

IDSA

Infectious Diseases Society of America

Physician Compensation Initiative

In collaboration with the ID Association of California

Northern California

Fall Symposium

Saturday, Nov 4, 2023

3:30-4:30pm PT

Crown Plaza Hotel

Palo Alto, CA

Welcome and Introductions



Rima Abdel Massih, MD

IDSA Task Force Member
Associate Professor of Medicine, UPMC,
Pittsburgh, PA
Associate Chief of Telemedicine and Education



Clark Bosslet

Partner, ECG Management Consultants

Agenda

Time	Topic
5 minutes	Welcome and Introductions – Lawrence Bottorff, MBA, BSN, RN, CIC, Executive Director, Infectious Disease Association of California
15 minutes	Opening Remarks – IDSA Task Force member Dr. Rima Abdel Massih, MD <ul style="list-style-type: none">• Overview and goals of the IDSA’s Physician Compensation Initiative• Learning Objectives
40 minutes	What Does an ID Physician Need to Know for Compensation Negotiations to be Successful? – Clark Bosslet, Physician Compensation Consultant <ul style="list-style-type: none">• Measuring Effort• Elements of Compensation• Value-Based Arrangements• The Negotiation Process
30 minutes	Q&A

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Disclosures

Rima Abdel
Massih, MD

Infectious Disease Connect, Inc: CEO and Co-founder (ongoing),
Ownership Interest (ongoing)

Clark Bosslet,
ECG
Consultants

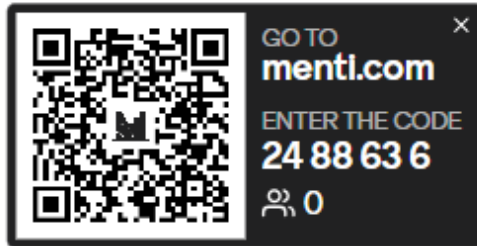
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Physician Compensation Initiative

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compensation needs.



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What is your primary employment type?



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Academic	Health System	Private Practice	Fellow In Training



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Do you have a compensation plan that is transparent and consistent?



0
Yes

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No

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Unsure



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Do you have an antimicrobial stewardship role at your institution?



0
Yes

0
No



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Do you have an infection prevention role at your institution?



0
Yes

0
No



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Yes

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No



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IDSA Physician Compensation Initiative: Session Overview & Goals

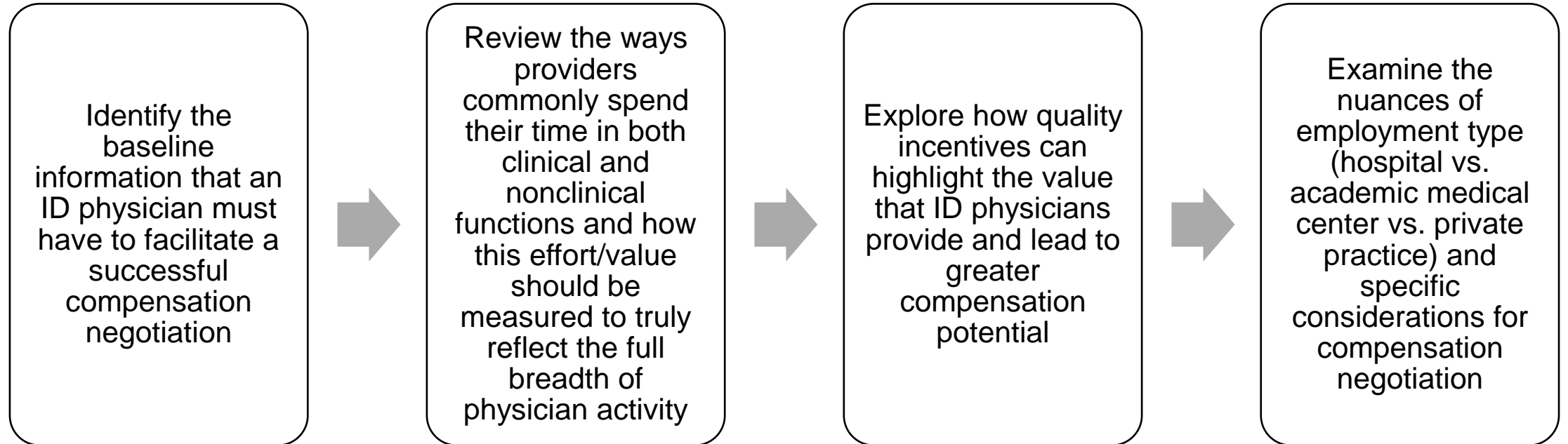


OVERVIEW: A discussion featuring Dr. Rima Abdel Massih, a member of IDSA's Compensation Task Force, and Clark Bosslet, one of IDSA's expert compensation consultants, to share information about the Physician Compensation Initiative and resources intended to help ID physicians gain comfort and confidence with IDSA compensation negotiation tools.



GOAL: To increase knowledge among ID physicians about physician compensation negotiation topics.

