AAAP Clinical Work Survey:
The Whitepaper Report

AAAP Webinar
CFTE Workgroup
February 15, 2023

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Agenda

Background (Desiree Brown)

- ➔ History
- ➔ Goals/Purpose of Survey

Survey Structure (Angela Fuste)

Whitepaper Report

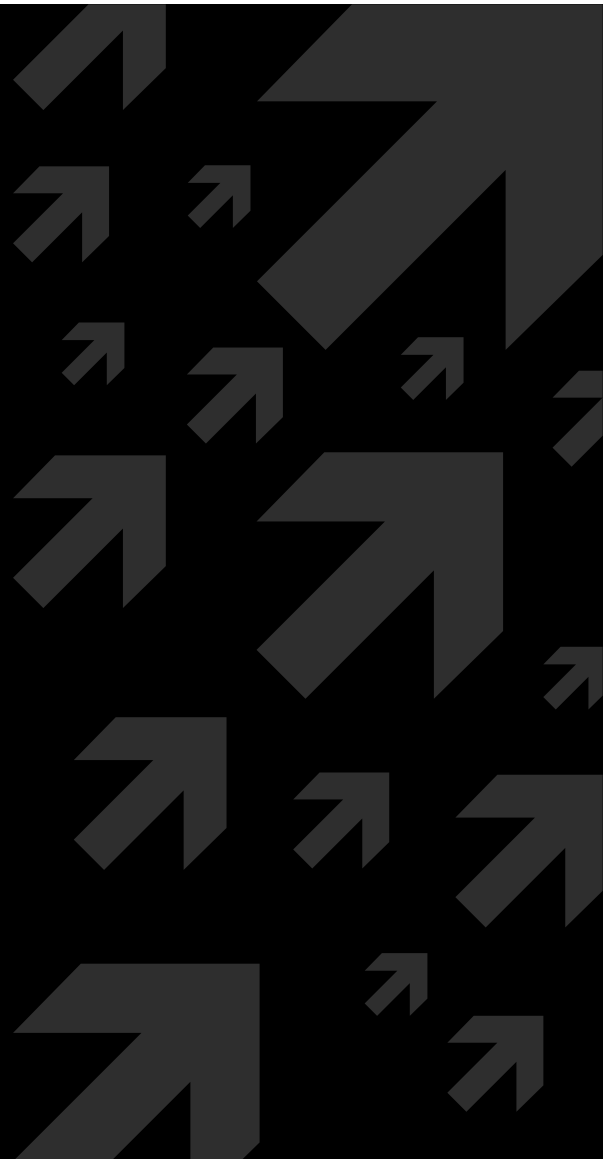
- ➔ Key Insights/Findings (Susan Kline)
- ➔ Data Summary Tables (Kristine Kirstein)

