CFTE: Definition and Impact

PERSPECTIVE OF THREE ACADEMIC MEDICAL CENTERS

SUSAN KLINE, DUKE UNIVERSITY

Objectives

- Provide background on my institution's academic medical center structure between the hospital system, SOM and physician practice plan

- Share institution's framework of faculty effort, aka Total Professional Effort

- How our department calculates and manages faculty effort, including tools used

- How we establish clinical effort and clinical workload expectations
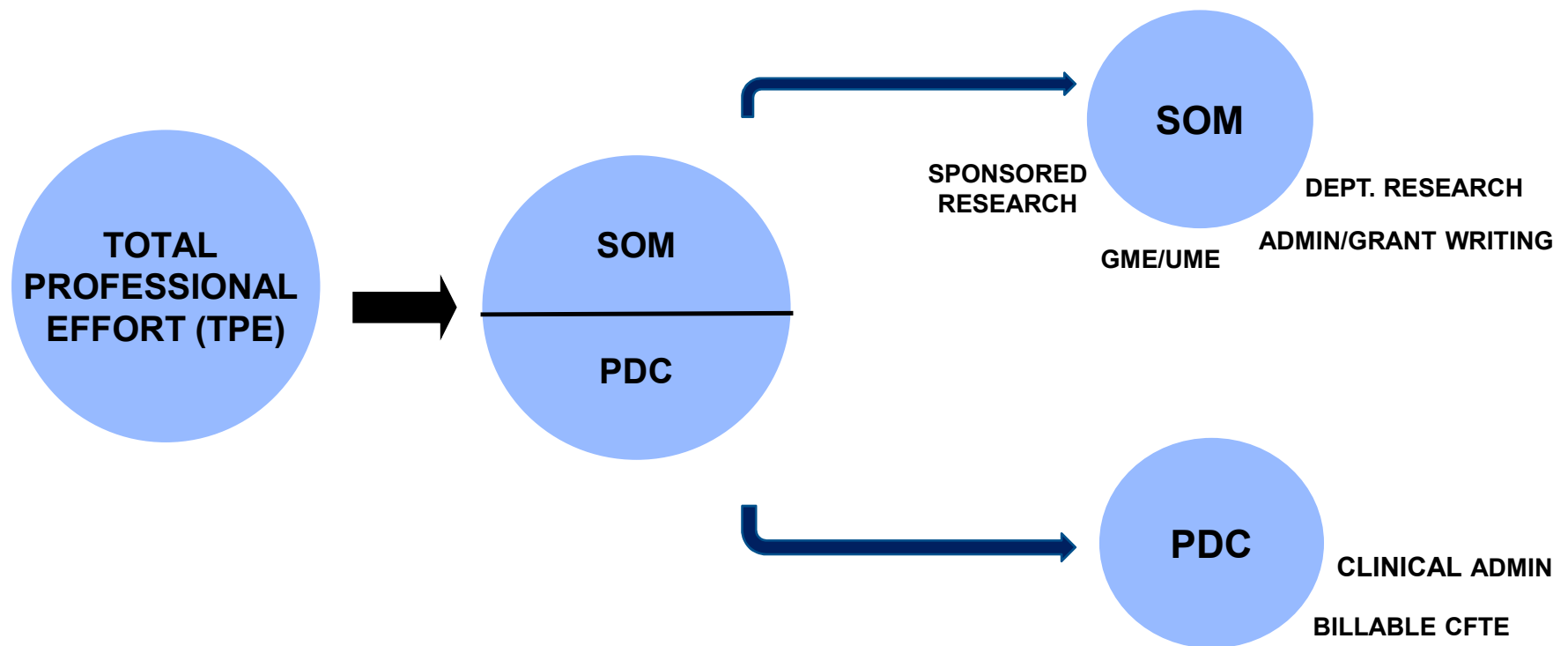
- What is working and what isn't

