

CRAIG DERKAY

ASPO COMPENSATION AND WORKFORCE SURVEY 2020

Aspa Member Webinar
December 9, 2020

ASPO COMPENSATION AND WORKFORCE TASK FORCE

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Special thanks to Liz O'Keefe

BASICS

- **52% response rate (270/525)**
- **Median age was 40-49**
- **Entire US well represented**
- **66% are also Fellows of the AAP and 58% are Fellows of ACS**

STARTING SALARIES

- **39% were in practice for <10 years out of Fellowship**
- **These ASPO members reported a median starting base salary of \$225-250K with total compensation including bonuses and sign-on expenses at \$250-275K**
- **13% received starting salary >\$300k**
- **32% had no student debt and 65% had <\$100k while 10% have >\$250k**
- **When combining with spouse's debt, only 30% had debt <100k and 5% had debt >350k**
- **56% practice in same location since completion of Fellowship; 30% are in a second location; 19% in a 3rd location and 3% had more than 3 unique locations**
- **41% engaged an attorney to review their initial contract and 90% engaged in none or minimal negotiations**

ADDITIONAL FEATURES SINCE STARTING PRACTICE

50% have sought additional structured training in Leadership, Finance or Teaching skill

- **25% hold a secondary degree (MPH, PhD, MBA etc)**
- **When practice afforded partnership or equivalence, 30% achieved this after 1 year; 24% after 2 years and 6% not until after their 5th year**
- **62% hold primary appointment under Dept OTOHNS; 24% in Dept of Surgery and 15% in Dept Pediatrics**
- **40% of respondents work in groups without Adult ENT partners**
- **Most common (33%) is a group of 5-10 Pediatric Otolaryngologists while 7% are the only Peds Oto in the group**
- **APPs are very common: 75% have a PNP and majority have 1-2; 55% have a PA with 55% having 1-2 in the practice**

WORK EFFORTS

- **Median number of hours worked each week (all clinical and non-clinical activities) is 51-60 hours with 10% working >70 hours and 7% work less than 40 hours**
- **18% have reduced their workload since starting practice with most doing this before age 50 or after age 60**
- **The majority (46%) hope to retire at age 65-70 with 30% looking to retire between 60-65 and 10% before age 60 and 7% planning to die on the job! (?impact on workforce in Peds Oto calculations?)**
- **55% see patients at more than one location with 32% going to more than one satellite
40% go to a free-standing satellite OR and 75% to a satellite office without an OR**

PRACTICE CHARACTERISTICS

- **Most common breakdown is :**
 - 50% uncomplicated children needing uncomplicated procedures**
 - 20-30% complicated children needing uncomplicated procedures**
 - 20-30% are children requiring complicated procedures**
- **Most doctors schedule 16-20 children in a typical half day with <5% scheduling >30 children**
- **Templates typically allow for 15 min for new patients and 10-15 min for f/u and 10 min for postops. PA/NPs are used to add an additional 5-10 patients per 1/2 day office**
- **No shows and same day cancellations average 4-5 patients per day**
- **Majority (52%) see children in at least 16 1/2 day office sessions a month while 75% participate in at least one multi-disciplinary clinic per month (CPO implication)**
- **Typical month is 8-12 1/2 day OR sessions (or 4-6 full days) at Main hospital; 2-4 1/2 day OR sessions (or 1-3 full day) at a surgicenter/satellite OR. Clinic time to OR time is roughly weighted 1:1.**
- **Average is 80 new patient visits /month with a median of 65 surgeries each month**

PATIENT POPULATION CHARACTERISTICS

Most typical breakdown is:

Medicaid or Medicaid HMO.	50%
Commercial insurance	20%
HMO	20%
Tricare	5-10%
Indigent/self pay	<5%

- Only 10% report having more than 10% of patients enrolled in high-deductible HSA plans

PRACTICE SUPPORT

- **Surgery scheduler shared among 1-4 providers**
- **Office shared PNP/PA between 1-6 providers**
- **1/3rd do NOT employ an RN (when present shared between 3-4 providers)**
- **70% do not have shared LPN (when present shared between 3-4 providers)**
- **78% employ MAs typically shared among 3-4 providers**
- **Shared triage nurse present in 60% of practices**
- **Administrative assistant/Secretary shared between 3-6 providers**
- **Most do not have a Research Assistant but when present shared among >10 providers**
- **Office manager shared with the whole group**

