Appendices

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Note on Appendices

Appendices and Survey Instrument are available online at **www.hospitalmedicine.org/sohm** or in the electronic version of the Report only.

Appendix A: Glossary

Academic hospital medicine practice
Any hospital medicine practice whose core responsibilities include teaching residents and conducting research at an academic medical center. Academic practices typically include at least some members with tenured faculty appointments.

Academic hospitalist
A hospitalist physician whose core responsibilities include teaching residents and conducting research in an academic hospital medicine practice.

ACO
Accountable Care Organization. An organization of healthcare providers that agrees to be accountable for the quality, cost, and overall care of patients who are assigned to it.

Co-management
An arrangement between a hospital medicine team and a medical sub-specialty, or surgical specialty team to jointly share responsibility for the patient while hospitalized.

Direct expenses
All direct costs of operating the hospital medicine group, regardless of whether such expenses are accounted for in the hospital medicine group's financial statement or cost center. Direct expenses include salaries, benefits, malpractice insurance, dues/licensures/CME expenses, billing/collection expenses, supplies and equipment, outside services, and any other direct expenses. Direct expenses are used to help define financial support to the group in this Survey.

Employee benefits
Benefits include the employer's portion of federal and state payroll taxes, employer contributions for health, life, disability, and other insurances, employer retirement plan contributions, etc. Benefits exclude malpractice insurance, CME/travel allocation, and other employee expense reimbursements.

Financial support
Additional funding (monies or in-kind resources) from the hospital or other organization to offset the difference between professional fee revenues and direct expenses for the hospital medicine group.

Fiscal year
The corporate year established by the practice for business purposes. For many practices, this is January through December.

FTE
Full-time equivalent

Graduate Medical Education
Training programs for medical residents and fellows, accredited by the ACGME and leading to eligibility for board certification in a medical or surgical specialty.

hospital medicine group
hospital medicine group

hospital medicine group
A medical group consisting exclusively of hospitalists, or a group of dedicated hospitalists functioning as a discrete unit of a larger medical group or organization that includes hospitalists and other providers.

Long-term acute care hospital (LTACH)
A specialized hospital designed for patients with serious medical conditions requiring extended, hospital-level care.

ICU
Intensive care unit of a hospital

Integrated delivery system (IDS)
A network of organizations that provide or coordinate and arrange for the provision of a continuum of healthcare services to consumers. Generally consisting of hospitals, physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, this network may be built through virtual integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.

Medical subspecialty co-management
An arrangement in which a medical subspecialist and a hospitalist jointly share the responsibility for care of a hospitalized patient requiring a medical subspecialty procedure or care.

Multi-state hospitalist management company
An entity (other than a hospital or integrated delivery system) that operates multiple hospital medicine practices in various locations across a broad region or nationally, either by owning the practices or via turnkey management contracts.

Nocturnist
An individual hospitalist who predominantly works a schedule providing in-house night coverage for inpatients cared for by a hospital medicine practice.

Non-physician provider (NPP)
Trained and licensed providers, such as nurse practitioners and physician assistants, who provide medical care and billable services.

NP
Nurse practitioner

On Call
An arrangement whereby a hospitalist physician is responsible for responding to the hospital to provide on-site patient care and fulfill other responsibilities as needed, but otherwise may be off-site and available by pager.

PA
Physician assistant

PCP
Primary care physician

Physician practice leader
An individual who is a licensed physician and who has been formally designated to provide leadership, and/or management of the hospital medicine group. Typically this individual has a title such as medical director, lead hospitalist, division chief, or program director.

Private multi-specialty/primary care medical group
A medical group privately owned by some or all of its physicians who practice as primary care physicians and/or specialists.

Professional fee revenues
Monies received directly from government, commercial insurers, other payors, or patients to pay for the provision of clinical services.

PTO
Paid time off

Retirement benefit contributions
All employer contributions to retirement plans including defined benefit, and defined contribution plans, 401(k), 403(b), and Keogh plans, and any nonqualified employer-funded retirement plan. Retirement benefit contributions exclude employer contributions for Social Security, voluntary employee retirement contributions, and the dollar value of other fringe benefits.

Shift work
A work schedule in which hospitalists work a schedule of defined hours in which they are required to be on-site in the hospital to provide patient care, and are otherwise not responsible for any patient care.

Skilled Nursing Facility (SNF)
A nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other health-related services.

Std Dev, SD
Standard deviation

TC/NPP excluded
This abbreviation designates that the technical component (TC) and non-physician provider (NPP) productivity are excluded from a given production metric. The benchmarks exclude any portion of the cost for equipment and supplies when delivering a procedure along with any productivity generated by a non-physician provider. This is used in tables in Section 5.

