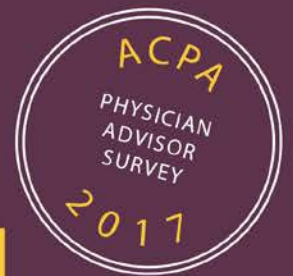


Revised & Updated

2017

PHYSICIAN ADVISOR SURVEY



INFORMATION COMPILED
From 147
Physician Advisors

OVER 33 STATES
Are
Represented

BASE SALARY
and Benefit
Information included

THE NEW **GOLD STANDARD**
FOR PHYSICIAN ADVISOR COMPENSATION PACKAGES

AMERICAN COLLEGE OF PHYSICIAN ADVISORS

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Acknowledgement

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Erica Remer, MD

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I. Executive Summary

The American College of Physician Advisors is pleased to present the results of the 2017 Physician Advisor survey. 147 survey responses were received and included in the analyses.

Overall, physician advisors tend to be male, with 5 or fewer years of experience as a physician advisor. Most have a hospitalist, primary care, or emergency medicine background. Slightly more than half of physician advisors work full time in that role, though some full-time physician advisors still maintain a clinical practice. Aside from MD or DO, the most common credential among physician advisors is the ACPA endorsed CHCQM-PHYADV physician advisor board certification from the American Board of Quality Assurance and Utilization Review Physicians (ABQAURP).

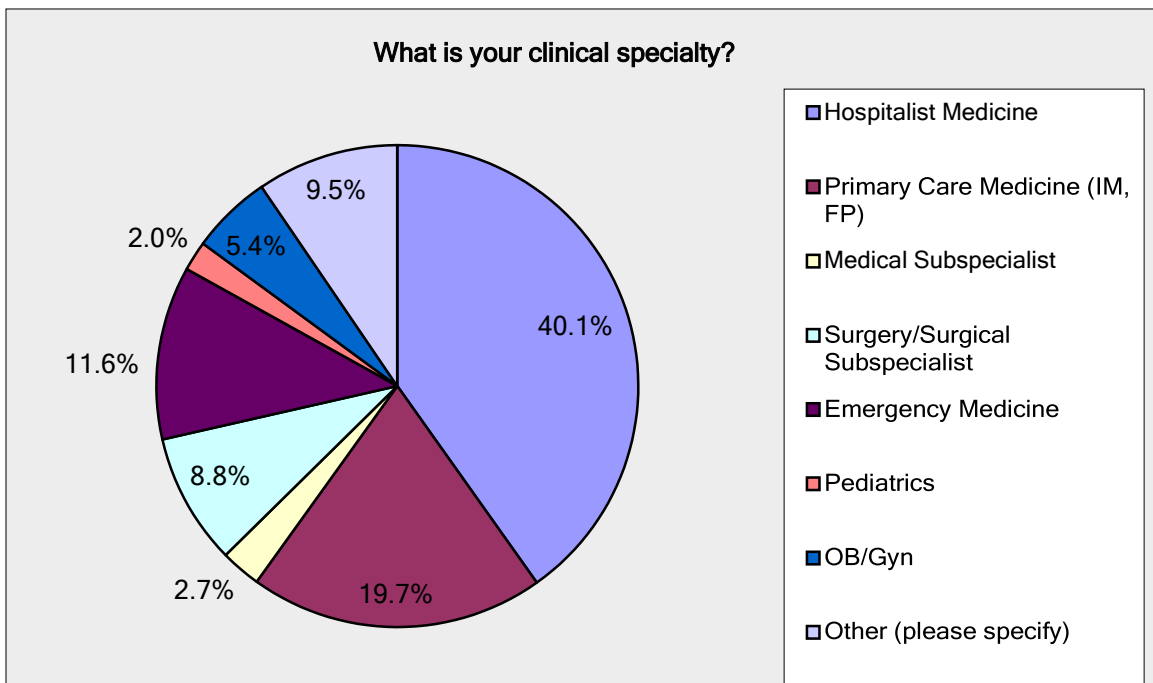
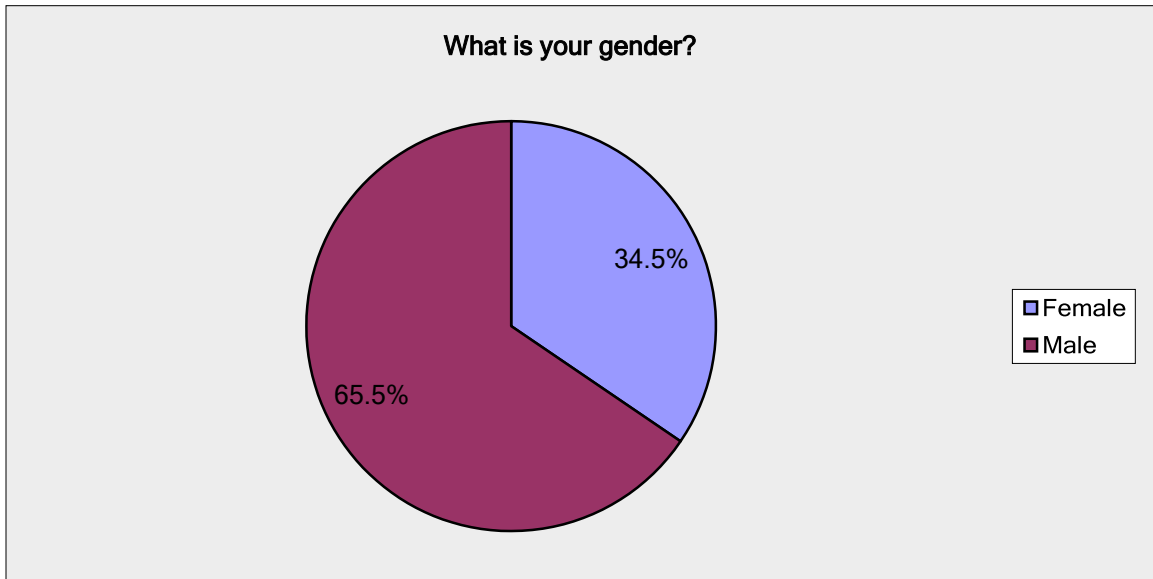
In ACPA's previous 2015 survey, average annualized base compensation was approximately \$225,000. In the 2017 survey, the average annualized base compensation has increased nearly 20% to \$267,664. ACPA believes this is due to demand for physician advisors outpacing the available supply. As health care payment complexity and denials have increased, ACPA sees employers increasingly turning to physician advisors to maintain compliant revenue streams.

Significant variability in annualized base compensation was seen, reflected by a large standard deviation of \$58,401. Variability in base compensation correlated best with physician advisor vendor employment (lower compensation), geographic location (highest in Western section), larger hospital bed size, and more than 3 years of experience as a physician advisor.

Approximately 40% of physician advisors received a bonus in 2016, with a mean earned bonus of \$27,961.

II. Demographics

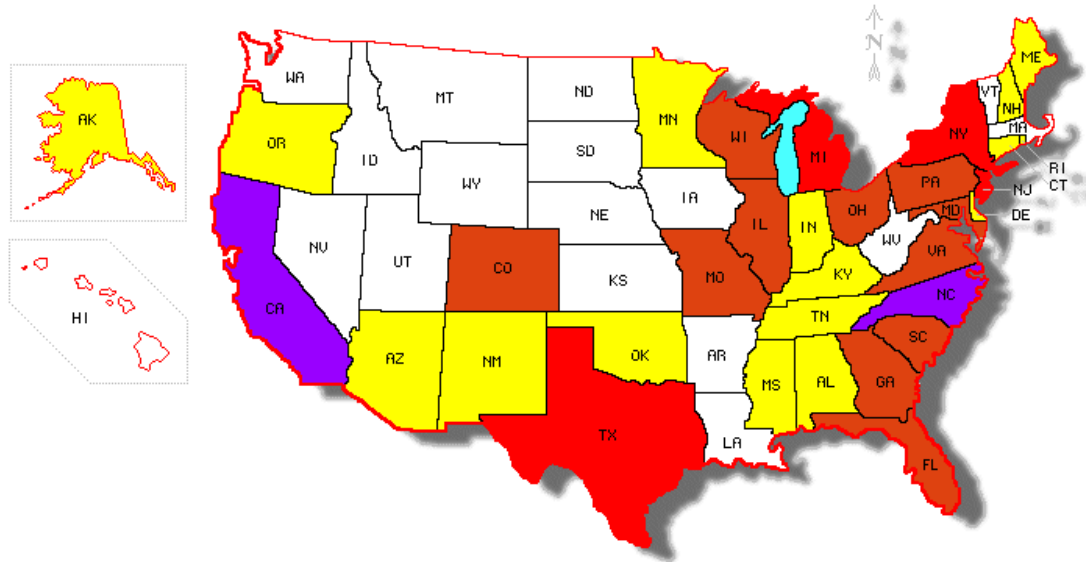
Males continue to represent the majority of physician advisors, but the percentage has decreased from 76% to 65.5% when compared to our 2015 Physician Advisor survey. Most physician advisors have a hospitalist, primary care, or emergency medicine background.



