battle we mounted to defend nearly 40 ED groups from being purchased and reined in forever by a hospital corporation, greedy emergency physicians and hospital administrators. The CMA does not mind standing firm for what it believed was ethical and right. It stayed firm even in the face of protest launched by CMA members when some of the lawsuits it launched or supported went against the interest or greed of some of its own members and leaders. The CMA has always assumed leadership based on what it believes - after careful analysis - is right, fair and ethical for our patients and members.

I shall use next text provided to me by the OCMA/CMA, from a letter written by colleagues of ours in Emergency Medicine. I modified it to personalize my message. However, I wish to thank them (Drs. Dan Abbott, Steve Groth and Peter Anderson) for the effort they exerted delineating the CMA achievements.

EM is constantly hit with increasing regulations, reporting requirements and difficult contract and legal issues that greatly affect our income, work load and stress levels. Our pit doctors - clinicians - are typically unaware that a lot is being done on their behalf about these issues that are critically important to our patients and our own well-being. Most of us are too busy to concentrate on these issues daily. In addition, it is the power of numbers and the esteemed reputation of the CMA and its county chapters that add greater success to issues that affect our practice, our patients and our well-being.

As you may know, it is the CMA that stood along with CAL/ACEP to have the Governor recently double our rate of reimbursement for the Emergency Medical Services Fund (EMSF). He allocated nearly 25 million dollars for two years in a row to augment the EMS fund - which goes strictly to emergency medical professional providers. The CMA was instrumental in securing the 40% increase in Medi-CAL rates. The CMA supports vigilantly statutes that protect us from the abuses of managed care and hospital corporations. In many of its legislative and regulatory battles (including the ones fought recently side-by-side with AAEM and CAL/AAEM), the CMA acted proactively to protect us from corporate or individual greed and scams, by upholding statutes that protect patients and physicians from kickbacks and the abuses related to the corporate practice of medicine. Simply said, the money that you are set to receive so far due to the CMA has far outweighed the dollar amount of CMA dues. At the local county level, the CMA has also been equally effective. For example, in Orange County, the OCMA led a \$1.3 million initiative (the Measure H campaign) that resulted in 23% of tobacco settlement dollars going to the EMS fund. It is the largest percentage for any category receiving funds under this measure. It means that the dollars available for reimbursement in Orange County have risen from approximately \$2.6 million to over \$10 million this year alone. Emergency Medicine would not have been successful without the CMA leadership. Moreover, OCMA manages this fund on our behalf, which is not typical in almost every other county.

Of course, CMA looks out for us on a daily basis on many other issues including efforts to overhaul California's emergency care system and to provide additional funding for emergency and on-call services. Legislation sponsored this year by the CMA (SB 117) would have prohibited health plans from delegating responsibility for payment of emergency services and care to any other entity, unless such a delegated entity has demonstrated its ability to promptly pay claims. This is a major issue for emergency physicians.

**What else are they doing on our behalf? Many other things that include:**

- o CMA continues to fight a dual state and federal regulatory system and increased lab fees and are working to insure fairness in disclosure of information about physicians on the Medical Board

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of California Web site.*

- o The CMA provides "practice management & legal information" which is free to CMA members and has available hundreds of documents, written in plain English, on legal, reimbursement, contract and managed care questions. They will provide you with the California Physicians Legal Handbook 2001.
- o Analyses by CMA-contracted attorneys of widely distributed contracts are available free to members and programs on practice management techniques and issues for physicians, group administrators & office managers.
- o Reimbursement & billing assistance/advocacy provides personal help with specific reimbursement issues such as: Coding & documentation, appeals and payment and collections with government and private payers.
- o Finally, the CMA offers several group buying & discount programs such as insurance - group medical, life, disability, retirement planning, investment services, home mortgage programs, car rental, equipment leasing, magazine subscriptions, office supplies, credit cards, and collection services.

The cost of membership is not insignificant. However, the fact remains that non-members are getting currently a free ride paid for by those of us who do belong and have supported the CMA all along to assist them in securing the not insubstantial benefits that have just been outlined.

#### **What can you do to help and to get involved?**

Join, and add to their numbers, and to their financial resources and CAL/PAC. Go to the CMA meetings and get involved. Volunteer for committees, at the local, county, and state levels. Their grassroots and state-level political involvement compliments and enhances the work of organized EM. Affecting public policy is a tedious practice. You may participate in the success through the CMA Legislative Key Contact Program by:

- o Serving as a health information resource for members of the Legislature
- o Testifying in legislative committees
- o Meeting with legislators in your district
- o Availing yourself to answer calls from the media

In summary, unless for example anyone of us emergency physicians is choosing not to participate in the EMSF physician reimbursement program, there is no excuse for him or her to take advantage of this funding and other benefits provided by the CMA to everyone of us. If you do not have time to be active, that is okay. The CMA is working on your behalf daily and you do not have to think about it. But the CMA cannot do it without members. Send in your application today. First year membership is 50% off. Join the CMA, and stand united with the rest of us. As much as you need the CMA, the CMA also needs you.

A. Antoine Kazzi, MD, FAAEM, FACEP  
CAL/AAEM President

### **Upcoming CAL/AAEM Officers & Board of Directors Elections: Call for Nominations**

Elections for the Cal/AAEM officers and board will be held this March 2002.

- 1) Please consider running for the board and for the executive committee.
- 2) Five positions on the CAL/AAEM Board will be made available.
- 3) Submit your nomination(s) by email to [Calaaem@aaem.org](mailto:Calaaem@aaem.org)

Simply state your name, the full name of your nominee(s), and their contact information if possible (email preferred). Self-nominations are welcomed and encouraged. We also would appreciate a brief statement stating why you wish to nominate the candidate.

The deadline for nominations is January 1st, 2002.

Ballots will be mailed to all CAL/AAEM members in January 2002. Deadline for ballot return will be February 15th, 2002. Results will be announced in March 2002 before the Board meeting.

CAL/AAEM truly needs you to assume leadership and responsibility in your own CAL/AAEM.

Sincerely,

Boris Lubavin, MD  
CAL/AAEM Executive Director