

**NASPGHAN CLINICAL PRACTICE SURVEY**  
**How to We Measure Up?**



**NASPGHAN Clinical Practice Committee**  
With Statistician, Jack Wiedrick, M.S.  
**October 10, 2015**

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**Objectives**

- Participants will be able to perform the following:
  - Describe demographics of respondents to the 2014-2015 NASPGHAN Clinical Practice Survey
  - Access NASPGHAN web-link to view survey data
  - Describe limitations for analysis of Work RVUs, base salary & bonus data due to categorical answers
  - Suggest one method to improve future surveys

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**Disclosure: Conflict of Interest**

There are no relevant financial relationships with a manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.

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Why Study U.S. Practices of NASPGHAN?  
-U.S. Medicine is Changing Rapidly



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### Methodology

- NASPGHAN leadership draft approval, 2014
- OHSU IRB approval obtained
- SurveyMonkey used for data collection
- Three response announcements/reminders fall of 2014 and winter of 2015 before closing.
- Paper & online responses accepted
- 487 anonymous respondents out of 1697 (29 %) US NASPGHAN members at closing date, 2015.

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### Survey Response Analysis

- SurveyMonkey basic analysis
- Statistical analysis by OHSU statisticians
  - Thuan Nguyen, Eric Chen, & Jack Wiedrick
- Limitations
  - Categorical answers limit statistical analysis
  - Cannot derive mean, SEM/SD or accurate ranges
    - Taking mean of the midpoint of the answer range is a guesstimate, and is not accurate.

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Who Comprise the U.S. Part of NASPGHAN?



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Gender Reported by 480 Respondents

38% Female



62% Male

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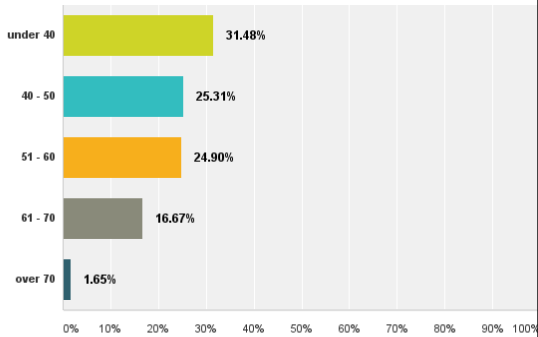
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Age Distribution 486 Answered, 1 Skipped



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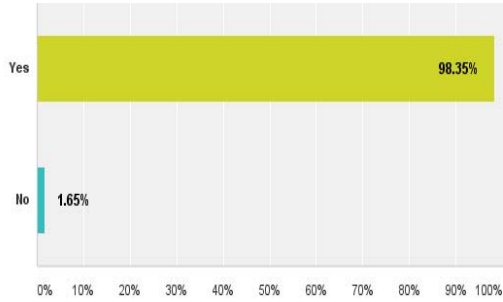
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**Respondents- Board Certified/Eligible in Pediatric Gastroenterology** Answered: 485




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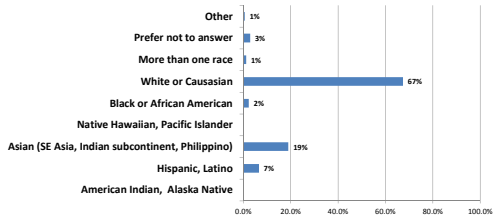
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**Ethnic Composition of 485 Respondents**




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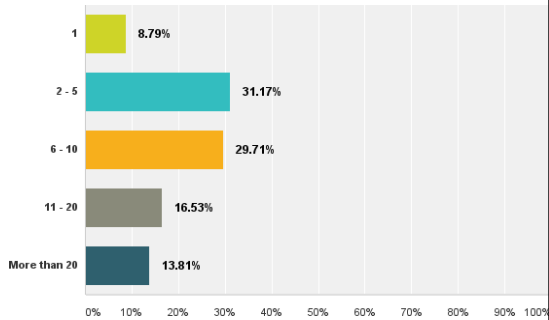
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**Number of Pediatric Gastroenterologists in Group**

