The Pediatric Paycheck: Working Compensation Models

Chip Hart
PCC UC 2017
chip@pcc.com
How can you ensure the fairest salary structure for your practice while upsetting as few people as possible and keep the practice healthy?
2008 Survey Details

• 2008, PCC Clients only
• More than 50 private pediatric practices across the country
• Average age of practice: 23 years
• Average size of practice: 3.9 FTE physicians
• ~10% solo, ~45% 2-5 physicians, ~45% 6+ physicians
• Average non-physician providers: 1
  • ~50% of practices use non-physician providers
  • Those practices average ~2 FTEs
2013 Survey Details

- 2013, more than 150 private pediatric practices across the country
- Average age of practice: 20 years
- Average size of practice: 5.9 FTE physicians
- ~12% solo, ~41% 2-5 physicians, ~31% 6+ physicians
- 54% employ "physician extenders"
- Average years in practice: 20
- 40% practice founders, 70% physician partners
2014 Survey Details

• 2014, more than 120 pediatric responses
• 50/50 Male / Female split
• 85% Owners
• 60% dependent children
• Focus on Work/Life Balance issues
2008 Survey Details, Compensation Models

- Split Salary: 54%
- Mixed: 27%
- Productivity: 19%
2008 Survey Details, Productivity Measures

- Visits: 4.8%
- Charges: 41%
- Collections: 54.3%
2008 Survey Details, Distribution Timing

- **Annual**: 44.6%
- **Monthly**: 8.9%
- **Quarterly**: 16.8%
- **Other**: 29.7%
2013 Survey Details, Compensation Models

- **Salary**: 32.7%
- **Productivity**: 21.4%
- **Mixed**: 27.6%
- **Other**: 18.4%
2013 Survey Details, Productivity Measures

- Collections: 43.5%
- Charges: 21.7%
- RVUs: 10.9%
- wRVUs: 5.4%
- Visits: 13%
- Sessions: 5.4%
2008 Survey Details, Part 3

• 60% of practices who have non-partner physicians guarantee salaries for one or more years.
• Nearly every non-physician provider is salary-based. Some exceptions.
• 25% of practices pay physicians for non-clinical duties (administration).
• Of those who pay for admin, 38% pay based on time, 44% pay a flat-fee, 6% pay a percentage of salary. 13% use another method.
• 10% of practices use other measurements for incentives (patient satisfaction, peer review, community outreach, etc.).
• 90% of practices who have non-partner physicians guarantee salaries for one or more years. Nearly all are primarily salary-based.
• 95% of non-physician providers are salary-based (with bonuses).
• 58% of practices pay physicians for non-clinical duties (administration).
• For those who pay for non-clinical duties, 70% pay for being Managing Director, 17% pay for negotiating work, 30% pay for clinical projects, 15% pay for H/R work, 26% pay for I/T work, 20% pay for being Medical Director, 11% pay for external professional work, and 25% find other things as well.
• Nearly none use other measurements for incentives (patient satisfaction, peer review, community outreach, etc.).
79% report that they do not expect to change their compensation model in the next year. The average practice last changed its method almost 14 years ago (large deviation).

25% of all respondents report dissatisfaction with their existing compensation models.
15% expect to change models within the year, 24% within 1-2 years, 25% in more than 2 years, and 36% say...never.
The average practice last changed its method 9 years ago. (large deviation)
71% of all respondents report satisfaction with their existing compensation models.
66% of employed physicians reported satisfaction with their existing compensation models, though overall satisfaction is lower.
Correlations!

- The age and size of a practice have no correlation to the style of productivity measurement. [2008 and 2013]
- Mixed and productivity-base practices are more likely to have changed recently. Salary-based practices are less likely to have been changed recently. [2008 and 2013]
- Productivity-based practices are less likely to expect to make changes. Salary-based practices are more likely. [2008 and 2013]
- **Salary-based practices are less likely to be satisfied with their compensation while productivity-based practices are more likely.** [2008]
- Productivity-based practices have the highest satisfaction, especially when compared to practices they know. [2013]
Correlations, Part 2

- Larger practices are less likely to be satisfied. [2008]
- Larger practices have a higher compensation satisfaction. [2013]
- Older practices are less likely to be satisfied. [2008]
- The age of the practice doesn't affect satisfaction. [2013]
- Satisfied practices are more likely to plan to make changes. [2008]
- Practices who have recently changed are more likely to be satisfied. [2008]
- Productivity model (charges, collections, visits, etc.) does not have much effect on satisfaction. [2008 and 2013]
What do they really want?

Ranking of compensation objectives on a scale of 1-6 by employed physicians, 2013 Pediatric Compensation Model Survey, PCC.
Work / Life Balance

- Nights on call, lack of vacation, evening work contribute to workload imbalance
- Gender, practice ownership, dependent children do not change workload imbalance perception
Take Aways

- One compensation model does not fit all
- Review compensation for non-clinical work
- Call, evenings, vacation are leverage points
- Set practice goals, not individual goals
- Discuss these issues before it becomes dramatic
- Consistently review your system
- Use computer tools to measure productivity
- “Close Enough” is Good Enough!
Real Life Example A

Group: 10 Pediatrician Practice
Type: 30 years, large metro area
Satisfied: Yes
Last Changed: 1974

Compensation Style:
- All partners straight salary.
- All non-partners straight salary.
- Partners evenly divide profits annually.
- Non-partners receive subjective bonus.
Real Life Example B

Group: 6 Pediatrician Practice
Type: 25 years, large metro area
Satisfied: Yes
Last Changed: 2004

Compensation Style:
- Partner income based on collections.
- Partners receive 100% of collections after fixed and variable costs.
- Non-partners on guaranteed salary for two years, with incentives.
- Assessments made quarterly.
Real Life Example C

Group: 7 Pediatrician Practice
Type: 31 years, suburban
Satisfied: Yes
Last Changed: 2003

Compensation Style:
- Partner income based on *total visits*.
- Visit counts are estimated and post-cost income distributed monthly. Annual re-assessments.
- Non-partners are salaried.
Real Life Example D

Group: 11 Pediatrician Practice
Type: 25 years, suburban
Satisfied: No
Last Changed: 1990

Compensation Style:
- 50% Salary based on FTE, 50% based on collections.
- Fixed and variable costs based on FTE.
- Only one physician given admin bonus.
Real Life Example E

Group: 5 Pediatrician Practice
Type: 20 years, suburban
Satisfied: No
Last Changed: 1990

Compensation Style:
- All salary, some adjustment for FTE
- Two partners change of life...1/2 time, no salary cut?
Real Life Example F

Group: Large Pediatric group in MA
Challenges: Mixed population with significant Medicaid “Generations” of physicians
Challenge: Distribute income fairly while promoting practice health and supporting local health clinics
Solution:
- Create a Mixed Model
- Salary represents the smaller portion
- Office-specific “RVU” system assigns points to primary procedures; weight procedures that benefit the entire practice
- Assign values to non-clinical work (volunteering at local clinic)
- Pay ‘bonuses’ quarterly and examine the system annually
- Distribute management tasks among partners and rotate often
- Allow high producers to “pay” their social obligations by supporting the work of their partners in local clinics