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Society of Hospital Medicine

2020 State of Hospital Medicine Report

2020 Report based on 2019 Data



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Important Notices

This Report contains data derived from SHM's *State of Hospital Medicine Survey* and MGMA's *Compensation and Production Survey*. All Survey results and information obtained from statistical analysis of the results are the proprietary and confidential property of SHM and MGMA, as applicable. Purchasers of this Report are authorized to use the data only for their personal or internal business purposes.

Confidentiality

Information provided by *State of Hospital Medicine Survey* respondents is held strictly confidential and is reported only in aggregate form alongside data submitted by the other respondents. Only SHM staff members see individual survey responses, which are used solely to aggregate data and perform statistical analyses. Results are published in summary form only, and table cells with a low number of responses were omitted to protect the identity of individual survey respondents.

Intended Use

This Report, and the information contained in it, is intended to educate readers about characteristics and trends in the rapidly evolving specialty of hospital medicine, including the range of productivity and compensation reported by Survey respondents. These data may not be used for limiting competition, restraining trade, or reducing or stabilizing compensation or benefit levels. Neither SHM nor MGMA render any legal, accounting or professional advice that might be construed as applicable to specific situations.

Limitations of Survey Data

This Report is based on voluntary survey responses provided primarily by members of SHM and MGMA. The data have not been independently validated and may not be representative of all hospital medicine practices. Because the respondent pools for the SHM *State of Hospital Medicine Survey* and the MGMA *Compensation and Production Survey* are different, and respondent pools vary from year to year within each survey, comparison of results between the SHM and MGMA surveys or conclusions about longitudinal trends or year-to-year fluctuations may not be accurate.

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ⁱScope of Clinical Services includes: Services Routinely Provided by the HMG, Co-Management Roles

ⁱⁱStaffing includes: Presence of Specialty Trained Physicians, Presence of and Billing for NPs/PAs, NP/PA Non-Billable Services, Percent of NP/PA Time on Non-Billable Services, FTE Staff per Group, Ratio of Support Staff per FTE Physician, Sources of New Physicians, Turnover, Percent of Physicians Who Are Part-Time Status (Sections 4 and 5 only), Percent of Physicians in Group Who Are Board Certified in PHM (Sections 4 and 5 only), Anticipated Change of Budgeted FTE in Next Year

ⁱⁱⁱLeadership includes: Total Number of Physician Leaders, Total Dedicated FTE Allocation for All Physician Leaders, Ratio of Leadership FTE to Physician Hospitalists FTE, Highest-Ranking Physician Leader—Percentage of FTE Dedicated to Leadership, Highest-Ranking Physician Leader Percent Compensation Premium, Demographic Information about Highest-Ranking Physician Leader

^{iv}Scheduling includes: Staffing Back-Up Systems, Compensation for Back-Up Systems, Duration of Daytime Shifts, Duration of Evening/Swing Shifts, Duration of Night Shifts, Annual Number of Shifts or Work Periods for a Full-Time Hospitalist Physician, Number of Clinical Hours Required for a 1.0 FTE (Sections 4 and 5 only), Offering Paid Time Off, Unfilled Hospitalist Positions in Groups, Coverage for Unfilled Positions, Predominant Scheduling Patterns, Predominant Night Coverage Model, Presence of On-Site Night Coverage, Nocturnist Presence and Differentials, Percent Fewer Shifts in Nocturnist Schedule with a Differential, Percent Higher Compensation in Nocturnist with a Pay Differential, Presence of Daytime Admitter Model, Utilization of Unit-Based Assignments

^vGroup-Level Compensation and Benefits includes: Components of Hospitalist Compensation, Use of Differentials for Years of Service, Use of Performance Incentive Measures in Compensation Plan, Value of Annual Employee Benefits, Annual CME Allotment per FTE Hospitalist

^{vi}CPT Billing includes: Billing Distribution of Common Hospital Medicine E&M CPT Code Clusters