Respondents hailed from 33 states, as shown below.

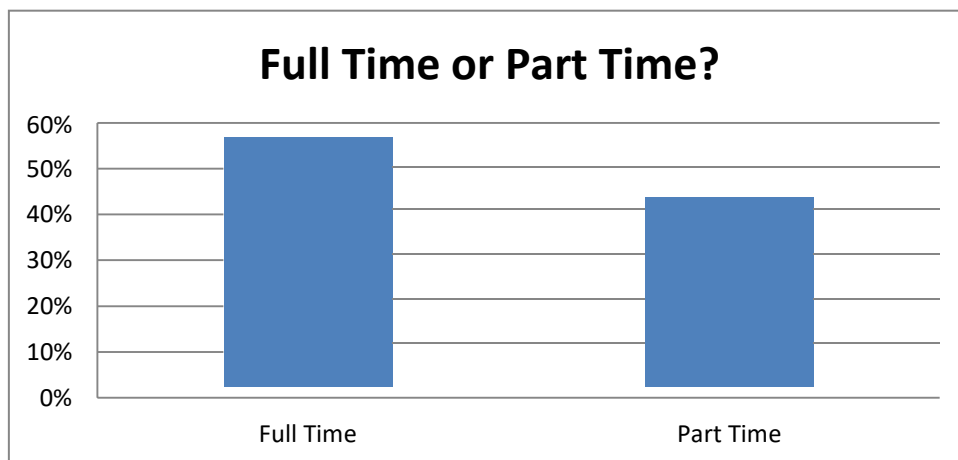
In what state do you reside?

- - 1-3
- - 4-6
- - 7-9
- - 10 or more

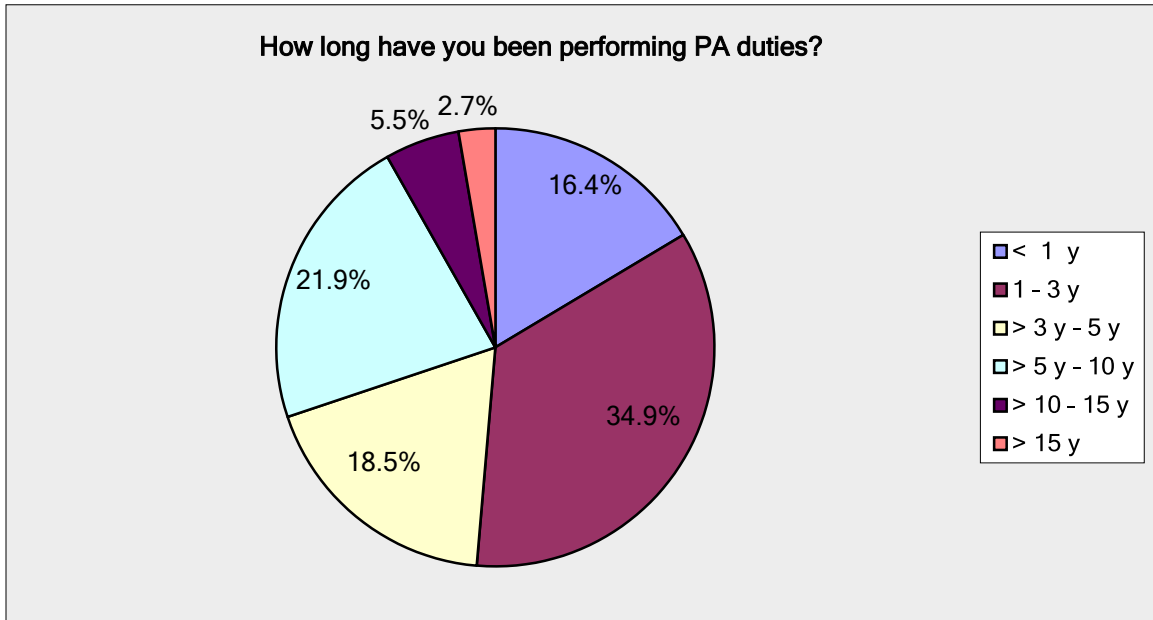


Source: diymaps.net (c)

More than half of physician advisors work full time, defined as 35 hours or more per week. The average workload of a part time physician advisor was 16 hours per week.



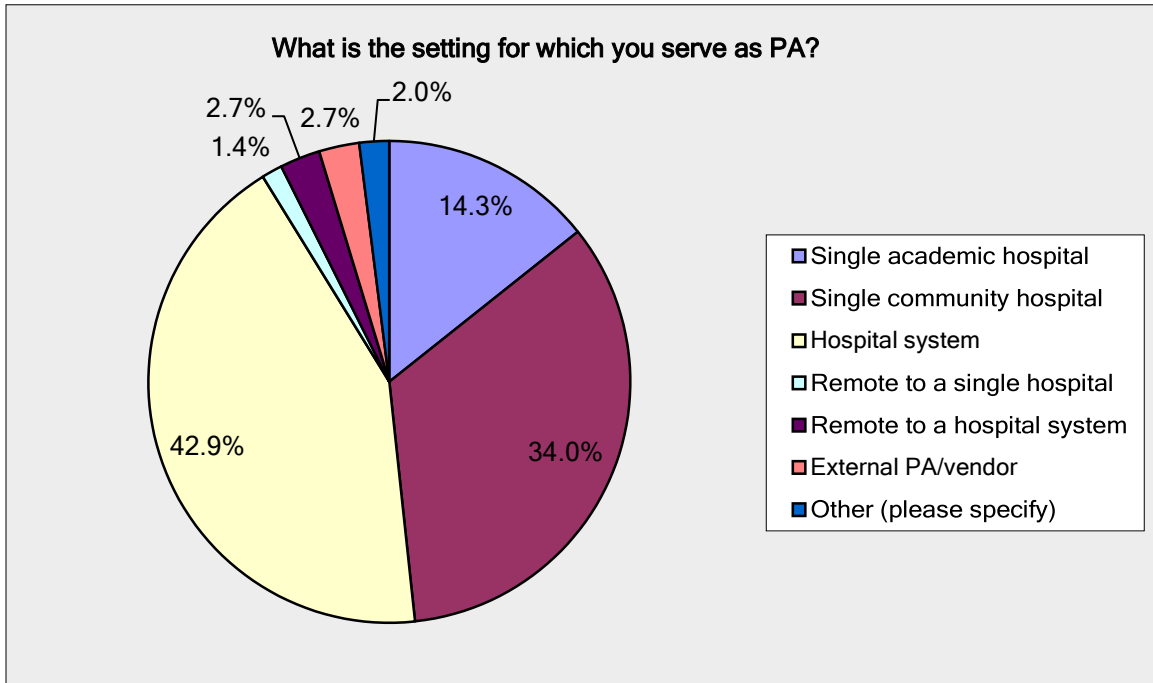
More than half of physician advisors have been in this role for less than 3 years, and approximately 70% for less than 5 years. This result is similar to our 2015 survey results, reflecting new physician advisors continuing to enter this young field more quickly than they leave.



The most common credential held by physician advisors is the CHCQM-PHYADV, the only physician advisor board certification available today.

What credentials do you have in addition to MD or DO? (May choose more than one)		
Answer Options	Response Percent	Response Count
CHCQM-PHYADV	27.3%	38
CCDS, CDIP, other CDI credential	3.6%	5
RHIT, RHIA	0.0%	0
CPC, CCA, CCS, CCS-P, other coding credential	4.3%	6
Informatics credential (AHIC, CPHI)	0.7%	1
Compliance Certification Board (CHC, CHRC, CHPC, CCEP)	0.7%	1
MBA, MHA, MMM, MPH	16.5%	23
FACPE, MACPE	2.2%	3
JD	1.4%	2
None	43.9%	61
Other (please specify)	20.9%	29

Almost half of physician advisors work for a single hospital, while a similar percentage work for multiple hospitals or a whole hospital system. Physician advisors working for an external physician advisor vendor were a minority of respondents in this survey.



III. Job Responsibilities

Physician advisors support a myriad of functions. The most commonly reported functions were second level utilization reviews, utilization management, and physician education.