Answered: 478 Skipped: 9




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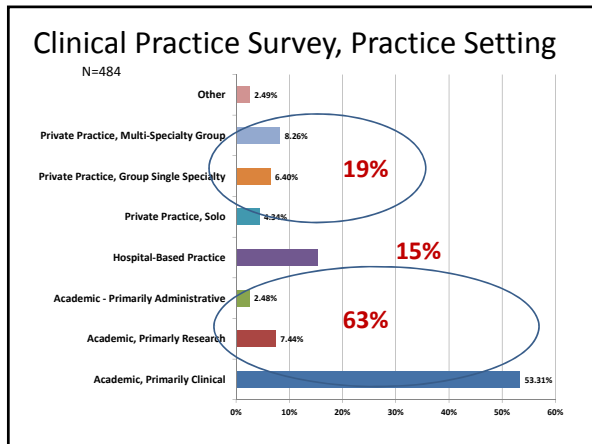
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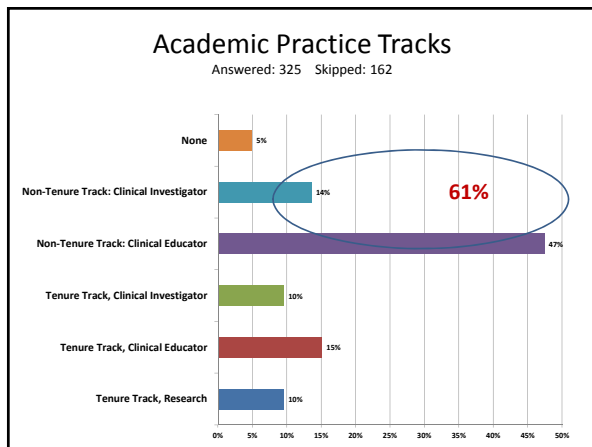
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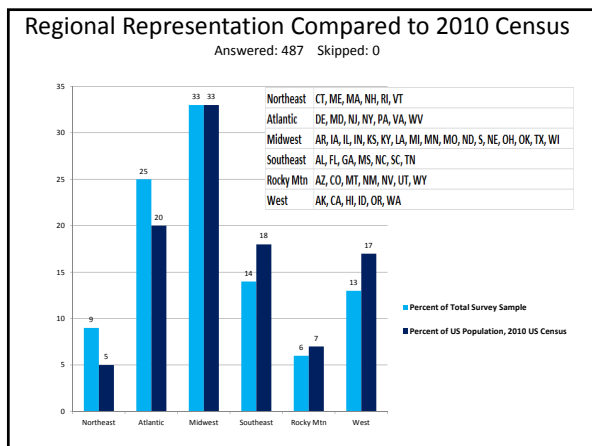
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## Productivity Measurements

- Total vs. Work RVUs
- Clinical fte (cfte)
- National benchmarks
  - AAAP, MGMA, AMGA, FPSC
  - % cfte confounds comparison of Work RVUs
  - Extrapolation to 1.0 cfte skews & inflates benchmarks




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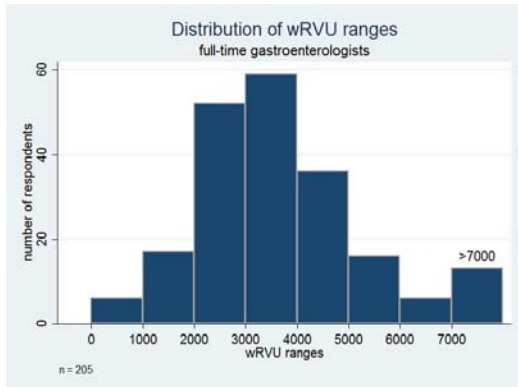
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## WRVUs Reported by Full-Time Respondents




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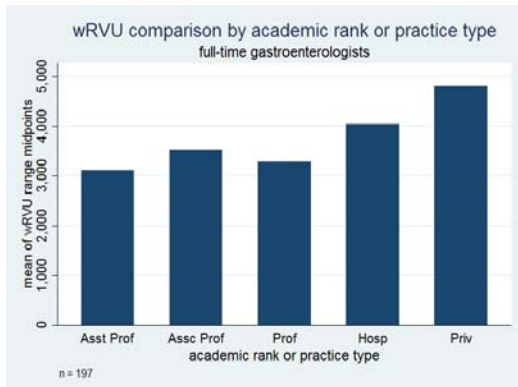
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## Academic Rank, Practice Setting vs. wRVUs




