

ACADEMIC GIM FACULTY COMPENSATION SURVEY

Survey conducted by: Daniel Dunham, MD and David Dugdale, MD

Executive Summary: In May 2004, a population of physicians in leadership positions in GIM were surveyed. Physician participants were members of SGIM's Division Chief interest group, the IM Residency Clinic Director's Interest Group, or participated in a workshop entitled "Measuring and Compensating Clinical Productivity in Academic Internists" at the May 2004 SGIM meeting.

Fifty-five questionnaires were completed. 32/55 (58.2%) reported that their faculty received bonuses based on ambulatory clinical performance metrics, most often on an annual basis. Most (45.2%) bonuses comprised less than 5% of an individual's total clinical compensation. The most commonly used metric was work relative value units (wRVUs). This metric was used in 52.7% of the practices surveyed. Most practices did not base compensation on resource utilization, patient satisfaction quality measurements, or other parameters.

In many cases (37.7%), there was no productivity adjustment for precepting residents; and only 21.2% of the time were there such adjustments for precepting medical students. 43.8% reported that the financial reward system had an adverse effect on physician behavior.

Table 1

Responses to Yes or No Questions	(Proportion of responses which have been answered yes)
Does your institution give bonuses based of ambulatory clinical performance?	32/55 (58.2%)
Do you compensate people based on seniority?	34/50 (68.0%)
Do you pay part-time faculty proportionally less than full-time faculty?	14/52 (26.9%)
Is productivity adjusted for faculty who precept residents?	20/53 (37.7%)
Is productivity adjusted for faculty who precept students?	11/52 (21.2%)
Do you provide financial incentives based on resource utilization?	4/54 (7.4%)
Have you revised your compensation program during the past 2 years?	22/54 (40.7%)
Do you base part of your compensation based on patient satisfaction data?	9/54 (16.7%)
Do you base part of compensation on quality of care measures?	7/53 (13.2%)
Do you use non-financial reward (awards for citizenship, teaching awards etc.)?	22/55 (40.0%)
Do you use feedback from coworkers, ancillary support staff to gauge citizenship?	14/54 (25.9%)
Has the financial reward system had any adverse effect on physician behavior?	21/48 (43.8%)

Table 2: Responses to Multiple Choice Questions

How frequently do you give out bonuses based on ambulatory care performance?	
	Yearly (17/32) 53.1% Biannually (3/32) 9.4% Quarterly (4/32) 12.5% other (8/32) 25%
What percentage of total clinical salary is made up of a bonus?	
	1-5% (14/31) 45.2% 6-10% (12/31) 38.7% 11-15% (1/31) 3.2% 16-20% (2/31) 6.5% >20% (2/31) 6.5%
How do you measure clinical productivity?	
	wRVUs (29/54) 53.7% Charges (5/54) 9.3% Collection (3/54) 5.6% Sessions (10/54) 18.5% Other (7/54) 13.0%
In the past year has the average base salary increased, stayed the same or decreased?	
	increased (21/54) 38.9% same (29/54) 53.7% decreased (4/54) 7.4%
If the base salary has increased, by how much?	
	0-2% (6/21) 28.6% 3-4% (12/21) 57.1%, 5-8% (3/21) 14.3%