



FROM THE EDITOR

HOW DO YOU MEASURE, MEASURE A YEAR?

Joseph Conigliaro, MD, MPH, Editor in Chief, SGIM Forum

*Five hundred twenty-five thousand six hundred minutes
Five hundred twenty-five thousand moments so dear
Five hundred twenty-five thousand six hundred minutes
How do you measure, measure a year?*

—“Seasons of Love” (from the Broadway musical “Rent”)
by Jonathan Larson

The faculty in my division consists of hard-working clinicians, educators, and researchers who each bring their own special talents to our work and tripartite mission. I am immensely proud to call them my colleagues. They care for patients, they teach, and they add to the literature by doing research. Their diversity of roles, however, makes it difficult to judge or quantify their achievements. How do you judge the value of an academic general internist who practices patient centered evidence based care? How do you support and reimburse them financially? What if one of those general internists is primarily responsible for the training and education of medical residents, medical students, and other healthcare professional students? What if one is an accomplished researcher who brings in grants and recognition for their institution vs. one who is early in his career and looking for his first NIH grant or career development award? Should these individuals receive the same amount of compensation as full-time clinicians with the same tenure? Should they receive a higher or lower salary? These are questions many leaders in general internal medicine and other departments and divisions grapple with—much has been written about it or debated. In my role as Division Chief, part of my job is to advocate for our Division faculty when negotiating with our organization.

Who would have ever thought that paying academic clinicians fairly would be so hard? Judging the productivity of clinical faculty is something we have struggled with on several levels. This is an editorial, hence my opinion, and not meant to be a definitive piece on the subject, but merely the thoughts of someone struggling with doing this right. From a financial perspective, if you look at a profit-and-loss statement and count the costs against the revenues that a generalist brings in, then it appears we lose money; a drain on the organization. If, however, you look at “upstream revenue” then the picture looks better and we are considered a loss leader; in other words, even though our services do not directly bring in substantial revenue, we attract and manage patients for the healthcare system, who then use the rest of the organization’s services where the

reimbursement is more favorable.

A common way to measure clinical productivity is by assessing work Relative Value Units (wRVUs). SGIM members are already quite familiar with the concept but, briefly, wRVUs are generated by an individual clinician based on the number of patients seen, their complexity, and any associated procedures, labs, etc., performed. Benchmarks for general internists over a year can be gotten from the Medical Group Managers Association (www.mgma.com). Healthcare organizations spend a lot of effort training providers to document all aspects of the clinical encounter so that they can appropriately bill insurance companies and the healthcare organization is compensated appropriately.

Measuring academic productivity is relatively new and proves to be more challenging. Several organizations have used academic or educational RVUs (aRVUs or eRVUs) as a means of quantifying educational and other scholarly work. These are designed to capture the teaching and other scholarly activities that are frequently overlooked and uncounted; especially, if there is no direct funding for that scholarly role, such as funding for percent effort devoted to being a residency program director or effort on an NIH grant. Getting back to my Division faculty, aRVUs represent how I may measure the breadth of activities that frequently interfere with the generation of wRVUs.

We are currently at the stage where we are developing these aRVU metrics so that we can count these activities and compare them to wRVUs. The challenge remains with how to reimburse faculty physicians for aRVUs or how they should offset or replace clinical RVUs. Clinical RVUs generate revenue although academic RVUs generally do not. A faculty member’s aRVUs, however, still generate lots of value. That value is what makes an organization attractive to trainees and students as well as potential faculty recruits. The joy in generating that value is why we do what we do.

How do you measure, measure a year? Five thousand one hundred and fifteen wRVUs?!

SGIM