Teaching hospital
A hospital that maintains programs of graduate medical education accredited by the ACGME for the training of medical and/or surgical residents.

Teaching service
A hospital medicine practice where attending hospitalists supervise residents, and/or medical students as an integral part of providing patient care.

Tele-health
Use of electronic information and telecommunication technologies to support long-distance clinical healthcare, patient education, health administration, and public health. Also known as telemedicine.

Total compensation
The amount reported as direct compensation on a Form W-2, Form 1099, or Schedule K-1 (for partnerships) plus all voluntary salary reductions such as 401(k) plans, Section 125 Tax Savings Plans, and Medical Savings Accounts. The amount should include salary, bonus, and/or incentive payments, research stipends, honoraria, and distribution of profits. However, it does not include the dollar value of expense reimbursements, fringe benefits paid by the employer, or any employer contributions to a retirement plan.

Transitional care
Coordination and continuity of healthcare during a movement from one healthcare setting to another.

Turnover
A measure of the rate at which providers working at a practice leave the practice. See Appendix B for the turnover calculation used in this Report.

Work RVUs (wRVUs)
The physician work component of the relative value unit (RVU) system published by Medicare. Each CPT® code has a set of relative values established by Medicare, and the work component represents the amount of work personally performed by the provider for that particular service. Work RVUs are reported for all services performed by the hospital medicine group that are billable to Medicare or any other payor (including services provided under capitation arrangements).

Appendix B: Analysis Methodology and Formulas

During data editing the database was reviewed for duplicate submissions, and upper and lower values for each data element were established. Where possible, respondents with duplicate or outlier values were contacted for clarification. Analyses were conducted using the data analysis tools native to Qualtrics software. Most tables are derived directly from responses to single survey questions. However, certain tables used data from multiple questions, using formulas to create new data points.

Formulas Used in Data Tables

***Ratio of Support Staff per FTE Physician* (Tables 3.3b, 4.3b)**

Ratio = (Number of FTE Staff in the Category)/(Number of FTE Physicians)

***Turnover* (Tables 3.6, 4.7)**

Turnover rate = (Number of Individuals who left during the year)/((Number of individuals at beginning of reporting period + number of individuals at end of reporting period)/2)

***Source of New Physicians* (Tables 3.4, 4.4)**

Source of New Physicians = (Number from Source)/(Number from Residency + Number from HM Fellowship + Number from Other Specialty Fellowship + Number from Other HM Program + Number from Ambulatory Practice + Number from Unknown)

***Ratio of Leadership FTE to Physician Hospitalists FTE* (Tables 3.9c, 4.10c)**

Ratio = (Total Dedicated Leadership FTE)/(Number of FTE Physicians)

***Billing Distribution of Common HM E&M CPT® Codes* (Tables 3.27, 4.28)**

Individual Code Proportion = (Frequency of Individual Code in Set)/(Sum of Frequency of Codes in Set)

***Amount of Financial Support per FTE Physician for Non-Clinical Work in Academic hospital medicine groups* (Tables 3.28a, 4.29a)**

Financial Support per FTE Physician = (Amount of Academic Financial Support)/(Number of FTE Physicians)

***Amount of Financial Support per FTE Employed Physician* (Tables 3.29a, 4.30a)**

Financial Support per FTE Physician = (Amount of Financial Support)/(Number of FTE Physicians)

***Amount of Financial Support per FTE Provider* (Tables 3.29b, 4.30b)**

Financial Support per FTE Provider = (Amount of Financial Support)/(Sum of Number of FTE Physicians, NPs, PAs, Locum Tenens)

***Amount of Financial Support per wRVU* (Tables 3.29c, 4.30c)**

Financial Support per wRVU = (Amount of Financial Support)/(Number of wRVUs Generated)

Data in Section Five: Hospitalist Compensation and Production

All data in Section Five is licensed from the MGMA and all analyses were performed by MGMA. Data is reported for full-time physicians and providers; providers listed as 0.75 FTE through 1.0 FTE were defined as full time. No individual was listed as more than 1.0 FTE.

For academic hospitalists, production data was standardized to 100 percent billable clinical time for all providers listed as 0.4 to 1.0 clinical FTE using the following formula: *(production measure *100)/(percentage of billable activity)*

For more information about MGMA's data collection and analysis, contact **surveys@mgma.com.**

Appendix C: 2025 *State of Hospital Medicine* Survey Instrument

Thank you for taking part in the 2025 *State of Hospital Medicine* Survey. Data from the survey will be aggregated with other hospital medicine groups and used to calculate benchmarks and trends in the 2025 *State of Hospital Medicine* Report. We ask that you complete as many questions as possible; however, no questions are required to submit the survey.