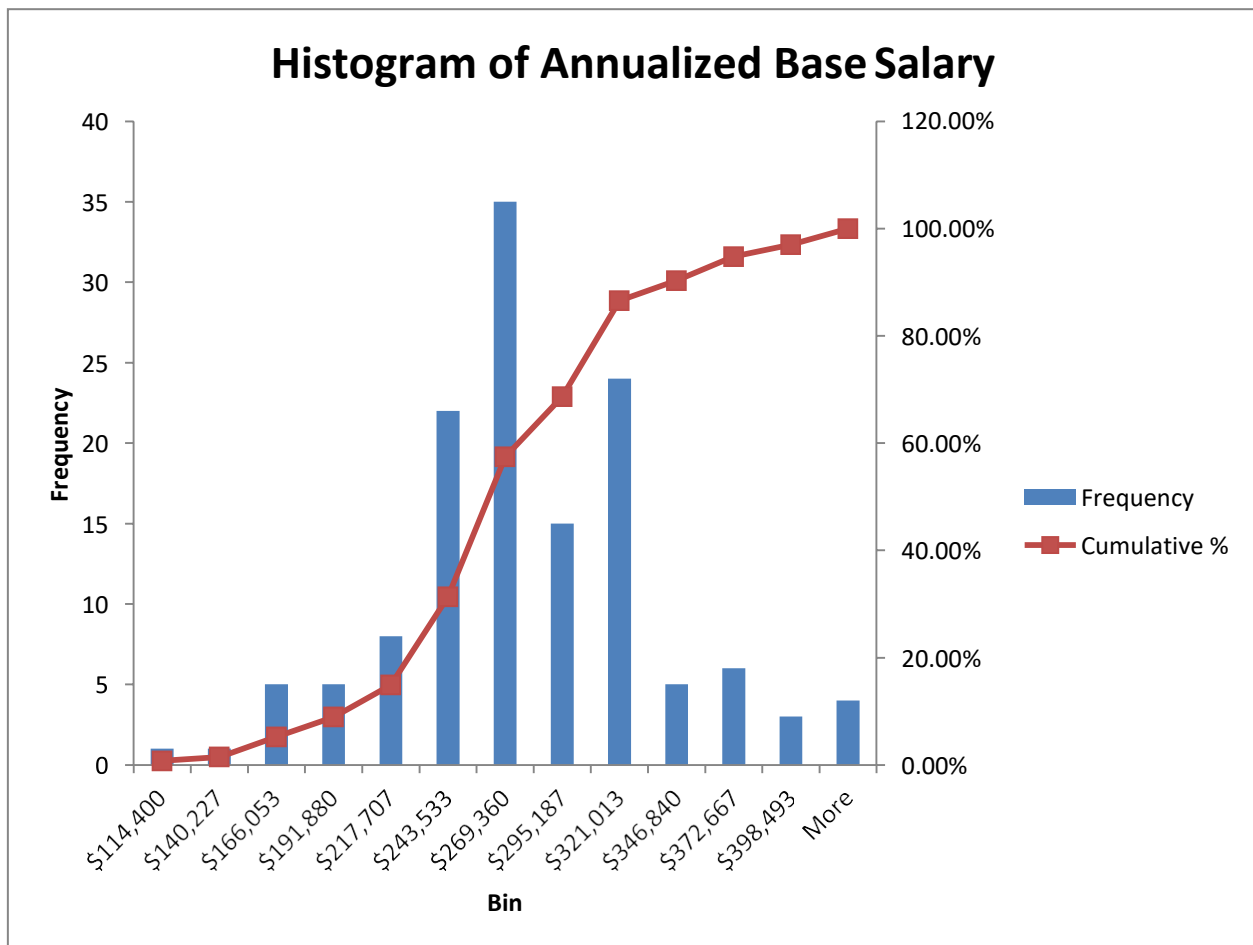
Which of these activities do you do on a regular basis? (Choose all that apply)		
Answer Options	Response Percent	Response Count
Second Level Utilization Reviews	91.6%	131
Chair Medical Records Committee	8.4%	12
Quality projects such as LOS, Core Measures, Readmissions, Patient Safety, etc.	72.0%	103
Generation of primary CDI queries	6.3%	9
Closure of queries in CDI escalation process	45.5%	65
Leading/supporting Care Management Department	66.4%	95
Leading/supporting Utilization Management (e.g., UM Committee)	86.7%	124
Leading/supporting Quality Department (e.g., Mortality Review, HAC/PSI Committee)	28.7%	41
Leading/supporting Compliance (e.g., Chief Medical Compliance Officer)	23.1%	33
Leading/supporting Denials Management (including generating appeals)	72.0%	103
Participate in contracting with payers	22.4%	32
Participate in revenue cycle	28.0%	40
Physician education	88.1%	126
Compliance Officer	4.2%	6
CDI/Coder/CM/UM professionals' education	45.5%	65
Other (please specify)	11.9%	17

IV. Compensation

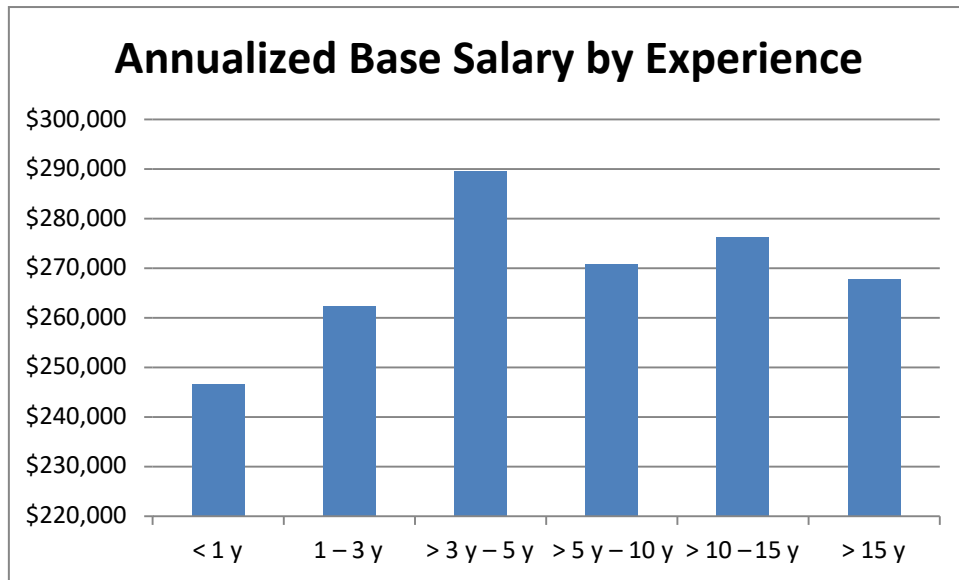
Compensation data is presented as annualized base salary. This converts an hourly rate to an annual salary based on a 2,080 hr work year. These figures do not include benefits, such as employer retirement contributions, bonuses, continuing medical education, or paid time off.

The overall annualized base salary is presented here.

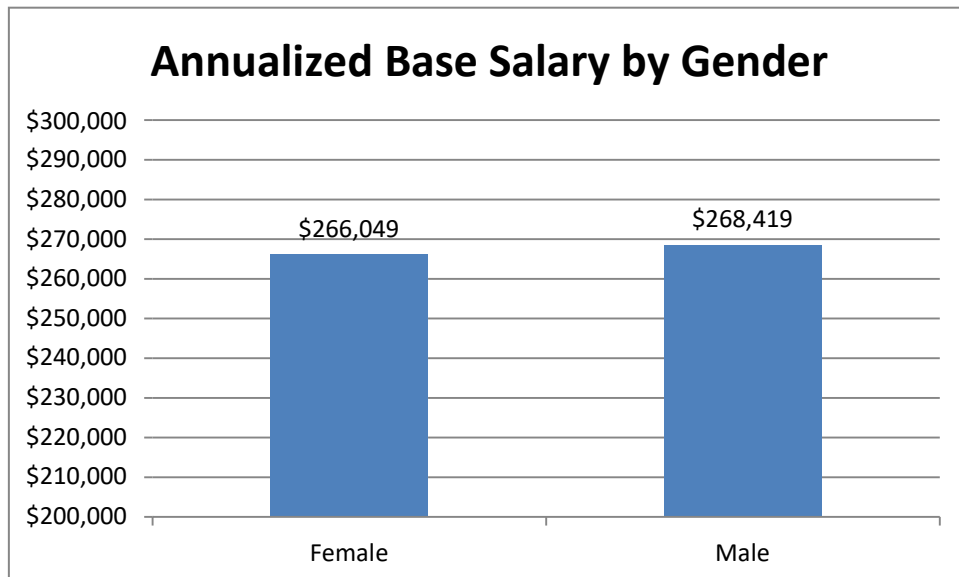
Mean	Std Dev	25 th %	Median	75 th %	90 th %
\$267,664	\$58,401	\$232,960	\$260,000	\$312,000	\$349,440