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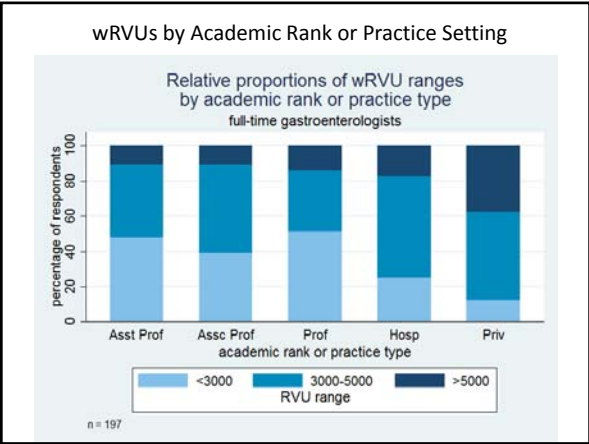
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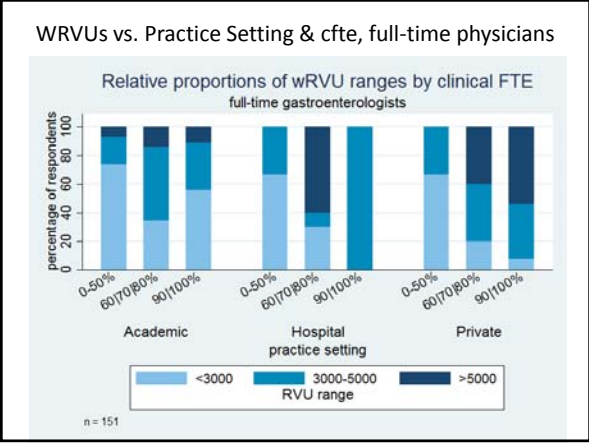
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### What accounts for the difference in wRVUs in Practice Setting?

- Number of patient seen/week?
- Increased proportion of new patients?
- Increased procedures proportion?
- More support?
- Fellows in the practice?

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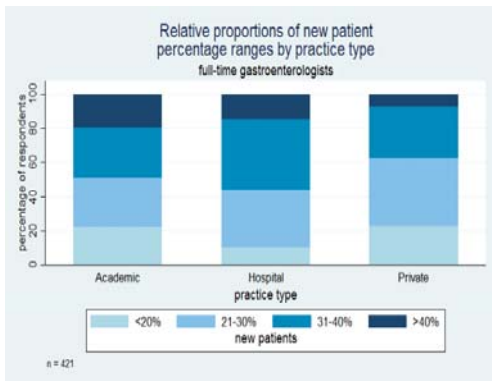
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### Proportion of New Patients by Practice Type




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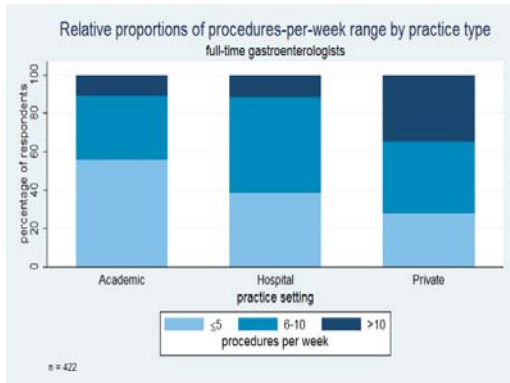
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### Proportion of Weekly Procedures vs. Practice Setting




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### Do Academic Programs with *Fellows* Have Higher Work RVUs?

- 275 full-time academic physicians responded
  - 72% of those reported having a fellow
- No evidence that having a fellow significantly influenced wRVU totals.