Navigating the Survey: Use the Table of Contents at any time to go back to different sections of the survey if you wish to change your answers or want to respond to a question you skipped. You must view all of the questions in a section to go back to the start of that section using the Table of Contents. Prior to submitting the survey, you will have an opportunity to use the Table of Contents to revisit any section again.

Confidentiality: Information you provide in this survey will be kept confidential and will only appear in a de-identified, aggregate form in the 2025 *State of Hospital Medicine* Report.

Questions? Please contact SHM staff at **survey@hospitalmedicine.org**

Are you a multisite group and planning to complete the survey for multiple sites?

Multisite group *is defined as a group that operates separate and distinct practices at multiple different hospitals/locations. These practices generally have separate staff, may have divergent practice policies and procedures, and typically have distinct budgets/finances. It is* ***NOT*** *a single unified group that operates in several hospitals.*

☐ Yes ☐ No

If you are planning to submit data for multiple different practices within your group, use **the Multisite Retake Functionality in this survey**. Continue taking the survey normally. At the end of the survey, you will be prompted with questions about whether you need to take the survey for additional sites and whether you would like to copy all answers from your prior survey into the new survey. After submitting your first survey, you will be given a Multisite Retake Link to take the new survey which, if you selected yes, will be pre-populated with your prior answers. We encourage groups to copy their answers and just make necessary changes to the new survey. Participants can continue to submit retake surveys for as many sites as they want. See the 2023 Multisite Reporting Guide for more information and FAQs.

If you have questions or need more information, please refer to the Survey Guide or contact SHM staff at **survey@hospitalmedicine.org**.

Section I Group Profile

Q1

What is the name of your hospital medicine group? *Please be specific as possible to help SHM avoid any duplicate entries.*

Q2

Enter the end date of the 12-month period for which your group is reporting information in this survey.

Please report all the information requested in this survey for the same 12-month reporting period, ending on this date.

Q3

In what state does your hospital medicine group provide services? *Note: If your group provided services in more than one state, select the state where the largest proportion of your business was conducted.*

Q3a

If your hospital medicine group is not located in the United States, in what country is it located?

Q4

Which of the following best describes the entity that owns your hospital medicine group and employs the hospitalists?

- ☐ Hospital, health system or integrated delivery system
- ☐ Private local/regional hospitalist-only medical group
- ☐ Multistate hospitalist management company
- ☐ Private multispecialty or primary care medical group
- ☐ University, medical school or faculty practice plan
- ☐ Veterans Administration
- ☐ Other (please specify) _____

Q5

Which of the following best describes the types of patients seen by your hospital medicine group?

Note: *If your group has two predominant service lines you may want to consider filling out a separate survey.*

- ☐ Adults
- ☐ Children

Q6

Which of the following best describes the hospital setting that your pediatric group works in?

- ☐ Stand-alone children's hospital
- ☐ Children's hospital within a hospital (with pediatric-specific resources)
- ☐ Community hospital with pediatric unit
- ☐ Community hospital without a pediatric unit

Teaching Status. Describe the teaching status of the hospital at which your hospital medicine group provided services. If the group provided services at more than one hospital, characterize the hospital at which your group provided the largest proportion of its services.

Q7

Indicate the Graduate Medical Education (GME) status of the hospital at which your hospital medicine group provides the largest volume of services.

- ☐ Non-teaching hospital
- ☐ University-based teaching hospital
- ☐ Community/affiliated teaching hospital

Q7a

If you practice at a teaching hospital, which of the following best describes your hospital medicine group's involvement in physician graduate medical education (GME)?

- ☐ Combination teaching/non-teaching service at a teaching hospital
- ☐ Non-teaching service only at a teaching hospital
- ☐ Teaching service only at a teaching hospital

Section II Scope of Practice

Q8

For the following surgical and medical sub-specialties, please indicate the type of co-management model that your group predominantly uses: admitting/attending, consultant, variable, or no interaction.

	Admitting/ Attending	Consultant	Variable	No Interaction
Critical Care	☐	☐	☐	☐
Cardiology	☐	☐	☐	☐
GI/Liver	☐	☐	☐	☐
Oncology	☐	☐	☐	☐
Palliative Care/ Hospice	☐	☐	☐	☐
Neurology/ Stroke	☐	☐	☐	☐
Neurosurgery	☐	☐	☐	☐
Orthopedics	☐	☐	☐	☐
Early Term Pregnant Patients	☐	☐	☐	☐
Urology	☐	☐	☐	☐
General Surgery	☐	☐	☐	☐
Cardiovascular Surgery	☐	☐	☐	☐
Trauma	☐	☐	☐	☐
Other Surgical Subspecialties	☐	☐	☐	☐

Q9

Novel or expanding scopes of practice. Please indicate if your group leads or participates in any practice innovations beyond the traditional hospitalist scope of practice. *[select all that apply]*