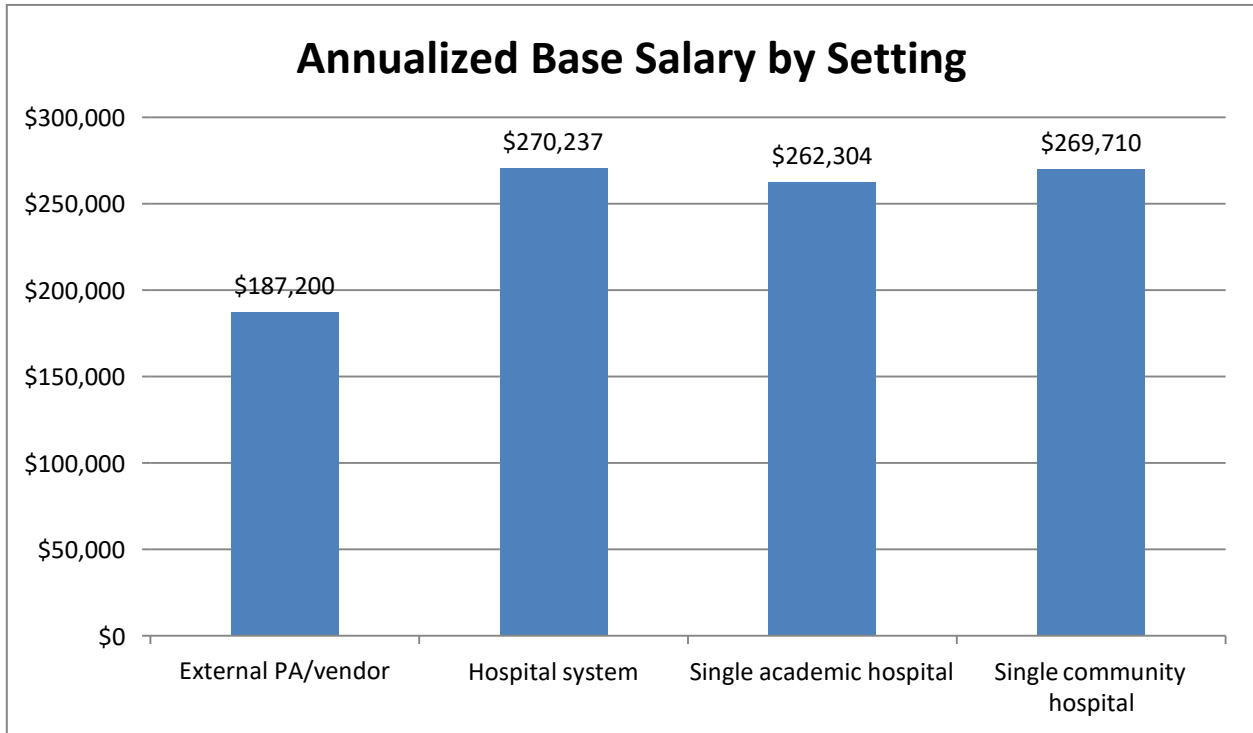
Higher base salaries were also seen among physician advisors with more than 3 years of experience. Salaries appear to plateau after this level of experience.



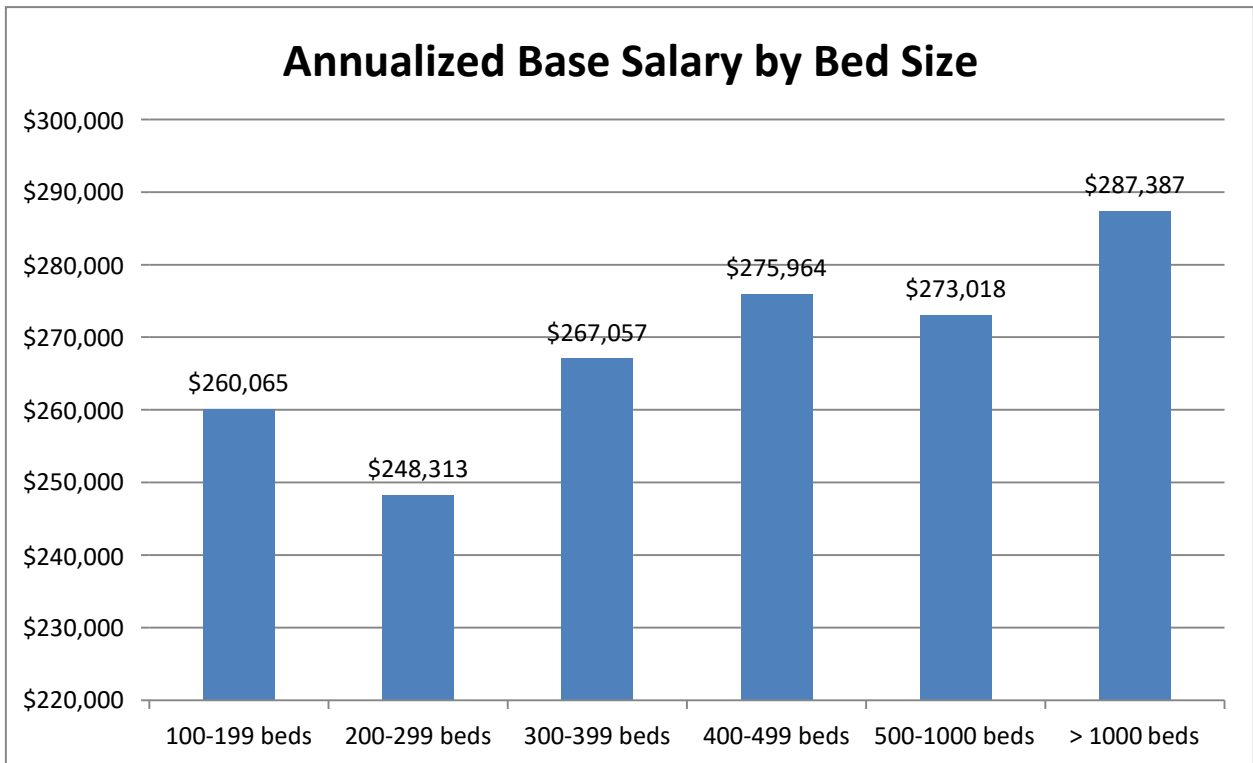
The gender salary gap was less than 1%.



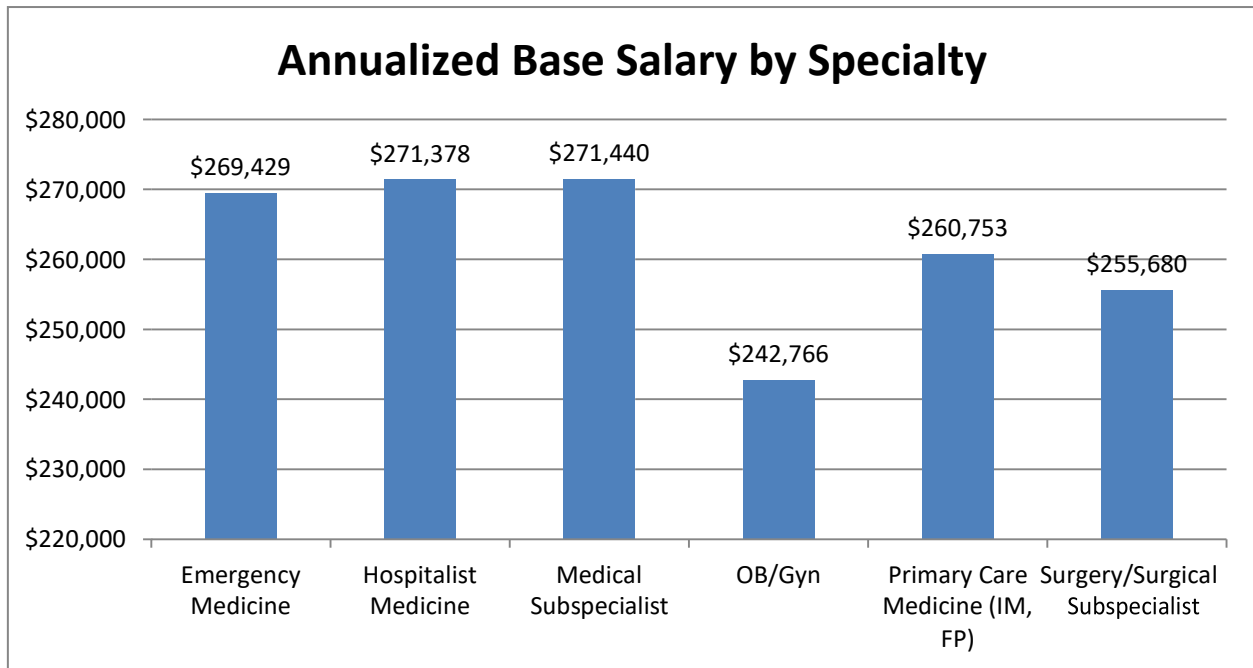
Physician advisors who work for an external physician advisor company had a significantly lower mean compensation. Academic hospital physician advisor base salaries lagged slightly behind community hospital based salaries.