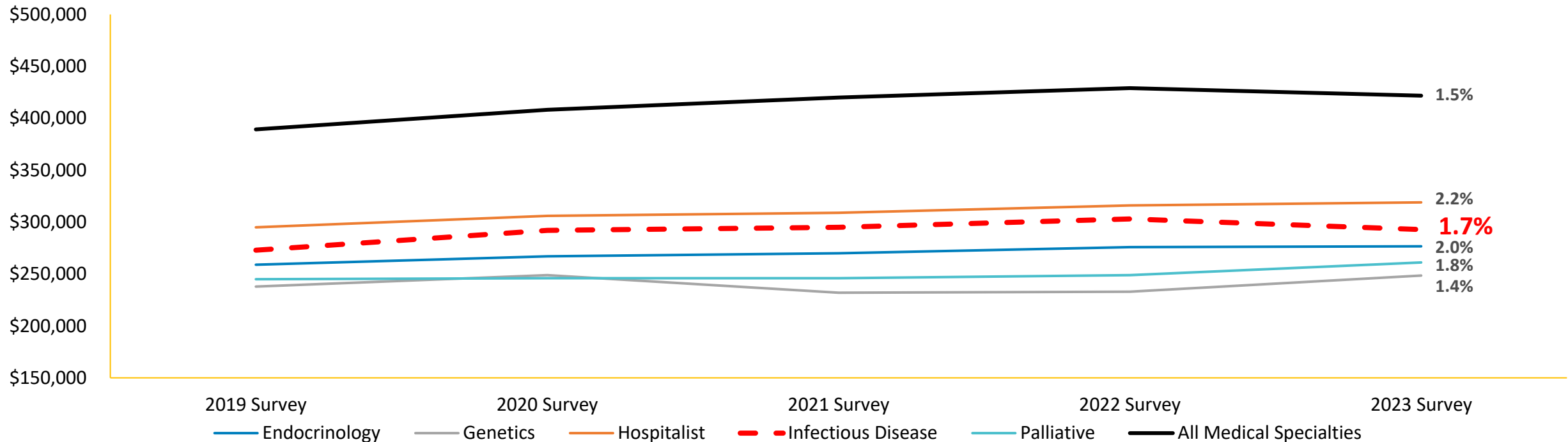
Learning Objectives



The Impetus for Change

ID physician compensation has remained intransigent compared to other medical specialties despite mounting favorable evidence of the value of their role within health systems.

Multispecialty Survey Median Compensation



Source: Years 2019–2023; respondent weighted blend of three surveys for the corresponding survey year: MGMA DataDive Provider Compensation, ECG *Physician and APP Compensation Surveys*, and AMGA *Medical Group Compensation and Productivity Surveys*. 2021 and 2022 survey data points, based on CAGR derived from weighted blend of previous survey years.

Impetus for Change (continued)

1

“Tyranny of the 1.0 FTE” and understated time commitment of ID physicians

2

Production-based compensation plans that are misaligned with actual clinical effort

3

Widespread un- or underfunded clinical and administrative effort

4

The need for greater adoption of risk- or value-based compensation

Physician Compensation Initiative

Physician Negotiation Education and Training



- Better define current compensation structures and levels for ID physicians across various practice settings
- Identify barriers, facilitators, best practices, and novel approaches to increasing ID physician compensation across practice settings
- Develop and disseminate education, tools, and resources on negotiation and physician compensation for ID physicians

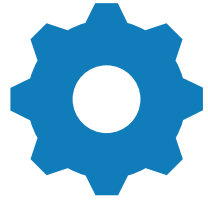
Value-Based Contracting Strategy Expansion



- Assess the current landscape and feasibility of value-based contracting for ID physician services
- Develop content and tools to help IDSA members be recognized in new payment models that are localized and tailored for specific ID activities

Physician Compensation Initiative

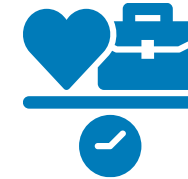
THE GOALS



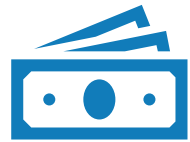
Negotiation Tools
and Resources



Regional In-Person
Sessions



Work-Life
Integration



Compensation that
Reflects ID Value



Improved Job
Satisfaction

THE TOOLS

Value-Based
Contracting Guide



Compensation
Negotiation Playbook



Webinars



Regional In-Person
Sessions



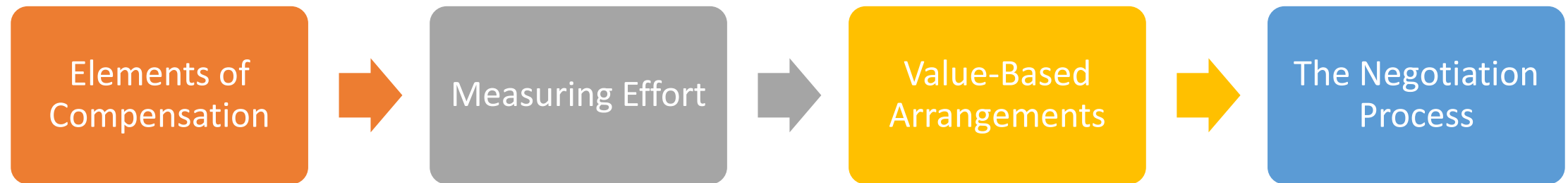
IDSA Compensation
Survey and Benchmarks



1:1 Compensation Sessions








What Does an ID Physician Need to Know for Compensation Negotiations to be Successful?