- ☐ Telemedicine programs
- ☐ Hospital at home programs
- ☐ Outpatient/post-discharge clinic and follow-up work (transitional care)
- ☐ ICU coverage
- ☐ Post acute care (SNF coverage, acute rehab, home health)
- ☐ Long-term acute care hospital (LTACH)
- ☐ Hospice
- ☐ Substance use disorder treatment programs
- ☐ Triage
- ☐ Other (please specify) _____

Q9a

How is your group using telehealth? *[select all that apply]*

- ☐ To enable on-site clinicians to interact with patients without entering the room
- ☐ To follow up with patients at home or in a post-acute facility after discharge
- ☐ To provide or obtain nighttime coverage to/from a remote hospital location
- ☐ To assess and care for patients are home with the goal of preventing hospital admission
- ☐ To assess patients arriving at the hospital facility prior to admission or placement
- ☐ To provide or obtain daytime coverage to/from a remote hospital location
- ☐ To provide coverage for patients at our hospital from home or a centralized telemedicine office
- ☐ Other (please specify) _____

Q9b

What structures/strategies/initiatives does your hospital/hospital medicine program employ to address challenges with ED holds/boarding? *[select all that apply]*

- ☐ Avoidable admissions: Discharge from ED and establish care with rapid follow-up clinics
- ☐ Designated hospitalist teams for ED holds
- ☐ Discharge lounge
- ☐ ED discharge/remote patient monitoring
- ☐ Hospital at home
- ☐ Hallway boarding: moving patients to the hallway on floors versus holding in ED
- ☐ Partnership with post-acute services
- ☐ Other (please describe)
- ☐ Not applicable

Section III Staffing

Q10

Indicate the number of FTEs (not individual providers) in your hospital medicine group for each of the following staffing categories during the reporting period. *[input numbers for each staffing category]*

- ☐ Employed/contracted physician hospitalists: ____
- ☐ Locum tenens physician hospitalists: ____
- ☐ Nurse Practitioners (NPs): ____
- ☐ Physician Assistants (PAs):____
- ☐ Other clinical staff (RNs, LPN/LVNs, LCSWs, etc.)
- ☐ Scribes: ____
- ☐ Nonclinical staff (administrative and clerical):____

Q11

Indicate how many individual providers (not FTEs) were directly employed by the hospital medicine group at the beginning of the 12-month reporting period and at the end of the reporting period, by staff category. Also, indicate the number of individual providers in each staff category who departed the practice during the year.

Include: *As having left the practice only those providers who left entirely or went to occasional per diem/PRN status, not those who reduced their schedule from full time to regularly scheduled part time.*

Physician Hospitalists:

- ☐ Number at beginning of reporting period: ____
- ☐ Number at end of reporting period: ____
- ☐ Number who left during reporting period: ____

Q11a

Nurse Practitioners (NPs) and Physician Assistants (PAs) *(please combine totals)*:

- ☐ Number at beginning of reporting period: ____
- ☐ Number at end of reporting period: ____
- ☐ Number who left during reporting period: ____

Q12

Of the new physician hospitalists who joined your hospital medicine group during the reporting period, how many came from each of the following sources?

Enter 0 for each category from which NO new physician hospitalists joined your practice.

- ☐ Residency: ____
- ☐ Hospital medicine fellowship: ____
- ☐ Other specialty or fellowship: ____
- ☐ Other hospitalist program: ____
- ☐ Ambulatory or traditional practice:____
- ☐ Other or unknown: ____

Q13

What percentage of all physicians in your hospital medicine group were part-time status (based on your group's definition of full-time status, including all clinical and non-clinical paid effort)? *[Enter whole number 0-100]*

Q14

What percentage of pediatrics-trained physicians employed at the end of the reporting period are Board Certified in Pediatric Hospital Medicine?

Q15

Did your hospital medicine group utilize NPs and/or PAs during the reporting period?

- ☐ Yes
- ☐ No

Q15a

Indicate the predominant way in which their services were billed to third-party payors.

- ☐ Billed independently under the NP/PA's provider number when allowed by the payor
- ☐ Billed as shared services under the collaborating/supervising physician's provider number
- ☐ A combination of both independent and shared services billing
- ☐ NP/PAs didn't generally provide billable services, or no charges were submitted to payors for their services.

Q15b

Please indicate which non-billable services are provided by NPs/PAs in your practice. *[select all that apply]*

- ☐ Triage pager/patient assignments
- ☐ Dedicated cross-cover shifts
- ☐ Quality or performance improvement activities
- ☐ Scheduling or other operational activities
- ☐ Non-billable clinical work such as glycemic control or DVT prophylaxis, responding to RRTs, etc.
- ☐ Other (please specify) _____

Q15c

- ☐ What percent of your group's NP/PA time is spent on non-billable services (either administrative or clinical)?

