

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Democratic Group Practice Section

Annual Meeting

Sunday, September 29th, 2024, 2:00pm-3:30pm PT

MINUTES

Section Members in Attendance: Sergio Hernandez, MD, FACEP (Immediate Past Chair); Jay Mullen, MD, FACEP; Chris Ross, MD, FACEP (Chair); David Hall, MD (Councillor); Scott McCann, MD (Chair-Elect); Beth Griffin (Secretary/Newsletter Editor); Maureen Bell, MD; Andrea Brault, MD, FACEP; John Throop, MD; Daniel Lalonde, MD; Tom Lukens, MD; Jon Golliher, MD; Damian McHugh, DO; Gregg Miller, MD; William Freudenthal, MD; Michael Frost, MD; Lisa Maurer, MD, FACEP; Amber McPherson, MD; Savoy Brummer, MD; Jennifer Raley, MD; Charlie Sierzant, MD; Sarah Hoper, MD; Beth Girgis, MD; Zachary He, MD; Eric Maur, MD; Immau Tomunson, MD; Michelle Becker, MD; Karen Spangle, MD

Staff in Attendance: Adam Krushinskie, MPA (Section Liaison)

Major Points Discussed:

- Mr. Krushinskie reported that as of September 30, 2024, the section has 425 members.
- Dr. Ross announced the new section officers for 2024-26 are:
 - Chris Ross, MD, FACEP, Chair
 - Sergio Hernandez, MD, FACEP, Immediate Past Chair
 - Scott McCann, MD, Chair-Elect
 - Beth Griffin, MD, Secretary/Newsletter Editor
 - David Hall, MD, FACEP, Councillor
 - VACANT Alternate Councilor
- The section heard sponsor presentations from EMBC, Vituity, and EDPMA
- Dr. Hall provided a summary of the 2023 Council meeting as it impacted democratic groups this year. More than 400 councillors representing ACEP's 53 Chapters, 40 Sections, and component bodies debated and voted on more than 60 resolutions. Three quarters of the resolutions were adopted. Go to <https://www.acep.org/what-we-believe/actions-on-council-resolutions/> for a comprehensive compendium of information on resolutions decisions dating back to 1993. Elections for the ACEP Board of Directors and Board Officers were held. Our new president-elect is Dr. L. Anthony Cirillo. The newly elected Board of Directors are Dr. Jennifer Casaletto, Dr. C. Ryan Keay, Dr. Diana Nordlund, and Dr. Heidi Knowles, who was re-elected.
- Dr. Ross moderated a panel discussion on the process of starting a democratic group. Drs. Zachary He, Beth Griffin, and David Hall served as panelists. Here is a transcript of the conversation:

Introduction

The vision for the next two years: How to start a democratic group?

Why should you care?

Starting your own group allows you to control your destiny.

Within this group are the experts you'll need to start a new group

The ACEP White Paper on starting a new group was written in 2001. A lot has changed. Fast forward to today and there are docs striking because they cannot control their destiny. The EM world has moved more toward the democratic group model where physicians have more control.

Panelist Introductions

David Hall, MD President of Independent Emergency Physicians, a democratic group in Michigan. Started as 7 docs in 1997 and now has 150 ER docs and is multidisciplinary.

Beth Griffin, MD—President of Emergency Medicine Specialists, a democratic group in Milwaukee. Has led her group that has doubled in size in the past 2 years.

Zach He, DO year resident at Doctors Hospital Emergency Residency in Columbus, OH.

Panelist Q & A

What are the biggest downsides and upside to starting a democratic group?

Beth: Higher risk, higher reward. Variable income is a challenge. Recognize the risk tolerance needed when making this decision.

David: Important to know you are a business owner and you don't just go home at the end of your shift. Start with like-minded individuals prepared to do what it takes to improve and get better.

Zach: Very little exposure as a resident to the business of EM. Residents are frustrated with the direction of medicine. Once residents understand the role of democratic groups they are drawn to them.

Chris: Often residents join what is comfortable.

