Subject: Compensation survey

March 8, 2015
Edward Fry, MD, FACC (fry5@comcast.net)

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

___ Total dollar amount possible (base + bonus)
___ Duration of contract
___ Simplicity of plan design, ease of implementation
___ Incentivizes System/Group success or production
___ Incentivizes Personal success or production
___ Incentivizes Quality metrics over production
___ Amount (%) of total compensation "at risk" based on incentives
___ Adaptable model, able to change over the course of the contract based on changing payment models
___ Standardized across a system or practice ("one size fits all")
___ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; ___ Integrated/Employed, ___ Independent; ___ VA/Military

March 8, 2015
David May, MD, PhD, FACC (dcm1988@me.com)

Ed
Are you asking us our opinion or that of our view of our groups response to the questions?
Dave

March 8, 2015
Matthew Phillips, MD, FACC (mattphillips1@me.com)

1. The pay of the physician executive who has to manage the financial expectations of the remainder of the physicians

Matt

March 8, 2015
C. Michael Valentine, MD, FACC (cmichaelvalentine@msn.com)

agree...Ed.might add physician management and dyad leadership of the practice/service line to the mix.. that has a very high value in many progressive contracts mv

March 8, 2015
John Messenger, MD, FACC (John.Messenger@ucdenver.edu)
Where does flexibility in work schedule and protected time off fit in to the compensation plan?

As someone in academic practice, this is one of the characteristics that is highly valued by some and would rank quite high in any plan but is not listed in your choices.

John M

March 8, 2015
Jesse Adams, MD, FACC (jadams03@bluegrass.net)

Ed-

we’re in the process of negotiating our contract currently (the first after the initial when joining Baptist Health) and our top priority is governance rather than any of the listed topics- do you want to include that in your list as well? I see a few other questions- will respond once I’m sure I have the final list.

Thanks-
Jesse

March 8, 2015
Nicholas Stamato, MD, FACC (Nicholas.Stamato@ccmh.net)

And I agree, structure and amour of time away from clinic is an important issue.

Quality measures are still difficult as are group success measures for all the the director

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

___3__ Total dollar amount possible (base + bonus) ___1__ Duration of contract
___4__ Simplicity of plan design, ease of implementation ___7__ Incentivizes System/Group success or production
___5__ Incentivizes Personal success or production ___8__ Incentivizes Quality metrics over production
___6__ Amount (%) of total compensation "at risk" based on incentives ___9__ Adaptable model, able to change over the course of the contract based on changing payment models ___10__ Standardized across a system or practice ("one size fits all")

Please check: ___ Academic practice; ___x___ Integrated/Employed, ___ Independent; ___ VA/Military

March 8, 2015
Edward Fry, MD, FACC (fry5@comcast.net)

Individual opinion, taking into account your position in your practice. Thanks
I find the response difficult in that aspects of the list below are what I would consider subcategories of a contract. But I did the best I could. I answered this as I personally would look at it.

Incentives quality over production is important, but few in my group feel the IT systems or grading systems/measurements are sophisticated enough to be accurate of true quality care.

\_2\_ Total dollar amount possible (base + bonus)
\_1\_ Duration of contract
\_9\_ Simplicity of plan design, ease of implementation
\_4\_ Incentivizes System/Group success or production
\_6\_ Incentivizes Personal success or production
\_5\_ Quality metrics over production
\_3\_ Amount (%) of total compensation "at risk" based on incentives
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\_10\_ Standardized across a system or practice ("one size fits all")
\_7\_ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; _X_ Integrated/Employed, ___ Independent; ___ VA/Military

Randall Stark MD

March 8, 2015
Edward Fry, MD, FACC (fry5@comcast.net)

I knew I would get lots of good comments/suggestions from the BOG. My focus on the comp issue is more the financial aspects, less about practice/system structure/governance - though critically important. I should have included another item; "other". Thanks for the feedback. - Ed

March 8, 2015
Edward Fry, MD, FACC (fry5@comcast.net)

Well stated, as a "physician executive who has to manage the financial expectations of the remainder of the physicians"! An interesting issue, as the comp of several physician executives around the country has been significantly negatively impacted, as you know, due to the limitations under Fair Market Value Analysis. Such restrictions do not apply to non-physician health system executives - incentivizes the physician executive to stop being a physician.

