

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Democratic Group Practice Section

Annual Meeting

Sunday, September 9th, 2025, 11:30am-1:00pm MT

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:

Dr. Ross- Introductions of attendees and officers

Summary of last year's highlights

- Webinar "Starting a Democratic Group" series kicked off
 - From Prospect to Partnership, contracting with hospitals
 - What works: lessons in payor contracting
- Changes
 - ACEP Anytime – can hear the panels on this site
 - ACEP engagED – communication platform
- New Initiative and benefits: New mentorship program for the DGP Section
- ACEP Indy Class Conference Partnership February 9-12 2026
- Future Engaging Panels – 12pm Eastern time
 - Dec 8th 2025
 - April 21 2026
 - July 22 2026
- New Mentorship Program Introduction
 - Opportunity for fellowship, learning and engagement

- Helping to educate residents about democratic groups, benefits of being in a democratic group
- For mentors: 2-year commitment, no more than 2 mentees
- For mentees: 2-year commitment, must be DGP member, either in EM residency or <5 years out
- Word from sponsors:
 - Emergency Department Practice Management Association (EDPMA) - Bill Freudenthal, MD, FACEP and Jennifer Raley, MD, FACEP, Matt Clark Executive Director
 - EDPMA is trade organization for emergency medicine
 - Mission is to advocate for policies and practices that ensure quality emergency care
 - 83 Members which are entities
 - 56% physician groups
 - 14% RCM companies
 - 27% supporting organizations
 - Areas where EDPMA is working
 - Federal advocacy Wins
 - Shaping NSA policy and influencing IDR process to improve
 - Driving Medicare payment reform
 - Legislative engagement
 - State level advocacy highlights
 - IL medical assistance payment
 - FL working on IDR process
 - AZ prudent layperson protection reinforced
 - OH hospital violence prevention plans
 - Policy innovation
 - Payer accountability
 - Protecting reimbursement
 - Direct access to policymakers
 - Equipping emergency physicians to thrive
 - Multiple Educational Initiatives

- EDPMA Solutions Summit
 - Emerging leaders
 - Ways to get involved
 - Join EDPMA
 - Join a committee
 - Attend solutions summit or RCM workshop (Dec Phoenix AZ)
 - What is the biggest benefit that EDPMA offers to a smaller democratic group? Insight and tools on payer issues
- Vituity
 - Bing Pao, MD, FACEP Emergency physician working in San Diego, has been a partner in Vituity for 26 years, serves as the Director of Provider Relations - works on contracting with health plans, dispute resolution and advocacy
 - Has worked closely with EDPMA and is a former chair of EDPMA
 - Recently elected to ACEP Board
 - ACEP and EDPMA issues overlap - when we were facing NSA regulation, EDPMA was able to provide the data to support ACEP advocacy - both organizations work collaboratively to support physician practices
 - Best model is a physician owned group and having control over how your practice is run
 - Partners are happier, less burnout
 - Democratic group supports a longer fulfilling career for physicians
- Emergency Medicine Business Coalition (EMBC)
 - Jay Mullen, MD, MBA, FACEP Current chair of EMBC and CEO of Bluewater Health, a democratic group
 - The Democratic group practice section has grown significantly over recent years and sponsorship is growing
 - EMBC includes 41 physician-owned EM groups, 29 states represented, 7.1M patient visits, 4300 clinicians and employees