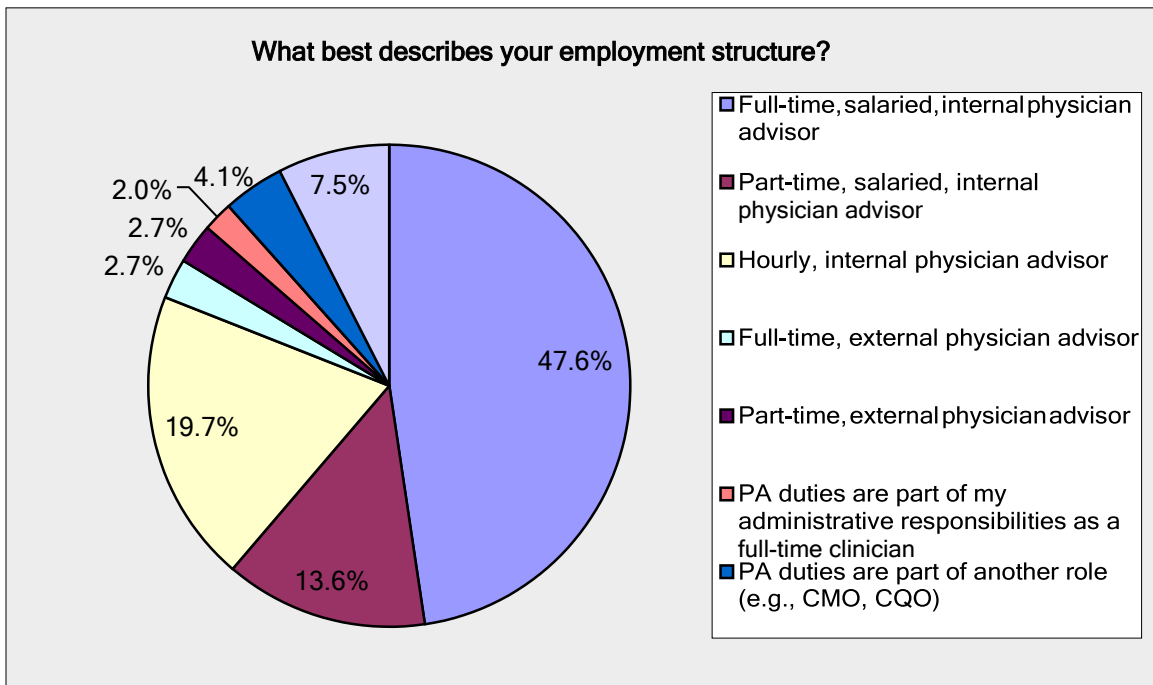
Physician advisors who service a larger number of hospital beds tended to receive higher base salaries.



Some variation was also seen in base salary by medical specialty. Specialties represented by fewer than 4 respondents have been omitted.

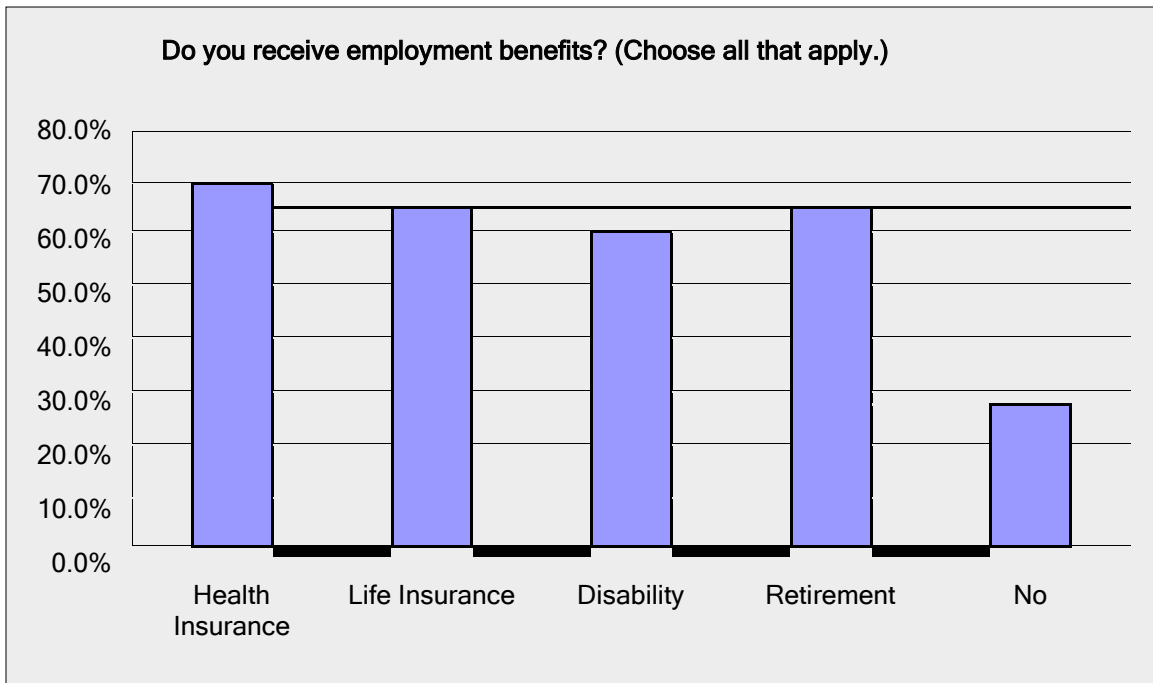


The majority of physician advisors are salaried, with approximately 20% still being paid on an hourly basis.