Polls the audience. No one has started their own group. Telling that we all have the same fear of creating a new group and the unknown. That's what we hope to alleviate in the next few years with the sessions.

Chris: What traits do you think you need to start your own democratic group?

Zach: Mentors who can model a pathway. Experiencing what a democratic group represents is the first big step for residents.

David: Biggest challenge is finding a hospital that is willing to take a chance on you. It is hard to compete with established entities. What makes us different is being present, being around, being local and being operated by people who are in the business all of the time. You must be prepared to meet the hospital's metrics.

Beth: Being able to create the structure. Many challenges related to HR, finances etc. Where to reach out in EM for help. However, resources exist to help with those topics. The revenue cycle is atypical for businesses and pairing with a good revenue cycle management company is imperative.

Chris: What resources are most important to starting up?

David: Beth already gave the most important; needing a good revenue cycle management company. But also EMBC, EDPMA and the people in this room. Your peers are important resources.

Zach: Finding other groups similar to yours. Potentially in the same state who have experience with the same issues.

Beth: Leaders of other independent groups. Regionally leaders who you can talk through the obstacles you have in common. EMBC has a lot of motivated leaders who can walk you through issues step by step.

Chris: Points out that his group and the other panelists' groups have all taken over contracts in the past. So the opportunities are there for new contracts. What is the best avenue to find these opportunities?

Beth: Relationships and reputations. Usually, it happens because the hospital is not happy. When groups become complacent and don't interact with leaders issues arise. Develop relationships with hospital leaders and show that you work well together and are the solution to their issues. Learn what the hospital's priorities are and explain how you address those.

David: Fake it until you make it. Get it started. Give everyone a role. Let the hospital know you have it handled. In a democratic group you have control and can guide the passion and work to meet the hospital's needs.

Chris: Now let's move forward to the next step. You have found a contract with like-minded docs. Now what is your biggest pitfall?

Zach: Fear of not having experience and managing unforeseen rough patches. Keeping everyone on the path when things go sideways. Sticking with it.

David: We think it is a right to work in the ER. It is a privilege to do what we do. It is your contract today but you have to work to maintain it. Groups fail because they are not willing to continue to put in the work.

Chris: Exactly if your group does not follow the group's track forward you won't succeed. Fortunately, in EM right now there is so much energy to grab back autonomy.

Beth: Not realizing when you need the subject matter expert instead of doing it yourself. You may need to hire the HR specialist or finance specialist so you can focus on the clinical side. Stay true to your democratic group values especially as you grow. Think about the future partners and do not just appease seasoned partners.

Chris: Cohesiveness of the group is so important. If you are all taking this plunge together it is much easier. EMBC helped his group find subject matter experts.

Call to action! Everyone, please recruit two members to join the DGP Section.

Audience questions

Audience: Many groups describe themselves as independent, democratic, physician owned groups. How are you dealing with that? How do you communicate that to hospitals and residents to avoid confusion?

David: First not bashing your colleagues in other employment models. Democratic groups work for us. Residents know it is a big deal but don't necessarily have exposure. We as a section need to promote what is going on to the residents.

Beth: Hospital admins are more partial to democratic groups now because of our quality, engagement and retention. Demonstrate the difference in the data.

Chris: When speaking to legislators, point out that you are a small business and they will pay attention. Stand together to maintain your group and position yourself as someone involved and who will dig in as a small business. It gives you a distinct advantage.

Zach: 50% of EM docs leave their job in the first 5 years. Young docs realize the differences in group models quickly once they join the workforce and are the people to focus on.

Audience: How do you brand yourself as you grow into a larger group?

Beth: We doubled in size a couple years ago very quickly. Maintaining that culture was imperative. Awareness first. Maintain cohesive. Every person who joins the group is a priority. Actively showing the hospital all the things, you are doing. PR director for internal and external PR. Annual report to the administrators but also to share with the group to show all of your group's successes.

- Moving forward, the DGP leadership is planning another lecture/discussion series over the next year focusing on group growth. We look forward to great talks and equally great discussion. Until then, please reach out and start discussions on the EngagED forum.