Reviewing and Understanding Physician Employment Agreements

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Introductory Items

- My perspective and why it should be helpful to you
- What you want to know is as important as what I think you should know: please ask questions
 - I will be available during the Q&A session and the reception this evening to answer questions.
 - Feel free to email me after the presentation if you prefer a one-on-one discussion or need help finding counsel.

The Purpose of an Employment Agreement: Employer's Perspective

Your employer wants to set the rules governing:

- Our physicians' day-to-day practice;
- Our financial obligations to a physician;
- How we can deal with a problem physician (including termination of employment); and
- What happens after a physician is no longer employed.

A contract is a mechanism to set these rules before they are needed.

Thinking like an Employer: Before You Sign

- Read and understand your contract
 - Every part of your contract is in it for a reason
 - Hire an attorney to assist your review and help you understand. Local is good but not critical.
 - Help from an attorney is particularly valuable if you are moving into an atypical position, such as into academic medicine
 - ─ Use your attorney as a teacher, not a negotiator
 - Ask questions and get answers from your employer
 - Focus on big, important items when negotiating send your prospective employer 6 comments, not 60
 - Understand the rules that apply to your practice. Get and keep copies.

Before You Sign (cont.)

- Visualize your practice as described in your contract and in your interactions with your employer do they align? Is it consistent with what you want?
- Most Important: Focus on what happens when things go wrong
 - Both employers and physicians tend to ignore their agreements when things are going well.
 - Read your contract as if you are unhappy and want to leave. Will you be able to tolerate departure under the rules set forth in your contract?
 - Get and keep a copy of your contract.

Thinking like an Employer: After You Sign

- Continue to think like an employer / owner
- It's not a love note, it's due process. Promptly review any written communication from:
 - Your employer;
 - CMS or commercial payors; or
 - Your state Board of Medicine or other government bodies
- Provide proper notice when <u>you</u> are the one making a change
- Read and understand the post-termination provisions of your agreement <u>before</u> you act

The Basics: Compensation

Models:

- a. Straight salary or salary with incentive bonus
 - Understand eligibility rules and calculation

b. Production models

- Paid based on your productivity (adjusted charges/collections/value of RVUs less allocated expenses)
- Your production will be <u>negative</u> for the first several months
- Avoid or limit during first 2-3 years of practice

c. Other inputs:

- Third party payor adjustments: P4P models, attribution-based payments, shared savings and other third party risk-sharing
 - Multiple funding sources in academic medicine

Compensation (cont.)

Watch for and understand the following:

- 1. Can your employer change your compensation or your compensation <u>model</u> without your consent?
 - a) Reject the unilateral ability in a small practice;
 - b) Negotiate for "herd immunity" in a large practice; and
 - c) Pay attention to how your "herd" is defined in a multi-specialty setting.
- 2. How do insurer incentive programs affect your compensation?
 - a) Government programs like MIPS and advance payment models affect physician compensation
 - b) Commercial coordinated care programs, "value based" care initiatives, ACOs, and similar alternative payment models (APMs)
 - c) Does risk flow down to you? How?

Professional Liability Insurance

- Your employer should pay for coverage during your employment
- Usually written with "Per Incident" and "Annual Aggregate" limits
 - Know the cap(s) or other requirements in your state (if any)
 - You should be insured (i) to the cap/state requirement, if applicable, and (ii) in the same amount as other physicians in your practice
 - Academic medicine may be occurrence-based
- Know and follow your employer's reporting procedures, if any

Liability Insurance (cont.)

Two Types of Professional Liability Coverage (relevant to "tail"):

- (1) Occurrence-based Coverage
 - Covers a specified period of time, regardless of when a claim is made
 - Expensive; Uncommon outside of self-insured health systems (usually academic medical settings)
- (2) Claims-Made Policies
 - Coverage is contingent upon a claim being made within the policy period
 - Know your "retroactive date" and make sure your coverage is appropriate
 - We will discuss "tail" coverage later

Termination

- Employment agreements generally end in one of two ways:
 - Termination with cause
 - Termination without cause
- Understand what constitutes "cause" and negotiate for (i) written notice, and (ii) the right to cure any breach that can be cured
- Your employer will have the right to terminate your agreement without cause. Be sure you have the same right.

Other Cautions

1. Avoid or limit indemnities whenever possible

- a) An indemnity is an agreement that you will pay any costs or expenses that result from your acts or failures to act
- b) Your employer should insure against such losses and not look to you

2. Understand any other payment/repayment obligations

3. Buy-in Provisions (for non-institutional practices)

- a) Ask for specifics; include anything that is critical to you in your agreement
- 4. Restrictive Covenants (non-competes)
 - a) We'll discuss how these work later be sure you understand and can live with the terms
 - b) Remember that restrictive covenants are active during employment, as well, and will apply to your outside interests

Due Diligence: Kicking the Tires

Be an interviewer, not just an interviewee.

