## Reviewing and Understanding Physician Employment Agreements

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## **Introductory Items**

- My perspective and why it matters 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 post-conference gathering this evening to answer questions.
  - Feel free to email me after the presentation if you prefer a one-on-one discussion.

## The Purpose of an Employment Agreement: Employer's View

## We need to establish our preferred 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.

## The Purpose of an Employment Agreement: Physician's View

I've spent 20+ years getting here.
How much do I make?

## 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
  - Use your attorney as a teacher, not a negotiator
  - Ask questions and get answers
  - Focus on big, important items when negotiating send your prospective employer 6 comments, not 60
  - Get copies of rules that apply to your practice and understand them

## Before You Sign (cont.)

- Visualize your practice as described in your contract
- 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;
  - Board of Medicine or other governmental entities
- 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> making a change

## The Basics: Compensation

#### **Compensation:**

- a. Straight salary
- b. Salary with bonus potential
  - Bonus can be production-based or fixed
- c. "Pure" production models
  - You are paid based on your productivity (adjusted charges or collected revenues less allocated expenses)
  - Your production will be <u>negative</u> for the first several months
  - Avoid pure production models during first 2-3 years of practice
- d. Compensation based in whole or in part on third party payor incentives, such as value-based care

## **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 multispecialty setting.
- 2. How do insurer incentive programs affect your compensation?
  - a) Government programs like MIPS and advance payment models will increasingly affect physician compensation
  - b) Commercial payors are following suit with coordinated care programs, "value based" care initiatives, and similar P4P incentives

## **Professional Liability Insurance**

- Your employer should pay for coverage during your employment
- Usually written with "Per Incident" and "Annual Aggregate" limits
  - Know the professional liability cap in your state (if applicable)
  - You should be insured (i) to the cap, if applicable, and (ii) in the same amount as other physicians in your practice
- 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
- (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 <u>you</u> 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 personally
- 2. Understand any other payment/repayment obligations
- 3. Buy-in Provisions (for non-institutional practices)
  - a) Ask for specifics and 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

## **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?
- Where is the practice in MACRA/MIPS transition?
- Does the practice participate in government/commercial insurers' coordinated care/P4P initiatives? 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 great for this if your practice permits it
- 3. Don't ignore bad news
  - a) Ask for help if you need it
- 4. Be careful with email and remember that advice provided via email needs to make it into your charts
- 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
  - 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**

Physician non-competition agreements are enforceable in most states.

#### **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. "Later of" Clauses (the court delays the start of your restricted period)
- 4. Awards of Attorneys Fees and Costs
- 5. Loss of Tail Coverage and other post-termination benefits\*
- 6. Chilling Effect on Prospective Employers\*
- 7. Expense and Uncertainty\*

<sup>\*</sup>Note that these can occur even without litigation

## **Non-Competes: What are your options?**

#### Before you sign:

- Review with counsel and understand the restrictions
  - Ask yourself: Can I live with this? Can my spouse live with this?
- 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 you employer pays, make sure tail is required.
- (ii) If you are responsible: Negotiate for cost-sharing. Your employer also benefits from tail coverage and cost-sharing is becoming more common

#### **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

## **Final Thoughts**

- Get and keep a copy of your contract and other practice 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
- There are no handshake agreements
- Hire an attorney to review and advise

### **Contact Information**

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