Q16

In the next year, you anticipate your budgeted clinical FTE will:

- ☐ Increase
- ☐ Decrease
- ☐ Remain the same

Q17

Did your hospital medicine group have open/unfilled hospitalist physician positions during the year?

- ☐ Yes
- ☐ No

Q17a

What issues contributed to the unfilled hospitalist physician positions? *[select all that apply]*

- ☐ Growth
- ☐ Turnover
- ☐ FTEs reducing hours (ex. From 2,000 hours to 1,000 hours)
- ☐ Intentional vacancy (ex. Shifts filled with strategic moonlighting)

Q17b

Indicate what percentage of your total approved physician staffing was open/unfilled positions during the year. *[input whole number]*

Example: *If you have 1 FTE unfilled for an entire year in a program of 10 hospitalists, enter 10 (percent). If you have 1 FTE unfilled for 6 months in a program of 10 hospitalists, enter 5 (percent). If your hospital medicine group was fully staffed, enter 0.*

Q17c

How did your hospital medicine group address coverage of the open positions? *[select all that apply]*

- ☐ Use of locum tenens physicians
- ☐ Use of moonlighters/PRN physicians
- ☐ Voluntary extra shifts by the hospital medicine group's existing hospitalist physicians and/or NPs/PAs
- ☐ Required extra shifts by the hospital medicine group's existing hospitalist physicians and/or NPs/PAs
- ☐ We just worked short-staffed with some shifts going uncovered

Q18

During the reporting period, did your hospital medicine group have a formal staffing backup system or contingency plan for high volume periods and/or unexpected absences?

A formal system is defined as having a schedule which designates a specific clinician in advance to be available as backup at specific times.

- ☐ Voluntary backup system (clinicians have volunteered to be on the backup schedule)
- ☐ Mandatory backup system (all or most clinicians in the group are required to be on the backup schedule)
- ☐ No formal backup system

Q18a

Was there additional incentive associated with the formal staffing backup system?

- ☐ Yes
- ☐ No

Q18b

In what situations are there incentives associated with the backup system? *[select all that apply]*

- ☐ Additional incentive for being on the backup schedule
- ☐ Additional incentive if called into work

Q18c

What incentives are associated with the backup system? *[select all that apply]*

- ☐ Financial compensation
- ☐ Extra time off/shift differential

Q19

Does your hospital medicine group have an employee whose primary non-clinical responsibility is to focus on burnout and wellness?

- ☐ Yes
- ☐ No

Q20

Does your group regularly (at least annually) measure burnout/wellness/engagement among employees?

- ☐ Yes
- ☐ No

Staffing: Leadership. Characterize the ***overall*** physician leadership staffing directly related to the operation and/or management of the hospital medicine group during the reporting period.

Q21

The **number of individual hospitalists** in a leadership role directly related to the management of the hospital medicine group: *[input whole number 0-100]*

Q21a

For those hospitalists in a leadership role reported above, what is the **total cumulative dedicated leadership FTE allocation** (as opposed to clinical, teaching, or other responsibilities) directly related to the management of the group?

Example: *Four (4) physicians are in a leadership role directly related to the management of the group, as reported above, and each are dedicated 50% to leadership. Enter 2. [input whole number 0-100]*

Q21b

Were NPs/PAs in a leadership role directly related to the management of the group?

- ☐ Yes
- ☐ No

Physician Leader: Characterize the single highest-ranking physician hospitalist leader of the group during the reporting period.

Q22

Indicate what portion of FTE was dedicated to leadership administrative duties (as opposed to clinical, teaching, or other duties). Example: if the leader was dedicated 50% to leadership administrative duties, enter 50.

Q22a

Indicate by what percentage the physician leader's annual compensation was greater than or less than the average annual compensation for other hospitalists on an FTE-adjusted basis.

Example: *If the leader earned 20% more than the average hospitalist compensation, enter 20. If the leader earned 10% less than the average hospitalist compensation, enter -10.*

Q22b

Please identify the gender identity of the single highest-ranking physician hospitalist leader.

- ☐ Female or Cisgender Female
- ☐ Male or Cisgender Male
- ☐ Gender Non-Binary
- ☐ Transman
- ☐ Transwoman
- ☐ Other
- ☐ Prefer not to disclose

Q22c

Please identify the race of the single highest-ranking physician hospitalist leader.

- ☐ American Indian or Alaska Native
- ☐ Asian (including East Asian, South Asian, and Southeast Asian)
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Multi-racial
- ☐ Other
- ☐ Prefer not to disclose

Q22d

Please identify the ethnicity of the single highest-ranking hospitalist leader.

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to disclose

Section IV Scheduling

Q23

What was the typical scheduled duration of each of the following types of shifts? If no evening/swing shift, please leave blank.