March 8, 2015
B. Hadley Wilson, MD, FACC (Hadley.Wilson@carolinashealthcare.org)

A good survey Ed for the cardiologist in the thick of it. Will be interesting to hear your results next week.
Thanks,
Hadley
I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

8

___ Total dollar amount possible (base + bonus) 9___ Duration of contract 6___ Simplicity of plan design, ease of implementation 10___ Incentivizes System/Group success or production 7___ Incentivizes Personal success or production 2___ Incentivizes Quality metrics over production 3___ Amount (%) of total compensation “at risk” based on incentives 5___ Adaptable model, able to change over the course of the contract based on changing payment models 4___ Standardized across a system or practice (“one size fits all”) 1___ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; x___ Integrated/Employed, ___ Independent; ___ VA/Military

March 9, 2015
Timothy Dewhurst, MD, FACC (tdewhurst@comcast.net)

Here you go Ed

Good luck making sense of it all.

In a non-numerical way, I would really value a contract paying market value for doing the right thing with some production safeguards to avoid doing too little. Not mentioned below is appropriate valuation of work not typically valued with RVUs (phone calls, emails, group classes, insurance hassles etc)

Tim

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

_2_ Total dollar amount possible (base + bonus)  
_9_ Duration of contract  
_1_ Simplicity of plan design, ease of implementation  
_6_ Incentivizes System/Group success or production  
_8_ Incentivizes Personal success or production  
_5_ Incentivizes Quality metrics over production  
_7_ Amount (%) of total compensation “at risk” based on incentives  
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Please check: ___ Academic practice; _X_ Integrated/Employed, ___ Independent; ___ VA/Military

March 9, 2015
Matthew Phillips, MD, FACC (mattphillips1@me.com)

Exec pay is less than clinical pay per hour. It dilutes the overall pay a bit because you cannot pay the person the lower amount as it becomes a disincentive to do the work
Then all the docs suffer as there is no engagement of physician leaders

Length of contract is irrelevant as all have an escape clause of some sort (or you will wish they had)

Length of RVU or TVU set rate should be 3-5 years. Feds say cannot get longer. Health system will internally check for FMV every 2

The pay for performance is a challenge because it takes money off the table that you have to earn back unless you are in ACO or formal Medicare program

The total pay plus incentive pay is the FMV- incentive is not extra money

You will want to be able to terminate people more than the health system will. The with cause one is an easy give away; that's because there is a legal remedy built in if false.

We just redid our contract for next 10 years. In the 6th year now.

Matt

March 9, 2015
Andrew Miller, MD, FACC (amiller@cvapc.com)

Ed:

My best effort is below - but they are all important. Count this in the MedAxiom pool too.
Warmest Regards,
Andy

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

__ 4 __ Total dollar amount possible (base + bonus)
__ 8 __ Duration of contract
__ 9 __ Simplicity of plan design, ease of implementation
__ 1 __ Incentivizes System/Group success or production
__ 2 __ Incentivizes Personal success or production
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Please check: ____ Academic practice; ___ x ___ Integrated/Employed, ____ Independent; ___ VA/Military
March 9, 2015  
John Erwin, MD, FACC (JPERWIN@sw.org)

Ed-
My responses from a practice setting of a large integrated group practice with strong med school affiliation.
-john

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_6_ Total dollar amount possible (base + bonus)
_9_ Duration of contract
_5_ Simplicity of plan design, ease of implementation
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Please check: ___ Academic practice; ___ Integrated/Employed, ___ Independent; ___ VA/Military

March 9, 2015  
Sunil Mankad, MD, FACC (Mankad.Sunil@mayo.edu)

Here you are.

Sunil Mankad

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

_6_ Total dollar amount possible (base + bonus)
_9_ Duration of contract
_5_ Simplicity of plan design, ease of implementation
_1_ Incentivizes System/Group success or production
_2_ Incentivizes Personal success or production
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_3_ Amount (%) of total compensation "at risk" based on incentives
_7_ Adaptable model, able to change over the course of the contract based on changing payment models
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_10_ Defined terms of termination of the contract and severance if without cause.