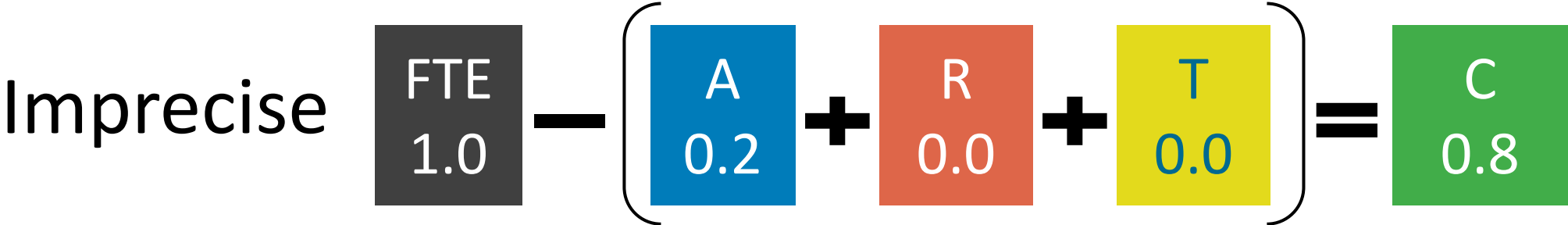
Defining Categories of Effort

Physician FTEs are commonly composed of the categories delineated below. However, the categories relevant to any individual physician are dependent on unique assignments.

	Category	Definition	Measure
Most common	 C Clinical	<ul style="list-style-type: none"> Is based on patient-facing and related effort Includes activities such as documentation in EHR, patient calls, interdisciplinary conferences, and teaching in the usual course of clinical care 	<ul style="list-style-type: none"> Patient facing hours Half-days Weeks on service Other
	 A Administrative	<ul style="list-style-type: none"> Consists of formally defined roles such as medical director and other administrative roles Includes clinical leadership roles if time is protected and/or compensated 	<ul style="list-style-type: none"> Annual hours (often tracked via time sheet)
	 R Research	<ul style="list-style-type: none"> Includes funded and unfunded research responsibilities, active grant management, and pursuit of grant opportunities 	<ul style="list-style-type: none"> Annual hours (including time securing grants)
	 T Teaching	<ul style="list-style-type: none"> Is didactic teaching that occurs during nonclinical, nonbillable time Consists of formal teaching positions and responsibilities (fellowship director, residency director, or clerkship director) 	<ul style="list-style-type: none"> Annual hours (including lesson planning, grading assignments, and didactic teaching)
Less common	 S Strategic	<ul style="list-style-type: none"> Includes other identified activities that support the institution (e.g., new provider practice start-up, new facility planning, EHR implementation) Consists of short-term administrative effort that might not always be recognized 	<ul style="list-style-type: none"> Annual hours (meeting preparation and attendance)

Defining an FTE

It is common for a physician's true clinical effort to be understated due to the mistaken assumption or perception that clinical effort is simply the remainder of 1.0 FTE less all nonclinical responsibilities.



Defining an FTE (continued)

The clinical component of physician deployment can be measured in various ways, based on the type of clinical services being provided.

Weeks worked per year in a specific patient setting (outpatient, inpatient consult service, etc.)

Sample Standard: 46 to 48 weeks per year

Shifts for each type of shift provided (inpatient consult service, restricted in-house call, etc.)

Sample Standard: 73 24-hour restricted/in-house call shifts per year

Half-day clinics per week

Sample Standard: 9 half-day clinics per week, with 1 half-day related non-patient facing activities

Tracking Effort

Defining a 1.0 FTE and understanding how your contributions compare to that definition are foundational for realizing an appropriate level of compensation or recognition, especially when job responsibilities change.

1

Establish the definition of a 1.0 FTE ID physician in your organization.

2

Track your individual contributions (effort) compared to that definition of a 1.0 FTE ID physician.