^{vii}Academic HMGs includes: Amount of Financial Support per FTE for Non-Clinical Work in Academic HMGs, Distribution of Work in Academic HMGs, Requirements for Academic Appointments at Affiliated Institution (Sections 4 and 5 only), Salary Increase Associated with Academic Promotion (Sections 4 and 5 only)

^{viii}Practice Finances includes: Amount of Financial Support per FTE Employed Physician, Amount of Financial Support per FTE Provider (All Provider Types), Amount of Financial Support Per wRVU

^{ix}Section Six contains provider-level productivity and compensation data. Each subsection is arranged identically. Tables in each subsection of Section Six include:

Non-Academic: Compensation (Table a), Retirement Benefits (Table b), Collections for Professional Charges (Table c), Gross Charges (Table d), Total Encounters (Table e), Work RVUs (Table f), Compensation to Total Encounters Ratio (Table g), Compensation to wRVUs Ratio (Table h), Professional Charges to Total Encounters Ratio (Table i), Collections to wRVU (Table j), wRVUs to Total Encounters (Table k)

Academic (Adult IM and Pediatric): Total Compensation (Table a), Collections for Professional Charges (Table b), Gross Charges (Table c), Total Encounters (Table d), Work RVUs (Table e), Compensation to Total Encounters Ratio (Table f), Compensation to wRVUs Ratio (Table g), Collection to Total Encounters Ratio (Table h), Collection to wRVUs Ratio (Table i), wRVUs to Total Encounters Ratio (Table j)



Section

1

Executive Summary and Overview



Demographic Information of SoHM Respondents

Data in the 2020 *State of Hospital Medicine (SoHM)* Report reflect a snapshot of hospital medicine from 2019. Hospital Medicine Groups (HMGs) reported on a continuous 12-month set of data ending either on December 31, 2019 or at the end of their fiscal year in 2019.

While the number of HMGs responding to the 2020 *SoHM* Survey decreased slightly from 2018 to 2020, the amount of FTE physicians represented has increased significantly (Figure 1.1).

The growth in FTE physicians and the simultaneous decrease in the number of HMGs participating could represent an unintentional oversampling of larger HMGs. However, significant increases in the average group size across all regions from 2018 suggest that HMGs are consolidating or growing, resulting in data that reflect this trend (Figure 1.2). The median group size, which indicates the response in the middle (50th percentile) of respondents, also suggests a growth in group sizes, particularly for HMGs serving adults only, which make up the majority of respondents in the *SoHM* Survey (Figure 1.3).

