NASPGHAN Clinical Practice Committee
With Statistician, Jack Wiedrick, M.S.
October 10, 2015

Objectives

- Participants will be able to perform the following:
  - Describe demographics of respondents to the 2014-2015 NASPGHAN Clinical Practice Survey
  - Access NASPGHAN web-link to view survey data
  - Describe limitations for analysis of Work RVUs, base salary & bonus data due to categorical answers
  - Suggest one method to improve future surveys

Disclosure: Conflict of Interest

There are no relevant financial relationships with a manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.
Why Study U.S. Practices of NASPGHAN?
-U.S. Medicine is Changing Rapidly

Methodology
- NASPGHAN leadership draft approval, 2014
- OHSU IRB approval obtained
- Surveymonke used for data collection
- Three response announcements/reminders fall of 2014 and winter of 2015 before closing.
- Paper & online responses accepted
- 487 anonymous respondents out of 1697 (29%) US NASPGHAN members at closing date, 2015.

Survey Response Analysis
- Surveymonke basic analysis
- Statistical analysis by OHSU statisticians
  – Thuan Nguyen, Eric Chen, & Jack Wiedrick
- Limitations
  – Categorical answers limit statistical analysis
  – Cannot derive mean, SEM/SD or accurate ranges
    • Taking mean of the midpoint of the answer range is a guesstimate, and is not accurate.
Who Comprise the U.S. Part of NASPGHAN?

Gender Reported by 480 Respondents

38% Female

62% Male

Age Distribution 486 Answered, 1 Skipped

- 31.48% under 40
- 25.31% 40 - 49
- 24.80% 50 - 59
- 16.67% 60 - 69
- 1.65% over 70
Respondents- Board Certified/Eligible in Pediatric Gastroenterology Answered: 485

- Yes: 98.35%
- No: 1.65%

Ethnic Composition of 485 Respondents

- American Indian, Alaska Native: 7%
- Hispanic, Latino: 19%
- Asian (SE Asia, Indian subcontinent, Philippines): 2%
- Native Hawaiian, Pacific Islander: 67%
- Black or African American: 1%
- White or Caucasian: 3%
- Other: 1%
- Prefer not to answer: 0.0%
- More than one race: 20.0%
- Multiple races: 40.0%
- All races: 60.0%
- None of the above: 100.0%

Number of Pediatric Gastroenterologists in Group Answered: 478 Skipped: 9

- 1: 0.70%
- 2 - 5: 31.57%
- 6 - 15: 29.71%
- 16 - 25: 16.53%
- More than 25: 13.01%
Clinical Practice Survey, Practice Setting

Academic, Primarily Clinical: 63%
Hospital-Based Practice: 15%
Private Practice, Solo: 19%
Academic – Primarily Administrative: 5%
Private Practice, Multi-Specialty Group: 4.34%
Private Practice, Group Single Specialty: 6.40%
Academic, Primarily Research: 2.48%
Academic, Primary Practice: 0%

Academic Practice Tracks

Academic Practice Tracks Answered: 325 Skipped: 162

Non-Tenure Track: Clinical Investigator: 61%
TENURE Track: Clinical Educator: 33%
TENURE Track, Clinical Investigator: 14%
Non-Tenure Track, Clinical Investigator: 6%
None: 5%

Regional Representation Compared to 2010 Census

Regional Representation Compared to 2010 Census Answered: 487 Skipped: 0

Northeast: 12%
Midwest: 11%
Southwest: 10%
South: 20%
Rocky Mtn: 8%
Northeast Atlantic: 4%
Midwest: 25%
Southwest: 18%
South: 23%
Rocky Mtn: 17%
Northeast Atlantic: 10%
Midwest: 15%
Southwest: 13%
South: 14%
Rocky Mtn: 12%
Northeast Atlantic: 5%
Midwest: 10%
Southwest: 9%
South: 12%
Rocky Mtn: 8%

Percent of Total Survey Sample
Percent of US Population, 2010 Census
Productivity Measurements

• Total vs. Work RVUs
• Clinical fte (cfte)
• National benchmarks
  – AAAP, MGMA, AMGA, FPSC
  – % cfte confounds comparison of Work RVUs
  – Extrapolation to 1.0 cfte skews & inflates benchmarks

WRVUs Reported by Full-Time Respondents

Academic Rank, Practice Setting vs. wRVUs
What accounts for the difference in wRVUs in Practice Setting?

