

*This article was sent to me by one of our policyholder/owners in the Emergency Medicine Professional Assurance Company (EMPAC RRG). We are proud to have such a physician that emulates this kind of courage and integrity as a member. EMPAC RRG and AAEM openly support physicians in their strive to gain control and independence in the practice of emergency medicine.*

*Tobey Williams Jr., MD  
President/Chairman  
EMPAC RRG*

## MY QUEST FOR INDEPENDENCE:

I was once part of one of the largest physician practice management groups in the country. As part of that group I had excelled through the system from a physician to medical director and regional medical director. The more I learned about the practice management group and its management, the more I developed a disdain for the very physicians I had once emulated. No longer did I want to be a part of this management group. Nor did I want to leave the hospital and patients to whom I had dedicated so many years. I truly enjoyed practicing in the environment with the nurses and physicians that were part of our department.

Thus the desire to become independent grew. About four months after plan inception, the end result was an independent practice in emergency medicine owned by the physicians for the physicians.

The first phase of independence begins as you test the waters among your fellow physicians, checking their temperature for a departure from the mother manager. Know that if they are not behind your desire to become independent there are no further steps to take. Because in my situation I have provided the leadership for the previous five years at this facility, and personally hired each of the physicians involved, this was an easy task. Comments such as, "why did you wait so long" and "when can I join in" were most prevalent.

Second, of course, is to begin negotiations with the hospital. A solid relationship with the administrators is key to the successful continuation of the process. The hospital leadership in this case was 100 percent behind the course of action and wanted the takeover to occur. They did not want, however, to get dragged into a law suit. After review of the contract between the hospital and the management group, it became clear that as long as the hospital did not initiate negotiations with another entity, or try to persuade any of the employed physicians to interfere with the contract, they would be protected from legal repercussions.

The bases are now prepared for phase two. This phase consists of developing relationships with the appropriate businesses to ensure survivability, profitability and viability. The relationships established should include accounting, banking, billing and collection, payroll services, and medical liability coverage. Steering clear of attorneys will enhance your knowledge of the intricacies of your practice. Specific jobs such as filing company profiles with the state and review of contracts with specific questions should suffice. You as a physician should understand your own contract and if you do not, then you are probably not ready for such an excursion into independence at this point.

Phase three deals with the actual process of breaking away from the management group. It will be filled with a dichotomy of emotions – fear and excitement. The end result should be a win-win situation for both parties involved. Honesty, with the management group is paramount. Remember that the underlying tone of clear disdain for litigation, enhanced by the current liability crisis, is shared. This knowledge should quell some of your fears of litigation from the management group. Attempt to make a deal with the management group that your new group will pay for services from the management group such as billing and collections or management services. The management group then becomes another outsourced company for services in exchange for deferring litigation. Doctors and their management both know that no one in litigation wins and the decision to avoid a legal battle and the poor publicity that goes along with it usually prevails. The result is a term relationship where all involved are in a win win situation.

Phase four is the implementation of your puzzle. Bringing the pieces of phase two to fruition is the most exciting part of the process. Your leadership skills, developed over the entire process and prior to it even becoming a thought, are essential. Be prepared and plan for future obstructions in your path by strategizing optional plans three steps ahead.

Opening day will be remembered for the rest of your life. Remember also the very reason you decided to do this 24/7/365; never become what you rejected for the same will happen to you. Be generous, kind to your group; provide support and guidance to every single person working with you. Be a leader.

*Submitted by a member of EMPAC RRG  
A single specialty emergency medicine only Malpractice Insurance Company*

## Report Outlines Health Care Guidelines for Mass Casualty Events

A new report (<http://www.ahrq.gov/research/altstand>) from an expert panel convened by the Federal Agency for Healthcare Research and Quality outlines actions disaster preparedness planners can take to prepare for mass casualty events that may compromise the ability to deliver health care services consistent with established care standards. The panel, which included representatives from the AHA and hospitals,

examined how current care standards might need to be altered to save as many lives as possible in public health emergencies involving thousands of victims. Among other actions, the report recommends developing guidance for allocating scarce health and medical care resources and a process for addressing non-medical issues related to the delivery of health care.