- ☐ Duration of daytime shift:_____
- ☐ Duration of evening/swing shift:_____
- ☐ Duration of night shift:_____

Q23a

Please indicate what the typical shift duration was when "other" was selected.

- ☐ Duration of daytime shift:_____
- ☐ Duration of evening/swing shift:_____
- ☐ Duration of night shift:_____

Q24

How many clinical hours are required for a 1.0 FTE physician at your institution?

If contracts are in shifts, please convert into number of hours.

Formula: Number of Shifts x Average Length of Shifts = Total Clinical Hours

Q24a

What was the *contractual or expected* number of work periods (shifts or calendar days) for a full-time day or swing physician in your hospital medicine group during the reporting period?

Q24b

What was the *contractual or expected* number of work periods (shifts or calendar days) for a full-time NP/PA in your hospital medicine group during the reporting period?

Q25

How much flexibility does your group allow to complete clinical work offsite (for example: answering pages, chatting, completing notes, etc.)?

- ☐ 100% of work has to be on-site (no flexibility)
- ☐ 85-99% of work has to be on-site (small amount of flexibility)
- ☐ 70-84% of work has to be on-site (moderate flexibility)
- ☐ Less than 69% of work has to be on-site (large amount of flexibility)

Q26

Which of the following best describes the predominant scheduling pattern used by your hospital medicine group to cover daytimes?

- ☐ Seven days on followed by seven days off
- ☐ Other fixed rotating block schedule (e.g., 9 days on/5 days off, 5 days on/5 days off, or similar)
- ☐ Monday through Friday, with rotating or some other weekend coverage
- ☐ Variable schedule
- ☐ Other (please specify) _____

Q26a

Which of the following best describes the predominant NP/PA scheduling pattern used by your hospital medicine group to cover daytimes?

- ☐ Seven days on followed by seven days off
- ☐ Other fixed rotating block schedule (e.g., 9 days on/5 days off, 5 days on/5 days off, or similar)
- ☐ Monday through Friday, with rotating or some other weekend coverage
- ☐ Variable schedule
- ☐ Other (please specify) _____

Q27

Which of the following best describes the predominant model of evening/night coverage of your hospital medicine group's patients?

- ☐ Scheduled on-site presence of hospitalist physician with or without NP/PA coverage
- ☐ On-call coverage via telephone by off-site physician
- ☐ Coverage by telemedicine physician
- ☐ Combination of on-site and off-site coverage by hospitalist physician, or another model
- ☐ Coverage by NPs/PAs without physician backup
- ☐ No hospitalist physician responsibility for coverage

Q28

If your hospital medicine group provided at least some physician night coverage utilizing only on-call and/or telemedicine hospitalists, who typically provides on-site coverage?

- ☐ Residents typically provided on-site coverage
- ☐ NPs/PAs or other non-physician providers typically provided on-site coverage
- ☐ Physicians from other departments (such as ED or ICU) typically provided on-site coverage
- ☐ The hospital medicine group did not typically provide on-site coverage

Q29

Did your hospital medicine group utilize one or more physician nocturnists (physicians who only or predominately work night shifts)?

- ☐ Yes
- ☐ No

Q29a

Compared to non-nocturnists, the nocturnists:

- ☐ Work fewer shifts
- ☐ Receive higher compensation
- ☐ Both
- ☐ None of the above

Q29b

If your nocturnists worked fewer shifts, what was the typical percent differential in worked shifts for nocturnists, compared to non- nocturnists?

Example: *If the nocturnists typically worked 10% fewer shifts than other hospitalists, enter 10.*

Q29c

If your nocturnists received higher compensation, what was the average or typical percent compensation differential for nocturnists, compared to non-nocturnists?

Example: *: If the nocturnists earned an average of 20% more than other non-nocturnist hospitalists in the practice, enter 20.*

Q30

Did your hospital medicine group use an admitter/rounder model, where daytime admitting duties are predominantly covered by a separate, dedicated admitting hospitalist(s)?

- ☐ Yes
- ☐ No
- ☐ A mixture of models is used

Q31

Does your hospital medicine group use unit-based assignments for some or all its hospitalists?

