

American College of Emergency Physicians
Democratic Group Practice Section Meeting
ACEP19
Denver, CO
October 28, 2019
Minutes

Participants

Section leaders present were: Robert Thomas, MD, FACEP, Chair; Michael L Becker, MD, FACEP, Immediate Past Chair; James Mullen, MD, FACEP, Chair-Elect; Sergio Hernandez, MD, FACEP, Secretary; David F Tulsiak, MD, FACEP, Councilor.

Other attendees included Leon Adelman, MD, FACEP; Jim Blakeman; Andrea M Brault, MD, FACEP; Cameron Buck, MD, FACEP; Stephen Cawood, MD, FACEP; Michael Dole; Alan Eisman; David Friedenson, MD, FACEP; William Freudenthal, MD, FACEP; Michael Gertz, MD, FACEP; Beth Griffin, MD; Theophile Koury, MD, FACEP; Jacob R. Kream, MD; Warren Lanphear, MD, FACEP; Bruce Lo, MD, MBA, RDMS, FACEP; Jack Lyle; Lisa J. Maurer, MD, FACEP; Gregg A. Miller, MD, FACEP; George Molzen, MD, FACEP; David Parker, MD; Jeremy Petrosino; Valerie Pierre, MD; Don Powell, DO, FACEP; Christopher Port, MD, FACEP; Matthew Rill, MD; Matthew Routh, DO; Arnab Sen; Justin Steinberg, MD; Matthew Stilson, MD; Shera Teitge, MD; John C. Throop, MD, FACEP; Cory A. Wilson, MD, FACEP; and Craig Price, CAE, Staff Liaison.

Major Points Discussed

1. Dr. Thomas welcomed the attendees and thanked Vituity for sponsoring the section lunch.
2. Dr. Hernandez provided information on Vituity's patient navigator program that has reduced ED revisits and hospital readmissions by 26% and 36%, respectively.
3. Dr. Thomas reviewed the responses to the section survey that was sent to the section membership several weeks earlier. There were 40 responses to the survey. The review led to a broader discussion of trends and opportunities facing democratic groups. Issues discussed included leadership structure, with one member indicating his group had added non-clinicians to its Board who had expertise in business. There was also discussion of advanced practice providers, as groups look at ways to recruit and retain APPs, including giving them a stronger voice within the group.
4. Dr. Mullen provided an overview of the status of surprise billing legislation. He also encouraged groups to ask their peers to join the section, particularly since membership has fallen below 100, which would result in the section losing its Councilor if membership remained below 100 at the end of the year.
5. Dr. Tulsiak recapped activity at the Council meeting. He highlighted a resolution that passed that addresses private equity. There may be a task force formed to address the issue and if so, there was discussion that the section should have representation on the task force.

6. Dr. Thomas reiterated the need to grow the section membership but noted that the section needs to identify where it can provide value. There was discussion about what the section's mission statement should be and a decision to review the objectives in the current operational guidelines to refine a mission statement. Dr. Thomas also noted some of the internal tensions that groups face, such as:
 - Productivity vs. Clinician Wellness
 - Standardization vs. the Art of Medicine
 - Group Growth vs. Sense of Partnership
 - Profitability vs. Care
 - Clinical Quality vs. Productivity
 - Core Emergency Medicine vs. Acute Care Spectrum
 - Physician Group Control vs. Health System Control
7. It was noted that the section could work on some of these issues and might be better off focusing on clinical practice management issues rather than business issues. Dr. Throop suggested that larger groups in the section might be able to provide expertise to help single-hospital groups. It was also suggested that the section could explore the feasibility of small EM groups banding together to form Independent Physician Associations to increase their purchasing power.
8. With no further business the meeting was adjourned.