- EMBC members ensure the viability of physician-led groups in the marketplace by delivering modern business solutions that take advantage of shared best practices and collective size.
 - Initially discussed advocacy for independent groups but realized ACEP and EDPMA are already doing this - realized many of our EMBC group leaders were already very involved in ACEP, EDPMA and working on these initiatives
 - Jay sits on the board of directors for the ED accreditation program for ACEP - were able to bring the draft policy for criteria to EMBC to have a voice and help shape the program with their feedback
 - If you know of any democratic groups that could benefit from EMBC please share this with them
 - Networking within EMBC is one of the most valuable advantages- group leaders support each other and learn from each other
 - Chris Ross shared how his group as a founding member of EMBC was able to realize significant savings with disability insurance
- Dave Hall, MD, FACEP and Zachary Jarou, MD, MBA report from Councilor and Alternate Councilor
 - Spent two days this year discussing resolutions culminating with board of director and president elections
 - Met with section leaders ahead of the meeting to identify resolutions pertinent to the section
 - Resolution about occurrence-based malpractice coverage - withdrawn by the authors in favor of an ACEP policy statement
 - Resolution about removing non-compete clauses that was adopted by the council
 - Resolution about regulation of AI related to reimbursement which was adopted
 - If anyone is interested in representing DGP at council please let them know
 - If anyone has an idea for a resolution please let officers know
- State of the Section - Scott McCann, MD
 - Over 500 members - puts us in the top 3 sections
 - Growing quickly - at the section hall crawl we signed on the most new members
 - Looking for more members - please pass information along

Panel: Finding the right RCM Company

- - Jamie Shoemaker, MD, FACEP
 - Emergency physician in IN part of democratic group for career, now with Vituity
 - Physician advisor for Ventra RCM company
 - Lisa Maurer, MD, FACEP
 - Partner in Emergency Medicine Specialists in Milwaukee, WI
 - Initial chair of EMBC
 - CMO of Consensio Health RCM company
 - EDPMA Board
 - Don Powell, DO, FACEP
 - Physician oversight of RCM company
 - Board of directors of EDPMA
 - Andrea Brault, MD, MMM, FACEP
 - Retired emergency physician
 - Has served in CA ACEP as Secretary and President
 - Past chair of EDPMA
 - Masters in medical management
 - Leading in RCM space for past 25-30 years; passionate about advocating for our specialty
 - CEO of Brault
 - Speaking at the last ACEP talk about how democratic groups can grow - multi-year strategy
 - At a national level, why is making the right RCM decision so important for the survival of a democratic group?
 - Jamie: important to ensure we're getting paid fairly for our hard work
 - Want experience and want to make sure they're working hard for you
 - Many RCM companies in the industry
 - Want to make sure they have good communication
 - Be sure they also support provider enrollment - want to make sure you have a partner in the journey who supports you

- Make sure there is transparency in communication
 - Look at how the data is shared and ensure you have the information you need from your RCM company
- Choosing an RCM company - is it more like picking a spouse or a plumber?
 - Lisa: More like a boyfriend/girlfriend
 - RCM companies generally want to provide the best product - want to find that right match
 - Are they heavily invested in certain areas important to you?
 - How do they communicate with you?
 - Finding the right match - what do they invest their revenue in and prioritize and how do they communicate with you?
 - Andrea:
 - Think strategically about how your RCM company will evaluate vendors
 - What type of relationship do you want to have? Spend as low amount possible to get basic services or do you want to invest in a partnership?
 - Strategy in the thought process of picking the right RCM partner
 - Chris:
 - It is like a long-term boyfriend/girlfriend
 - We switched RCM vendors years back and it really is about that communication
 - Have heard bad stories about RCM companies in the past
 - It's a decision that's very important to your group
- For a new group, when does it make sense to create your own RCM group vs use and existing vendor?
 - Don:
 - Our billing company is 27 years old, it has grown through different challenges
 - If you're going to be efficient and build the infrastructure you need, may need about 1M visits a year to realize efficiency
 - You should have 100% physician/partner buy-in if you're going to develop your own RCM company