Please check: _X_ Academic practice; ___ Integrated/Employed, ___ Independent; ___ VA/Military
March 9, 2015
David May, MD, PhD, FACC (dcm1988@me.com)

From the perspective of the Managing partner trying to negotiate for a group w input from the group members

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

__3__ Total dollar amount possible (base + bonus)
__4__ Duration of contract
__5__ Simplicity of plan design, ease of implementation
__1__ Incentivizes System/Group success or production
__2__ Incentivizes Personal success or production
__6__ Incentivizes Quality metrics over production
__8__ Amount (%) of total compensation "at risk" based on incentives
__7__ Adaptable model, able to change over the course of the contract based on changing payment models
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Please check: ___ Academic practice; ___ Integrated/Employed, ___X Independent; ___ VA/Military

March 9, 2015
Edward Toggart, MD, FACC (etogg1@mac.com)

From the perspective of the Managing partner trying to negotiate for a group w input from the group members

__1__ Total dollar amount possible (base + bonus)
__3__ Duration of contract
__2__ Simplicity of plan design, ease of implementation
__6__ Incentivizes System/Group success or production
__10__ Incentivizes Personal success or production
__9__ Incentivizes Quality metrics over production
__7__ Amount (%) of total compensation "at risk" based on incentives
__8__ Adaptable model, able to change over the course of the contract based on changing payment models
__5__ Standardized across a system or practice ("one size fits all")
__4__ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; ___ Integrated/Employed, ___X Independent; ___ VA/Military

March 9, 2015
Jay Alexander, MD, FACC (drjay100@aol.com)

From the perspective of the Managing partner trying to negotiate for a group w input from the group members
Ed,
Here you go..

_2__ Total dollar amount possible (base + bonus)
_8_ Duration of contract
_6_ Simplicity of plan design, ease of implementation
_1_ Incentivizes System/Group success or production
_3_ Incentivizes Personal success or production
_5_ Incentivizes Quality metrics over production
_4_ Amount (%) of total compensation "at risk" based on incentives
_7_ Adaptable model, able to change over the course of the contract based on changing payment models
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_9_ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; ___ Integrated/Employed, x Independent; ___ VA/Military

March 9, 2015
Garwood Gee, MD, FACC (Garwood.Gee@kp.org)

From the perspective of the largest multispecialty physician group in the state, one of the largest and most long-standing in the country.

Garwood

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

_1_ Total dollar amount possible (base + bonus)
_10_ Duration of contract
_8_ Simplicity of plan design, ease of implementation
_3_ Incentivizes System/Group success or production
_5_ Incentivizes Personal success or production
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_2_ Standardized across a system or practice ("one size fits all")
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Please check: ___ Academic practice; x Integrated/Employed, ___ Independent; ___ VA/Military

March 9, 2015
Gilead Lancaster, MD, FACC (Gilead.Lancaster@bpthosp.org)

Hi Ed,
This is an wonderful, if not a very ambitious undertaking, since I am sure every cardiologist is pretty unique and/or is in a unique situation. For example, I am in a hospital based practice in a community
hospital that is extremely devoted to academics, but in some ways has an integrated/employed structure. In this regard the incentives and even the hierarchy of my practice are quite variable. In addition, my job description is extremely diverse and is not really tied to my compensation. In fact, my compensation is a strict salary with a 3+/1% annual raise based on the discretion of the chief of Medicine. It has not changed for the 12 years I have been employed here and, despite frequent discussions about changing it, it does not appear to be going to change in the future.

The reasons for this are:

1) Our group is a multispecialty group with different sources of revenue
2) Some of the sections (like cardiology) have a tacit agreement not to compete with the community specialist while other specialists compete robustly.
3) There is a very large variation of the amount of Part A activities that each specialist does (including among cardiology), which despite many years of effort, is very difficult to quantitate (because it involves not only time commitments, but also potential outcomes- which are much harder to measure).

So, with these points in mind, I have filled out the survey as best as I can for my UNIQUE practice. It is more of what I wish it would be, than what it is.

If I may suggest that everyone’s response, includes if they are in a solo practice (which I suspect is rare), a single specialty group practice or a multispecialty group practice. It may help sort out some of the incentives.

I too look forward to seeing the results,

Gil

March 9, 2015
Robert Shor, MD, FACC
rshor@tcg.md

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

___ Total dollar amount possible (base + bonus)
___ Duration of contract
___ Simplicity of plan design, ease of implementation
___ Incentivizes System/Group success or production
___ Incentivizes Personal success or production
___ Incentivizes Quality metrics over production
___ Amount (%) of total compensation "at risk" based on incentives
___ Adaptable model, able to change over the course of the contract based on changing payment models
___ Standardized across a system or practice ("one size fits all")
___ Defined terms of termination of the contract and severance if without cause.