AMC Structure – Different Governance
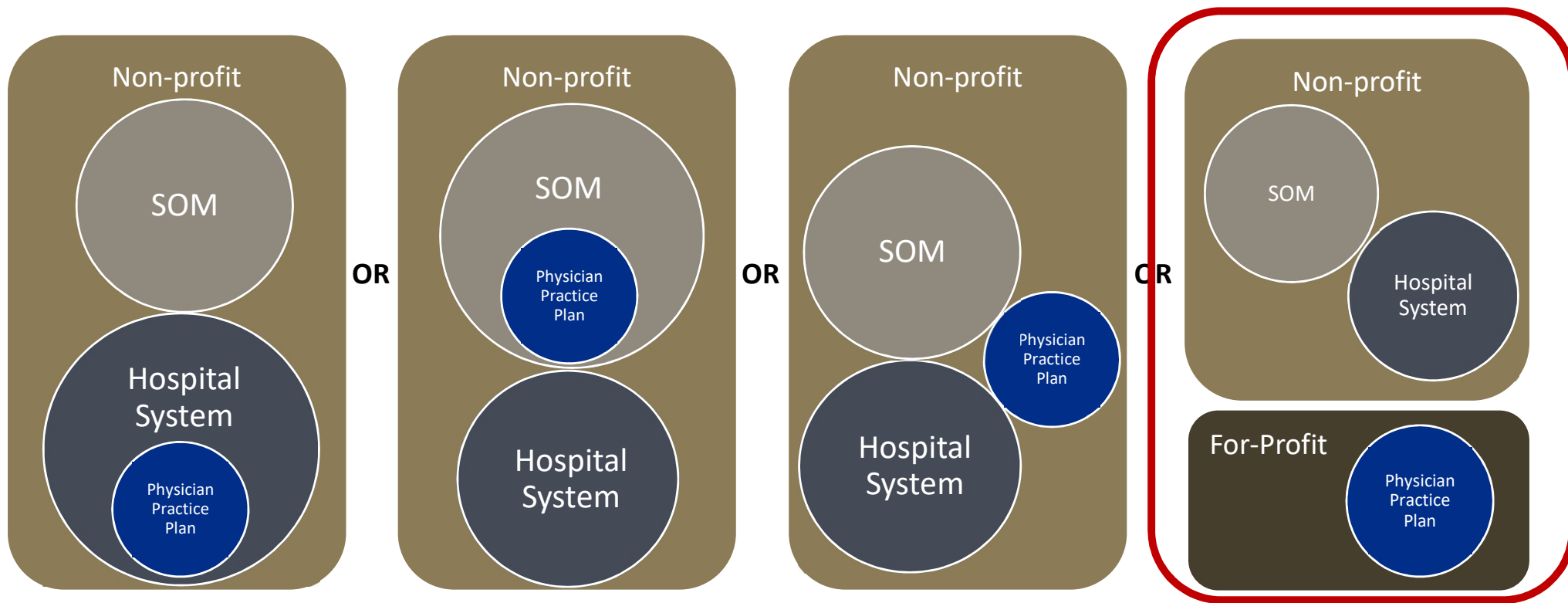