SALARIES

- **Median income for practicing medicine was \$447,081 with 40% making between \$350-500k; 25% making <\$350 and 35% making >\$500k (20% making >\$600K)**
- **Most common compensation model is a base salary making up about 80% of compensation with a productivity bonus of 20% (10-15% are on a straight salary)**
- **RVU generation is the most common basis for calculation of a productivity bonuses and mean RVU generation was reported as 7001-8000**
- **Academic productivity incentive/bonus were present in 1/2 of practices but accounted for <5% of total compensation**
- **20% engage in occasional medical malpractice work**
- **40% are paid something for providing after-hours or trauma call but this typically accounts for <5% of total compensation**
- **Ownership in a surgicenter or medical office building is enjoyed by 23% and averages about 10% of total compensation**

COMPENSATION

- **Pre-tax retirement contributions between employer and employee averages \$40k with <10% contributing >\$65k and 25% contributing <\$25k**
- **Post-tax retirement contributions average \$20k**
- **Most feel that they are on-track financially to retire at their target date**
- **60% have a geographic non-compete clause in their contracts**

FUTURE GROWTH (PRE-COVID ESTIMATES) IN NEXT 5 YEARS

- **37% anticipate adding one net MD**
30% anticipate adding two net MDs
13% anticipate adding 3 or more net MDs
20% do NOT anticipate a net change in MDs
- **65% anticipate adding one or more APPs**
31% expect to add one APP
20% expect to add two APPs
15% expect to add 3 or more APPs
- **58% of the APPs are on a salary paid by the hospital or medical school independent of the physician practice while 35% are paid by the clinical practice**
- **1/3rd of APPs are able to earn a productivity bonus**
- **60% were NOT privy to the expenses of the practices but those who were estimated overhead of the practice excluding MD salaries at 50%**

CALL ISSUES

- 30% are being paid a specific stipend for taking call
- 65% are responsible for covering call at only one hospital while 19% cover 2 locations and 7% cover 3 locations and 5% cover 4 or more locations
- On call burden averaged 5 nights a month (1 in 6 nights) with 20% averaging <2 nights per month (1 in 15) and 8% more than 10 nights a month (1 in 3)
- 76% only cover children while on call while 24% cover adults and children on their call nights
- **Most have primary coverage while on call (86% have resident coverage; 28% have Fellow coverage and 23% have PA or PNP coverage)**
- **Daytime calls triaged by member of nursing staff (51%) or a nurse triage line (21%)**
- **40% get >7 patient related messages daily to respond to**
- **Paid time off for vacation averages 20 days with paid academic leave averages 10 days**
- **64% have protected research, teaching or administrative time (usually 2 days/month)**

STRESSORS

- **EHR is universally used: 65% use EPIC in the office/70% in their hospital
16% use CERNER in the office / 26% in their hospital
19% use another EHR in the office**
- **Top 5 issues of most concern:**
 - 1. Reimbursements for what we do**
 - 2. Creating a separate CPO**
 - 3. MOC**
 - 4. Long term workforce issues in Pediatric Otolaryngology**
 - 5. Advocacy at the state and national level**
- **Some degree of burnout at present or in the past reported by 80% with average score of 22 (0 not all and 100 ready to quit tomorrow). Most (60%) report low levels but 11% were at a level 41-50; 8% at level 71-80 and 4% to the level of considering quitting**
- **60% report re-thinking work/life balance; 30% have change work schedules; 22% have changed work focus and 17% have done nothing in response to feelings of burnout**
- **56% are extremely or very satisfied with the value of his/her ASPO membership while 6% are not satisfied.**

MOST COMMON SUGGESTIONS FOR IMPROVEMENTS

— Continue gathering this information and publish/distribute the results

— Engage the younger members more in the organization

— Pursue more diversity in presenters/moderators at annual meeting with emphasis on more complex topics

— Concerns with the pursuit of CPO certification

— Have ASPO support/promote local and regional education efforts by its members

— Make the survey shorter

CUTEST GRANDCHILDREN
EVER!

