

# 2005-2006 SHM Survey

## The Authoritative Source on the State of Hospital Medicine

### Highlights/Executive Summary

This document highlights the results of *The SHM 2005-2006 Survey: The Authoritative Source on the State of the Hospitalist Movement*. The 70-page full report is based on the responses of 396 hospital medicine groups (HMGs) representing 2,550 hospitalists. It consists of nine chapters and provides extensive details on all measures, characterizing variations on the data reported in this document across a variety of dimensions. Where appropriate, data comparisons were made to the SHM 2003-2004 Survey.

The analysis of the Group questions used the following *explanatory variables*: region, age of group, employment model, type of patients (adult vs. pediatric), number of hospital beds, hospital control, surrounding population (urban vs. rural), type of hospital (e.g., general vs. specialty), and hospital teaching status.

The analysis of the Individual questions used the following *explanatory variables*: physician vs. non-physician, leader vs. non-leader, specialty, employment model, region, gender, years as a hospitalist, compensation arrangement, and coverage arrangement (i.e., shift vs. call vs. hybrid).

NOTE: For the most part, this executive summary reports *medians* as the measure of central tendency except where *means* can provide additional value in interpreting the results.

### Characteristics of HMGs

- Region: East - 24%; South - 26%; Midwest - 27%; West - 22%
  - NOTE: The distribution of HMGs by region was very similar to that reported in the 2003-2004 SHM Survey.
- Surrounding Area: Large urban areas (over 1 million population) - 49%; Small urban areas - 33%; Rural areas 18%
- Employment Model: Employed by hospital or hospital corporation - 34%; Employed by academic institution - 20%; Employed by multi-state hospitalist only group or management company - 19%; Employed by multi-specialty/primary care medical group - 14%; Employed by local hospitalist only group - 12%; Employed by emergency or critical care physician medical group - 2%
  - NOTE: Compared to the 2003-2004 SHM Survey, the % of local hospitalist only groups decreased (20% to 12%), the % of academic HMGs increased (16% to 20%), and the % of multi-state hospitalist only group or management company programs increased (9% to 19%). This last increase reflects a change in definition, as SHM asked the multi-state programs to report their local groups separately.
- Age of Group: median - four years.
- Number of beds of affiliated hospital: median - 321 beds.
- Control/Governance of affiliated hospital: Government - 3%; Not for profit - 86%; For profit - 10%
- Teaching Status of affiliated hospital: Non-teaching - 48%; Major teaching (Member of Association of American Medical Colleges, Council of Teaching Hospitals) - 28%; Other teaching - 25%

## Characteristics of Hospitalists

- Age: HMG leaders - median 41 years; Non leader physicians - median 37 years; Non leader NPs/PAs - median 35 years
  - The median age for ALL hospitalists was identical to that reported in the 2003-2004 SHM Survey (37 years).
- Gender: HMG leaders - 80% male, 20% female; Non leader physicians - 62% male, 38% female; Non leader NPs/PAs - 24% male, 76% female
- Experience – Median years as a hospitalist: HMG leaders - 5.1; Non leader physicians - 3.0; Non leader NPs/PAs - 2.0
  - NOTE: Compared to the 2003-2004 SHM Survey, the results for ALL hospitalists indicate a slightly more experienced sample (median: 3.0 years as a hospitalist compared to 2.0 years in the previous survey).
- Education – Percent graduates of U.S. medical/professional school: HMG leaders - 85%; Non leader physicians - 72%; Non leader NPs/PAs - 100%
- Specialty: General Internal Medicine - 75%; General Pediatrics - 11%; Internal Medicine Sub-specialty - 4%; Family Practice - 3%; Internal Medicine Pediatrics - 3%; NP/PA (Non-physician) - 3%; Pediatrics Sub-specialty - <1%
  - NOTE: Compared to the 2003-2004 SHM Survey, there were more General Pediatricians (11% vs. 7%) and fewer NPs/PAs (3% vs. 5%)
- Clinical Full time equivalency: HMG leaders - mean .80; Non leader physicians - mean .91; Non leader NPs/PAs - mean .93
  - NOTE: Compared to the 2003-2004 SHM Survey, the mean clinical FTE for ALL physician hospitalists (.91) was very similar to that reported in this survey (.89).
- Administrative Full time equivalency: HMG leaders - mean .20