3

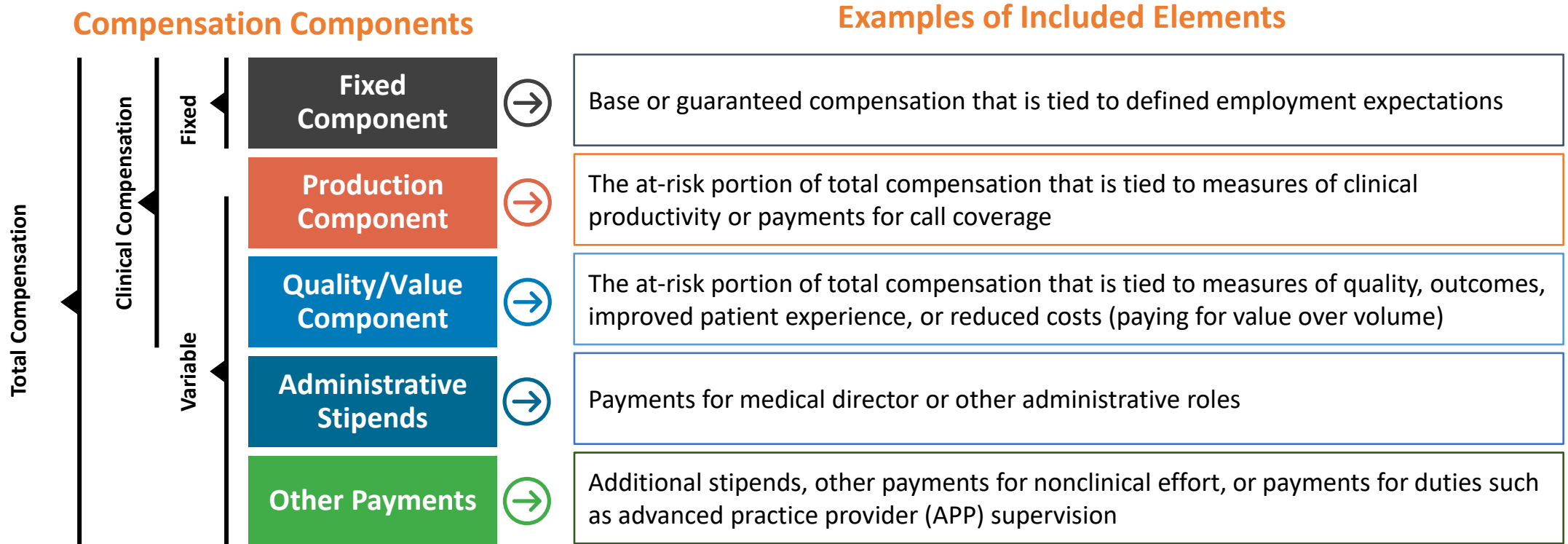
Negotiate for a level of compensation and/or time recognition that aligns with your contributions (effort).

4

Repeat steps 2 and 3 periodically so that changes in effort can be recognized.

Elements of Physician Compensation

Categories of compensation paid to a physician are dependent on the activities performed by the physician and are flexible based on an organization’s compensation methodology and strategic and financial objectives.

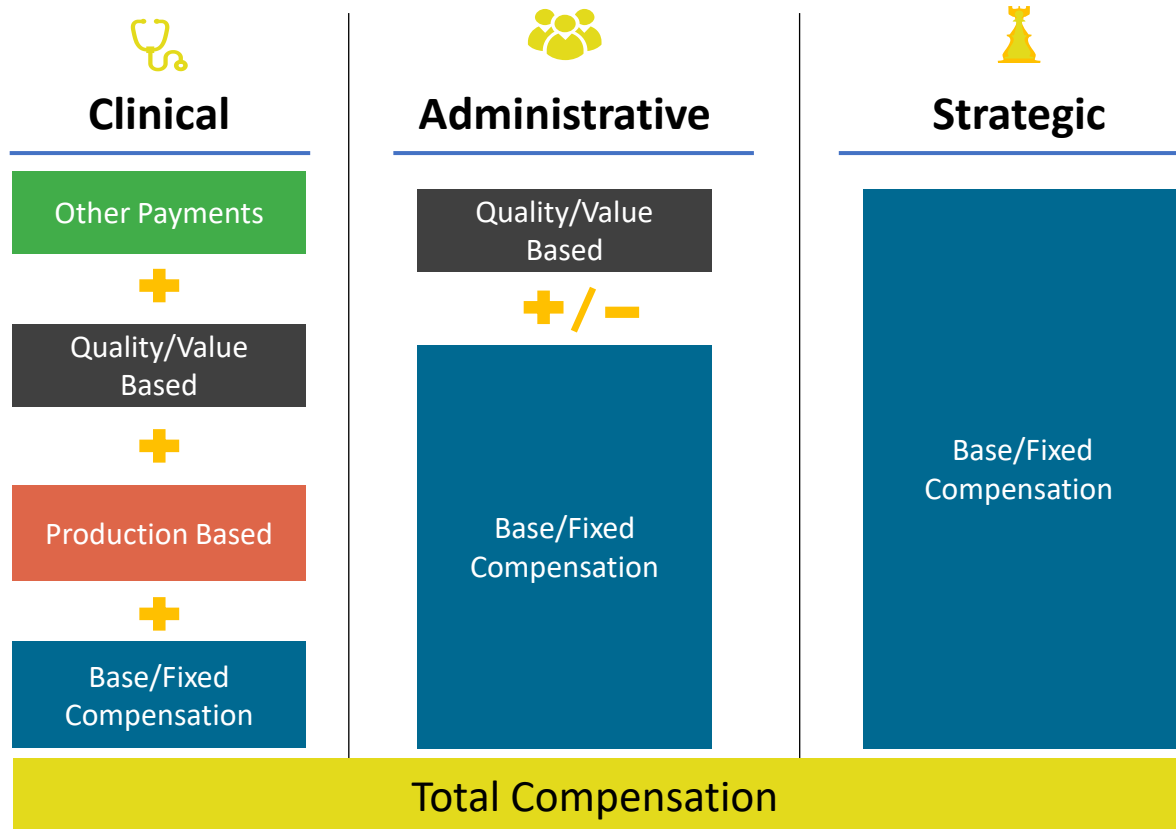


Excluded Components: Fringe benefits paid by the employer (e.g., retirement plan contributions and life and health insurance) and expense reimbursements. *These are outside the scope of benchmarks.*