Next Steps

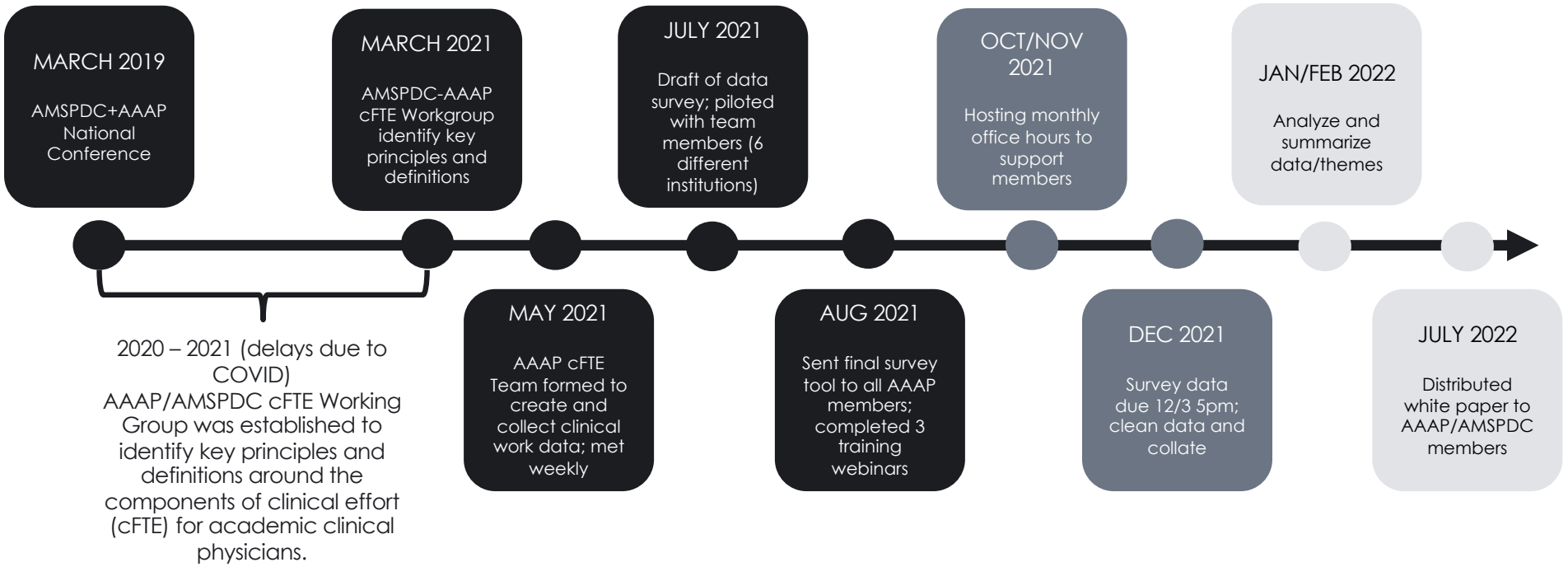
- ➔ AAAP Annual Meeting & Future Survey (Gil Pak)
- ➔ Education "Bootcamp" (Liz McCarty)

Background

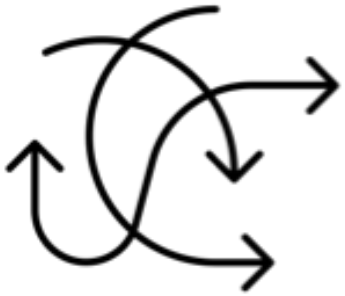
Let's start with where we left off in 2019…



Timeline


MARCH 2019
AMSPDC+AAAP National Conference
MARCH 2021
AMSPDC-AAAP cFTE Workgroup identify key principles and definitions
JULY 2021
Draft of data survey; piloted with team members (6 different institutions)
OCT/NOV 2021
Hosting monthly office hours to support members
JAN/FEB 2022
Analyze and summarize data/themes
2020 – 2021 (delays due to COVID)
AAAP/AMSPDC cFTE Working Group was established to identify key principles and definitions around the components of clinical effort (cFTE) for academic clinical physicians.
MAY 2021
AAAP cFTE Team formed to create and collect clinical work data; met weekly
AUG 2021
Sent final survey tool to all AAAP members; completed 3 training webinars
DEC 2021
Survey data due 12/3 5pm; clean data and collate
JULY 2022
Distributed white paper to AAAP/AMSPDC members

Why is this topic important?



No comprehensive benchmarks; many email inquiries and webinars highlighting what some groups are doing

Can help ensure better understanding of work culture and physician burnout factors

Consistent definition can ensure alignment in reporting of productivity data as well as salary for benchmarking purposes.

Defining cFTE is always a topic of interest for everyone:

- Physician practices, hospitals, academic departments/divisions
- Academic and non-academic organizations (AAMC, MGMA, specialty organizations, etc)
- Consultants (Sullivan Cotter, Vizient, Huron, etc)

Project Objectives

Our Approach

- Gain an understanding of institutional general definitions as it relates to overall FTE expectations and how institutions interpret/report cFTE.
- Gather actual clinical work data (not expectations) at the individual provider level to better understand what reported “billable cFTE” information means.