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## 8% of Respondents - Hepatologists




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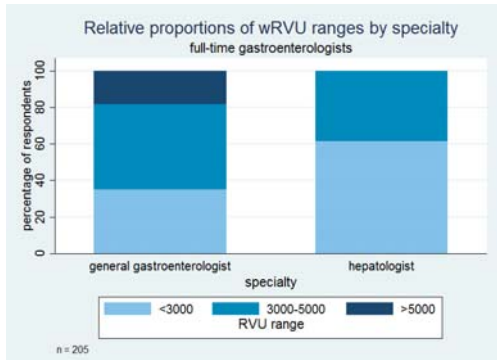
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## WRVUs Hepatologists vs. Generalists




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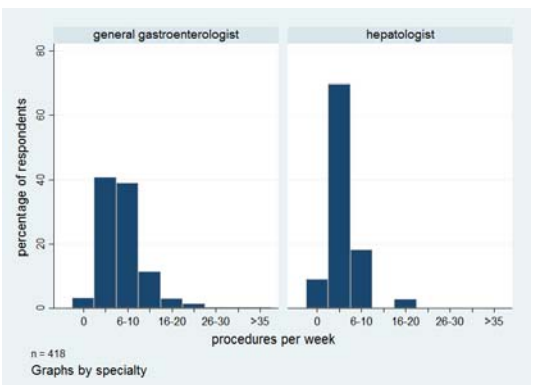
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## Weekly Procedures: Generalists vs. Hepatologists




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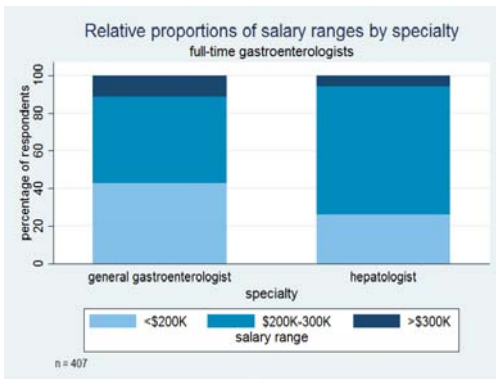
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### Base Salary for Generalists vs. Hepatologists




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### Base Salary, Bonuses & Penalties




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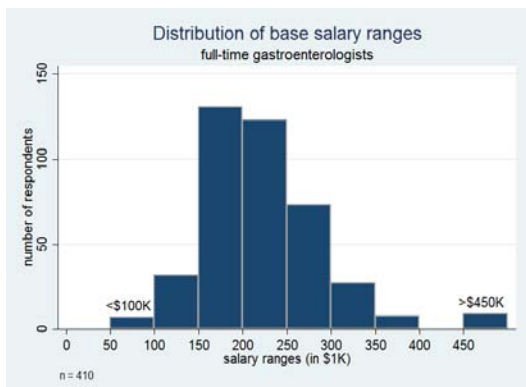
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### Salary Ranges for Full Time Gastroenterologists




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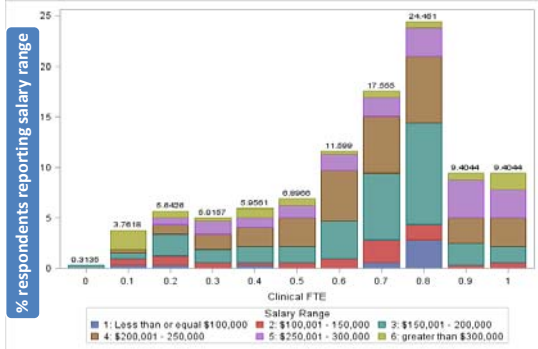
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### Base Compensation Reported vs. cfte




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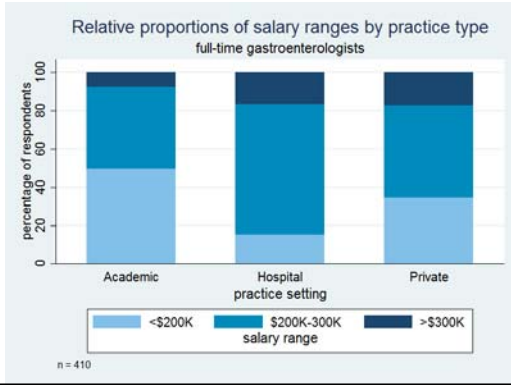
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### Base Salary By Practice Setting