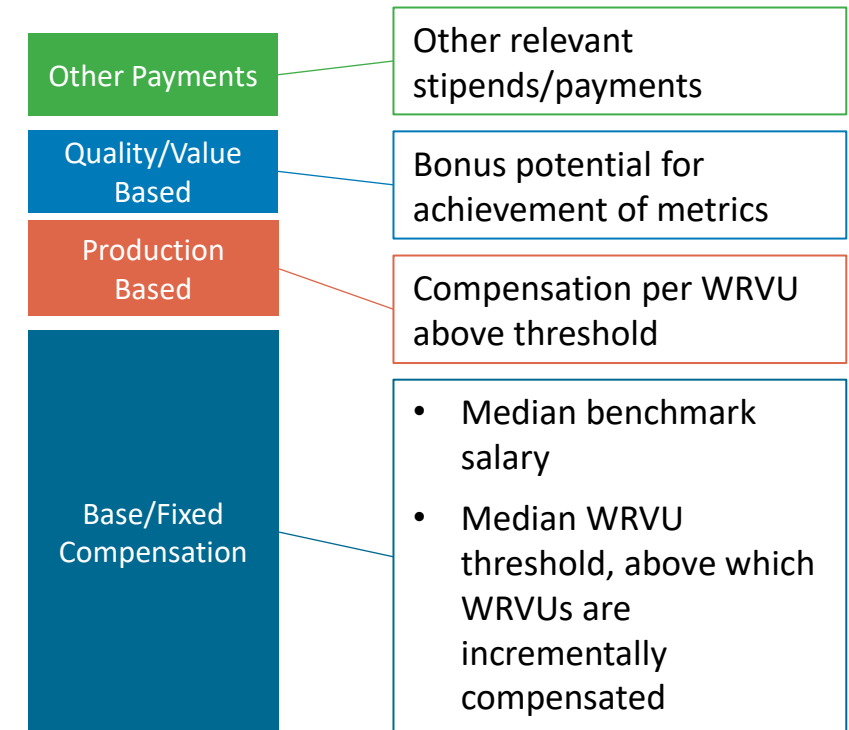
Structure of Compensation

In response to changing market dynamics, most hospitals and health systems who employ providers are implementing more progressive payment structures that segment compensation elements.

Structure by Category

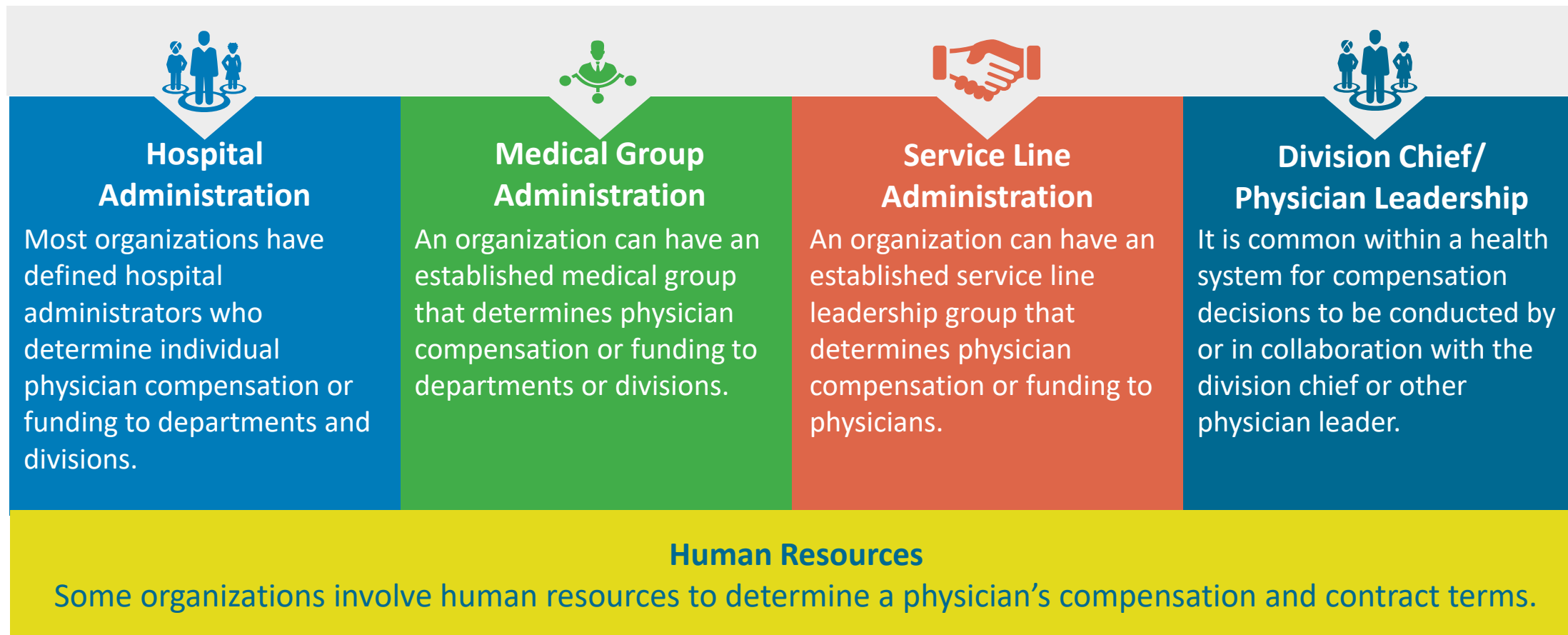


Recommended Structure for a Typical ID Physician



Compensation Decision-Makers

Depending on the organization, physician compensation may be determined by different people. Many organizations rely on a centralized decision-making structure (hospital or medical group administration), while others empower division chiefs and/or service line administrators to set physician compensation.