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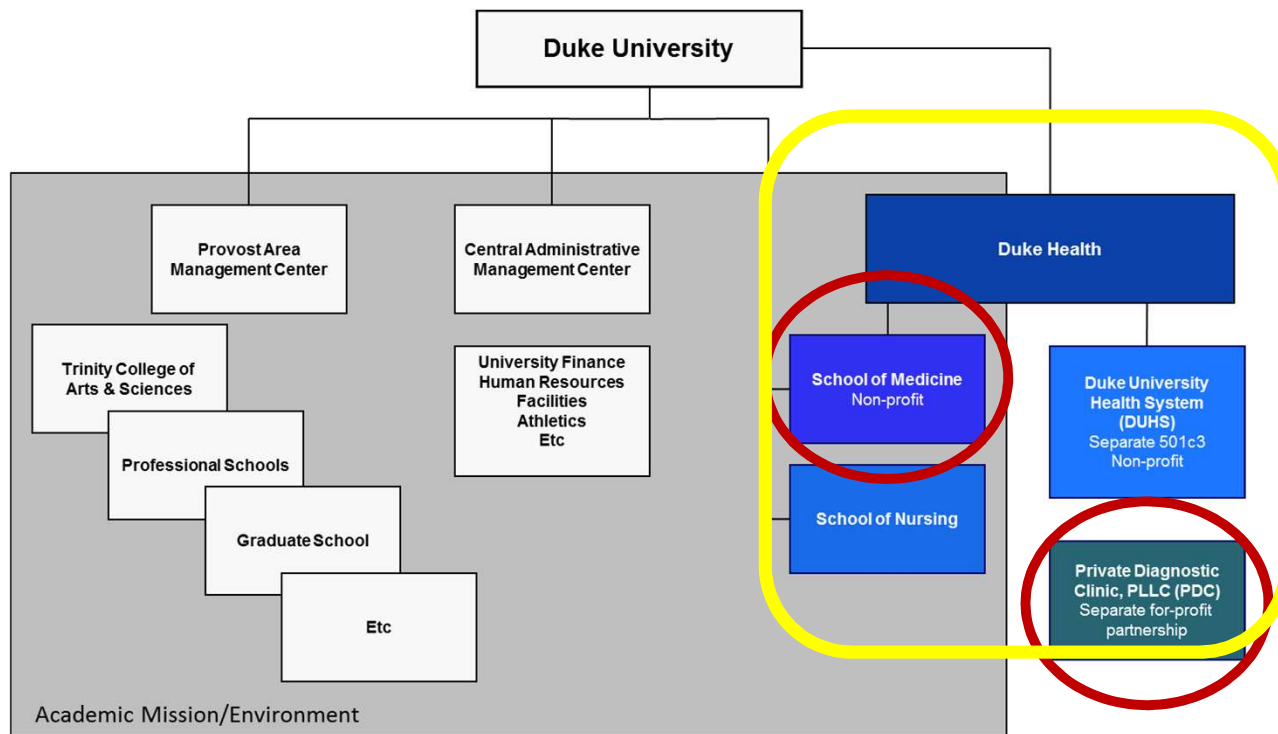
Our Faculty Effort Approach

