

IEPC Newsletter September 2013

THE STRENGTH IN IEPC



IEPC provides the best of both worlds: a small independent emergency medicine group practice with the power of large group business. IEPC members benefit from collaboration with many similar emergency medicine groups, resulting in benchmarking data, shared innovations, learning best clinical practices, group purchasing power, and business strength. A single branch is easily breakable, but tied together a group of branches gain much strength. Visit our web site - iepc.org

MEMBERSHIP DRIVE



Independent emergency groups are the majority in California. With 21 groups, IEPC is already considered a significant institution in emergency medicine in our state, with 1 million patient visits or 10% of all California ED patients. But we can grow larger and stronger.

We offer our current members a recruitment incentive if they bring in another group to IEPC. Benefits of membership more than pay for the cost of belonging and include:

- Survey of clinical and business practices
- ED Benchmarking Data
- Recruitment of Physicians and Extenders
- Professionally designed Annual Report to hospital administrators for each individual group
- Learning from colleagues from across the state
- Secure Discussion Forum for members who signed non-disclosure agreements
- Billing Audit Tool to monitor your company's performance
- Survey of Contacted Payer Rates

IEPC EXHIBITS AT CALIFORNIA ACEP ANNUAL ASSEMBLY



IEPC was very proud to interact with colleagues at the California ACEP Annual Assembly in Manhattan Beach. Listed as "A" Sponsors for the 2012 Conference were: CEP America, Emergency Medicine Scribe Systems, IEPC, and Michele & Robinson, Llp. IEPC had a table, a banner, brochures, and pens. As teenagers would say, we were "legit".

EMPLOYMENT ADVERTISEMENT

Please email Brett Wiley to advertise any full or part time employment opportunity you may have for physicians or advanced practitioners. We hope to have a robust employment opportunity site.

ED BENCHMARKING ALLIANCE

As part of your IEPC dues, you will be a member of ED Benchmarking Alliance. http://www.edbenchmarking. org. This is the largest database of ED statistics. IEPC will gather the data and input for you. Each group will be able to compare their data to over 1000 other emergency departments as well as other IEPC groups.

ANNUAL REPORT

Each IEPC group will have professionally done Annual Report to submit to your administration. The report will highlight your group physicians, emergency department statistics, quality activities, and other important data. The data collection tool in long and labor intensive, but it includes 3 surveys in 1: The Annual Report, ED Benchmarking data, and the IEPC survey. Please start working on this report because it takes some time to complete.

IEPC COST CUTTING CHOICES CAMPAIGN

IEPC has published a list of cost effective measures for the emergency department. This will be published on the web site. We encourage you to share this list among your physicians and adopt these best clinical practices.

IEPC SURVEY

The 2012 IEPC survey is complete. The power point of the results will be available on the web site for all those who have signed the NDA agreement.

We are collecting data for the 2013 survey.

What are your colleagues paying for malpractice? For part time physicians? For nurse practitioner and PA? What billing companies and malpractice carriers are most prominent? Where is your group in terms of length of stay, left without treatment, and door to doc times? It is all here in the survey provided in a blinded fashion.

BILLING AUDIT TOOL

IEPC has developed a billing audit tool where participating IEPC members will submit their data and be able to see how they compare to other IEPC groups. This way you can monitor the performance of your billing company on a monthly basis. The information will be available to all those who submit data.

SURVEY OF PAYOR RATES

Did you know that it is legal within certain parameters to compare contacted rated? We always thought it was illegal for us to compare rates. However if certain guidelines are followed then there are no legal violations. Payer rates can be compared if they are managed by a third party, include at least 5 groups, no one group have more than 25% of the data. The details of the attorney information are on the IEPC web site in the member's only forum section. Large groups already have the benefit of comparing payer rates among their many hospitals. Now IEPC will be able to do the same.

TGI - TOTAL GLOBAL INVOLVEMENT

In a discussion of best methods to secure your contract, the concept of TGI was presented. Total Global Involvement means being an integral part of the hospital. Are all your doctors signed up for ACEP membership? Do this as a group business expense. Consider running for CAL/ACEP board. Join one of the many ACEP committees. Make sure someone from your group is involved in EMS. Be part of the medical staff and hospital committees.

IEPC BOARD LEADERSHIP

President: Roneet Lev - Scripps Mercy Hospital in San Diego, Pacific Emergency Providers

Vice President: Steve Sornsin - Alta Bates Summit Medical Center, Berkeley, Berkeley Emergency Medical Group

Vice President: Russ Kino - Saint John's Medical Center in Santa Monica, Saint John's Emergency

Medicine Specialists

Secretary: Mike Gertz - Antelope Valley Hospital, Lancaster, Antelope Valley Emergency Medicine Associates

Treasurer: Cary Mells, Tri-City Medical Center, Oceanside, Tri-City Emergency Medical Group