

**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 amount of time away from clinic is an important issue  
Quality measures are still difficult as are group success measures for all the the director

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\_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") \_2\_ Defined terms of termination of the contract and severance if without cause.

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

**March 8, 2015**

**Randall Stark, MD, FACC (randstar@aol.com)**

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
- \_8\_ 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")
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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/suggests 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 feed back. - 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@carolinashhealthcare.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

\_10\_ Adaptable model, able to change over the course of the contract based on changing payment models

\_3\_ 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; \_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 re did our contract for next 10 years. In the 6 th 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
- 5 \_ Incentivizes Quality metrics over production
- 7 \_ Amount (%) of total compensation "at risk" based on incentives
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Please check:  Academic  
practice;  Integrated/Employed,  Independent;  VA/Military

**March 9, 2015**

**John Erwin, MD, FACC ([JPERWIN@sw.org](mailto: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)
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**March 9, 2015**

**Sunil Mankad, MD, FACC ([Mankad.Sunil@mayo.edu](mailto: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
- \_4\_ Incentivizes Quality metrics over production
- \_3\_ Amount (%) of total compensation "at risk" based on incentives
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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
- \_10\_ Standardized across a system or practice ("one size fits all")
- \_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**

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

**March 9, 2015**

**Garwood Gee, MD, FACC ([Garwood.Gee@kp.org](mailto: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
- \_4\_ 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
- \_2\_ Standardized across a system or practice ("one size fits all")
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Please check:  Academic practice;  Integrated/Employed,  Independent;  VA/Military

**March 9, 2015**

**Gilead Lancaster, MD, FACC ([Gilead.Lancaster@bpthosp.org](mailto: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

- 5 Total dollar amount possible (base + bonus)
- 8 Duration of contract
- 2 Simplicity of plan design, ease of implementation
- 1 Incentivizes System/Group success or production
- 3 Incentivizes Personal success or production
- 4 Incentivizes Quality metrics over production
- 6 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
- 10 Standardized across a system or practice ("one size fits all")
- 9 Defined terms of termination of the contract and severance if without cause.

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

I am in a hospital based multispecialty group practice.

**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)-shared compensation-equal share of full partner+ stipend

\_\_\_ Duration of contract-yrly, renewing

\_\_\_ Simplicity of plan design, ease of implementation-easy

\_\_\_ Incentivizes System/Group success or production-3% practice bonus at risk

- 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,  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;  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
- 3 Incentivizes System/Group success or production
- 1 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](mailto: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
- 5 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
- 10 Standardized across a system or practice ("one size fits all")
- 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

- \_9\_ Total dollar amount possible (base + bonus)
- \_10\_ Duration of contract
- \_4\_ Simplicity of plan design, ease of implementation
- \_3\_ Incentivizes System/Group success or production
- \_1\_ Incentivizes Personal success or production
- \_5\_ 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
- \_8\_ Standardized across a system or practice ("one size fits all")
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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

- \_2\_ Total dollar amount possible (base + bonus)
- \_6\_ Duration of contract
- \_4\_ Simplicity of plan design, ease of implementation
- \_1\_ Incentivizes System/Group success or production
- \_3\_ Incentivizes Personal success or production
- \_7\_ Incentivizes Quality metrics over production
- \_8\_ 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
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- \_9\_ 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**

**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
- \_7\_ Simplicity of plan design, ease of implementation
- \_4\_ Incentivizes System/Group success or production
- \_5\_ Incentivizes Personal success or production
- \_3\_ Incentivizes Quality metrics over production
- \_8\_ Amount (%) of total compensation "at risk" based on incentives
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Please check:  Academic practice;  Integrated/Employed,  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)
- \_6\_ Duration of contract
- \_7\_ Simplicity of plan design, ease of implementation
- \_3\_ Incentivizes System/Group success or production
- \_4\_ Incentivizes Personal success or production
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- \_9\_ 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
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Please check:  Academic practice;  Integrated/Employed,  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
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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

7\_ Simplicity of plan design, ease of implementation

3\_ Incentivizes System/Group success or production

4\_ Incentivizes Personal success or production

5\_ Incentivizes Quality metrics over production

10\_ Amount (%) of total compensation "at risk" based on incentives

6\_ 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")

9\_ Defined terms of termination of the contract and severance if without cause.

Practice Type:  Integrated/Employed,  Independent;  Other

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