

IEPC Conference Call  
November 24, 2014  
9:00 AM



## MINUTES

***All individuals present at this meeting have signed an IEPC Non-Disclosure Agreement (NDA). All content and discussion in this meeting is held to confidentiality in NDA.***

PRESENT: Roneet Lev, Brett Wiley, Ian Kramer, Peter Anderson, Mark Kobernick, Russ Kino, Mike Gertz, Cary Mells, Brian Koch, Will Conrad, Jo Vournas, Andrew Fenton, Curtice Wong, Steve Sornsin

- I. Meeting was called to order at 9:00am and introductions were made.
- II. Minutes of the September conference call were sent electronically and accepted by consensus.
- III. Membership
  - A. New groups were welcomed on Twitter. Please welcome Brian Koch with Central Coast Emergency Physicians. St. Luis Obispo County has 4 hospitals and 50% are now IEPC members: Sierra Vista Regional Medical Center and Twin Cities Community Hospital.
  - B. IEPC now has 25 groups and 34 hospitals, representing about 9-10% of ED hospitals in California.
  - C. New member potentials: We are actively talking to groups in Chula Vista, Ventura County. There is a one-month free membership for any group who recruits new members. Please let Roneet and Brett know if you want us to call any group.
  - D. At National ACEP and Director's Academy there was interest in growing IEPC to other states. Specifically, there was interest from Michigan, Tennessee, and Alabama.
  - E. Jo Vournas mentioned there may be interest in recruiting other Providence Hospitals. Providence has 6 hospitals in California, of which 4 are IEPC members. There are other hospitals in Oregon, Washington, and Alaska. Jo was encouraged to recruit these ED groups to IEPC. A coalition of independent ED groups within a hospital chain makes those ED groups stronger and makes IEPC stronger. We will promote this type of collaboration.
  - F. There was discussion about growth of IEPC membership within California and outside California and where resources should be placed. A booth at ACEP conference was discussed, and this was not thought as the best placement of resources. We will continue to explore all options.

- G. There was agreement that the larger the organization, the stronger it is. Future potential ideas for a larger organization would be hiring a publicist and attorney to protect groups and to carry a message when there are threats such as the Tenet outsourcing deal. Currently, IEPC provides more of a “prevention” approach to threats more than a “therapy” once there is a threat. However, we would like to offer both.
- IV. Financial Update
    - A. Brett provided report. IEPC has large investments in web site upgrades and T-shirt promotions for Residents. With these expenses, IEPC will be at break even financially for the end of the year.
- V. California ACEP Board
    - A. Each IEPC group is asked to look at its members and consider who in their group would be interested in running for the California ACEP board. This is an important mission that is important to IEPC, but also desired diversity for ACEP.
- VI. Marketing
    - A. IEPC.org has a new testimonial page and soon it will also have an interactive map.
    - B. The Resident T-shirt Direct to Consumer Project is now complete. We sent T-shirts with proper sizes to 500+ ED residents in California. All ED residents participated except for Highland and UC Davis, whose residency directors did not agree with residents accepting gifts. This was a big project and took several months to gather contacts, T-shirt sizes, talk to lawyers about logo patents, and follow-up. The California EMRA President from Stanford stated the residents liked the shirts and expressed thanks. We have extra shirts and will give them out at our January meeting.
    - C. Annual Report. Andrew Fenton at Napa Valley are the second group to complete the Annual Report project. IEPC will pay for all interested groups to create this individualized marketing tool, but it is up to the individual to put together the data. Contact Brett or Roneet if you are interested. The report is great advertising for your group, your hospital, and IEPC.
    - D. Safe Prescribing. LA and Ventura may have media events to roll out their Safe Prescribing Project. IEPC should be represented at these events, giving publicity to your hospital as well as IEPC.
    - E. Other marketing ideas. Russ noted that one of our IEPC members, Paul Kivela, is now Vice President of ACEP. Roneet and Andrew will contact Paul on his suggestions for promoting IEPC. We can ask him to mention IEPC to other States, ACEP publications, or other ideas.

F. The IEPC brochure needs to be printed again. These were sent to the residents. We will be asking for comments in revising the brochure.

VII. Data Collection

A. There are several items that IEPC wishes to collect from each group before the end of the year:

1. 2014 IEPC Survey.
2. Contract Matrix. This is easy and useful. Simply ask your billing company to email you your contract matrix and forward it to Brett. The contract matrix belongs to you, so there should be no issues. If we have enough people submitting this data we can see how our fees compare with the rest of the group.
3. EDDBA Data.
4. Billing Audit Authorization.

Roneet will be contacting each group that has data pending. The ED groups who provide data will benefit from seeing the final results.

VIII. Billing Audit Tool

A. Brett created an IEPC Billing Audit tool to monitor performance of your billing company. To date we have had little participation due to some push back from billing companies, and perhaps the extensive nature of the survey. In order to move this project along the following measures will be taken:

1. Brett and Cary Mells will work on the Audit Tool to make it simpler with less data points.
2. The Revised Audit Tool will be shared with the group for feedback.
3. We will present the Revised Tool to your billing companies to provide data. We may need individual physicians to contact their billing companies and let them know that this is a priority.

IX. Discussions

A. Tenet Hospitals: Peter Anderson and Brian Koch gave an update. For now the outsourcing proposal is on hold. At Sierra, EMCARE is now providing hospitalist services and at Fountain Valley, APPOLO MD is providing ICU services. Groups were asked if showing financials was part of contract with the hospital. This is a request at one of the Tenet hospitals. No other groups stated that this was a demand.

- B. CURES: What percent of your doctors are enrolled in CURES? In San Diego it is 60% according to a survey of ED directors. Using CURES makes you a better doctor. If you have an account that is broken, email Mike Small, the head of CURES and tell him Roneet Lev sent you. Give him your name and DEA as well as what is wrong with your account. His email is: [mike.small@doj.ca.gov](mailto:mike.small@doj.ca.gov).
  - C. T system: Loans are now part of Intermedix. For groups who are considering legal action, you may benefit from shared work expenses with other IEPC members as well as other groups such as Valley Emergency Providers who are in a similar situation.
  - D. The group discussed pros and cons of RVU reimbursement. IEPC groups have different reimbursement incentives that were shared.
  - E. TDC offered to give quotes to IEPC hospitals. We discussed the importance of keeping IEPC independent and using competition to keep with pricing. With that in mind, Roneet will contact TDC to find out what they had in mind and offer TDC quotes to interested members.
  - F. There are applications that offer assistance in agenda setting and minutes. Andrew Fenton will be researching this.
  - G. For the January meeting we invited Andrew Selesnick to speak to the group.
- X. Next Meetings
- A. Conference Call: Monday, December 22, 2014 – 9:00AM
  - B. Executive Meeting: Monday, January 12, 2015 – 10:00AM – Orange County Medical Association. SAVE THE DATE!

Respectfully submitted,

Roneet Lev, MD

Please advise any corrections

*Confidential*