



## President's Message

# Transparency

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Since its inception, AAEM has been medicine's fiercest advocate for workplace fairness and defender of physicians' practice rights. During my term as AAEM president, I've been asked many times what emergency physicians should look for in a practice to minimize their risk of exploitation. I believe the single most important attribute in a fair work environment is *transparency*. Transparency acts as an important check on a group's activities. In a truly transparent environment, financial and governance information will be freely distributed to physicians within the group (in some instances, after a brief probationary period). Sensitive information, especially related to group finances, is automatically provided since many are uncomfortable requesting such information.

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Unfortunately, transparency is virtually nonexistent in the majority of emergency medicine jobs. So-called “democratic” groups that do not operate transparently are typically anything but, as they often have something to hide. Likewise, transparency is a foreign concept in most jobs with large contract management groups. Many groups claim that almost all patient care revenue flows back to the emergency physicians who generate that income with their labor, with the corporation barely making ends meet. I find such claims hard to reconcile with multi-million dollar executive salaries, bonuses, and stock options; lavish corporate headquarters; and multi-billion dollar market capitalization for the larger groups.

I challenge these groups to back up their claims by revealing how many cents of each physician's professional fee dollar goes to clinical physician compensation, as opposed to administrative salaries, administrative expenses, and corporate profit. I challenge these groups to distribute specifics on the total compensation packages of their top executives.

Likewise, many contract management groups own their own coding/billing companies, risk retention groups or malpractice insurers, scribe companies, etc. Their emergency departments then buy the services of these subsidiaries, and the funds to pay for those services are deducted from the hourly compensation of the emergency physicians who work there.



In some instances, only a few individuals own these subsidiaries and collect windfall profits while claiming they are compensated at the same rate as their colleagues are for clinical work. When these arrangements exist, the specifics should be disclosed to emergency physicians.

If most emergency medicine practice environments offered a fair deal to their emergency physicians, transparency would be the norm. An emergency medicine group stands to benefit from disclosing information to its physicians that shows they are actually being treated fairly. On the other hand, lack of transparency suggests exploitation and unfairness. ■

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