Considerations for Determining Compensation

Several important factors can influence how ID physicians are compensated and recognized for their contributions, both clinical and nonclinical.

Admin Time per FTE



- **Situation:** Organizations often reference an allowance or allowable administrative FTE allocation based on FTEs supervised
- **Assessment:** ID, as a specialty, engages in more administrative activities than other specialties (AMS, infection control, OPAT, others) and should not be beholden to a fixed rubric)

Subspecialization



- **Situation:** Organizations often reference generic ID benchmarks to set production expectations and compensation potential, regardless of physicians' sub-specialization
- **Assessment:** IDSA survey data reveals that various subspecialties within ID tend to be compensated more than their non-specialized peers

Clinical Deployment



- **Situation:** ID physicians are heterogenous, with clinical deployment varied across inpatient and outpatient practice areas as well as the number of facilities covered
- **Assessment:** Compensation should be derived through mix of fixed and variable compensation methodologies depending on a physician's practice profile, and administrative or clinical coverage of multiple hospitals should be recognized

Offer Sheet Checklist

Monetary Component

- Base Salary
- Clinical Expectations
- Opportunities for Enhanced Pay
- Sign-On and Relocation Allotments

Benefits Component

- Retirement Plans
- Loan Repayment
- CME Days and Dollars
- Personal Leave
- Noncompete Agreements

Culture Component

- ID Utilization and Treatment in the Workplace
- Curbsides or Referrals
- Administrative Roles, Academic Rank Progression, and Mentorship Opportunities

Negotiating Tactics and Opportunities

A successful negotiation is determined by the amount of preparation a physician commits to before interacting with the compensation decision maker.

Tactics

- Define all responsibilities and the associated effort/time to perform each.
- Determine the source of funding for each responsibility.
- Determine if there is adequate time to successfully meet all expectations associated with each responsibility.
- If involved in strategic projects that promote an institutional goal, determine if there is any monetary compensation if the goal is achieved.
- If representing the institution locally, nationally or internationally, determine if there is compensation or protected time that can be established for the effort.
- Understand any processes or procedures that are established at the organization regarding compensation negotiations.
- Know how your experience and credentials align with the needs of your employer.
- Utilize published benchmarks to demonstrate how you compare to peers (e.g., geography, sub-specialization, academic rank).

Opportunities

- OPAT
- Telemedicine
- Transplant ID
- Dedicated ICU coverage
- Multidisciplinary programs/clinics
- Complex care/patient acuity

ID Compensation in CA

- Potential pain points around compensation: Hospital Contract Rates for IP/ID/ASP services

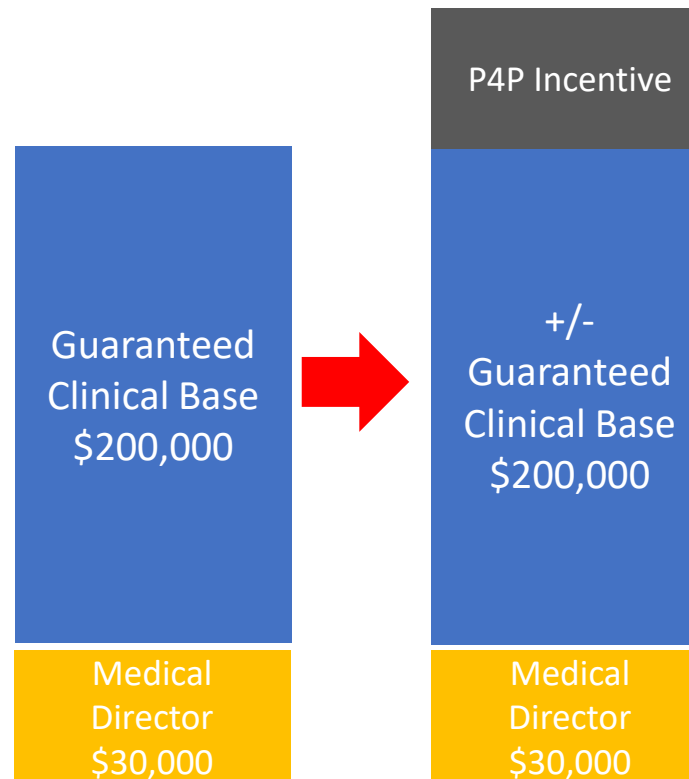
Hypothetical Case Study One: Individual Upside Pay-for-Performance (P4P) Model

How can Jane Doe, MD, earn an additional P4P incentive for work already being done?

