

Take Medicine Back: A New Emergency Medicine Application

Tom Belanger, MD FAAEM and Mitch Li, MD FAAEM



The Problem

There is significant concern about corporate consolidation in emergency medicine—both

ACEP¹ and AAEM² have expressed their concern in recent position statements. These concerns occur within a broader national concern over consolidation; many emergency physicians, prompted by Take Medicine Back—including representation from both AAEM and ACEP—recently lent their voices to a DOJ and FTC Request for Information on Merger Enforcement,³ in both anonymous statements virtual appearances.⁴

While market consolidation harms workers through regional monopolies, another potential factor affecting labor market power is information asymmetry—a reference to the idea that employers, especially large ones, will often have more information on a labor market than employees.⁵ A less competitive labor market stifles wage growth and reduces the quality of the product delivered. Improving access to information—thereby reducing information asymmetry—is one important way to fight back against an increasingly consolidated market, thereby improving conditions for workers and consumers—in this case, doctors and patients.

Our Application

In order to place as much information as possible into the hands of doctors, we built an application (<https://www.takemedicineback.org/emrating>) that collects anonymous EM (emergency medicine) employer reviews and processes these results for analysis.

The application is entirely free to use—both for leaving a review and reading current reviews. The application is also completely anonymous—it does not track IP addresses and uses no user identification in order to protect potential reviewers. It is not operated for profit.



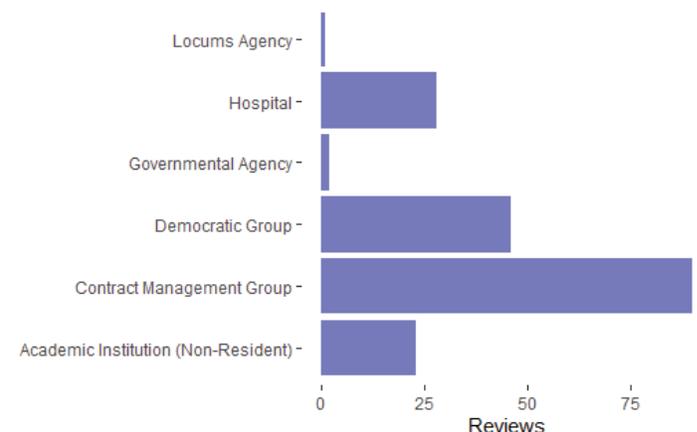
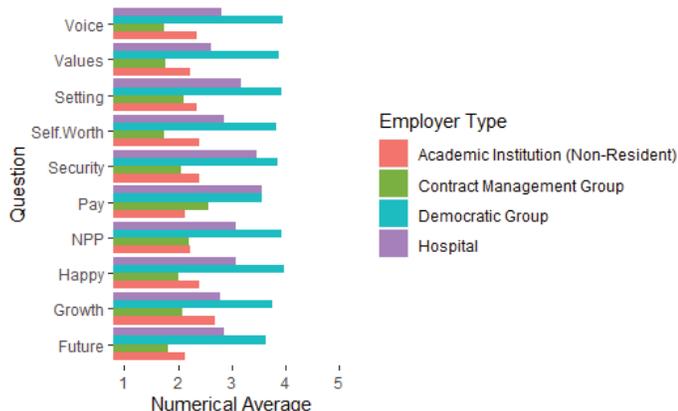
Reviewers will answer a series of questions specifically tailored to employment in EM; they also have the ability to enter free text. Questions are specific to either attendings or residents. Reviewers are able to search for current employers or residencies and add their own if a new entry is needed.

Viewers may view results and filter by employer (or residency) and/or by employer type (or residency employment model). A Net Promoter Score is calculated where enough data is available. Basic sentiment analysis is used to turn free text comments (not visible) into a sentiment score to allow users to get a softer “feel” for an employer.

Finally, the information is incorporated into a Google Data Studio report which allows users to view geographical information and sort and filter data based on collected features; for instance, a resident could create a map of residencies operated by democratic groups, hospital employees, or contract management groups—or any combination of the three.

Results

Using data from the 199 reviews entered when this data was pulled (2022-06-01), we can begin to see some emerging trends. First, the vast majority of the reviewers so far are attendings—190 versus 9 residents. Of these, a few employment types dominate the reviews.



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Most reviews appear limited to four types of employers: contract management groups, democratic groups, hospital employees, and academic institutions. Even without performing a deep analysis of the various employer types, it is clear, among respondents, contract management groups are viewed very unfavorably compared to over employers.

However, this is a very rough summary of the data; the application itself gives a much more granular breakdown of the data.

Summary

We would like to encourage all emergency physicians—residents and attendings alike—to review their own employers. The more data we begin to share freely, the greater chance we have of overcoming our own informational disadvantage against an increasingly consolidated market. Not only is it our duty to hold our employers accountable, but creating information for another emergency physician to use may someday change where they work, where they live—maybe even the course of their lives. When making such important decisions, we all deserve access to the best information available. ●

References

1. <https://www.acep.org/administration/physician-autonomy/acep-statement-on-private-equity-and-corporate-investment-in-emergency-medicine/>
2. <https://www.aaem.org/resources/statements/position/state-of-em>
3. <https://www.ftc.gov/policy/studies/submit-comment-merger-enforcement-request-information>
4. <https://www.acep.org/federal-advocacy/workforce-issues/impacted-by-em-consolidation-tell-the-federal-government/>
5. <https://home.treasury.gov/system/files/136/State-of-Labor-Market-Competition-2022.pdf>

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