- It's going to be expensive
 - Any time you change RCM company, there will be cashflow delays
 - Expensive - to find the experts and put the whole team together
 - If had to do it again, unsure if would build internally - if you want to go this way, need to have someone on your team dedicated to the endeavor not only with implementation but down the road continuing to lead it
- Jamie:
 - It's becoming much more complex of a process
 - Using Radix now, for example, to support IDR
 - Use multiple vendors now for multiple different services because need focused vendor, strategic partnership
 - Make sure RCM company has strategy for denials, IDR process
 - Relationships are crucial
- Chris: In summary, if you're forming your own democratic group, creating your own RCM company is not the best first step, use an existing vendor
- Rob Thomas, MD - leads large group in MN - had their own RCM company but found they weren't keeping up with changes in RCM space - chose to outsource even with 650K visits per year
- Speed dating with RCM companies - what are the absolute words you need to hear from an RCM company on a first date?
 - Andrea:
 - Avoid the process of speed dating - often make a decision with limbic system and find reasons to support how you feel
 - Avoid this approach as you may end up with the wrong decision
 - Don't make a decision with minimal information
 - Make sure you gather data to inform decision - know what to expect at time of transition, what KPI's you'll use to know how your RCM vendor is performing and know if things are on target
- Question from audience: Does it make sense to have more than one vendor for RCM company?
 - Andrea:

- No it doesn't make sense – then you don't have one company ensuring that all money is collected
 - Could compare different vendors of the RCM company itself
- Don:
 - If you have multiple sites and multiple TIN's you could use different RCM vendor for certain TIN's
 - Makes it easier to test different vendors if you have different TIN's
- Audience member John Throop, MD
 - Have experience using multiple vendors but it was extremely complex and difficult to manage - don't recommend
- Lisa:
 - RCM companies are doing so much work for the physicians, it's difficult to compare apples to apples sometimes if using multiple vendors
 - Don't recommend using multiple vendors for new groups especially
- What are major red flags when evaluating an RCM company?
 - Lisa:
 - Often difficult to see the red flags - look at communication, partnership and integration of the vendor with your team
 - Learn who you'll be speaking to regularly, what information they're sharing with you, how often you'll be meeting with them, what is the experience and expertise of who you're talking to
 - Jamie:
 - It is important to know what your fees are going to be – for example, are there extra costs for mailing out statements, sending message to patients, for customized reports?
 - Ask vendor about additional fees which you may have not considered
 - Go into meeting with RCM vendor with a strategy- speed dating is not the way to go
 - It can be striking when you have additional fees you weren't expecting and can be impactful up to 2% more sometimes
 - Make sure a la carte offerings are accounted for in cost

- Is there anything you've seen in RCM contracts that is non-negotiable and should not be included in the RCM vendor contract?
 - Lisa:
 - Related to denials, there's so much complexity in this area – you should ensure you know what the vendor is doing in the denial space - be sure you have a clearly defined process around denials and what your RCM company will do for you
 - There's so much changing in the denial space, want to make sure your RCM company is going to support you in this area - could be very impactful given rapid changes in this area with mayors
 - Jamie:
 - Red flag is if you're finding problems that you're bringing to the vendor and they're not recognizing this initially and bringing it to you
 - Denials management and proactive nature of RCM company
 - Andrea:
 - Ask to see the contract of RCM vendor earlier in the process because there may be language not acceptable to you
 - Ask vendor what their 3-5 year strategy is - may not want a long-term partner who is changing ownership frequently
 - Don:
 - Important to talk with other groups who have worked with the RCM vendor to hear their experience
 - When you're in the process of vetting the vendor, they may make a lot of promises that they actually can't deliver
 - Want to know about their experience early
- What sort of landmines could you land on when going with an RCM vendor?
 - Don:
 - Have to decide what you're looking at for in an RCM vendor
 - Dangerous to just look at the bottom line or just try to get the lowest cost - you get what you pay for