Ask questions about practice organization:

- How is the practice organized? Is it owned by a health system, health plan-affiliated, or private?
- How old are the partners / shareholders?
- Who last made partner? On what terms?
- How is call shared? How is holiday coverage apportioned?
- How (and how much) are partners compensated? What are regional averages in your specialty?
- Are the younger physicians happy? How many have left? When? Why?
- Do the practice physicians own other businesses or property used by the practice?

Due Diligence (cont.)

Ask questions about your employer's planning:

- Does the practice have a long-range plan? What is it?
- Is the local health system purchasing physician practices? Does the practice compete with local system-affiliated practices?
- Is the practice happy with its electronic medical record (EMR)? If not, why not?
- Does the practice participate in government/commercial insurers' Value-Based Care initiatives? ACOs? Other alternative payment models? Is it accepting risk? What has its experience been?

Talk to younger physicians and their spouses.

Other Thoughts about Being a Successful Employee

- 1. Know the rules, ask questions, keep asking until you understand
- 2. Confirm important matters in writing
 - a) I generally hate email, but email is a great mechanism to confirm conversations with your employer
- 3. Don't ignore bad news
 - a) Ask for help if you need it
- 4. Be careful with/avoid email with patients. Remember that advice provided via email needs to make it into your chart
- 5. Be very careful with text messaging (<u>never</u> with patients)
- 6. Don't be a doctor on social media

Terminating your Agreement

- Review your contract <u>before</u> you do anything.
 - Walk through the post-termination effects of your contract
 - "Two weeks notice" is only in the movies
- Don't rely on verbal agreements to waive contract terms.
 - If someone tells you "don't worry about that," you should definitely worry about that.
- Hire a local lawyer to help you.

Post Employment

- Watch for three things (and maybe a fourth):
 - Restrictive Covenants
 - Repayment Obligations: these are common with sign-on and relocation bonuses
 - Tail Coverage
 - (and any other obligations that continue after your relationship is over)

Restrictive Covenants

The Employer's Purpose: To prevent you from building a patient base, then leaving and taking your patients with you to a second employer or to your own practice.

General Prohibition: the physician may not practice medicine

- in competition with his/her employer
- within a defined area
- during or after employment
- (if after) for a set period of time

Restrictive Covenants

Non-competition agreements are increasingly disfavored but continue to be enforceable in many states. FTC rule stayed in August 2024; currently under appeal but what will the Trump administration do?

How is a covenant not to compete enforced?

- 1. Injunctive Relief (the court orders you to stop)
- 2. Money Damages (the court orders you to pay your former employer)
- 3. Awards of Attorneys Fees and Costs
- 4. Loss of Tail Coverage and other post-termination benefits*
- 5. Chilling Effect on Prospective Employers*
- 6. Expense and Uncertainty*
- *Note that these can occur even without litigation

Non-Competes: What are your options?

Before you sign:

- Review with counsel and understand the restrictions
 - If it's in your contract, assume it is enforceable and will be enforced
 - Ask yourself: Can I live with this? Can my spouse live with this?
 - Free marriage advice: really walk through this with your spouse

Negotiate limitations

- Mutually exercisable buy-outs are sometimes possible
- Negotiate to limit restrictions if your employer terminates without cause
- Health systems may agree to restriction on employment by other health systems / large competitors but not by independent or small group employment

Non-Compete Options (cont.)

After you sign:

- Plan ahead. Review and understand your contract before you take any action to end your relationship
- Consult with counsel before terminating employment

• Once again: You can't do any of this without a copy of your contract. KEEP A COPY OF YOUR CONTRACT.

Tail Coverage

Extended Reporting Endorsements

- a.k.a. "tail coverage"
- provides coverage of prior acts following termination of claims-made insurance

Before signing:

- (i) If your employer pays, make sure tail the agreement <u>requires</u> your employer to purchase it
- (ii) If you are responsible: Negotiate for cost-sharing. Your employer also benefits from tail coverage.

Phase 3: Other Post-termination Items

- Observe any notice periods
 - e.g., notice required for termination
- Watch for other contract provisions with posttermination effects:
 - Confidentiality provisions
 - Repayment obligations
 - Obligations to notify and cooperate (e.g., if you receive records requests or legal process)

Academic Medicine

• Contracts tend to be shorter and may require you to ask more questions and get answers

Duties / Obligations:

- Pay close attention to allocation among clinical practice, research and teaching
- Ask for policies governing the various aspects of your position
- Define and confirm your expectations in writing

Academic Medicine (cont.)

- Compensation:
 - More likely to be tiered and somewhat negotiable
 - Identify funding sources and determine whether they are contingent. Can you live on non-contingent funding?
 - Are all funding sources parties to your contract?
 - Are non-clinical elements of your compensation tied to discrete outputs (publication, evaluations)?

Outside legal help is particularly valuable here.

Final Thoughts

- There are no handshake agreements
- Get and keep a copy of your contract and other policies
- Walk through the termination of your contract before you sign it <u>and</u> before you end it
- Continue to think like an employer during your employment
- Avoid / understand contract language that makes you personally liable for claims or requires to you to repay money
- Consider hiring an attorney to review and advise

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