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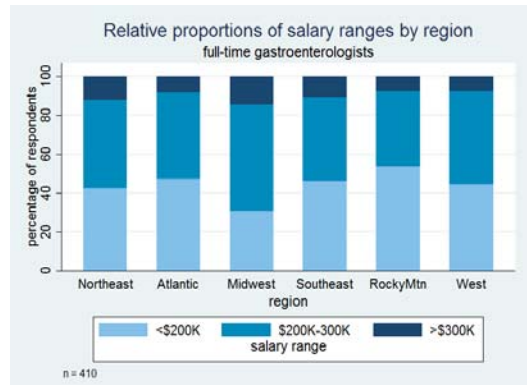
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### Base Salary by Region




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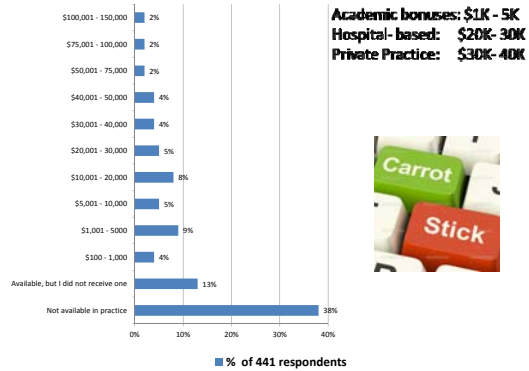
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### Productivity-based incentives last year?




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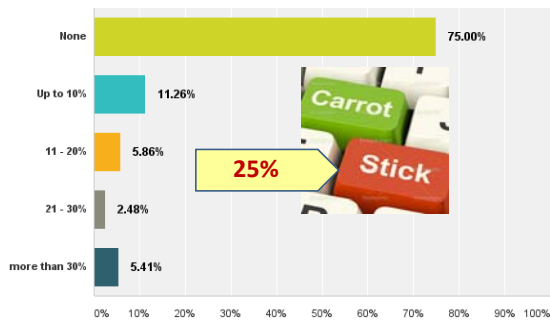
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### Base Salary at Risk if Targets Not Met

Answered: 444 Skipped: 43




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### Possible Game Changers




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## Indirect Patient Care Time

- Indirect patient care = time spent reviewing records, test results, coordinating care & communication with patients/families, not face-to-face.
- Ratio of direct: indirect patient care equivalents reported is **5:2**
- Ratio is independent of cfte.

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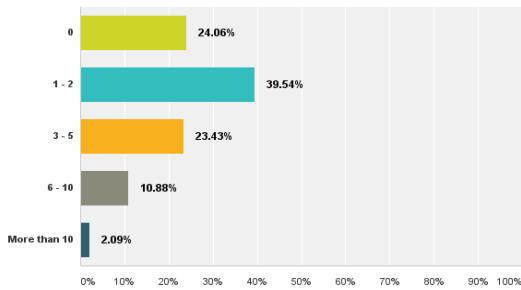
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## Number of Advanced Practice Providers (NPs & PAs) in Your Practice Group

Answered: 478 Skipped: 9



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## Do Advanced Practice Providers (AP) Increase Work RVUs Reported by Physician Respondents?

Having APs in practice appears to:

- Correlate with higher **salary per wRVU**.
- Be associated with lower physician wRVUs
- 87% of academic physicians on average have APs, compared to about 57% of non-academic docs
- After adjusting for practice type, physicians with at least one AP in their practice have 5% - 35% lower wRVUs.