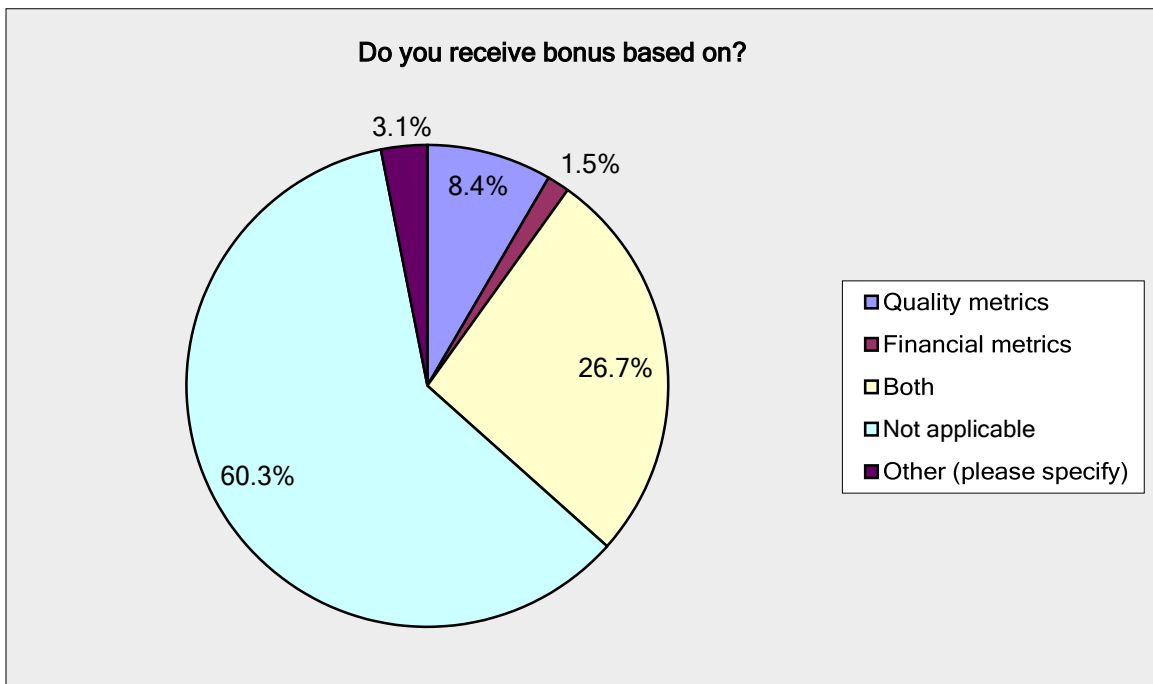


V. Benefits

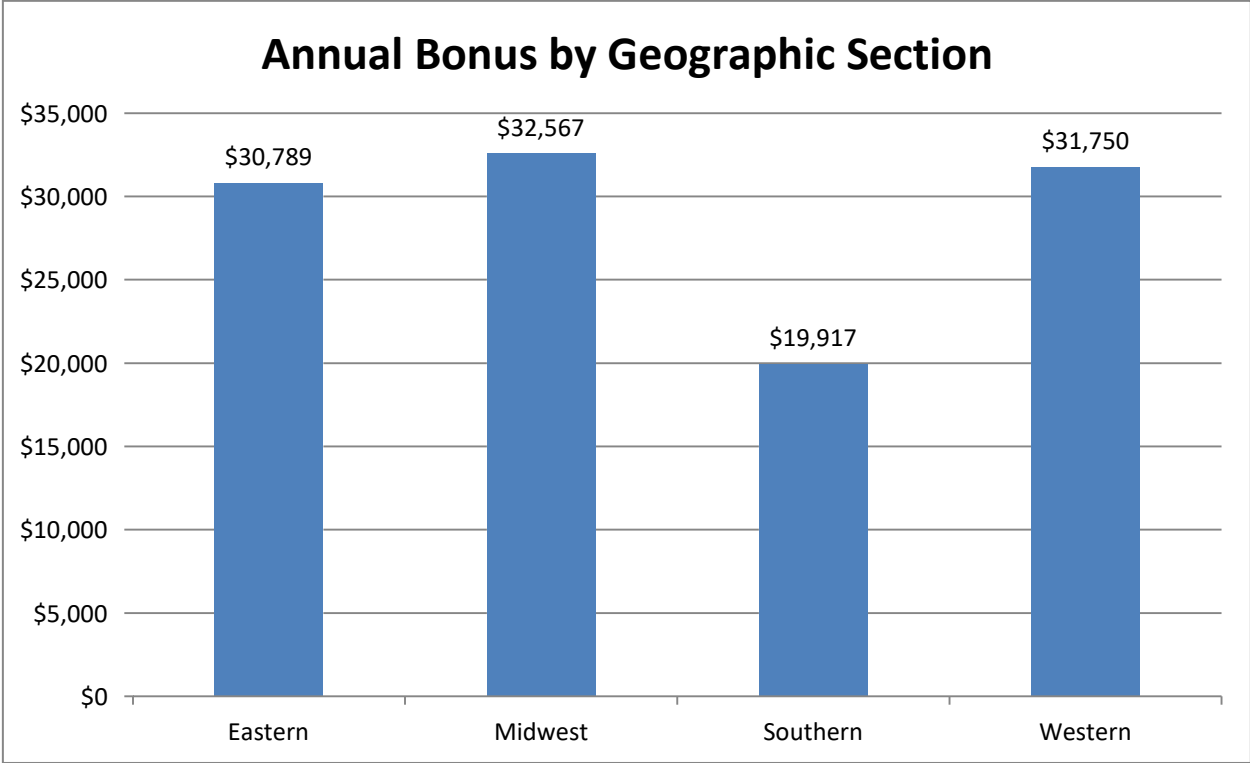
The majority of physician advisors receive employee benefits.



Approximately 40% of physician advisors receive a bonus based on quality and/or financial metrics.

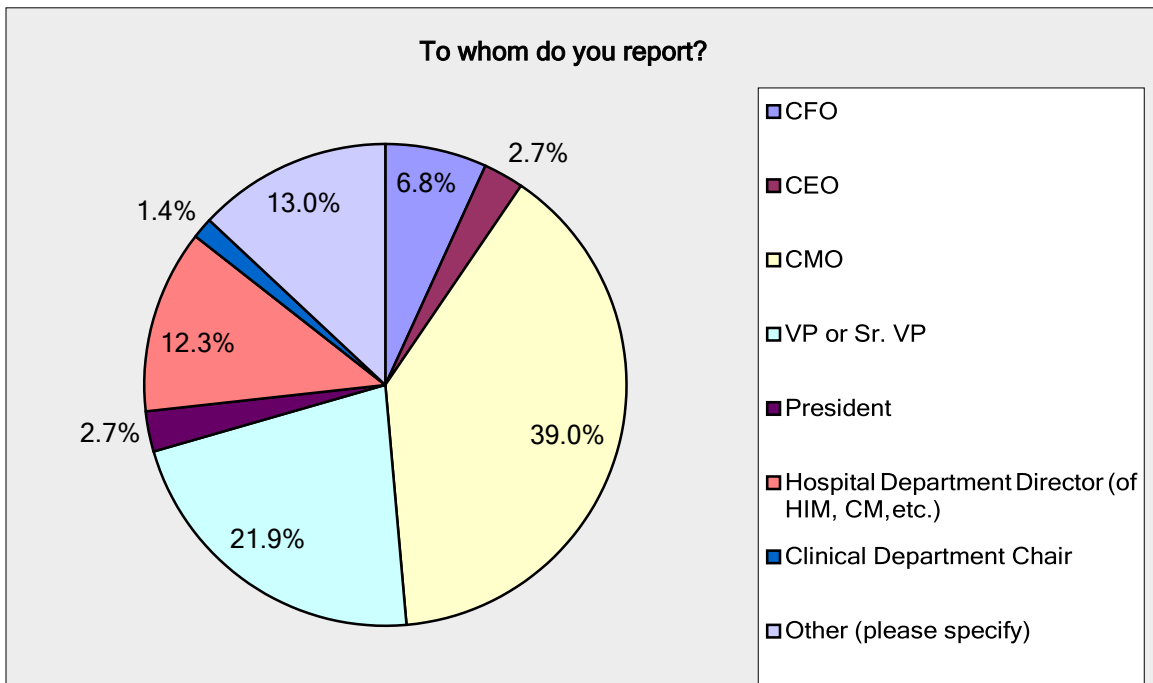
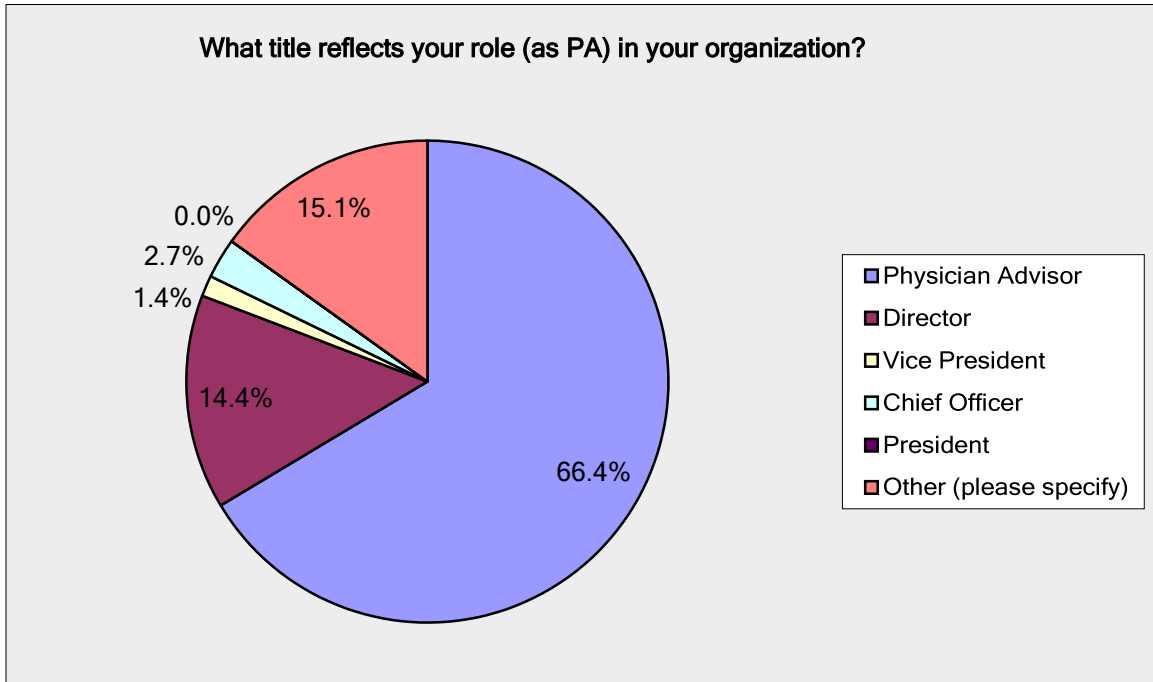


The average earned bonus was \$27,961, among those physician advisors who reported receiving a bonus. There was some geographic variation in earned bonus amount as well.

