



Independent Emergency
Physicians Consortium

IEPC Newsletter
July 2014

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 gains much strength. Visit our web site - www.iepc.org

LIKE US ON FACEBOOK



Like us on Facebook: [Facebook.com/iepc.org](https://www.facebook.com/iepc.org)
You have to include the .org part

MEMBERSHIP DRIVE



Independent emergency groups are the majority in California. IEPC membership is growing and is already considered a significant institution in emergency medicine in California. With over 1 million patient visits or 10% of all California ED patients, we consist of 24 groups and 33 hospitals.

We offer our current members a recruitment incentive to promote IEPC growth.

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 individualized Annual Report for hospital administrators and public relations
- 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

IEPC SURVEY

We are now taking recommendations for the 2014 IEPC survey. The 2013 and 2012 IEPC surveys have been very useful for our members. The results are shared with anyone who has submitted data. Who is your billing company, your attorney, and broker? How is your staffing? What is the standard salary package? The survey answers these questions and more.



can have many usages for your group. The report has a section about IEPC, your group, your hospital, and biography of your providers, demographic information, financial information, ED benchmarking data, QI information, and Summary points to highlight. Contact Roneet Lev to get started on your report. There is effort in collecting data, but it is very worthwhile at the end.

CONTRACT MATRIX

Large ED groups have the benefit of being able to compare their payer matrix between different locations and know what the going rate is for negotiations. Now IEPC members have the ability to get this information as well. If a threshold number of IEPC groups submit their data to a third party, then the data can be shared with those groups in a blinded fashion. Please contact Brett if you are interested in this data.

Age	Visit Reason	Stage	Time	RN	MD
61	.ETOH	TRTMNT	03:12	AUTUMN,WHITING,...	
51	.ABO PAIN	DISCH	00:15	TG2	LUDWIG, J...
8	.BLOOD SUGAR	XFER	01:15	ELEAN, WHITING,...	
22	.N/V	DISCH	00:30	TG1	LEV, RONE...
24	.ABO PAIN	DISCH	00:23	TG2	LUDWIG, J...
51	.ABO PAIN	TRTMNT	01:11	TG1	LEV, RONE...
37	.HEADACHE	TRTMNT	00:36	TG2	LUDWIG, J...
57	.DIZZY	TRTMNT	00:10	TG2	LUDWIG, J...

ED BENCHMARKING ALLIANCE

As part of IEPC dues, you will be a member of ED Benchmarking Alliance. www.edbenchmarking.org. EDBA provides data comparison as well as an active discussion forum. It includes statistics from over 1000 emergency departments and 40 million patient visits. Please complete your 2013 EDBA data today and submit to Brett Wiley.



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. We are working with the various billing companies to input data on a regular basis. We will solicit you to talk to your billing company and have them work with IEPC to input data.



EMPLOYMENT ADVERTISEMENT

The IEPC web site has resulted in successful physician and physician assistant recruitment. The word is out about where to find employment at our independent emergency departments. There were many residents who approach the IEPC booth at the California ACEP Annual Assembly. However the demand is greater than the current positions. Please email Brett Wiley to advertise any full or part time employment opportunity you may have for physicians or advanced practitioners.



CROSS SUBSIDIZATION

Tenet Hospital has placed a request for proposal for physician staffing for their emergency departments, anesthesiologists, and hospitalists in all 11 of their California hospitals. CEP was considered too small to bid. Apollo, Team Health, and EmCare are bidding for this contract. Two hospitals in San Luis Obispo were able to gather strong support from their medical staff to reverse this proposal. CMA



ANNUAL REPORT

The IEPC Annual report is a member benefit that creates a professional report specific to your department. The result is a personalized, robust and impressive document that



expressed concern about this subject and is investigating. Information about this potential take over is changing on a daily basis.

United Health Care is working on a proposal to bring hospitals and EmCare together to link emergency departments, radiologists, and possibly others for a host of contracted services. This proposal is a work in progress.

It is interesting that years ago hospitals were not interested in ED contracts and readily gave them up for others to manage. Now EDs are considered lucrative, and an opportunity to cross subsidize. This means taking money from the EDs and helping to pay for the expensive physician stipends from hospitalists or other groups. However, this type of cross subsidization may harm patient care and lead to higher prices. Dr. Paul Kivela is writing an article about this subject.

DIGNITY HEALTH

Dignity Health is a 40-hospital organization divided into 9 regions. Dignity is redistributing their hospitals, placing 2 from their Southern California region into the Central Coast region, thereby having only 1 IEPC group out of 5 hospitals in the Central Coast region.



PHYSICIAN EMPLOYMENT

Four years ago 30% of physicians in the United States were employed. Now 60% of physicians are employed. This number does not include the CEP physicians that are partners. In California, the laws on the Corporate Practice of Medicine do not allow hospitals to employ physicians. However, hospitals use a foundation model to get around this law. There are some ED groups who may be forced into a foundation model.



SAFE PRESCRIBING

San Diego, Imperial County, Monterrey, and Los Angeles are now participating in the Safe Prescribing Program. IEPC members have been the leaders of these programs in their community. Learn more at the California ACEP web site under Public Health, or SanDiegoSafePrescribing.org. If you would like assistance to bring Safe Prescribing to your community, contact Roneet Lev.

SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

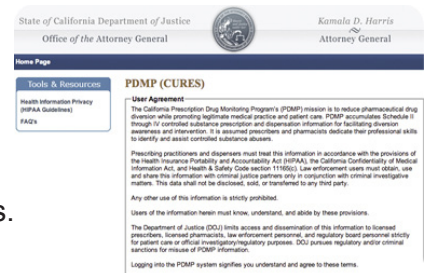
We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

ARE YOU USING CURES?

Using CURES makes you a better doctor. Can you imagine writing a prescription without checking allergies? This is similar. You learn so much about your patients. The problem is that the current IT system is not very friendly. When your account works, it is great - you can't live without it. If you are not registered for CURES, you should. Go to the web site and fill out the paperwork. This will be mandatory by 2016. If you did the paperwork, but your password is not working, then email the CURES office. IEPC members can contact Roneet for assistance.



T-SYSTEM

IEPC groups have been able to collaborate on billing consequences from T - system changes. IEPC is willing to collaborate with non-IEPC groups on this issue as well. Contact IEPC for more information.



YOU ARE NOT A SOLO GROUP - YOU ARE AN IEPC MEMBER

We believe that independent groups provide the optimal arrangement for ED physician services. However, hospital administrators or large hospital chains may not understand that benefit. Don't think of yourself as a Solo group, like a small sheep vulnerable to predators. You are part of a large organization, IEPC. You can add "Member of IEPC" to your business card.



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

Brett Wiley is the administrative director for IEPC.



INDEPENDENT EMERGENCY PHYSICIANS CONSORTIUM

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