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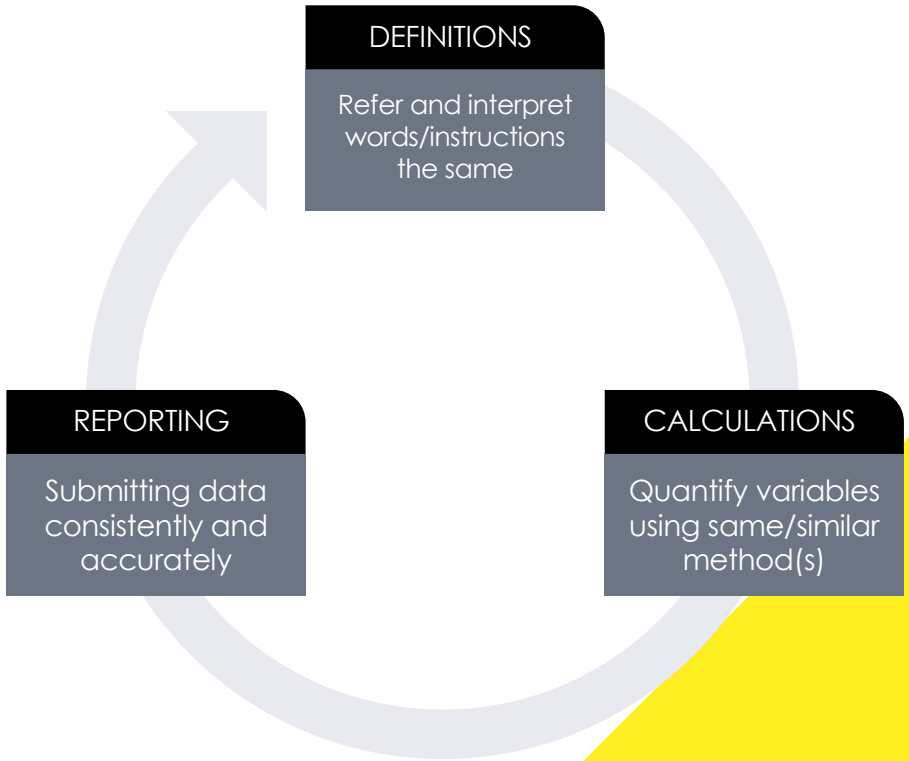
Our Key Goals

- Development of consistent AAAP terminology we use with each other and when we talk about FTE and cFTE.
- Collate a data summary to begin understanding what work actually is being performed at reported cFTE levels in each specialty (physician and APP).

Survey Structure

Let's remember what it looked like…

ASSUMPTIONS



CONSTRAINTS

SCOPE

Focused on clinical work hours as proxy to understand what is currently being done and is an individual's capacity. No work on how it relates to compensation or productivity (wRVU, volumes, charges/receipts, etc).

RESOURCES

Institutional resources were collecting data while managing other regular work duties (many understaffed or had other priorities like budget or salary survey).

TIME

1 year timeframe for this pilot project to plan survey, communicate and train, collect and summarizing.

DATA

Limited data elements being collected due to time and institutional capabilities. Also wanted to ensure alignment with primary project goals – creating definitions and understanding how groups were reporting their data.

SURVEY DATA ELEMENTS

General Institutional

- # of work weeks/year for 1.0 FTE
- # hours/work week for 1.0 FTE
- Academic time for scholarly work (Y/N and % time/year)
- # hours in ambulatory session
- Clinical administrative time to complete billable activities (Y/N and % time/year)

SURVEY DATA ELEMENTS

Actual Clinical Work (by provider)

- Specialty
- Responsibility (Clinician, Researcher, Community, etc)
- FTE
- Reported cFTE
- Reported wRVU
- Working with APP (wRVUs included)
- # total OP sessions/year
- # total procedure sessions/year
- # total IP hours
- # on-call shifts (include description of on-call and if included in physician's cFTE expectation)