Medical Director of Antimicrobial Stewardship and Infection Prevention and Control:
Focuses on several CDC NHSN metrics

Metrics attributable to Dr. Doe's work:
Antimicrobial use reporting, CAUTI rate, and *C. diff* rate

Funding source linked to these metrics, attributable to Dr. Doe's work:
Hospital/health system receives **Medicare payments linked to these metrics, using Q-HIP system**

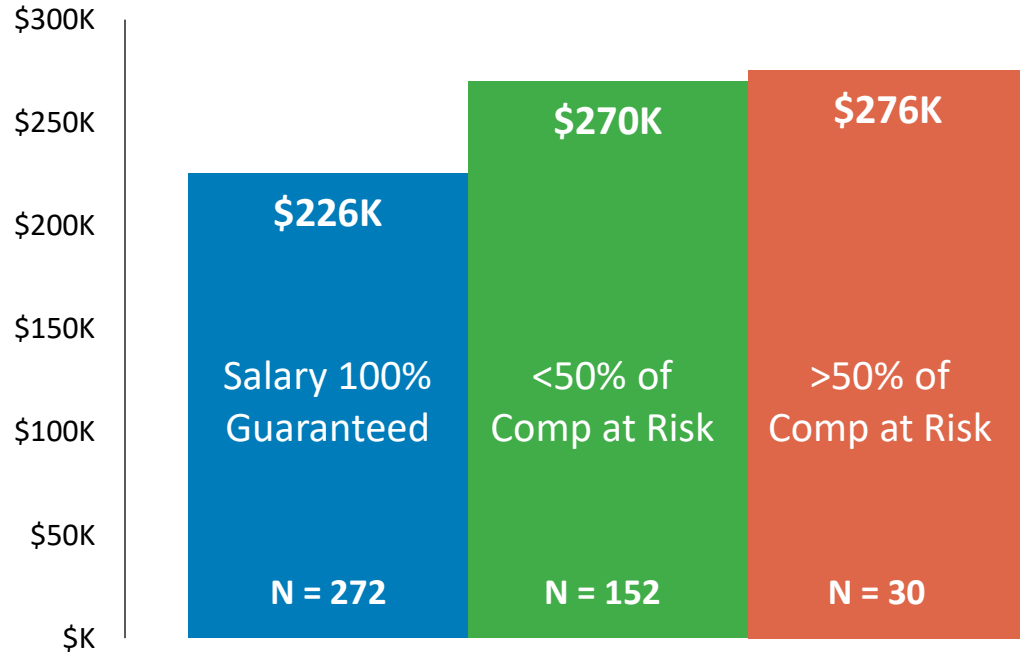


- **Negotiate P4P incentive**
 - Rewarded based on performance in existing quality metrics
- Establish **point system** using Q-HIP scoring system
- Percentage of total **points achieved determines percentage of P4P incentive** rewarded
 - For example, 85% of total possible points equates to 85% of incentive paid out
- For negotiations, it is important to note that the **health system has millions of dollars at risk** with payers based on performance

The Value of Risk

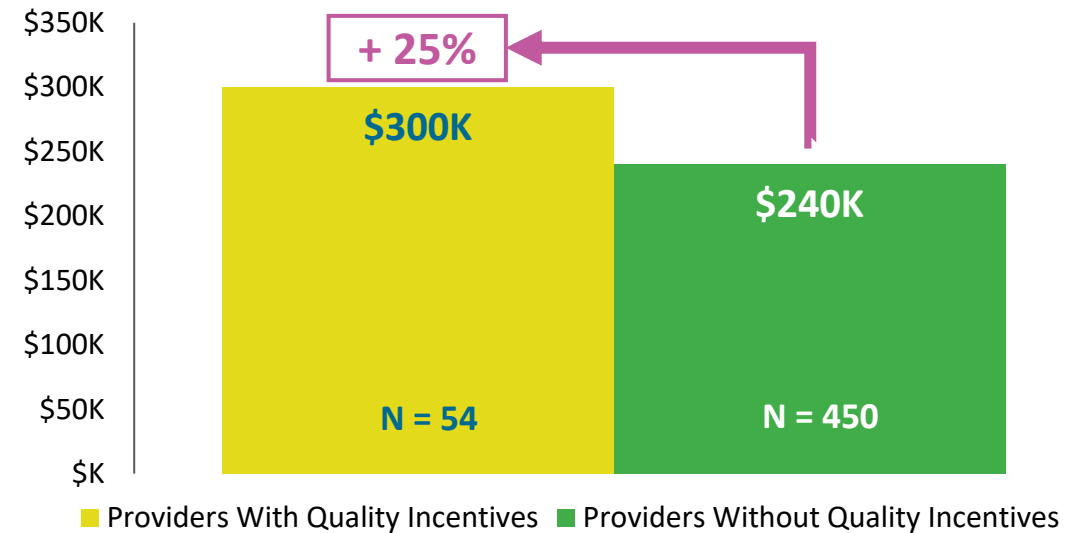
Among hospital/health system-employed ID physicians, those with variable components of compensation tend to earn materially more than their peers on a salary/guaranteed compensation plan.