Please check: X Academic practice; X Integrated/Employed, ___ Independent; ___ VA/Military

I am in a hospital based multispecialty group practice.
Incentivizes Personal success or production
Incentivizes Quality metrics over production-as above
Amount (%) of total compensation “at risk” based on incentives-as above
Adaptable model, able to change over the course of the contract based on changing payment models-
currently our PSA has the $ going to the practice. There is a clause if the floor drops out of payments that
the contract is renegotiated
Standardized across a system or practice ("one size fits all")-our PSA is different than the
relationship the system has w/the other cardiology practices
Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic
practice; ___ Integrated/Employed, _x__ Independent; ___ VA/Military-independent practice w/PSA w/
large local system

March 9, 2015
Srinivas Murali, MD, FACC (SMURALI@wpahs.org)

Ed:
My responses.. We are employed by a large IDS
Thanks

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your
states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10
- least important) the following characteristics of a Cardiology Physician Compensation Plan and note
your practice type. Thanks. - Ed

__5__ Total dollar amount possible (base + bonus)
__7__ Duration of contract
__5__ Simplicity of plan design, ease of implementation
__9__ Incentivizes System/Group success or production
__3__ Incentivizes Personal success or production
__6__ Incentivizes Quality metrics over production
__30%__ Amount (%) of total compensation “at risk” based on incentives
__8__ Adaptable model, able to change over the course of the contract based on changing payment models
__7__ Standardized across a system or practice ("one size fits all")
__3__ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; _X__ Integrated/Employed, ___ Independent; ___ VA/Military

March 9, 2015
A. Allen Seals, MD, FACC (aseals@bakergilmour.com)

Ed,
What is the date/time of your presentation ?.
I would be very interested in the results from your survey from BOG as well as applied to other member
groups, and/or general membership.
Allen Seals
FL
I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

_ 5 _ Total dollar amount possible (base + bonus)  
_ 8 _ Duration of contract  
_ 4 _ Simplicity of plan design, ease of implementation  
_ 1 _ Incentivizes System/Group success or production  
_ 3 _ Incentivizes Personal success or production  
_ 2 _ Incentivizes Quality metrics over production  
_ 7 _ Amount (%) of total compensation "at risk" based on incentives  
_ 9 _ Adaptable model, able to change over the course of the contract based on changing payment models  
_ 6 _ Standardized across a system or practice ("one size fits all")  
_ 10 _ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; ___ Integrated/Employed, _ XX _ Independent; ___ VA/Military

March 9, 2015  
Marc Mugmon, MD, FACC (marcmugmon@comcast.net)

My best shot

Marc Mugmon  
Maryland

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

_ 2 _ Total dollar amount possible (base + bonus)  
_ 9 _ Duration of contract  
_ 4 _ Simplicity of plan design, ease of implementation  
_ 1 _ Incentivizes System/Group success or production  
_ 3 _ Incentivizes Personal success or production  
_ 8 _ Incentivizes Quality metrics over production  
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_ 7 _ Adaptable model, able to change over the course of the contract based on changing payment models  
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_ 6 _ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; _X_ Integrated/Employed, ___ Independent; ___ VA/Military
March 9, 2015  
David Rosenbaum, MD, FACC (drdave96@comcast.net)

Hi Ed,
lots of interest should make for a great talk. Echo sentiments to share with BOG after compiled.

See below,

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

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<td>1</td>
<td>Incentivizes Personal success or production</td>
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<td>Total dollar amount possible (base + bonus)</td>
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Please check: ___ Academic practice; ___ Integrated/Employed, ___ Independent; ___ VA/Military

March 9, 2015  
Jesse Adams, MD, FACC (jadams03@bluegrass.net)

Ed- here you go- like all, looking forward to seeing the results of this-

Jesse

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed

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</table>

Please check: ___ Academic practice; _X_ Integrated/Employed, ___ Independent; ___ VA/Military
March 9, 2015  
Daniel Humiston, MD, FACC (dhumiston@utahcardiology.com)  

Hi Ed,

In answer to your survey, see my list below:

_1_ Total dollar amount possible (base + bonus)  
_2_ Duration of contract  
_3_ Simplicity of plan design, ease of implementation  
_4_ Incentivizes System/Group success or production  
_5_ Incentivizes Personal success or production  
_6_ Incentivizes Quality metrics over production  
_7_ Incentivizes System/Group success or production  
_8_ Amount (%) of total compensation "at risk" based on incentives  
_9_ Adaptable model, able to change over the course of the contract based on changing payment models  
_10_ Standardized across a system or practice ("one size fits all")  

Please check: ___ Academic practice; ___ Integrated/Employed, __x_ Independent; ___ VA/Military  

I base this not only on my personal opinion, but those of my current practice colleagues and several former partners who are no in integrated/employed positions.