Whitepaper Report

Let's remember what we learned…

70,000+

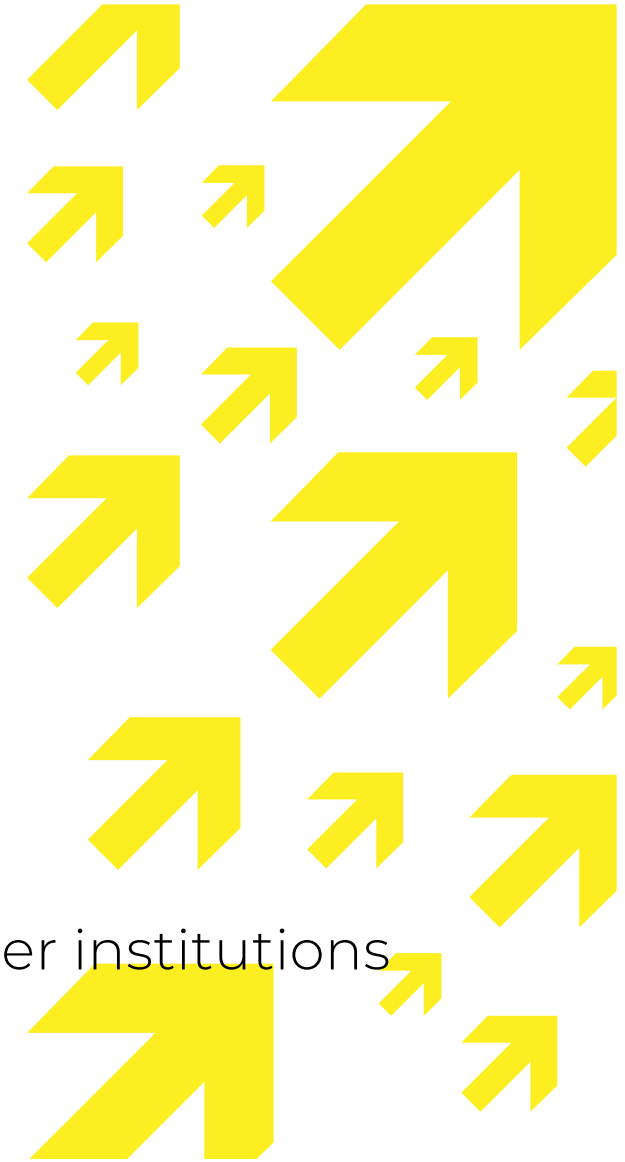
Submitted and cleaned unique data points