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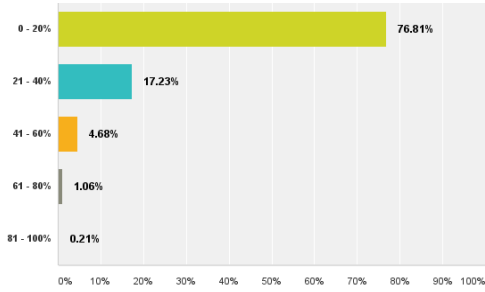
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**Percentage of patients with limited English proficiency requiring translator**

Answered: 470 Skipped: 17




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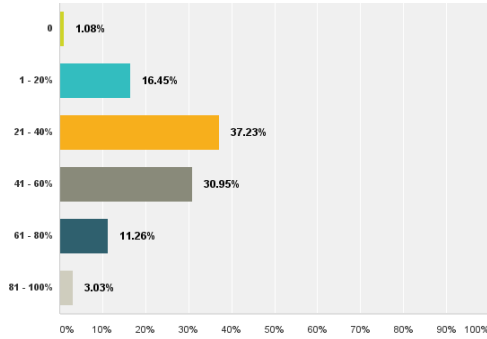
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**Percentage of patients with Medicaid or SCHIP**

Answered: 462 Skipped: 25




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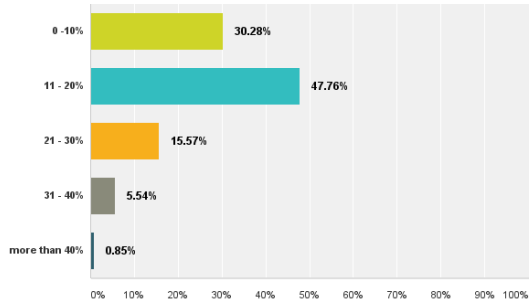
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**Rate of No-Show/Same Day Cancellation**

Answered: 469 Skipped: 18




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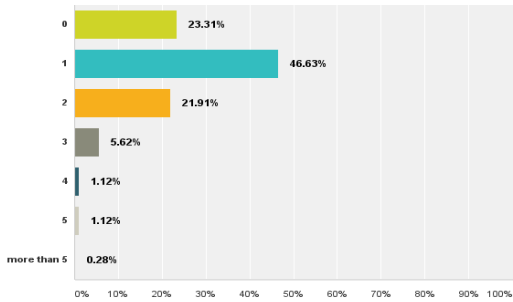
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### Number of sites served, >10 miles away from primary practice location

Answered: 356 Skipped: 131




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### Support




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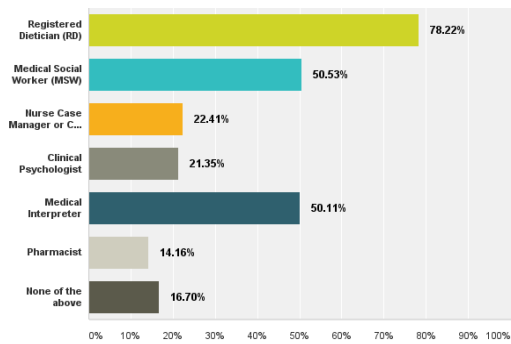
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### Services assigned/immediately available to clinic

Answered: 473




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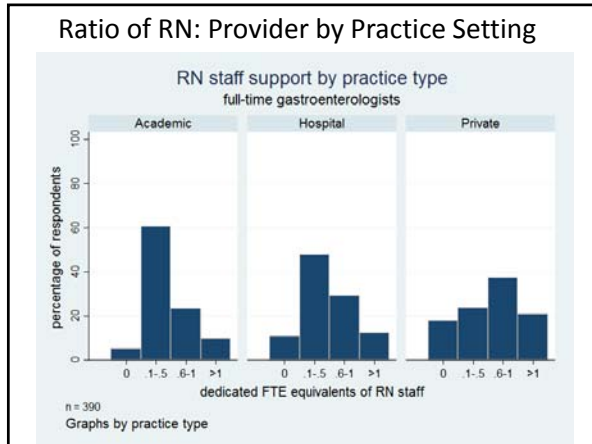
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### Ratio of RN: Provider by Practice Setting