- Often the least expensive is not the best choice a higher cost vendor may be able to collect more for you and make up for the increased cost
 - Sometimes more money spent on the front end will recuperate more money on the back end
 - Need to have a point of contact in your RCM vendor - make sure you're going to get answers quickly who is dedicated to your own group and serve as the nidus for communication
 - Have to be able to work together
- Audience member: hearing that sometimes vendors can sound the same, but I would look for uber transparency because ultimately there will be things that will happen that aren't laid out in the contract. Want transparency that will build trust - looking for a vendor who wants to be a partner.
- Jamie:
 - In the pitch process, ask the RCM company where their weaknesses are and where they can improve
 - The initial presentation will sound good for all vendors, but ask the important question about weaknesses
- Don:
 - The complexity of RCM process is growing - there will be hiccups - want to make sure you have transparency
- Lisa:
 - There are constant challenges and there will always be new unanticipated challenges that will need to be addressed
- Jamie:
 - There are so many unanticipated challenges that can be devastating to a group
- Audience Member
 - Ripe opportunity to bring in a consultant to help bring in proposals and help evaluate the proposals - recommend using a consultant
- Andrea:
 - If you can get data ahead of time, can help create more transparency because know what to expect and what they should be delivering

- All about the data and knowing what is supposed to happen and when
- Jamie:
 - Much like you have an annual physical, it's a good idea to periodically evaluate new vendors to ensure you are getting what you need from your current vendor
 - Your vendor shouldn't be surprised that you're always evaluating- vendor shouldn't be offended if you're looking into other vendors
- Lisa:
 - Important to make objective decisions - very distinct KPI's that you can use to evaluate RCM vendor
- After the RCM honeymoon is over, what are the key metrics you can use to evaluate how things are going?
 - Andrea:
 - Want to make sure you're collecting the maximum dollar/visit
 - Average RVU/patient
 - \$ collected/RVU
 - Financial class mix
 - Time to maturity - how quick is the vendor
 - Acuity on target
 - Lisa:
 - Charges over time - if this slips can drill down and determine what's going on - will indicate potential issues
 - Net collection rate - are you actually collecting your allowed amount?
 - Payment variance - are you collecting what you're actually contracted to get from the payors?
 - These three are most likely to slip and can indicate issues to drill into
 - Jamie:
 - Days in AR
 - Can indicate a problem that needs to be identified
- What does a healthy open book relationship look like with an RCM vendor?
 - Don:
 - Should have open points of contact

- Should have monthly RCM report and have communication with company to ensure you can develop and receive the data you need
- Lisa:
 - Challenge also is to keep monthly RCM report brief enough that you'll read it and pay attention to it so you know how your RCM company is performing
 - If something is sliding then can drill down into more data only when need to
- Jamie:
 - Tailor your reports to your audience
 - Consider how you present data to your partners - information should be usable
- Chris:
 - Had experience in past with monthly reports of 144 pages - not valuable
- Are the robots coming to help us get paid - how much should a new group care about AI use with potential vendors?
 - Andrea:
 - AI world is advancing for RCM vendors and for the payors at the same time
 - AI is making it more efficient to manage payor behavior
 - Important to ask vendors how they're embracing changes in technology - what are you using to code charts?
 - RCM vendor should be evaluating vendors regularly to ensure they are remaining competitive in the space
 - Don:
 - AI coding is a great example that was previously a terrible product and now has improved significantly
 - Now it's on the front end with AI coding
 - Slower on the back end with development of AI tools - would be great to have an AI tool that could manage denials

- Developing quickly and need to have this embedded in the process and evolve quickly
- Jamie:
 - It's like a battle of the robots
 - Real time reconciliation of charts vs contracted rates could be done by AI
 - Patient lists reconciled with AI to identify discrepancies
 - AI can determine observation time
 - Lots of ways to use AI other than just coding
- Open Discussion
 - Jay - ED Accreditation program information available in the back - think this will become a standard for physicians looking for jobs
 - Don - ACEP board is stacked with RCM-minded individuals- exciting time for ACEP to see more focus on RCM

Future Meetings:

- **December 8, 2025** webinar
- **ACEP Indy Class Conference February 9-12 2026**