Example: *The hospitalist is responsible for inpatients on a specific floor/unit as opposed to inpatients on many different floors/units.*

Exclude: *Hospitalists working on observation units.*

- ☐ Yes
- ☐ No

Section V Compensation and Benefits

Q34

Indicate the percentage breakdown of individual physician compensation paid out to your hospital medicine group during the reporting period. These percentages should be calculated based on available dollar amounts rather than actual dollars paid out. *[The sum of all answers must total 100]*

Example: *If base compensation is 90% of total available pay and the maximum performance bonus is 10% of total available pay, enter 90 and 10 for those fields even if some physicians did not earn the full 10% due to missing performance targets. If there is no limit to production incentives and the average physician in the hospital medicine group earns 20% of their salary from production incentives, enter 20.*

☐ Base Compensation: _____

☐ Production-based compensation/incentive: _____

☐ Performance-based compensation/incentive: ____

Q34a

Indicate the percentage breakdown of individual nocturnist physician compensation paid out to your hospital medicine group during the reporting period. These percentages should be calculated based on available dollar amounts rather than actual dollars paid out. *[The sum of all answers must total 100]*

Example: *If base compensation is 90% of total available pay and the maximum performance bonus is 10% of total available pay, enter 90 and 10 for those fields even if some physicians did not earn the full 10% due to missing performance targets. If there is no limit to production incentives and the average physician in the hospital medicine group earns 20% of their salary from production incentives, enter 20.*

☐ Base Compensation: _____

☐ Production-based compensation/incentive: _____

☐ Performance-based compensation/incentive: ____

Q34b

Indicate the percentage breakdown of individual NP/PA compensation paid out to your hospital medicine group during the reporting period. These percentages should be calculated based on available dollar amounts rather than actual dollars paid out. *[The sum of all answers must total 100]*

Example: *If base compensation is 90% of total available pay and the maximum performance bonus is 10% of total available pay, enter 90 and 10 for those fields even if some physicians did not earn the full 10% due to missing performance targets. If there is no limit to production incentives and the average physician in the hospital medicine group earns 20% of their salary from production incentives, enter 20.*

☐ Base Compensation: _____

☐ Production-based compensation/incentive: _____

☐ Performance-based compensation/incentive: ____

Q35

Hospital medicine groups commonly use performance measures for both assessing performance of individual hospitalists and the performance of their group. Please indicate which performance measures your group uses and for which purpose. *[Select all that apply for each category]*

	Individual hospitalists non-production performance incentive as part of compensation package	Assessment of group performance including as part of contract or agreement with the hospital or other entity
Academic productivity	☐	☐
Accuracy and/or timeliness of documentation/coding/billing (including CDI queries)	☐	☐
Advance care planning documentation	☐	☐
ACO/bundled payment measures (e.g., percent of patients discharged to home)	☐	☐
Citizenship (attending meetings, working on committees, helping with recruitment, etc.)	☐	☐
Clinical process measures (e.g., DVT prophylaxis, sepsis bundle, stroke, or other core measures)	☐	☐
Discharge time, including early morning or discharge before noon	☐	☐
Emergency Department flow measures (e.g., ED response time, time from ED notification to orders, etc.)	☐	☐
Excess days in acute care	☐	☐
Inpatient flow/throughput measures (LOS, GMLO, discharge efficiency, excess day in acute care, etc.)	☐	☐
Medication reconciliation	☐	☐
Mortality rates	☐	☐
Overutilization and cost of care measures	☐	☐
Patient safety measures (e.g., PSI-90 and HAIs)	☐	☐
Patient satisfaction	☐	☐
Readmission rates	☐	☐
Transitions of care measures (e.g., PCP communication, discharge instructions, follow-up appointment scheduled, post-discharge call)	☐	☐
Use of order sets, clinical protocols, or pathways	☐	☐
Other (please specify)	☐	☐

Q36

How often is the compensation plan reviewed and benchmarked (resulting in an increase or decrease)? *[Enter number of years]*

Q37

Did your hospital medicine group's compensation plan provide for differential compensation based on experience or years of service?

- ☐ Yes
- ☐ No

Q38

Provide the average value of employee benefits per FTE physician hospitalist during the reporting period.

Include: *Federal and state payroll taxes, employer contributions for health, life, disability and other insurances, employer retirement plan contributions, etc.*

Exclude: *Malpractice insurance, CME/travel allocation, and other employee expense reimbursements.*

Q39

Does your group offer the following employee benefits?

- ☐ Retirement plan (pension/401k/403b)
- ☐ Paid maternity leave
- ☐ Paid paternity leave
- ☐ Paid sick time (routine, not medical leave)
- ☐ Paid time off (excluding medical or FMLA maternity leave and paid holidays, and any time that employees have to pay back)
- ☐ Paid holidays off
- ☐ Paid bereavement or funeral leave
- ☐ Student loan repayment
- ☐ Tuition reimbursment
- ☐ Relocation or housing costs
- ☐ Signing bonus
- ☐ Life insurance
- ☐ Malpractice insurance
- ☐ Disability insurance
- ☐ Employee and/or dependent education programs
- ☐ Other (please specify)

Q39a

Enter the typical numbers of hours of paid time off (PTO) offered per year per FTE hospitalist, excluding medical leave or FMLA maternity leave.