- Number of patient seen/week?
- Increased proportion of new patients?
- Increased procedures proportion?
- More support?
- Fellows in the practice?
Do Academic Programs with **Fellows** Have Higher Work RVUs?

- 275 full-time academic physicians responded
  - 72% of those reported having a fellow

- No evidence that having a fellow significantly influenced wRVU totals.
8% of Respondents - Hepatologists

WRVUs Hepatologists vs. Generalists

Weekly Procedures: Generalists vs. Hepatologists
Base Salary for Generalists vs. Hepatologists

Relative proportions of salary ranges by specialty full-time gastroenterologists

Base Salary, Bonuses & Penalties

Salary Ranges for Full Time Gastroenterologists

Distribution of base salary ranges full-time gastroenterologists
Base Compensation Reported vs. cfte

Base Salary By Practice Setting

Base Salary by Region
Productivity-based incentives last year?

- Academic bonuses: $1K - $5K
- Hospital-based: $250E - $300K
- Private Practice: $300K - $400K

Base Salary at Risk if Targets Not Met

- Answered: 444
- Skipped: 43

Possible Game Changers
Indirect Patient Care Time

- Indirect patient care = time spent reviewing records, test results, coordinating care & communication with patients/families, not face-to-face.
- Ratio of direct: indirect patient care equivalents reported is **5:2**
- Ratio is independent of cfte.

Number of Advanced Practice Providers (NPs & PAs) in Your Practice Group

Answered: 478  Skipped: 9

Do Advanced Practice Providers (AP) Increase Work RVUs Reported by Physician Respondents?

Having APs in practice appears to:
- Correlate with higher *salary per wRVU*.
- Be associated with lower physician wRVUs
- 87% of academic physicians on average have APs, compared to about 57% of non-academic docs
- After adjusting for practice type, physicians with at least one AP in their practice have 5% - 35% lower wRVUs.
Number of sites served, >10 miles away from primary practice location
Answered: 356  Skipped: 131

Support

Services assigned/immediately available to clinic
Answered: 473
Is there an optimal RN:MD ratio for productivity?

Graphs by practice type
Conclusions

• 2014 NASPGHAN Clinical Practice Survey included 487 physician responses, 29% of U.S. NASPGHAN membership.
• East coast was slightly over-represented
• West coast was slightly under-represented
• No regional difference in base compensation detected.

Conclusions, Practice Setting

Private practice & hospital-based practitioners:
  – Saw more patients weekly
  – Performed more weekly procedures
  – Reported higher wRVUs
  – Had higher ratio of nursing to provider support
  – Earned higher base salary
  – More likely to receive a productivity bonus

Academic practitioners:
  – Saw fewer patients & higher % new patients
  – Earned lower wRVUs
  – Earned lower base salary
  – Were 8 times less likely to earn a bonus
  – Had lower ratio of nursing-to-provider support
Conclusions, Continued

Fellows did not impact wRVUs of supervising/attending physicians
Hepatologists compared to generalists
– Saw fewer new patients
– Performed fewer procedures
– Earned lower wRVUs than generalists

Categorical data limited statistical analysis

Future Studies & Directions

NASPGHAN needs regular clinical practice surveys
• Discrete, numerical responses will allow deeper analysis of wRVUs, optimal nursing & ancillary service support ratios, salary, bonuses
• Alternate survey tools may enhance analysis
• Statistician should assist in design & analysis

Thanks to NASPGHAN leadership for supporting the survey effort
NASPGHAN Clinical Practice Committee

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Thank You - OHSU Statisticians

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