Closed Books Are the Lynchpin of Corporate Control and Unfair Practice Arrangements

BY ROBERT MCNAMARA, MD

he inability of practicing emergency physicians to see what is billed and paid in their names is the single greatest failure of emergency medicine professional societies. It is damaging to emergency physicians, their patients, and the specialty's reputation.

The American College of Emergency Physicians has a chance to fix this. I submitted a resolution at the 2020 council meeting, which was referred to the board of directors, to make it mandatory that every emergency physician receives, without the need to request it, regular detailed itemized reports on billing and payments in his name.

Three steps are to be taken: Prohibit ACEP members from denying this to other members, seek legislation or regulation to force revenue cycle management (RCM) companies to provide us with this information, and require any entity (RCM company, hospital, physician group, contract management group) that wishes to be part of the fabric of ACEP

(booths, ads, sponsorships) to provide this information.

We are the ones on the front line. We are there at 2 a.m. on a holiday weekend. We are risking our lives and our well-being in this highstress environment, seeing kids die, random violence, social ills, and exposure to COVID-19, to name just a few. These risks flow to our families. When we can't see what is billed and paid in our names, the lack of transparency breeds distrust and feelings of exploitation that are further destructive to our professional lives. Few will tolerate difficult work on a long-term basis if they feel they are being taken advantage of. The resultant burnout, moral injury, or whatever you call it affects our patients and our families.

Our professional integrity depends on our seeing this information. The federal government expects us to serve as a check on fraudulent billing. How can you know if there is upcoding if you don't see the information? State and federal laws prohibit kickbacks and fee-splitting, and many of us are unwittingly engaged in this by foregoing upwards of 20 percent of our

professional fees as profit for corporate groups. (Common Sense. 2010;17[1]:8; https://bit.ly/361hR2A.)

We are paying well in excess of fair market value for the right to be on the schedule to see patients. Without our oversight, the public is subject to inflated charges, and our specialty has drawn its ire and that of many legislators over the excess bills many have faced. Those fees vou give up is vour retirement or kid's college fund; it can add up to millions of dollars over a career.

This is not a radical concept: it is the expected norm in the medical profession. American Medical Association policy H-190.971 states that "all physicians are entitled to receive detailed itemized billing and remittance information for medical services they provide, and that our AMA develop strategies to assist physicians who are denied such information." (http://bit.ly/2Y2YT7I.) The original ACEP bylaws also opposed fee-splitting and exploitation of colleagues.

Only 26 percent of us identify as owners of our practices; the rest are working for hospitals, CMGs, and the like, and that group needs ACEP to stand up for them. (AMA Economic and Health Policy Research. May 2019; http://bit.ly/38k7G8l.) After all, it is by definition a physician organization. This is achievable; we can take on the corporate interests. The American Academy of Emergency Medicine has shown this can be done, and has had the support of the AMA and large state medical societies like the California Medical Association and the Texas Medical Association. (AAEM. http:// bit.ly/3p9CHUS.)

Closed books are the lynchpin of corporate control and other unfair practice arrangements, and we need ACEP to help us pull it. EMN



Dr. McNamara is a professor and the chairman of emergency medicine at the Lewis Katz School of Medicine at

Temple University in Philadelphia and a founder of the American Academy of Emergency Medicine. Follow him on Twitter @RobertMcNamar12.

Emergency **Medicine News**

VOL. 43, NO. 3

Editor: Lisa Hoffman emn@lww.com Production Associate: Nick Strickland Sr. Audience Operations Manager: Dan Lenz

CEO & President: Greg Samios Senior Director, Publishing: Theresa M. Steltzer Publisher: Lynn Nace

Director. Continuing Education and Conferences: Karen E. Innocent, MS, APRN, BC, CRNP, CMSRN Translation, Rights & Licensing:

healthlicensing@wolterskluwer.com healthpermissions@wolterskluwer.com

Vice President, Advertising Sales: Ray Lender Director, Sales: Ben Crowe **Display Advertising Sales Representative**