Figure 1.1

Number of Respondents to SoHM Survey, by Year

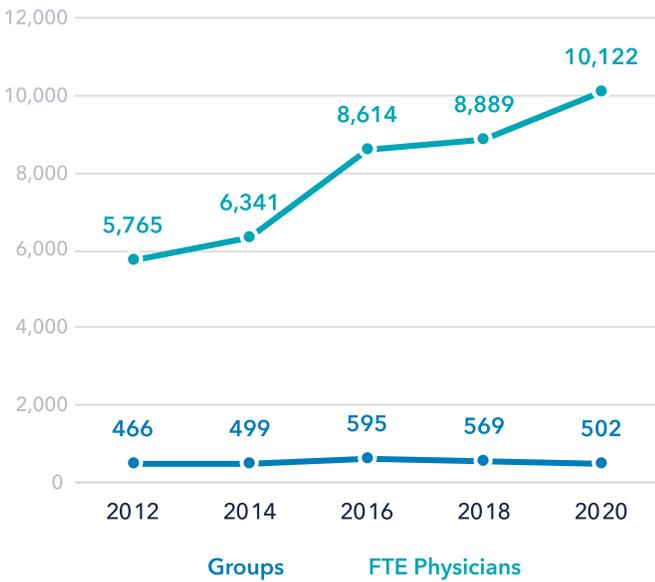


Figure 1.3

Median HMG Size (FTE Physicians), by Year and Patient Type

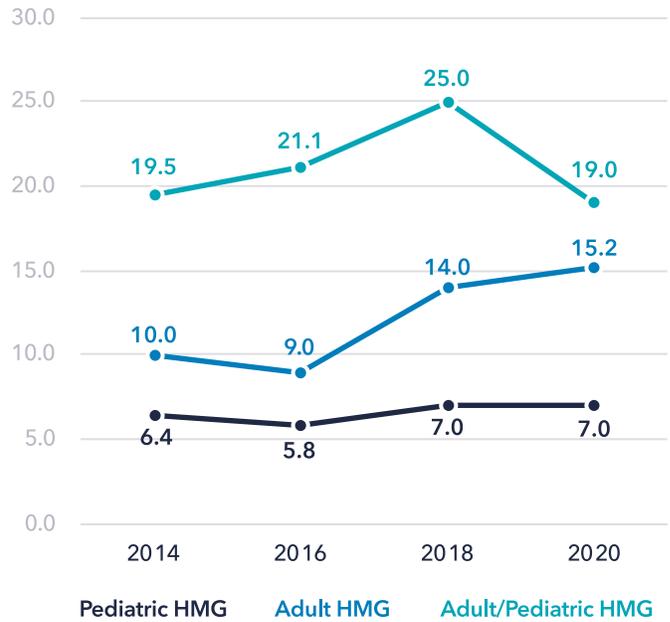
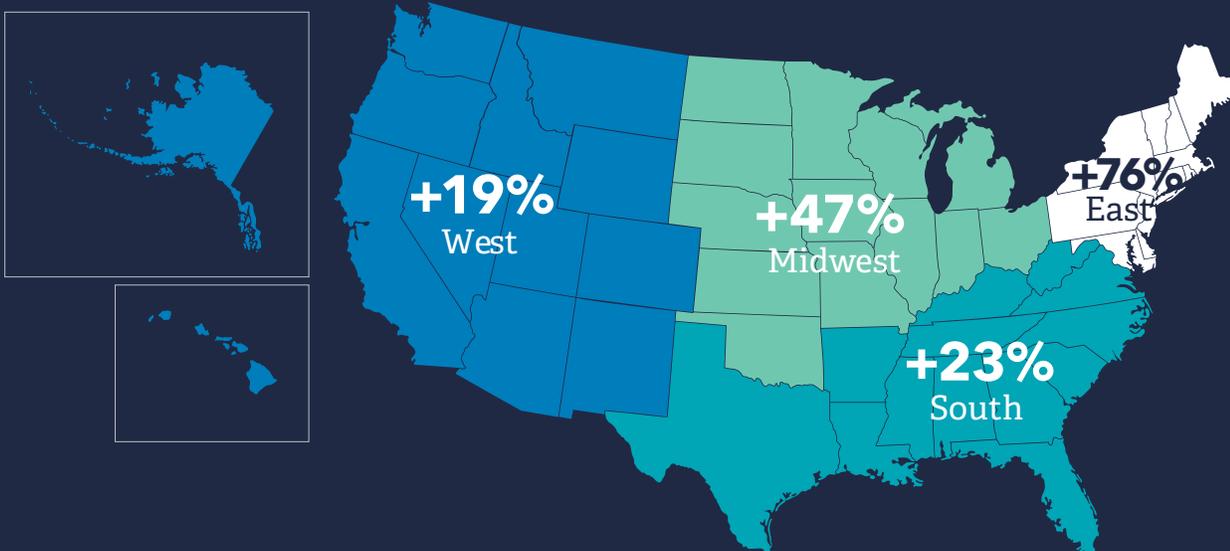


Figure 1.2

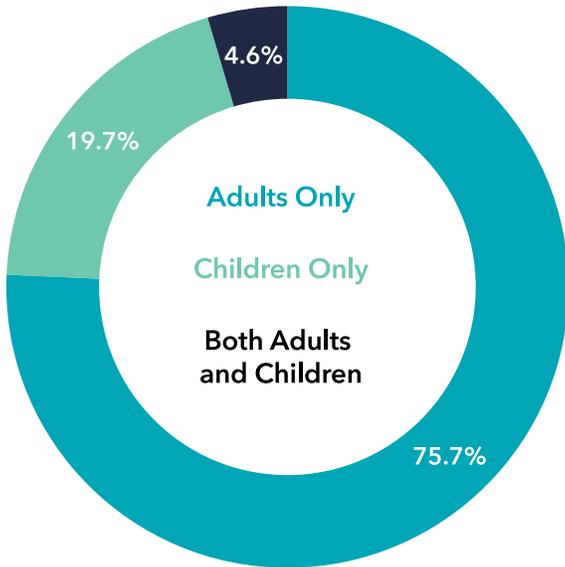
Average Growth of HMG Size from 2018 to 2020, by Region