Total Professional Effort Framework

- Academic (SOM/University) Effort:
  - Amount of time spent supporting research, education, administrative and non-billable clinical activities
  - Reduces clinical effort

- Clinical (PDC) Effort:
  - Consists of 2 components – billable cFTE and clinical administrative effort
    - Billable cFTE includes the amount of time spent on clinical activities (direct patient care, closing notes, reviewing charts, completing quality improvement tasks, teaching while providing direct patient care, etc).
    - Clinical admin effort includes protected time for formal administrative role.

Our Perspective: Effort ≠ Funding

Step 1: Identify the faculty's base FTE

Step 2: Identify and deduct all approved commitments made to the faculty (in dollar amounts converted to % effort based on total base salary):

- Teaching effort (hourly rate paid by SOM) converted to % of total salary
- Administrative roles (% effort or flat salary rate)
- Hospital transfers/support (medical directors, ethics training, GME APD support, etc)
- Research effort (sponsored programs, career development awards, professorships, etc)

Step 3: Review remaining FTE on what is billable cFTE vs clinical admin. Billable cFTE is converted to clinical scheduled effort (CSE) based on division definition.

Example A is 1.0 FTE Faculty Member (researcher)

Commitment	% Effort	Funding
Education: Graduate school teaching	0.05	Univ
Research Admin: Physician Scientist Concept Review Committee	n/a	n/a
Research: K12-123456	0.75	SOM
Clinical: Billable cFTE	0.20	PDC

Example B is a 0.75 FTE Faculty Member (clinician educator)

Commitment	% Effort	Funding
Clinical: Billable cFTE	0.90	PDC
Clinical: Billable cFTE with trainees	0.10**	SOM

** Does not equal 10% of total pay

NAME: _____   DIVISION: _____

	TPE Percent	Univ Conversion Percent	Confirm	Change	Is TPE Percent Protected/ Funded?		Fund Code (Internal or external)	Notes
					Yes	No		
RESEARCH:								
_____			☐	☐	☐	☐	_____	_____
_____			☐	☐	☐	☐	_____	_____
_____			☐	☐	☐	☐	_____	_____
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_____			☐	☐	☐	☐	_____	_____
(Admin) _____			☐	☐	☐	☐	_____	_____
(Admin) _____			☐	☐	☐	☐	_____	_____
EDUCATION:								
_____			☐	☐	☐	☐	_____	_____
_____			☐	☐	☐	☐	_____	_____
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(Admin) _____			☐	☐	☐	☐	_____	_____
(Admin) _____			☐	☐	☐	☐	_____	_____
Administration:								
_____			☐	☐	☐	☐	_____	_____
_____			☐	☐	☐	☐	_____	_____
CLINICAL:								
Billable inpatient/outpatient clinical time	100.0%		☐	☐	☐	☐	_____	Effort 10%; min. $20K salary on univ
(Admin) _____			☐	☐	☐	☐	_____	_____
(Admin) _____			☐	☐	☐	☐	_____	_____
(Admin) _____			☐	☐	☐	☐	_____	_____

TOTAL PROFESSIONAL EFFORT FUNDED   100.0% *must total 100%*

TOTAL PROFESSIONAL EFFORT BREAKDOWN: PDC   100.0%

UNIV   0.0%

TOTAL   100.0% *must total 100%*

Faculty Member Signature: _____

Division Chief Signature: _____

Commitment Management Tool

Establishing CFTE & Workload Expectations

2016 DEFINITIONS FOR FULL-TIME CLINICAL FTES IN PEDIATRICS

NOTE:	A clinic "session" = 1 half-day
BMT	• 2428 hours per year = 12 weeks inpatient service (840 hours) + 12 weekends inpatient coverage (288 hours) + 4 clinic sessions per week (700 hours) + 15 new patient work-ups per year (600 hours) •
Cardiology	• 9 clinic sessions + 0.5 days clinical admin time per week • (Cath lab days can count as 1 day)
Endocrinology	• Ambulatory: 7 clinic sessions (28 hours) + 17.5 hours clinical admin time + 14.5 hours additional clinical work per week • Inpatient: 9 weeks service = 1 clinic day
Primary Care	• 60 hours effort per week (32 hours clinic time + 8 hours clinical admin time + 20 hours additional clinical work)
Hematology/Oncology	• Full-time ambulatory: 3.5 days clinic per week • Full-time inpatient: 2 weeks per month
Neonatology	• Neonatologists: 24 weeks service per year • Pediatricians: 22 weeks service per year + SICC clinic
Critical Care	• 1600 work hours per year

Each division defines what constitutes a 1.0 billable cFTE, which includes all clinical commitments (outpatient, inpatient, on-call)

What works? What doesn't?

- **What works for us**
  - Standardized definitions of what is a clinical FTE and what is academic vs clinical
  - Standardized expectation on protected time for specific roles
  - Prepopulating effort allocations and having faculty AND leadership approval on final effort/changes
  - Defining what really is "productivity" (wRVUs, total visits, receipts, etc)
  - Aligning with data and benchmarks the institution uses for productivity/performance incentives

- **What doesn't for us**
  - Not recognizing other activities that faculty value but do not get funded or protected time
  - Inpatient based divisions cannot use weeks for definition; need to be in hours and provide clear expectations on what is a FTE (not just cFTE) (i.e. what do faculty do when NOT on service)
  - Benchmarks are not always applicable; need customized benchmarks at times

Questions