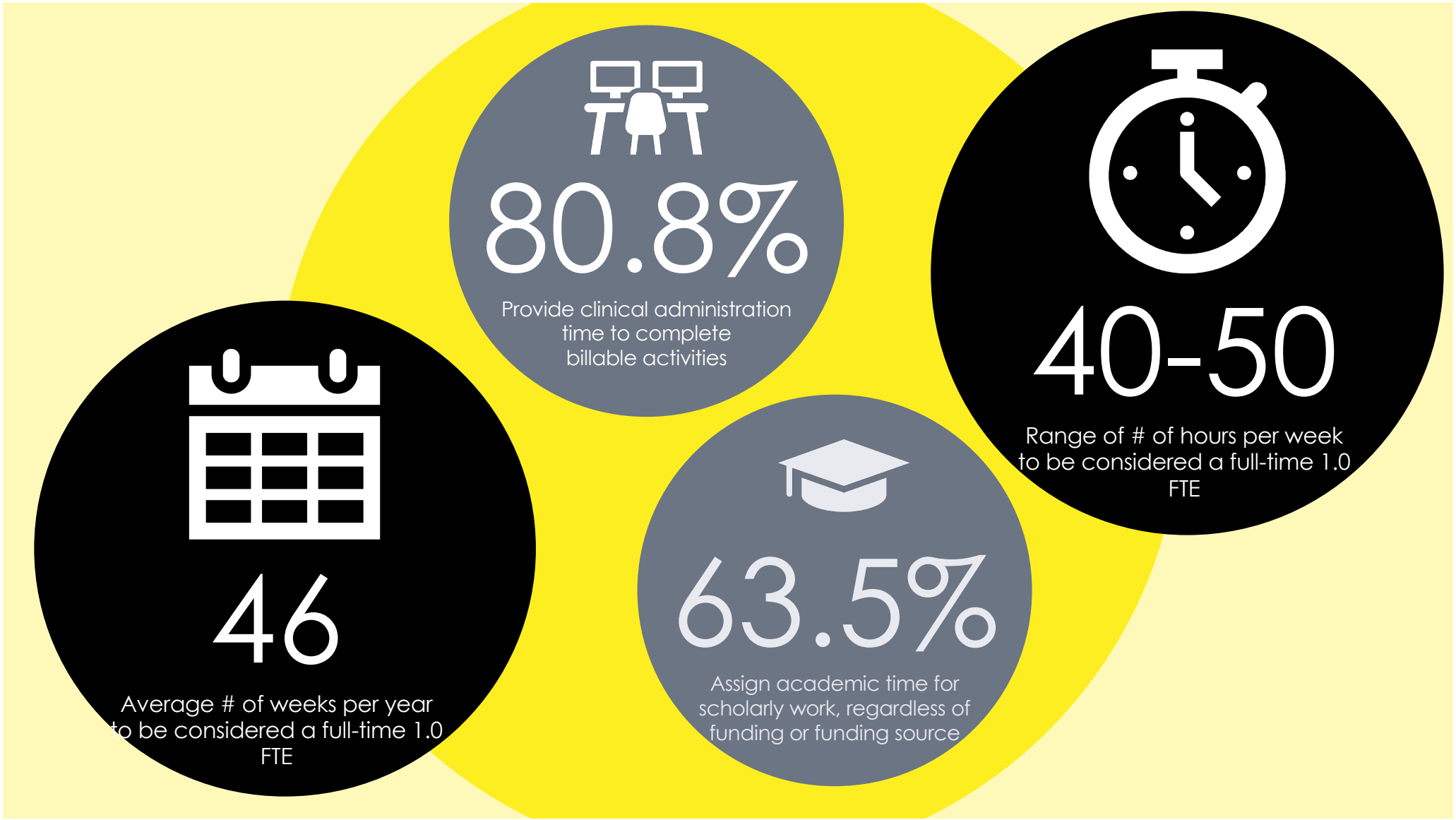
6,300+

Individual physicians included in summary

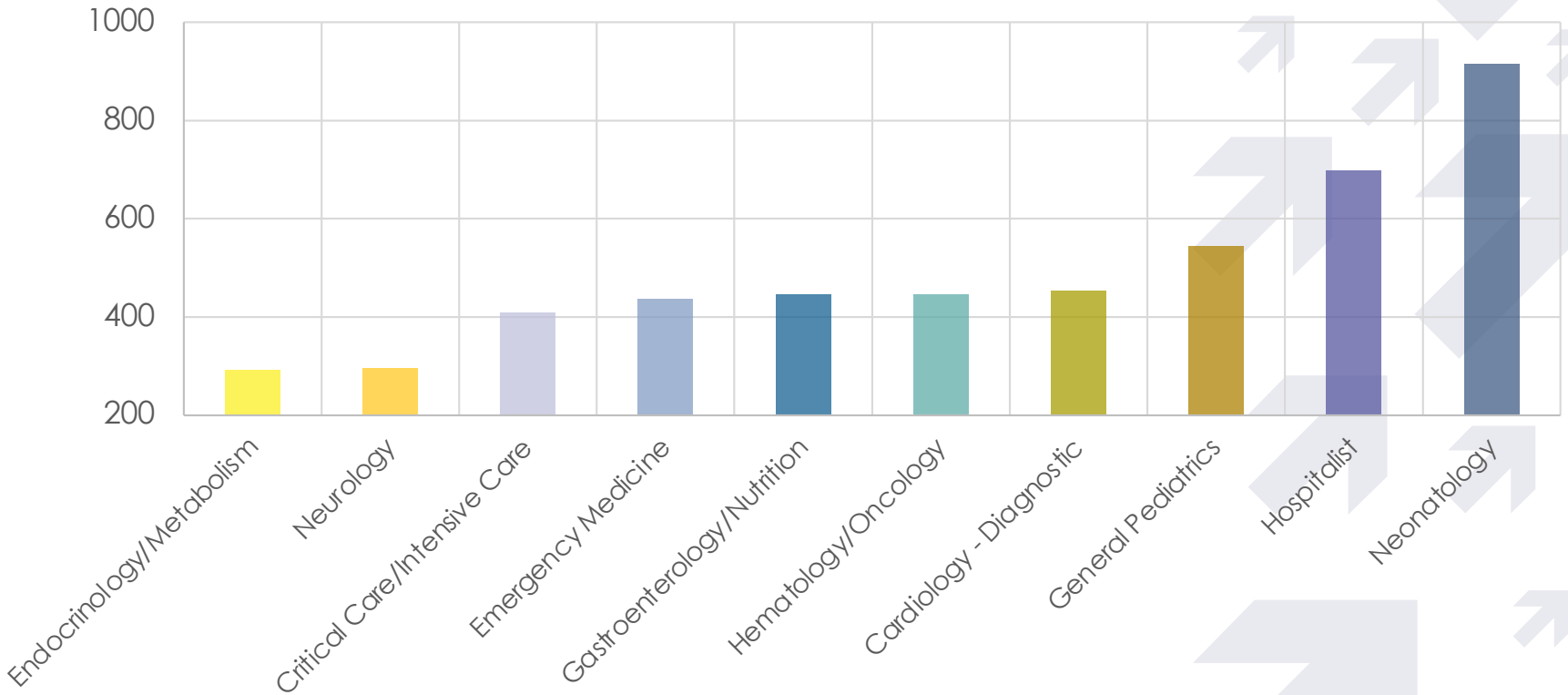
52%

Overall survey response rate of AAAP member institutions




80.8%
Provide clinical administration time to complete billable activities
40-50
Range of # of hours per week to be considered a full-time 1.0 FTE
46
Average # of weeks per year to be considered a full-time 1.0 FTE
63.5%
Assign academic time for scholarly work, regardless of funding or funding source

TOP 10 SPECIALTY RESPONSES



Key Insights

Institutions have different definitions and approaches as it relates to effort management and reporting.

Effort can be segregated by the different type of mission work a physician does.

Clinical effort is comprised of direct patient care and non-direct patient care.