Median Compensation by Compensation Plan Type



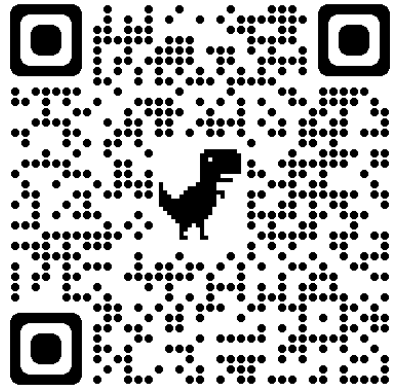
Source: 2023 IDSA Survey

Median Compensation With vs. Without Quality Incentives



Earned quality incentive compensation is \$15,000 at median. Commonly compensated metrics include AMS, *C. diff* infection rate, CLABSI rate, and CAUTI rate.

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Questions & Discussion









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Offer Sheet Checklist: Compensation

Monetary Component	Considerations
 Base Salary	<ul style="list-style-type: none">• Compensation tied to your defined employment expectations.• A one-to-two-year base salary guarantee is expected and will be paid at a higher rate in the first few years at a new employer; it should be at a rate high enough to offset your ramp-up period.• Base salaries will and should adjust the longer you are with an employer. Remaining on an income guarantee in the long term can result in underpayment relative to activities performed.
 Clinical Expectations	<ul style="list-style-type: none">• Confirm that clinical expectations (e.g., clinic obligations, WRVU output) are reasonable for the volume the organization tends to have.• Are the WRVU thresholds appropriately aligned with base salary, and is the premium on WRVU payout reasonable once your required threshold is met?
 Opportunities for Enhanced Pay	<ul style="list-style-type: none">• Review your offer for employment activities that can be negotiated as incremental to enhance your pay. Activities may include but not be limited to:<ul style="list-style-type: none">• Moonlighting, additional call, over-threshold production, quality upside, multispecialty clinic participation, administrative duties that are not outlined as a specific deployment value, and more.
 Sign-On and Relocation Allotments	<ul style="list-style-type: none">• Sign-on bonuses and/or relocation stipends are common and often expected part of an offer. This compensation is a flat rate, has an identified distribution timeline, and may be contingent on the completion of a certain certain time frame worked before receiving compensation in full.• The amount of this compensation will vary on years of experience, specialty, buyout clauses, distance to relocate, and more.

Offer Sheet Checklist: Benefits

Benefits Component	Considerations
 Retirement Plans	<ul style="list-style-type: none">• Employer-sponsored retirement accounts or pension plans remain a standard within offers, but the plan types differ. Identify which type of plan is offered and see if options offered align with your financial goals.<ul style="list-style-type: none">• 401(k)s, 403(b)s, profit-sharing plans, and cash-balance plans are common plans provided.
 Loan Repayment	<ul style="list-style-type: none">• Loan repayment can be an offered incentive depending on the organization, although the terms vary drastically based on several factors. Like sign-on or relocation incentives, there are often stipulations to the arrangement.• Typically, organizations will cut a large check to the physician's loan provider or set a standard amount the organization will pay the over time. The average tenure expected of the physician after repayment is two to four years.
 CME Days and Dollars	<ul style="list-style-type: none">• CME benefits are a popular perk for physicians, but they are not universal, and the dollars or time provided may not be aligned with the rising cost of CME.• The funds offered can range from hundreds to thousands of dollars and are something that can be inquired about and negotiated for if they are not in your present offer letter so long as counteroffers are reasonable.
 Personal Leave	<ul style="list-style-type: none">• Personal leave is a standard benefit that should be outlined to some extent in your offer.• The amount of paid leave that is offered will depend on the compensation payment model (purely production based versus income guaranteed), the expected work schedule (e.g., seven days on, seven days off), and more.
 Noncompete Agreements	<ul style="list-style-type: none">• Noncompete agreements are common in offers, though terms will vary greatly based on state, specialty, and practice scope.• Many agreements contain a buyout provision, a right that is unique to physicians, which in some cases prospective employers will pay on the physician's behalf.• Check your current agreement at your place of work and potential implications alongside your current offer.

Offer Sheet Checklist: Culture

Culture Component	Considerations
 ID Utilization and Treatment in the Workplace	<ul style="list-style-type: none">• The parameters in which ID physicians are used and treated in the workplace are a conceptual but critical consideration.• The simplest way to forecast appropriate utilization and treatment will be to fully understand the job requirements and duty section of the contract. Risk for overutilization or out-of-scope work will be reflected in items that allude to, but are not, clearly defined work expectations for “incremental” settings (e.g., call without specified pay, participation in multispecialty clinics).
 Curbsides or Referrals	<ul style="list-style-type: none">• Curbside consults and referrals are a standard part of most roles with a clinical deployment, although they are a component not often outlined in offer letters and contracts, as related to expectation and compensation.• Should it be indicated in the interview process that ID physicians are consulted more than what is considered normal for organization volume, it would be reasonable to explore incremental compensation within the context of incentivizing provider availability.
 Administrative Roles, Academic Rank Progression, and Mentorship Opportunities	<ul style="list-style-type: none">• Administrative and leadership roles, where applicable, are compensated for via nominal stipends and typically incremental to other compensation components. This applies to academic rank stipends as well as within academic institutions.• While these are compensated for, it will be important to have clearly defined expectations and the pathway to advancement if desired, as it is not a one-size-fits-all approach among organizations.