## The Work of HMGs

- Types of Patients Seen: Adults only - 79%; Pediatrics only - 15%; Both adults and children - 6%
- Clinical Services Offered/Provided: Consultations - 99%; Care of unassigned patients - 96%; Referrals from PCPs - 95%; Surgical co-management - 85%; Patients in Critical Care Units - 75%; Procedures - 69%; Coverage of cardiac arrests - 43%; Rapid Response Team - 35%; Patients in SNFs - 20%; Long term acute care (LTAC) - 20%; Outpatient services - 19%; Patients in Newborn nurseries - 59% (denominator excludes Adults Only programs)
  - NOTE re: “new” activities: 52% of HMGs with Rapid Response Teams implemented them in the past 12 months
- Non-clinical Activities: Committee participation - 92%; Quality Improvement - 86%; Practice Guidelines - 72%; Pharm/Therapeutics Committee - 64%; Utilization Review - 59%; CPOE/Information Systems - 54%; Teaching/House Staff - 51%; Teaching/Non MDs - 36%; Recruit/Retain MDs - 31%; Community Service - 28 %; Disaster Response Planning - 25%; Research - 21%
  - NOTE re: “new” activities: 19% of HMGs involved with CPOE/ Information Systems began that work in the past 12 months
- Percent Time Non-clinical Activities: median - 10.0%

## The Concerns of HMG Leaders

- Frequency of Concerns Identified by HMG Leaders – Top 10: Work Hours/Work Life Balance - 42%; Recruitment - 35%; Daily Workload - 29%; Expectations/ Demands from Hospital - 23%; Reimbursement/Collections - 17%; Professional Respect/Job Satisfaction - 17%; Career Sustainability - 15%; Retention - 15%; Quality of Care/Quality Indicators - 13%; Specialist Availability for Consultation - 11%; Bed Capacity/Throughput - 11%; Scheduling - 11%

### **HMG Staffing – Numbers, Types, Growth, Turnover**

- Staffing Levels:
  - *Physicians:* Number – Mean 8.81, Median 7.00; Number FTEs – Mean 7.97, Median 6.00
  - *Physician Assistants:* 16% of HMGs employ PAs; Number – Mean .40, Median .00; Number FTEs – Mean .32, Median .00
  - *Nurse Practitioners:* 20% of HMGs employ NPs; Number – Mean .43, Median .00; Number FTEs – Mean .37, Median .00
  - *Other clinical staff:* 9% of HMGs employ other clinical staff; Number – Mean .26, Median .00; Number FTEs – Mean .28, Median .00
  - *Non-clinical staff:* 51% of HMGs employ non-clinical staff; Number – Mean 1.09, Median .00; Number FTEs – Mean .89, Median .00
- NOTE: Compared to the 2003-2004 SHM Survey, the number of physicians increased (Mean: 8.49 to 8.81; Median: 6.00 to 7.00) and the number of non-physicians decreased (Mean: 3.10 to 1.09; Median: 2.00 to 1.00).
- Functions of PAs/NPs – Top 5: Round on patients - 83%; Write prescriptions - 82%; Perform history & physicals - 77%; Communicate with PCPs - 72%; Act as initial responder - 66%; Participate in discharge planning - 66%
- Program Growth: Mean number of staff added - 1.93 FTEs (29% growth)
- Program Turnover: median - 9%
- Staffing Expenses: median proportion of compensation and benefits of total group expenses - 80%

### **Coverage Arrangements for HMGs**

- Coverage Schedule:
  - Shift Only - HMGs- 40%; Hospitalists- 54%
  - Call Only - HMGs- 25%; Hospitalists- 13%
  - Hybrid - HMGs- 35%; Hospitalists- 33%
  - NOTE: Compared to the 2003-2004 SHM Survey, more HMGs use a Hybrid coverage schedule (35% vs. 27%) and fewer HMGs use a Call Only coverage schedule (25% vs. 36%).
- Mean Hours Worked (Physicians only):
  - Shift Only - 2,020 shift hours (187 shifts, 10.8 hours per shift)
  - Call Only - 2,621 call hours (150 days on call, 15.7 hours per day on call)
  - Hybrid - 1,833 shift hours (206 shifts, 8.9 hours per shift) and 1,139 call hours (82 days on call, 12.8 hours per day on call)
  - NOTE: These hours worked can be compared to the overall results from the 2003-2004 SHM Survey which indicated a mean of 2,100 inpatient hours and a median of 1,992.
- Use of House Staff/Extender for First Responder (On Call Schedules): Yes - 54%; No - 46%

- Night Coverage: On call hospitalists from home - 41%; On-site providers - 51%; No night coverage - 8%
- Type(s) of On-site Provider for Night Coverage: (can choose >1) Physician hospitalist - 95%; Contracted physician (e.g., moonlighter) - 24%; Physician non-hospitalist (Resident/Fellow in training) - 11%; Physician Assistant - 5%; Nurse Practitioner - 3%