If PTO is offered in the form of shifts, please convert the typical PTO shift allocation into hours based on the average length of hospital medicine group shifts.

Formula: Number of PTO shifts x average length of shift in hours = typical number of hours of PTO

Q39b

What was the typical amount of CME dollars available per year per full time hospitalist?

Section VI Production and Payment Models

Q40

Report the total number of wRVUs generated by your hospital medicine group during the reporting period (including the work of NP/PAs, per diems/moonlighters, and locum tenens providers).

Q41

Provide the total number of times the following Evaluation and Management (E/M) services were billed by the hospital medicine group during the reporting period. *[Input whole number for each sub-question category above]*

- ☐ 99221
- ☐ 99222
- ☐ 99223
- ☐ 99231
- ☐ 99232
- ☐ 99233
- ☐ 99238
- ☐ 99239

Section VII Academic Hospital Medicine

Q42

Academic hospital medicine groups satisfy all the following criteria:

- The hospital medicine group works predominantly in an academic medical center that serves as the primary teaching site for a medical school.
- At least some of the hospitalists in the hospital medicine group hold appointments in the medical school on an academic promotion track (not just clinical instructor appointments).
- The hospital medicine group is integrally involved in the institution's academic mission, including both resident/medical student teaching and at least some research or other scholarly activity that regularly results in scholarly output (peer-reviewed publications, posters, etc.).

Is your hospital medicine group an Academic hospital medicine group?

- ☐ Yes
- ☐ No

Q42a

Are members of your group required to have an academic appointment at the affiliated medical school/academic institution?

- ☐ No requirement
- ☐ Required
- ☐ Voluntary

Q42b

What percentage of your staff have an academic appointment at an affiliated academic institution?

Q42c

Is academic promotion associated with a salary increase?

- ☐ Yes
- ☐ No

Q42d

What is the total dollar amount of financial support provided by the hospital, medical school and/or faculty practice plan for non-clinical work?

Include: *Funding provided for research, teaching, quality/patient safety, committee work*

Exclude: *Extramural grants and hospital/hospital medicine group, medical school or residency leadership positions*

Q42e

How many of the hospital medicine group's physician FTEs were devoted to each of the following categories of clinical work/direct patient care?

- ☐ Traditional ward services (house staff and/or students are responsible for the majority of care with attending supervision): _____
- ☐ Intermittent learner involvement (e.g., elective rotations): _____
- ☐ Non-teaching services (no formal learner involvement): _____

Section VIII Group Finances

Financial and/or Other Support is defined as monies or in-kind services/resources provided by a hospital or other organization to help a hospital medicine group offset any losses resulting from the failure of **Professional Fee Revenues** to cover all **Direct Expenses**. **Financial and/or Other Support** might take a variety of forms, including but not limited to coverage stipends, absorption of operating losses, administrative or clinical personnel, and/or other types of payments.

Professional Fee Revenues is defined as monies received directly from government or commercial insurers or other payors, and from patients, to pay for the provision of clinical services.

Direct Expenses is defined as all direct costs of operating the hospital medicine group, regardless of whether such expenses are accounted for in the hospital medicine group's financial statement or cost center or are accounted for elsewhere in hospital/medical group/management service organization financials, including:

- Provider and staff salaries (includes regular group member physicians, moonlighters, locum tenens staffing, NPs, PAs, dedicated nurses or other clinical support staff and dedicated administrative/clerical support staff)
- Benefits
- Malpractice insurance
- Dues/licenses/CME expenses
- Billing/collection expenses
- Supplies and equipment
- Outside services
- Other direct expenses
- Any allocations for management services from a managing medical group or MSO

Include: *Any funding received from the hospital, medical school, and/or faculty practice plan for academic purposes in the form of funding for teaching or academic administration, research grants, and/or philanthropy (endowments or other designated funds).*

Exclude: *Indirect corporate overhead allocations (e.g., Medicare stepdown cost allocation) from a health system or other large employer.*

Q43

What was the total dollar amount or value of financial and/or other support that your hospital medicine group received during the 12-month reporting period?

Contact Information

C1
Please provide the following contact information in case we have questions while scrubbing data and for the delivery of your free electronic version of the report. Thank you very much for your time.

- ☐ Name: _____
- ☐ Address 1: _____
- ☐ Address 2: _____
- ☐ City/Town: _____
- ☐ State: _____
- ☐ Zip/Postal Code: _____
- ☐ Email Address: _____
- ☐ Phone Number: _____

Multisite 1
Do you need to fill out a survey for another site (multisite submission)?

- ☐ Yes
- ☐ No

Multisite 2
Do you want to pre-populate your next survey with your prior answers?

Note: *You will be able to change your answers if you pre-populate the next survey.*

- ☐ Yes
- ☐ No

2025 State of Hospital Medicine Report

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