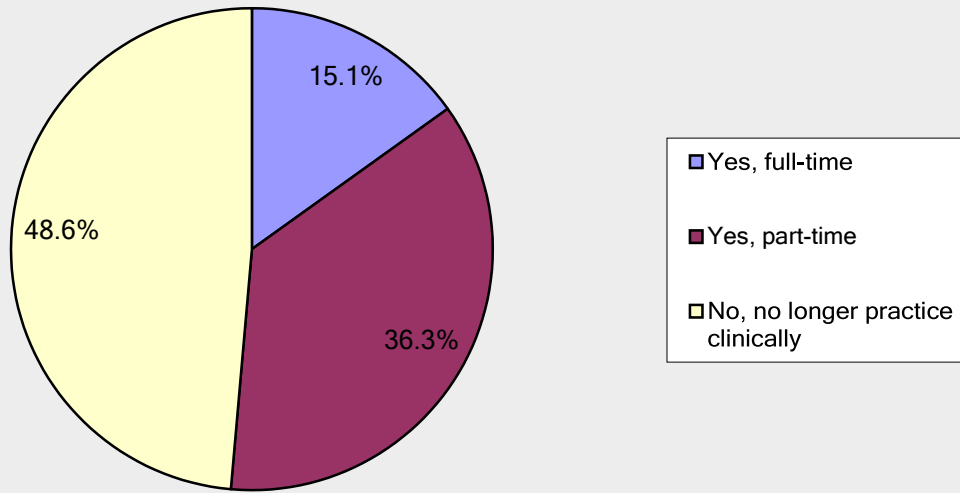


69% of respondents reported receiving a continuing medical education (CME) allowance. Of those that receive a CME allowance, the average amount received was \$3,178.

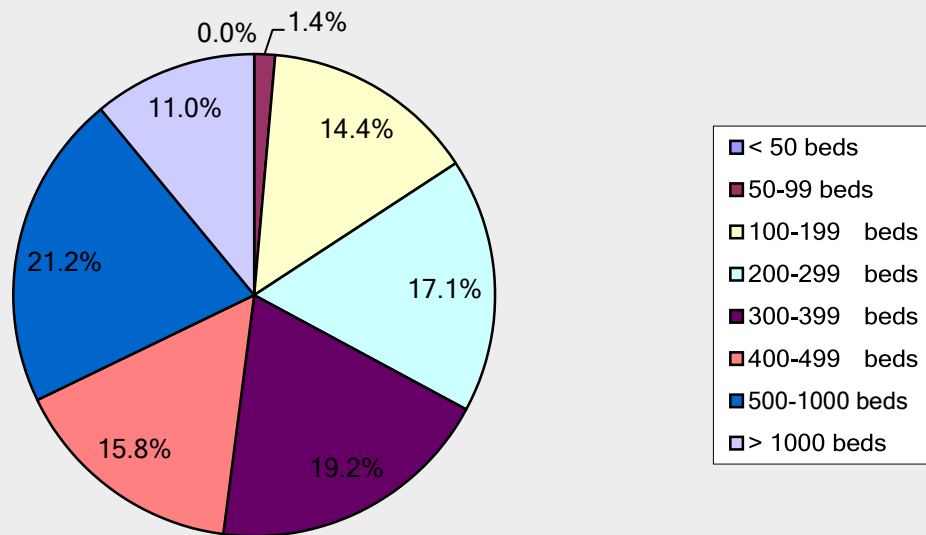
VI. Appendix: Additional Tables and Figures

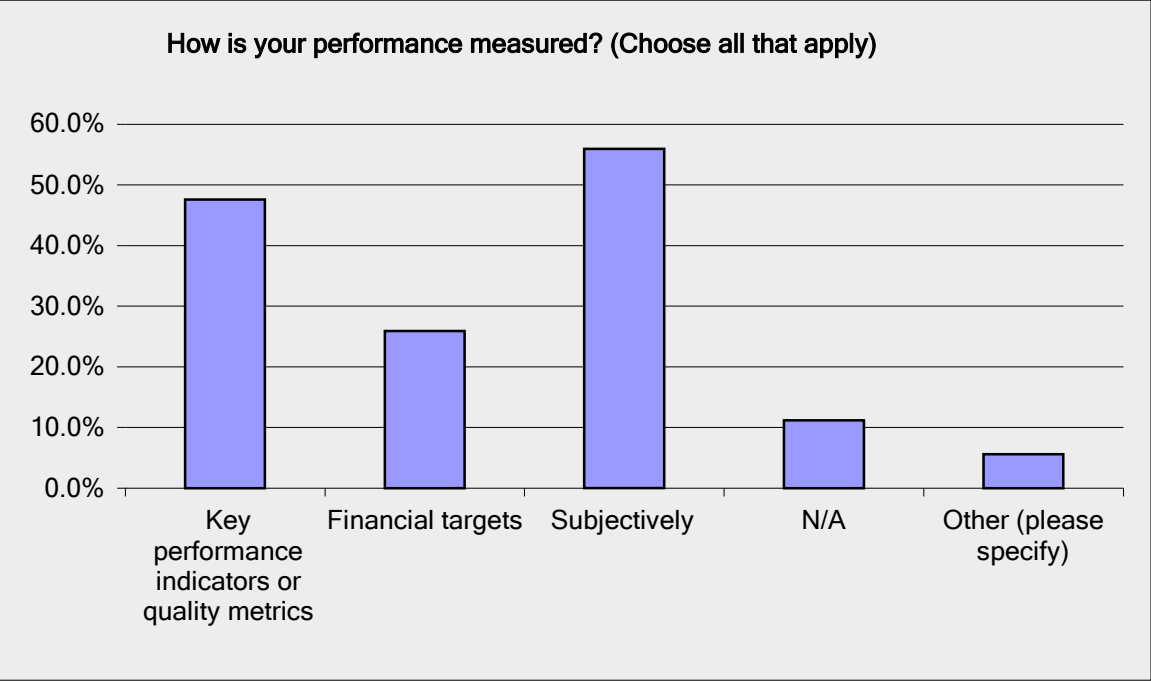
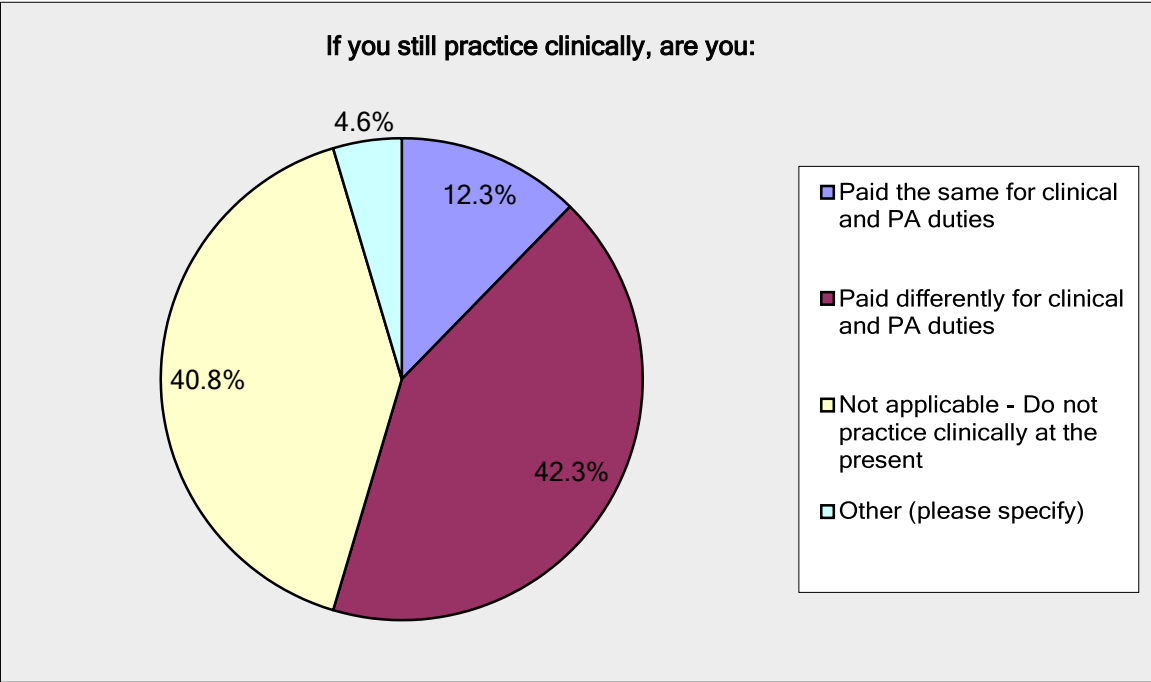