## Hospitalist Compensation

- Type of Compensation Arrangement for Hospitalists: 100% Salary - 28%; 100% Productivity/Performance-based - 5%; Mix Salary and Productivity/Performance-based - 67%
  - NOTE: Compared to the 2003-2004 SHM Survey, the mixed compensation model increased (67% vs. 47%) at the expense of the 100% salary model (decreased to 28% from 41%) and the 100% productivity/performance based model (decreased to 5% from 12%).
- Total Compensation and Benefits - Leaders and Non leaders:
  - HMG leaders - median total compensation \$180,000; median benefits \$30,000 (17%)
  - Non leader physician hospitalists - median total compensation \$168,000; median benefits \$26,000 (15%)
    - NOTE 1: Compared to the 2003-2004 SHM Survey for ALL physicians, the median total compensation increased 8% (from \$156,000 to \$169,000).
    - NOTE 2: Compared to the 2003-2004 SHM Survey for ALL physicians, the median benefits increased 8% (from \$25,000 to \$27,000).
  - Non leader non physician hospitalists - median total compensation \$88,000; median benefits \$19,200 (22%)
    - NOTE 1: Compared to the 2003-2004 SHM Survey, for non-physicians the median total compensation increased 26% (from \$70,000 to \$88,000).
    - NOTE 2: Compared to the 2003-2004 SHM Survey, for non-physicians the median benefits increased 7% (from \$18,000 to \$19,200).
- Total Compensation by Type of Arrangement- Physicians: 100% Salary - median \$150,000; 100% Productivity/Performance-based - median \$165,000; Mix Salary and Productivity/Performance-based - median \$170,000 (bonus as a % of salary for mixed model –median 13%)
- Basis of bonus: Production measurements – 82%; Quality/Efficiency measurements – 65%; Committee or project work – 27%

## Hospitalist Productivity

- Annual gross charges billed by hospitalists: median - \$324,000
  - NOTE: Compared to the 2003-2004 SHM Survey, the median of annual gross charges billed by hospitalists increased 12.5% (from \$288,000 to \$324,000).
- Annual gross collections received by hospitalists: median - \$183,000
  - NOTE: Compared to the 2003-2004 SHM Survey, the median of annual collection for hospitalists increased 14% (from \$160,000 to \$183,000).
- Annual number of encounters seen by hospitalists: median - 2,328
  - NOTE: Compared to the 2003-2004 SHM Survey, the median number of annual encounters seen by hospitalists increased 3% (from 2,259 to 2,328).
- Annual number of work RVUs (wRVUs) worked by hospitalists: median - 3,213

- NOTE: Compared to the 2003-2004 SHM Survey, the median number of annual work RVUs generated by hospitalists increased 7% (from 3,000 to 3,213).
- Charges per encounter: median - \$139
- Encounters per work period:
  - Shift only: median - 11.8 encounters per shift
  - Call only: median -17.6 encounters per call period
  - Hybrid - 12.1 encounters per shift

## Financial Support of HMGs

NOTE: The Benchmarks Committee was concerned that the survey question on financial support may have been poorly worded leading to confusion. When an informal follow-up survey indicated this may be the case, the committee decided to conduct a full-fledged re-survey attempting to clarify and restructure the question.

- Knowledge of HMG Finances and Deficits: FOLLOW-UP SURVEY reported that approximately one-fourth of HMG leaders had no knowledge of their expenses and professional fee revenue. Of those that do know their expenses and revenue, 82% of HMG leaders reported operating at a deficit (mean - \$668,000, median - \$550,000)
- Percent of HMGs receiving Financial Support: INITIAL SURVEY reports 47% receiving financial support; FOLLOW-UP SURVEY reported 97% received financial support
  - INITIAL SURVEY: Financial support defined as “other income, besides collections for direct patient care, from a hospital, medical group, or other source”
  - FOLLOW-UP SURVEY: Financial support defined to include support payments/subsidies, income guarantees, services in kind, and/or case rate reimbursement
  - NOTE: The 2003-2004 SHM Survey reported that 64% of HMGs received financial support.
- Source of Other Income/Support Payments: Both surveys indicate approximately 90% of HMGs that get financial support, received payments from hospitals and 25% received payments from another source
- Amount of Other Income/Support Payments: The FOLLOW-UP SURVEY reported that HMGs received approximately \$30,000-\$50,000 more in other income/support payments than the amount reported in the INITIAL SURVEY: mean \$549,000 vs. \$517,000; median \$425,000 vs. \$375,000.
  - The 2003-2004 SHM Survey reported the median amount of financial support to HMGs was \$400,000.
- Amount per FTE Physician of Other Income/Support Payments: Both surveys indicate that HMGs receive approximately \$50,000 - \$60,000 per hospitalist in support payments
  - The 2003-2004 SHM Survey reported the median amount of financial support per hospitalist was \$60,000.
- Percent that Other Income/Support Payments represent of Total Income: Mean - 29%, Median - 25% (INITIAL SURVEY)
  - The 2003-2004 SHM Survey reported the median percent of financial support represents of total income was 30%.
- Change in Other Income/Support Payments over the Last Year: Overall: Mean - 19%, Median - 0%; Per FTE Physician: Mean - 8%, Median 0% (INITIAL SURVEY)
- Are Other Income/Support Payments Capped?: Yes - 35%, No - 65% (INITIAL SURVEY)