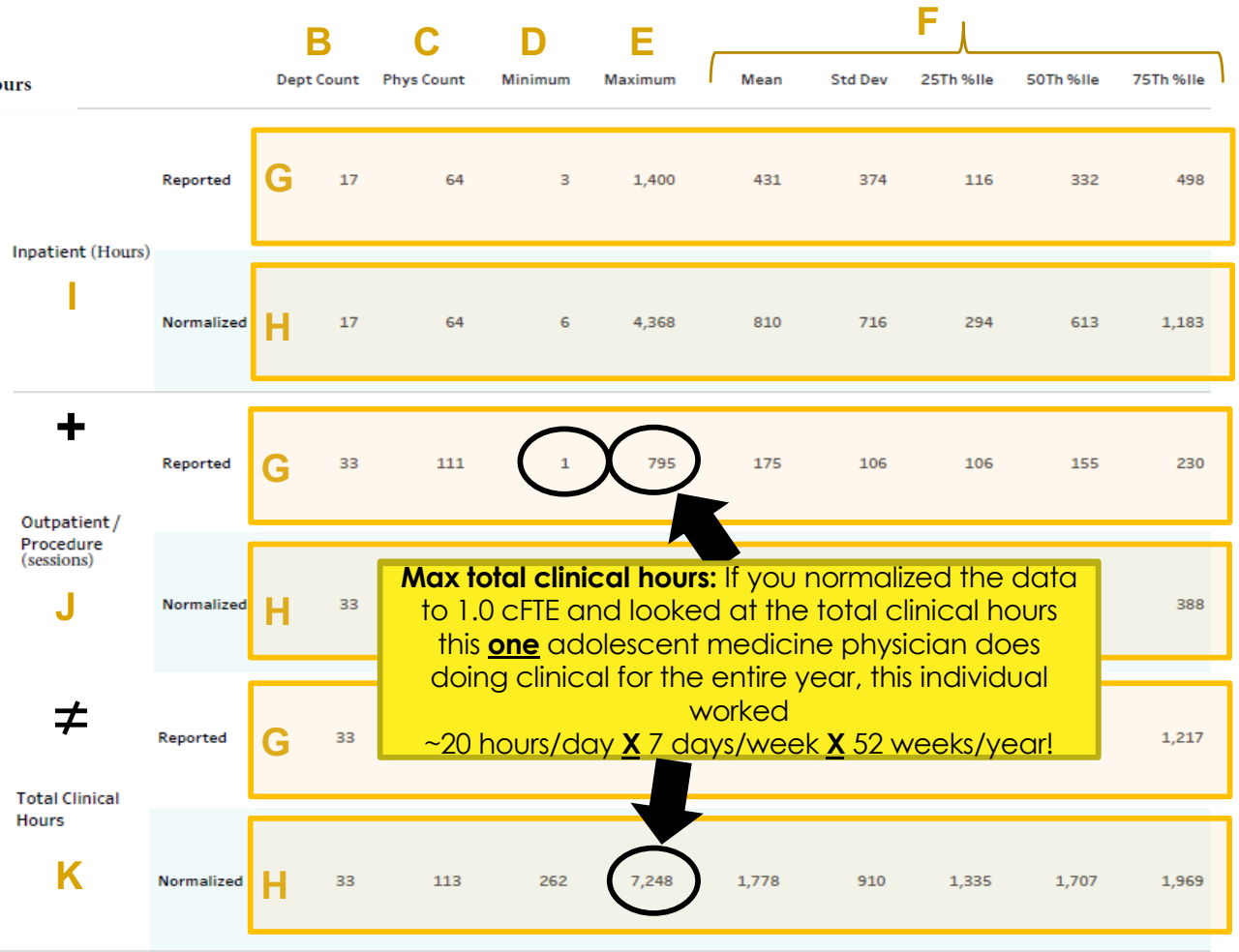
The proportion of direct patient care and non-direct patient care is critical for benchmarking (hours worked, wRVU and compensation).

Data Summary Tables

Normalized Data: A 0.5 cFTE physician who reported 1,000 hours or 100 sessions per year would have their data converted to what they would have done as a 1.0 cFTE so 2000 hours or 200 sessions respectively.

Legend

A: Pediatric Specialty category
B: Count of Departments that submitted data
C: Count of unique physicians in dataset
D: Minimum number of hours or sessions reported
E: Maximum number of hours or sessions reported
F: Distribution of data and quartiles reported
G: Data reported exactly as submitted – not normalized to 1.0 cFTE
H: Data normalized to a 1.0 cFTE *(ex. a 0.5 cFTE physician with reported 1000 hours or 100 sessions per year would have their data converted to what they would have done as a 1.0 cFTE so 2000 hours or 200 sessions respectively)*
I: All inpatient hours reported
J: All outpatient/procedure sessions reported
K: Total inpatient and outpatient clinical hours reported. (NOTE: number of sessions reported and normalized was converted to hours by multiplying the number of session by 4 hours, which was the collected average number of hours in a session nationally)



Hospitalist

		Dept Count	Phys Count	Minimum	Maximum	Mean	Std Dev	25Th %Ile	50Th %Ile	75Th %Ile
Inpatient (Hours)	Reported	39	655					40	1,201	1,620
	Normalized	39	655	70	6,000	1,853	626	1,636	1,816	2,000

When we normalize to a 1.0 cFTE, this Hospitalist is <u>only</u> doing inpatient clinical time and has no other assignments.