(508)561-6570

olterskluv Career, Education & Events Advertising Sales Representative: Mike Rusch

mike.rusch@wolterskluwer.com

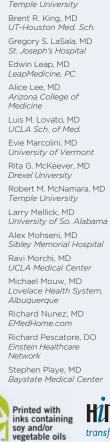
Editorial Board Chairman James R. Roberts, MD Drexel University College of Medicine Editorial Board

Anaeles

SUSTAINABLE FORESTRY

Dustin Ballard, MD Kaiser-Permanente Peter M.C. DeBlieux, MD Louisiana State University Zahir Basrai, MD Timothy B. Erickson, MD Univ. of California, Los University of Illinois Chicago Whitney Barrett, MD Morgan Eutermoser, MD University of Colorado Matthew R. Bartholomew, MD Thomas Fadial, MD Richmond, VA McGovern Medical School William Brady, MD Scott Goldstein, DO University of Virginia Einstein Healthcare Robert Brandt, MD Grand River Emergency Medical Group Network Leon Gussow, MD Cook County Hospital Italo Brown, MD, MPH Seth Collings Hawkins, MD Stanford Hospital University of North Carolina Charles Bruen, MD ennepin Co. Medical Ctr. Alberto Hazan, MD Las Vegas, NV Taylor Burkholder, MD University of Colorado Jerome Hoffman. MD UCLA School of Medicine Christine Butts, MD George Hossfeld, MD Louisiana State University University of Illin Theodore Chan, MD University of California Thomas Cook, MD Prisma Health Steven J. Davidson, MD Maimonides Medical Ctr Mark L. DeBard. MD Ohio State Univ rsitv

Lawrence Isaacs. MD Temple University Janetta Iwanicki, MD Denver Health Medical Ctr. Michelle Johnston MBBS Perth, Australia Bonnie Kaplan, MD University of Col ado



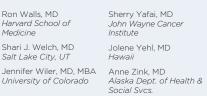
David Karras, MD

Brady Pregerson, MD Cedars-Sinai Med. Ctr Ali Raja, MD Harvard Medical School Carlos Reyes, MD, JD Los Robles Hospital & Medical Center Daniel Runde, MD Univ. of Iowa Hospitals & Clinics Sandra Scott Simons, MD Richmond, VA Sarah Selby, MD University of Colorado Courtney Smalley, MD Cleveland Clinic Rory Spiegel, MD Stony Brook University Rvan Stanton, MD Baptist Health Lexington Stuart Swadron, MD University of S. California Loice Swisher, MD Mercy Philadelphia Hosp Ellen Taliaferro, MD UT-Southweste

Peter Viccellio, MD SUNY School of Medicine David Vinson, MD Kaiser Permanente Sacra mento

David Wagner, MD Drexel University Graham Walker, MD Stanford School of

HIMSS transforming health through IT



Emergency Medicine News (ISSN 1054-0725) is published monthly by Wolters Kluwer Health, Inc. at 14700 Citicorp Dr., Bldg 3, Hagerstown, MD 21742. Editorial, business, and production offices at 28 Liberty St., 26th Fl., New York, NY 10005; e w.com. Printed in USA. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved. Periodical postage rates paid at Hagerstown, MD, and additional mailing offices. Physicians registered with the AMA/AOA as primary specialty emergency medicine are eligible for a free subscription. To order, cancel, or other subscription services, visit www.LWWforms.com/EMN, call (800)638-3030, or email emn@dmdconnects.com. Include your account number located above your name on your mailing label. POSTMASTER: Send address changes to Emergency Medicine News. PO Box 1610, Hagerstown, MD 21740. Subscription rates: U.S. individual \$328; U.S. institutional \$544; Canada individual \$405, Canada institutional \$652; outside U.S. individual \$431, outside U.S. institutional \$678; single copy \$56. No part of this publication may be reproduced without the written permission of the publisher. Advertising in EMN does not constitute on the part of WKH a guarantee or endorsement of the advertised products or services or of claims made by advertisers. The authors, editor, and publisher are not responsible for any errors or omissions or for consequences from application of the information in this publication, which remain the professional responsibility of the practitioner