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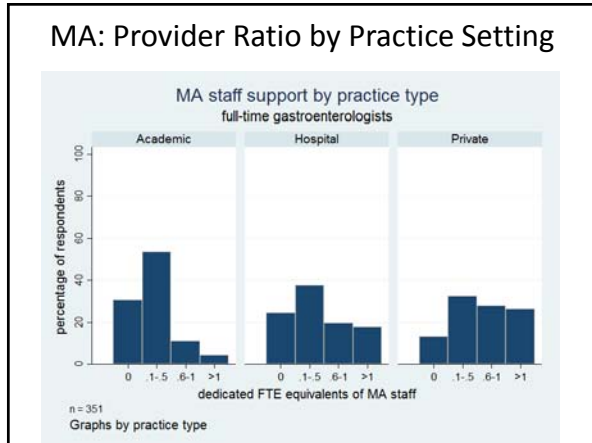
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### MA: Provider Ratio by Practice Setting




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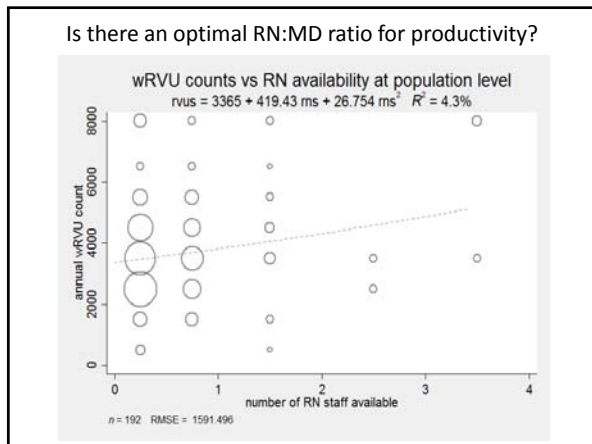
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### Is there an optimal RN:MD ratio for productivity?




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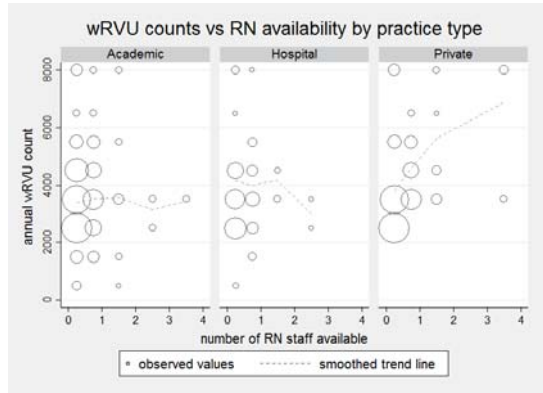
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## Optimal RN:MD Ratio for Efficiency




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## Conclusions

- 2014 NASPGHAN Clinical Practice Survey included 487 physician responses, 29% of U.S. NASPGHAN membership.
- East coast was slightly over-represented
- West coast was slightly under-represented
- No regional difference in base compensation detected.

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## Conclusions, Practice Setting

### Private practice & hospital-based practitioners:

- Saw more patients weekly
- Performed more weekly procedures
- Reported higher wRVUs
- Had higher ratio of nursing to provider support
- Earned higher base salary
- More likely to receive a productivity bonus

### Academic practitioners:

- Saw fewer patients & higher % new patients
- Earned lower wRVUs
- Earned lower base salary
- Were 8 times less likely to earn a bonus
- Had lower ratio of nursing-to-provider support

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## Conclusions, Continued

Fellows did not impact wRVUs of supervising/attending physicians

Hepatologists compared to generalists

- Saw fewer new patients
- Performed fewer procedures
- Earned lower wRVUs than generalists

Categorical data limited statistical analysis

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## Future Studies & Directions

NASPGHAN needs regular clinical practice surveys

- Discrete, numerical responses will allow deeper analysis of wRVUs, optimal nursing & ancillary service support ratios, salary, bonuses
- Alternate survey tools may enhance analysis
- Statistician should assist in design & analysis

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Thanks to NASPGHAN leadership for supporting the survey effort



Survey Results & Analysis- [NASPGHAN Website Link](#)

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## NASPGHAN Clinical Practice Committee

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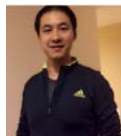
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## Thank You - OHSU Statisticians

Thuan Nguyen, MD, PhD



Erin Chen, MS



Jack Wiedrick, MS



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