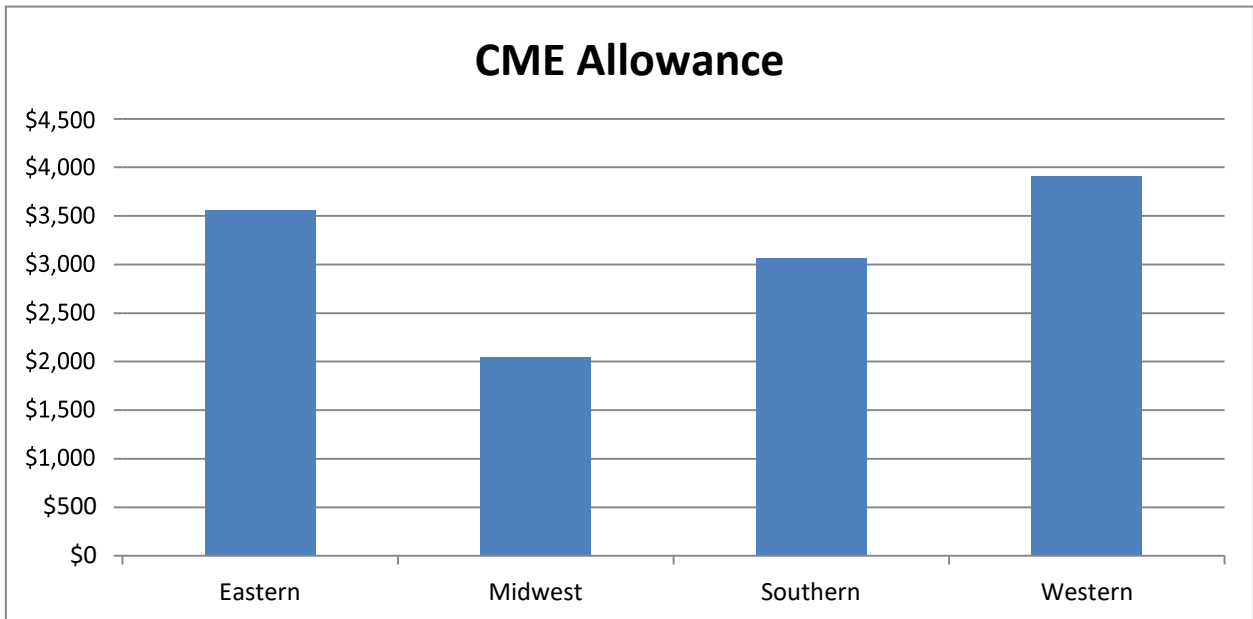
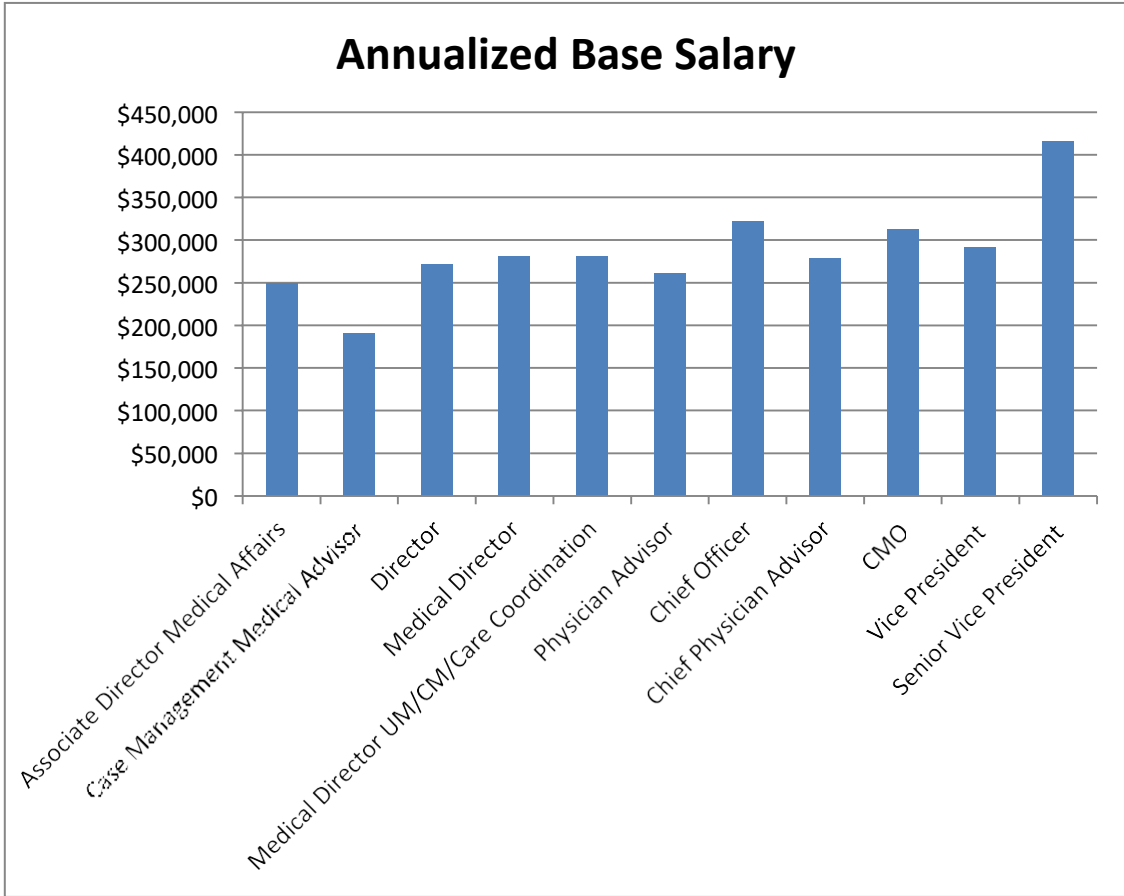
Do you still practice clinically?

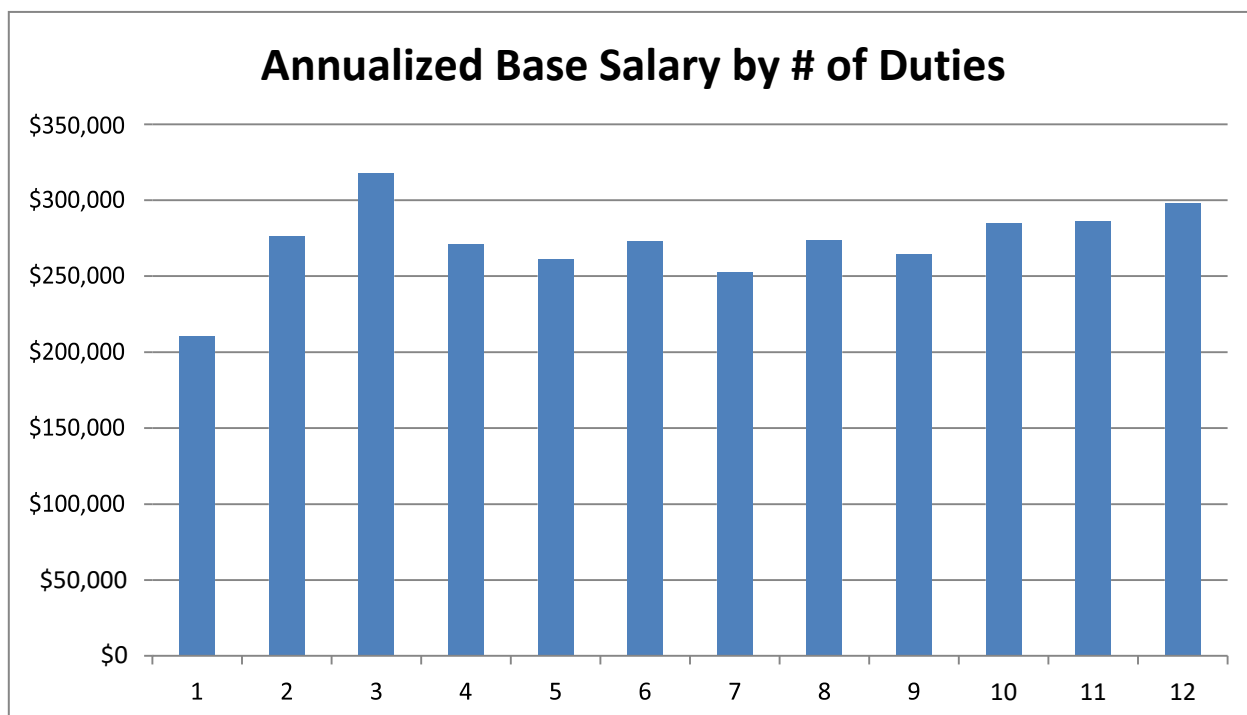


What is the bed size of the hospital(s) for which you serve as PA?









Duties included:

- Second Level Utilization Reviews
- Chair Medical Records Committee
- Quality projects such as LOS, Core Measures, Readmissions, Patient Safety, etc.
- Generation of primary CDI queries
- Closure of queries in CDI escalation process
- Leading/supporting Care Management Department
- Leading/supporting Utilization Management (e.g., UM Committee)
- Leading/supporting Quality Department (e.g., Mortality Review, HAC/PSI Committee)
- Leading/supporting Compliance (e.g., Chief Medical Compliance Officer)
- Leading/supporting Denials Management (including generating appeals)
- Participate in contracting with payers
- Participate in revenue cycle
- Physician education
- Compliance Officer
- CDI/Coder/CM/UM professionals' education
- Other (please specify)