2020 Survey participation also showed a nearly threefold increase from 2018 in the number of HMGs that serve pediatric patients only (also referred to as “Pediatric HMG”), although HMGs serving adult patients (also referred to as “Adult HMG”) continue to comprise the majority of respondents (Figure 1.4).

Figure 1.4

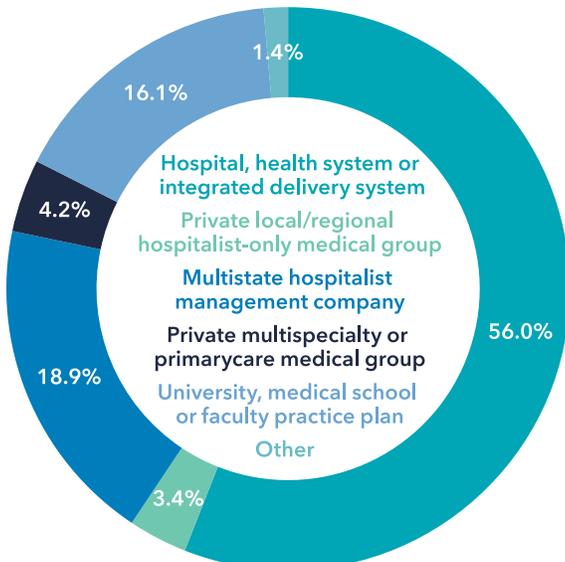
Types of Patient Seen



As in previous years, a little more than half of respondent HMGs were employed by a hospital, health system or integrated delivery system (Figure 1.5). While some practice types may be more or less inclined or able to participate in the *SoHM* Survey, we believe this is a relatively accurate representation of the current employment mix across the field of hospital medicine.

Figure 1.5

Ownership/Employment Model of Respondents



Several other demographic characteristics were stable compared to the 2018 *SoHM* respondent pool, including Region (Figure 1.6), Number of Hospitals Served (Figure 1.7) and Academic Status (Figure 1.8).

Figure 1.6

Regional Breakdown of Respondents

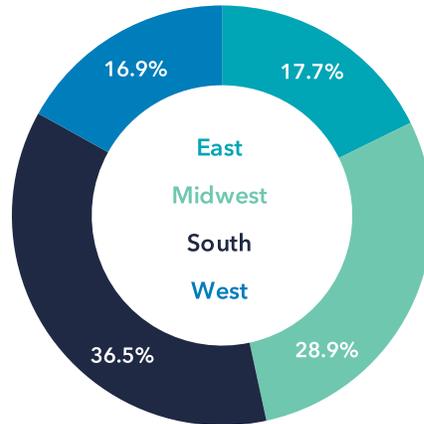


Figure 1.7

Number of Hospitals Served by Respondents

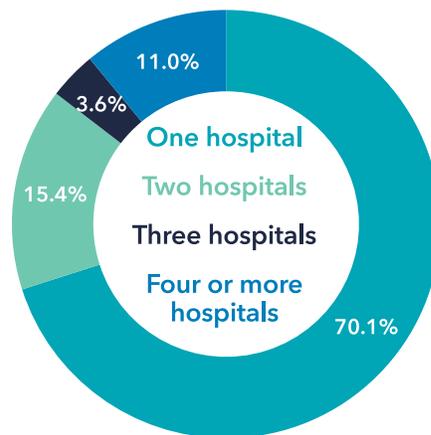


Figure 1.8

Academic Status of Respondents