Good luck, and see you later this week!

Dan  

March 10, 2015  
Simone Musco, MD, FACC (Simone.Musco@providence.org)  

Ed,

Looking forward to your talk.

Simone  

I have a presentation at ACC2015 on Compensation. As leaders within ACC as well as within your states, practices, and health systems, your opinions are highly valued. Please rank (1 - most important, 10 - least important) the following characteristics of a Cardiology Physician Compensation Plan and note your practice type. Thanks. - Ed  

_1_ Total dollar amount possible (base + bonus)  
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_9_ Adaptable model, able to change over the course of the contract based on changing payment models  
_10_ Standardized across a system or practice ("one size fits all")  

Please check: ___ Academic practice; ___ Integrated/Employed, __x_ Independent; ___ VA/Military
March 10, 2015
Craig Hoover, MD, FACC (craighoovermd@gmail.com)

Ed:
From the perspective of a small (6-10) member employed group. We were not purchased outright, but cobbled together with members from different local practices along with a few new hires directly out of fellowship. As such, each contract is different in regards to compensation formula, production (RVU/TVU) expectations, admin duties (Directorships) and bonus structure. As Matt alluded, FMV for a busy, established Cardiologist is different than for someone just starting a practice. Group incentives are not yet codified, so our challenge moving forward will be in aligning group incentives for production, quality (however we can measure this), patient satisfaction along with system-wide cost effectiveness. Look forward to seeing everyone in SD this week.
Craig

_3_ Total dollar amount possible (base + bonus)
_8_ Duration of contract
_5_ Simplicity of plan design, ease of implementation
_2_ Incentivizes System/Group success or production
_1_ Incentivizes Personal success or production
_6_ Incentivizes Quality metrics over production
_7_ Amount (%) of total compensation "at risk" based on incentives
_4_ Adaptable model, able to change over the course of the contract based on changing payment models
_9_ Standardized across a system or practice ("one size fits all")
_10_ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; ___x_ Integrated/Employed, ___ Independent; ___ VA/Military

March 11, 2015
Joel Landzberg, MD, FACC (landnj@optonline.net)

Discussed with my partners, and in addition they felt that transparency and trust were key elements, although difficult to assess in advance at times. Also, total dollar amount in part reflects duration (assuming total dollar = yearly base + bonus x duration). While quality is always a goal of practice, the ability to measure it and how it will be used is in question. Will be interested in the results.
Joel Landzberg
Governor Elect New Jersey

_1_ Total dollar amount possible (base + bonus)
_2_ Duration of contract
_10_ Simplicity of plan design, ease of implementation
_7_ Incentivizes System/Group success or production
_6_ Incentivizes Personal success or production
_9_ Incentivizes Quality metrics over production
_3_ Amount (%) of total compensation "at risk" based on incentives
_4_ Adaptable model, able to change over the course of the contract based on changing payment models
_8_ Standardized across a system or practice ("one size fits all")
_5_ Defined terms of termination of the contract and severance if without cause.

Please check: ___ Academic practice; ___x_ Integrated/Employed, ___ Independent; ___ VA/Military
March 11, 2015
David Nagelhout, MD, FACC (dnagelhout@ncheart.com)

1. Total dollar amount possible (base + bonus)
2. Duration of contract
3. Simplicity of plan design, ease of implementation
4. Incentivizes System/Group success or production
5. Incentivizes Personal success or production
6. Incentivizes Quality metrics over production
7. Amount (%) of total compensation “at risk” based on incentives
8. Adaptable model, able to change over the course of the contract based on changing payment models
9. Standardized across a system or practice (“one size fits all”)
10. Defined terms of termination of the contract and severance if without cause.

Practice Type: __x__ Integrated/Employed, ___ Independent; ___ Other

Position: ___x__ Physician leader/practice manager; ___ Practice Administrator; ___ Health System Leadership/Management