Sports Medicine

		Dept Count	Phys Count	Minimum	Maximum	Mean	Std Dev	25Th %Ile	50Th %Ile	75Th %Ile
Outpatient / Procedure (sessions)	Reported	3						116	240	264
	Normalized	3	6	228	427	360	78	311	369	425

When we normalize to a 1.0 cFTE, this Sports Medicine physician is <u>only</u> doing outpatient sessions and has no other assignments.

Key Insights

Institutions have different definitions and approaches as it relates to effort management and reporting.

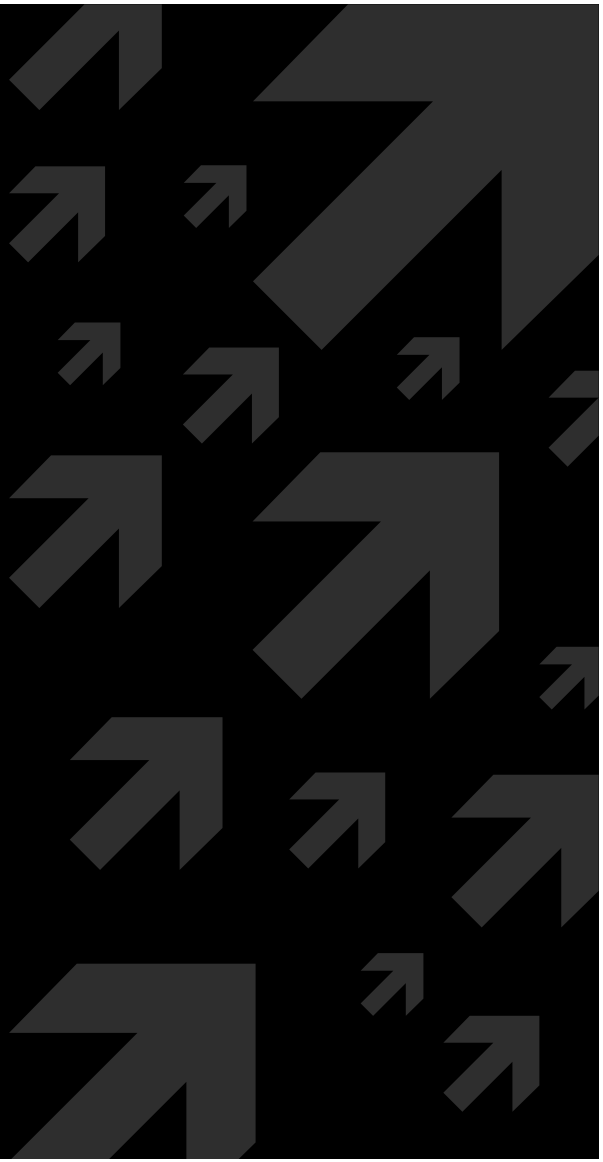
Effort can be segregated by the different type of mission work a physician does.

Clinical effort is comprised of direct patient care and non-direct patient care.

The proportion of direct patient care and non-direct patient care is critical for benchmarking (hours worked, wRVU and compensation).

Next Steps

Let's talk about where we are going…



Recommendation

- Main recommendation from whitepaper before another survey could be done was to respond to the overwhelming need for education on this topic of clinical work/effort.
- cFTE workgroup developing education materials and hosting AAAP Clinical Effort Bootcamps.

Now and Later

2023 AAAP Annual Conference

Collecting more feedback from members on the content and format of the AAAP Clinical Effort Bootcamp.

Future Survey

AAAP and AMSPDC leadership wanting to do the survey again.

Credits

Special thanks to:

AMSPDC+AAAP cFTE Working Group
(AMSPDC – Drs. Ann Reed, Lucky Jain, Mo Gessouroun and
AAAP – Melody Altman, Liz McCarty, Susan Kline)

AAAP cFTE Team
(AAAP - Desiree Brown, Angela Fuste, Gil Pak, Kristine Kirstein, Liz McCarty, Susan Kline)

AAAP and AMSPDC Board Members